***Hematology Lab Meeting.***

*2/01/2018 @ 9:00 am*

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| *Present:* | **Patricia Gelineau.** |

Announcement:

* The 2015 versions of Epic will be changing to the 2018 version this year on October 21st. More details will come later.
* Another initiative this year will be the continuation goal of being a high reliable organization. The number of serious safety events has gone down drastically throughout the hospital especially as the hospital focused on CHAMP. We will be continuing and expanding this to look at precursor events in order to prevent serious safety events.
* From the management meeting today: PIP is not the greatest at this time reflecting the patient experience. The patient experience is in the red and probably due to the fact that we are at capacity. As of yesterday, the discharge rate was 368. The hospital has an initiative to be a destination Hospital. We are seeing an increase in patient transfers from other hospitals because they can't handle the particular case. For instance, YNHH is one of two hospitals that deals with stroke patients in CT. since acuity is higher, the length of stay is longer for these patients, also a PIP indicator.
* For NNICU patients: The retics are not automatically being processed because of their move to another location. We are working on correcting the problem, which will need to be a change in WAM. In the meantime, the retics will need to be ordered. These are usually MAP tubes, easy to identify.
* The hospital was recognized for Foster G McGaw prize for excellence in community service.
* Part of the 2018 YNHH Initiative Program is growth. The hospital is working on an off-site property at 150 Sargent Dr. Long Wharf. It is being refurbished so that it can house three clinics for Primary Care and the needs of the community.
* What kind of process do we usually do when there is a lost specimen? Say we see on the outstanding list on the outstanding list. What do we do to find it? If it is tracked to the HEME bench and can’t find it?

1. Check Tracking Record to make sure it was tracked at Hematology Bench.

2. Go to the LA's 1st if it's a shared sample. Sometimes inadvertently it is put the Immunology or Tacro bucket.

3. Look around on the floor, your pockets, check the fluid area, and check in the tracking area sometimes it gets stuck in the tube sorter.

4. If it comes from a different site and it was not put on a packing list we have to change it in WAM to all site locations.

5. Check in the back of SP-10 10 or on top, double check the labels are on tightly so it does not get stuck somewhere.

* All of these are to help prevent a redraw its part of patient safety.
* The New York State will wrap up today at 2 p.m. The inspection was very thorough different from CT inspection in some respects. She looked for all sorts of details and follow through on them she even requested 10 Personnel files. Over all we did well.
* Note Change for the MISC/DIFF log- We need to record Stain info when we put new reagents on Hematek. We need to record the Lot#, expiration date and when it was put on the stainer. Just put the whole box on the Hematek.
* Thank you all for your work.

FYI- There are some MTS Cont. Ed. Opportunities this week and next. See posted on white board for specifics. Also note that those webinars will be in the MTS Lecture Library in a month to view if you are not able to attend.