***Hematology Lab Meeting.***

*2/08/2018 @ 9:00 am*

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

Announcement:

Reminder: For all irretrievable specimens and that includes bone marrows, we need to send a completed shared form to wherever it has to go after Heme. Note: New procedure is to scan the shared form into Media manager before it is sent along to the next lab. Parveen has a procedure for scanning and the scanner is set up near the desktop computer in the back. Laura, Jerry and Denisa know how to scan so they can assist you. The scanning is going to be performed by every lab who the sample is shared with. This is basically to keep better track of these specimens.

Bone Marrows that arrive during the day shift should be processed during the day and not left for the evening staff.

**Who do we make critical calls to when there is an OR patient? Is it the OR or is it the floor?** The answer is we call the OR but it usually takes several phone calls beginning with Perioperative Services.

**Hematology Laboratory initiatives:**

We have three goals we would like to accomplish by the end of this year in September.

1. 1) Find three ways to enhance customer service or the quality of service or operational efficiencies in terms of our lab. We can look at customers in two ways: - 1.The patients, 2. Physicians and those who order lab tests.

Solutions proposed at this time are:

1. A Dipstix reader for Urinalysis( Clinitek Status). The sales rep performed a demonstration of point of care devise. It runs one strip at a time and this will standardize dipstick readings. It will not be interfaced, so we will still have to manual enter results.

2. D-dimer age-specific reference ranges are being established and in progress.

3. Other thoughts or suggestions are encouraged.

1. The second goal is related to HRO and to find three safety interventions
2. The labels for fluids spelling out “Fluid” instead of FCC will help reduce peripheral bloods being labelled as Fluids. If we continue to receive CBCs with Fluid labels then enter RLs or save for a supervisor or Pat.
3. Developing that HPCA and HPCW stem cell samples so that we don't report reference ranges and no critical values, and simply report the results that the stem cell lab wants. John is working on this change with IT and WAM.

1. TEG testing will be ordered as its own test not misc soon. The SBAR is in the review process and the tentative date is February 20th for that Go Live. Teg kits will still need to be called for and hand-delivery must continue.
2. Find three new protocols, procedures or change of workflow that directly or indirectly improves the patient experience or find four new strategiesfor increased employee engagement. Develop methods to enhance employee experience, satisfaction, retention, succession planning, etc. aimed at providing enhanced employee relations and or enhanced work environment.

Donna – See memo posted near Communication Log regarding subsequent samples with Blast Flags within 24 hours after it has been already scanned for the day. Auto diffs are never released on samples with Blast Flags.

Parveen- Just a reminder, lab will spinning all special coag tests including Thrombin Time. LAs will spin only routine coags.

Natalie– When performing crystal analysis, make sure to look at the positive reference smear first to assure the scope is aligned properly. Complete the Crystal ID IQCP Log for every joint fluid that is processed. Leave the fluid paper with your crystal results near scope if it is being left for confirmation. This is part of your competency.