***Hematology Lab Meeting.***

**1/10/2019 @ 9:00 am happy New Year**

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| *Present:* |  ***Pat Gelineau*** |

Announcement:

Clinton will no longer be part of the hematology team.

 A new tech, Kale, will be joining us on February 4th and she'll be working the evening shift.

The latest critical call statistics has gone up about 13 percent from after the change. We are at 91% for the critical calls, keep up the good work. We do however need to be careful when clearing Smilow criticals as we have had a few missed calls for H&Hs. Make sure to look at all results to confirm nothing needs to be called before clearing.

Next week is the first week for the CAP opening window. We know the group is coming from Minnesota. We need to start preparing for inspection by tiding up the lab, making sure the expiration dates on reagents are accurate, and getting rid of expired items. Make sure to review our safety procedures and review areas of safety that we do every day. CAP does allow labs a fixed number of blackout dates. The blackout days are towards the end of the CAP inspection window , which would be end of March early April.

The new schedule is out, we need people to volunteer for at least 2 shifts for the evenings and/or evening weekends.

Smear1- this is still in process. We are doing this in order to receive statistical credit. It shows the actual volume of work that the lab does. This allows us to get compensation for the work that we do in certain areas and credits for other areas.

Control and reagent materials all need to be labeled with open and expiration dates. Be mindful when labeling that materials have a lot expiration date and an open expiration date. Therefore expiration date to use is the shortest, i.e. if open vial stability is 95 days but if 95 days past lot expiration the date n label should be lot expiration date.

Weekly PFA instruments need to have a normal blood run on both instruments both epi and adp cartridges. If we have aggregations scheduled you can use patient or normal control blood. If there are no aggs scheduled use a patient. Either way we need to be certain a weekly normal specimen is run.