***Hematology Lab Meeting.***

**09/18/2020 @ 9:00 am**

|  |  |
| --- | --- |
| *Present:* | ***John Errico*** |

Announcement:

We would like to welcome Lisa L.

We have a patient story. Laura and Parveen were instrumental in diagnosis of a potential life- threatening disorder. Their quick response and action essentially saved this patient's life. The SBAR is posted on the board.

For break and lunches - This is just a reminder you should be back from you lunch break my 2 pm. All lunch break should be done by 2pm and the morning breaks should be done by 10:30am depending on when you came in. We need to cross-cover each other’s breaks. When you return from break, you need to immediately take over for your cover partner so they can go on their break. If breaks are not done in a timely manner. John might have to a make a break schedule for everyone.

Always be a team player- help in locations you might have not been assigned to... don’t make the LA's to wait for someone in a different area to help them, see what it is they need and help them with whatever bench it is.

When you notice that the person assigned to TEGs is busy... help them set up the TEG and just let them know that you have set it up for them. We are all a team here.

If you have any questions feel free to ask the supervisors they are here to help you.

Donna will be going around giving people dilution test. We don’t currently have documentation of competence for it. We just want to make sure you understand and that you are ready for the CAP. Just housekeeping.

Now cytokines have gone live.... Anisia will do a power point on it and we will have a lunch and learn to understand the panel.

Roisamir was kind enough to bring in cookies to say thank you and a card too.

Parveen- please make sure that you are writing the date of the open and expiration date on the bottle and not just on the cap of the bottle. And “During downtime, there is no change in the procedure to follow for the coag new instruments regarding running and reporting results. After downtime, we need to do an audit for the Routine coag tests we run on both instruments by taking one example form each instrument. Print the instrument, Beaker, and Epic report for each test, make sure result values, reference ranges, methodology, CLIA #, etc. are correct.

Also, calculate the INR by taking 2 examples from each instrument (range form 2-3 INR). The procedure to calculate the INR is in the procedure book. Fill up the INR calculation form, take the print outs of each sample from the instrument, Beaker, and Epic. Scan all the papers in the L: drive under documentation->Reports-> Audits->Coags or leave those on Parveen’s desk.”

With patients with platelet clump flags. It is good practice to review a pull smear, or the thicker section of the wedge smear, as the clumps don’t always appear in the feathered edge of the SP-10 slides.

Cap survey instructions will be given to people directly to do them going forward. It is the responsibility of the tech to read the instructions and perform accordingly. If you have questions you can ask the supervisor and we will help get clarification from CAP.

If a supervisor comes to you with a counseling form it is not to degrade you or make you feel bad. We do it to correct something that you did wrong and make sure you know what is happening so that we can correct the situation. It is something we have to document.

If you get a serial BAL, count RBC and WBC like normal for tube 1 with a chamber count and do a diff. For tubes 2 and 3 only, run these on the XN and report the RBC count only. Comment against the nucleated count with smart phrase “testing not indicated” the comment will be “Nucleated Count not indicated on serial BAL”. It should not reflex for a differential on tubes 2 and 3.

Differentials on CLL patients- Hyper-mature CLL tortoise shell looking lymphs are “normal” for a CLL patient. These lymphs should not be classified as abnormal. If it is a brand new patient a diff should be done. These lymphs will be classified as normal lymphs and any immatures or blasts should be classified as such. For known patients, the lymphoproliferative comment should only be used when the auto-diff is being sent out with >50% lymphs. The lymphoproliferative comment should never be used when doing a manual differential. If a manual diff is needed because the patient has <50% lymphs, immature lymphs/blasts should be classified as such.