**1. Quality Metrics**

Quality Board is updated to March data. Please see board.

a) Critical Values

b) TAT

c) Corrected Reports

d) Unacceptable Specimens

e) Blood Culture Contamination Rate

**2. Accomplishments / Shout Outs**

a. Our Coag instruments have been ordered and are on their way!!

b. Chris got the MiniIsed interfaced.

c. Fixed BB requisition printing issue for the ED.

d. Validated Retics on DxH 800 – no go live date. Need to work on a linearity issue.

e. Completed all 6 month linearity checks

f. Completed multiple 6 month and yearly competency assessments.

h. Validated new back up instrument for Blood bank

i. Added new Blood Bank procedures

j. Updated / Added forms in T21 and created a forms notebook for document control

**3. Safety**

A Safety topic of the month: Corrected Reports

So far this year we have failed to meet our goal of < 3 corrected reports per month. The top reasons for corrected reports has been failure to enter in a comment relevant to the result, releasing results on the incorrect patient, and releasing results prior to a dilution completing.

Please slow down and pay attention to what you are doing before you release the result. Yes – volumes are up, but we are no longer short staffed. We do have sufficient staff for the workload we have. Let’s all work together to get the corrected reports down and get the appropriate comments in before releasing the result, ensure the dilution is complete before releasing, and especially ensure the results you are looking at are for the correct patient.

 \* 2 were Sofia UA investigation.

**4. Procedural updates**

a. Check T21. Lots have been sent out. Thank you for completing the assigned learning sent out so far.

b. Aliquots – Chris has put together a PowerPoint that has been uploaded into MTS. We need to improve on this process and start using the aliquot labels. Check your email for notification.

c. Applying Defaults: This practice needs to STOP immediately. Collection information is part of the legal document and having incorrect collection information can cause issues for billing as well. We consistently get emails about this. If you do not have the collection information, please make every effort to call the collector or collecting department and ask them to complete the collection – this includes our own staff. The only exception for this is surgical services – they Cannot enter in collection information in Wake One. They do write it on the specimen. If you cannot identify the person, you may apply defaults, but correct the collection time if possible. You also do not want to get into trouble or get someone that wasn’t involved in trouble because you applied defaults and it was incorrect information. I go by what is in the computer, so be careful about what you are documenting in the computer.

d. Whenever you are doing phlebotomy, please make sure you are putting the collection information in prior to sending to the lab. DO NOT send the specimens to the lab without the collection information. This has caused issues and it needs to stop. If you are collecting the specimen, YOU are responsible for entering in the collection information, not whoever is receiving the specimen in the lab. If specimens are received without the collection information, call the phlebotomist and ask them to correct. Don’t assume you know the information. . If for some reason it needs updated – ensure this is done prior to sending to the lab. Again- This has been brought to my attention while doing investigations. The collection information shows 1 person, but I have been told someone else actually did the collection. Guess what – any corrective action that may be needed goes against who is documented, not who I was TOLD did it. So make sure the information is correct before sending it to be received into the lab. This is my policy – I go with the legal record. I don’t care what I am told.

e. Log out of the computer when you walk away and do not do any actions in beaker under a person’s name.  Even small things like receiving or reprinting labels can become an issue. The past couple of weeks I have identified multiple times when an error was made, but was told someone else had done the action in the computer. I cannot stress enough the need for you to log out of the computer when you walk away – and do NOT do any action under someone else’s name. Once again, if an error was made – I go with who is documented as making the error. So unless you want to risk a corrective action or coaching moment for something you didn’t do – ensure you are logging out of the computer!!!

f. Throwing original tubes away: It has been brought to my attention that some have been throwing away original tubes that are not useable. I found this out during an investigation in which I needed to see that original tube, but it was nowhere to be found. This must STOP IMMEDIATELY!! We should never ever throw away a tube. Mark on the tube why it is unsuitable for use (Clotted, BAD ID, QNS etc.). Do not cover the name on the tube. I will be creating a basket to put these in, so they can be kept separate from useable specimens. Simply place the unacceptable tube(s) in a biohazard bag. Write a note of what was wrong, who you notified, and write the date on the Bag. Ensure you do an RL6 as appropriate. It is sufficient to write the date and RL6 number on the bag if one has been placed. Since these specimens are not useable, there is not a need to keep in the refrigerator or pour off.

**5. Engagement**

a. Lab Week is this Week!! I hope everyone gets to participate in all the lab week fun!!!

**6) Coming UP:**

a. TOPS analyzers – plan for training first 2 weeks of June.

b. Fentanyl validation – plans are in the process. Will let you know when it is here and ready to use.