October 1, 2015 1300

WebEx

|  |  |  |  |
| --- | --- | --- | --- |
| Team Members | | | |
| Sarah Asnicar | Present | Darlene Homkes | Present |
| Pat Smith | Present | Sarah Daiss | Absent |
| Tara Walters | Absent | Matt Frank | Absent |
| Dana Jones | Absent |  |  |
| Dela Gibson  (automation) | Absent |  |  |

1. September minutes were reviewed and approved.

2.0 Automation – where are we, what to do next, management expectations:

2.1 Darlene had an opportunity to speak with the reps from Ortho, BioRad and Immucor again at ISABB. No new developments other than BioRad still expects full FDA clearance in first quarter of 2016.

2.2 The team still feels it is important to wait for BioRad’s approval and then to a full comparison of the vendors. The team thinks it best to stick with gel technology through the MACL network as techs are familiar with the technology. Also, the solid phase manual methods offered through Immucor are not easy to use.

2.3 Dela’s comments (via email to Darlene) regarding automation were shared. She is the only one on the automation subgroup with current blood bank automation experience, so her views are especially valued. Her hesitation with BioRad is that we have no previous blood bank experience with them, although they are “very prolific” in the European market. (Darlene saw their products in use in London a few years back.) Her issues with Ortho is that they have forced customers into new products by discontinuing what is currently in the past, as they are doing now.

3.0 SOP’s, team expectations:

3.1 All team members on the conference call expressed frustration regarding lack of clear expectations of team responsibilities. Neither co-leader knew it was the team’s responsibility to distribute all blood bank SOPs to new medical directors or medical directors of new sites. Sarah A has done a great job of getting these SOP’s sent for medical director approval for Frankfort and for Williamsport after we being notified by QA that this was our responsibility. We will need a method of notification in the future of any new medical directors, as well as knowledge of the scope of practice of each new site to know which SOPs are applicable.

3.2 There are many SOPs in need of revision. Sarah A and Darlene are working on these as time permits. Pat has offered to assist with this project but does not have security clearance. Darlene has emailed Autumn to request this access.

4.0 Follow ups from QA:

4.1 The QA department is checking with CAP re a change in new regulations regarding second blood types, TRM.40670. There is lack of clarity regarding whether or not a second tech retyping the same tube will still be acceptable. No updates yet.

4.2 There was discussion at the September meeting regarding a proposal from QA to include the blood bank monthly data on one form along with other manager info that is submitted to the QA department. No updates regarding this form change.

5.0 November meeting:

There are conflicts with the meeting date of first Thursday in November as Matt has full day training at Regional and Darlene will be at the ISABB Annual Collaborative Symposium. We will try for the second Thursday with confirmation with team members to verify.