November 12, 2015 1300

WebEx

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

|  |  |  |
| --- | --- | --- |
| Topic | Discussion | Action |
| Automation | Dela talked about her visit with the Grifols rep. This company has an automated gel analyzer that is fully FDA approved. This product is similar to Ortho’s Vision but with a higher test per hour capacity. They also have a bench top “manual” set up. | Dela will be in contact with the rep to arrange a site visit to Seymour, where their automated analyzer is in use. She will try for the week of Dec 14. |
| CAP update | The team discussed how to handle the proposed CAP update TRM.40670 which, although not clearly stated, does require a separate draw or historical record for verification of a second blood type. The policy of having a second tech retype the same tube will not be acceptable. The team all had a copy of the response Darlene received from CAP attempting to clarify this regulation – see below.  So…this requirement is meant to ensure – help ensure – that the right person is matched and the idea is to try to remove human error from the process.  The “may be inadequate” does leave the door open to citation, if the process does not ENSURE that the patient is protected.  The mechanical barrier system does not refer to a plastic ID bracelet alone.  This refers to any of a number of devices that require the verification of the ID by a truly mechanical process – there are scanners that do this, blood bags that have a “lock” that can only be opened by the patient’s wristband mechanism, etc. Just having a second tech retype using the same specimen does not eliminate the possibility that the blood drawer drew the wrong patient – human error.  Having a policy that states the drawer MUST check the armband, or even the separate BB armband, does not ensure that they will do this. | Pat has been discussing this with Gail Heflin, and will continue to work through a way to handle this at 86th. Sarah A will also work with the transfusion safety officer at STV Anderson. Darlene will discuss this issue with Kim Waters from the Community network as well as with other ISABB members. Procedures will need to be changed. |
| Hemorrhage protocols | Community’s OB Code Red (BB.Issue.9.0) procedure has been updated. | One medical director yet to approve. |
| New Jump drives | Problems have been reported with the new history record jump drives. It can take up to 4 hours to retrieve a record using this method. | IS is aware of this issue and is working on it. Dela stated that this information is updated monthly on the S drive and is available there. |
| Procedures in progress | KB stain – some minor revisions to be made  BB.SPEC.3.0 – statement prohibiting use of Sunquest labels needs to be modified as many sites (those with phlebotomy teams especially) use Sunquest labels when drawing blood bank samples.  BB.DISTRI.1.0  Training documents-The training documents previously approved by the BBBPT several months ago are on the shared drive, Competency folder.  St Mary’s had requested that their sickle cell QC log as well as BCS maintenance log be included on the shared drive | Darlene will work on KB and also SPEC.3.0 procedures.  Sarah has been working on DISTRI.1.0, the team agreed that it would be best to make this procedure more general and not specify ordering process for each site.  Sarah will make training documents for therapeutic phlebotomy, Pat for irradiation, sickle cell and unit washing.  Matt will check with the St Mary’s forms when he is there. |
| Quest update for rejection | A request was sent by Farzy to review rejection criteria for IAT in the blood bank procedures to match Quest to include : Gross hemolysis, gross lipemia, grossly icteric, SST serum, cord blood and frozen specimens | The team decided that the required information was already in the blood bank procedures, no need to change. |
| Next meeting | Unless something changes requiring an “in person” meeting, we will have a WebEx meeting Dec 3 at 1300. | Darlene will schedule this meeting. |