* New timeclocks will be installed soon. The new system will utilize biometric verification (fingerprints). We will also be switching to ADP scheduler for requested days off, PTO etc.
* New TSH method for the ACCESS was installed by customer service sometime in July. No date yet on the switch
* A DBR has been put in for autoverification of the ACCESS. Once this is completed we will be working to bring the Triage and the MEDTox meters online.
* New heat block in Hematology for cold agglutinins. After reading the procedure, it is not required for the new BV testing as previously thought.
* New back up centrifuge is in the closet. We will be disposing of the "Backup Beast" currently stored upstairs.
* New IFU coming for the Vitros NA. We will no longer need to warm NA for 8 hours after the new product is put into use. New method already in place.
* Competencies: Please continue to work on your competencies. They all have been assigned through MTS. You will still need to gather your QA.DEVELOP.2.3 competency assessment. Please turn in to me as you complete a sheet in each department. I would prefer not to leave every one's until the last minute. I can work on these a few at a time.
* The lab has two new PI projects. One is % of transfusions sent for peer review when infusion guidelines are not followed. As everyone knows, this is a problem area that needs addressed. The second project is the specimen rejection log is now being shared with the hospital. Our "problem area" is ER. If you could document the nurse involved on our log, it will help Jennette with her remedial action. The first month (May) had habitual offenders.
* New BB guidelines Ascension wide will go into effect October 1, 2017. A documented HGB <7.0 will need to be in Sunrise before a provider can order blood. A repeat HGB will need to be done between each unit. With the exception of a massive transfusion protocol (active bleeder) a provider will not be able to order blood products unless all criteria is met. This is the short version of a 4 page document.
* We are now getting a daily BB exception report. This will satisfy the ISBH recommendation. Please put in my mailbox.
* LJ QC review is to be done on Wednesday’s. Per Julie, failure to do so will result in counseling feedback in performance manager.
* New payroll adjustment sheet in the breakroom. This should be much easier than several individual sheets.
* We will be moving to the 4.5 Lihep tubes and 6ml gold. NaHep should be kept for NH3 and blood gases. The delay has been due to a manufacturing shortage.
* We will be going to dixie cups for urine samples due to the cost of the orange top containers. We will still keep orange tops for use when necessary. Mike in micro has done validation studies on the dixie cups.
* New reimbursement guidelines are going into effect in January. This will significantly effect the budget of all health care facilities including the lab
* HBL to regional transport: There is no “refrigeration”. All samples should be send ambient unless MIQ specifies frozen. The Transportation critera in MIQ is for samples that are sent out from Regional.
* No pour offs for HIV and Hepatitis. Please send primary tubes.
* Blood Bank will be switching from Ortho to Grifols due to the implementation of automated blood banking at the larger hospitals. Typing will be going to the gel method. No date yet.
* Urine chemistry codes have been changed to automatically add a creat. There is new data to suggest the significance in “chem”/creat ratio. Effective date 7/20/17.
* We need suggestions & volunteers for our Gemba board.
* Jennifer will be representing us for Safety
* Kiley BPT hematology
* Tracy BPT chemistry
* Robin will be doing our shipping certification
* New schedule: In an effort to reduce tech hours. Robin will begin working 4- 10 hour shifts and will be taken out of the weekend rotation.