* **Grifols BB validation:** need DG therm temperature check and we should be done. Grifols service tech will be coming to adjust the DG therm and then we can proceed with the temp check. We will not be keeping reagents for manual backup. Go live scheduled for 12/27
* **DDimer Validation**: waiting on Siemens to install a new probe (which is backordered). I will be assigning training on the Siemens PEP website. Once the probe is installed we will continue with the validation.
* **TNI validation:** I have talked with Sherry regarding the validation plan. GO live is January 9. 40 correlations, 6month cal/ver and 31 day QC because it is a waived test. Can then go to QC every 30 days. The TNi procedure will be added to the current IStat procedure.
* Currently working on **autoverification** for the Sysmex XS and the Access
* Please utilize the **call center**. It has come to my attention that we are handling far too many phone calls. These can be forward the the call center at 317-803-1010 or transfer 3-1010. However, please continue to handle to ER and inpatient calls. Julie will talk to Jane and Trina about a phone tree. Once we establish our plan, I will notify the MOB of this transition. Please be sure you are putting in CB1 and fax comments. This will help reduce the number of phone calls.
* New schedule: no saturday out patient hours beginning in January. There is no phleb schedule the saturday of the holiday weekend due to staffing and PTO. Hospital is working on replacing Andrea. Jeff and Molly may go to 4/10’s since we have pulled the Saturday hours.
* **Key operator assignments**. Please make sure you are pulling your monthly QC and QA reports. Also make sure that you are turning your data in to peer review. Please see Deana or I if you have questions, need a refresher. All peer review passwords are on the inside door of the office cabinet.
* Keeping track of the number of venipunctures and drug screens? No, we are able to pull this data electronically.
* **Urine culture plating:** should not be doing on days. Can send small amounts of urine (qns for the culture tubes) in the plain yellow top urine tubes. Night shift only should be plating after the last courier of the evening.
* specimen received from outpatients needs to be legible with two patient identifiers. Does not have to be an electronic label. Lab will lab with the SQ label. We cannot reject a specimen because it doesn’t have an electronic label.
* **Refrigerated specimens**: only applies to specimens sent out from regional to Quest. MIQ has Quest specimen requirements. Samples transported to MACL are ambient or frozen. No refrigerated.
* **API surveys** will continue to assigned as we have been doing them. The old way is a "paperwork nightmare". However, we will begin individually assigning BB surveys to keep everyone competent.
* Looking at hiring a tech to work the 7th night at both SVCL and SVWP. Overtime has to "go away". Have recently interviewed two people. I am hoping to hire one as a full time tech at SVCL to take the place of Toni who will be leaving effective December 24th. The other one I hope to be the split person between the two hospitals.
* Lab needs to keep all lab orders for six years. I will be talking to Trina and Christy(?) and asking why the hospital is picking these up and keeping them.
* Daily request from Sandy Howard in the outpatient clinic for printed copies of the lab reports. I will email Sandy, Jane and Trina requesting that they look these up electronically.
* PT clinic. Are the orders compliant? What role should the lab be playing in this? Julie will be checking into the legitimacy of the PT clinic.
* Associate request that all specimens be labeled with the date/time/initials and source.
* Students cannot be in the lab without MACL documentation of release of liability. I will be talking to Rita Keeling.
* We apparently need a software update for the vitros to eliminate our metering error. I will contact Diane Nagel our Ortho TAS and ask how to accomplish this.