[](http://depts.washington.edu/labweb/index.htm)

TSL Staff Meeting Minutes

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| **Date:** 2/19/14 | Present were: Geneva Basye, Kelly Burchardt, Nancy Chong, Gie Cruz-Cody, Nene Diawatan, Stephanie Franson, Brennan Katchatag, Max Louzon, Jimmy Lu, Ella Lykken, Kara Marten, Beth Means, Erin Tuott, Excel Valdez, Sau-Seong Wong, and Brenda Hayden | |
| **Agenda Item** | **Action** | **Follow-up** |
| * Recap of Document Revisions | * Brenda presented the summary of all the recent document changes. Roxann has compiled summary sheets for staff to review. (See attached) |  |
| * New Lab Coats? | * We need new lab coats, and discussed what sizes seemed to be least available now. The consensus is XS and XXL and L. | * We will order more of those sizes. |
| * Ideas for 2014 Competency | * Staff present suggested we do a competency that captures the Trauma Log completion situation since the audits show our completion rate is only 58%. After some discussion we decided to do the whole Trauma response process as a competency. * The six month competency on elutions was also mentioned as being a required competency. * More suggestions were requested for the competency schedule. | * Brenda and Roxann will discuss with Max, who is the 2014 Competency Coordinator. |
| * QI Report | * Gie presented QI report. She presented a summary of 2012 versus 2013. The most frequent error in 2012 was issuing products without documentation in SQ. This was brought down by 50% in 2013. * The Blood Label Check not getting done per SOP is the most frequently occurring order now, and some changes are being monitored for effectiveness. | * Gie will continue to monitor improvement in BLC errors. |
| * Green Time adjustment forms | * Gie reported that people are assuming the top date on the green form is for when they are submitting the form. It is not. The top is for when they want the adjustment. * Gie also wants these forms time-stamped when they are submitted. This makes it easier for the adjustments to be made accurately. | * Brenda suggested a form change to note that the top field on the form is for when the adjustment is desired. * This will be done prior to the next form print. |
| **Agenda Item** | **Action** | **Follow-Up** |
| * Blood Utilization Report | * Brenda presented BUR. Overall usage is trending downward for the past year. This is due in part to lower trauma numbers, but also to practice change. * PROPPR influenced ordering practice so early support with platelets and plasma may be causative for less transfusions needed. * Wastage is basically low. RBCs taking a gurney ride are the reason for RBC wastage in December. * Brenda congratulated the staff for a great job of inventory management. Really outstanding in the industry! |  |
| * Deviations from SOP | * Brenda reminded staff that deviations in sample acceptance can only be related to time and date. Never signatures. * Recently someone accepted a sample with only one signature on the form, and let the nurse come down and sign the form, submitting this as a deviation. * This is NOT an acceptable deviation. |  |
| * Quality Focus | * Erin presented the Quality Focus for the month, which is Organization. * The AABB Standard 1 was discussed, including: Executive management, Org chart, Quality System requirement, Document development process requirement, Emergency preparedness, and Communication of concerns. * Brenda pointed out that there is an CAP poster and AABB poster for communicating concerns which have been repeatedly brought to management but not addressed. |  |
| * Update on Infinity Study | * Erin and Brenda gave update on Infinity. Currently starting testing. |  |
| * Breakroom cleaning | * A new breakroom cleaning schedule is being implemented. Staff were asked to make sure they clean up their own messes, especially if food is spilled or dropped on the floor. |  |

Meeting was adjourned.