**June 19th 2014 Staff meeting minutes**

* Transitions in Lab
* Brenda will be taking over projects for the UW TSL
* Nina will be the manager for HMC TSL starting July 7th
* Erica is leaving us for the UW SPS
* Kara has accepted 3rd shift position starting June 23rd
* Service Culture Guideline of the month- **Be Accountable**
* Offer assistance to people who are lost or trying to find their way by escorting them to their destination or taking them to someone who can help them.
* Help those in need until their issues are resolved or another co-worker has assumed responsibility.
* Be dependable and timely.
* Take personal responsibility for keeping the work environment clean and safe by cleaning up litter and spills, or promptly contacting the appropriate resource.
* Practice consistent hand hygiene to prevent the spread of infection.
* 2ND Sample –went live June 17th.
  + As expected with any change, there is a lot of education that still needs to be done.
  + Most common incidences are both samples being collected at the same time.
  + Patrick is following up with QIMS on the 2nd sample.
  + In the meantime we continue to provide service as always.
  + Don’t hesitate to offer universal donor products if transfusion cannot wait for completion of pretransfusion testing
  + Clip on the whiteboard by the tube station of preadmissions that need an ABRH2. OR should be contacted once the patient is “in house”.
  + The system will generate the ABRH2 order. If you think it should have and didn’t, check Purged results.
* Employee Engagement Survey Results
* UW overall 3.86, HMC 3.76, Lab Med HMC 3.53
* Breakdown for each department was not available from the survey
* Quality Focus- Equipment-Max
  + See PowerPoint
* QA- Gie
* No containers (1 or2) are being indicated on the Blood Product Release form
* Incomplete information on the BPR (such as missing H#) we should reading the name and H# from the BPR on readbacks
* Portable Logs are not completed when the portable fridge is returned
* We have IRRADIATED blood stickers now to use on paperwork. Use these to indicate when an order required irradiation. Stickers are not for product, just paperwork.
* Blood Label Check does not get done on plasma that is thawed for trauma or inventory. Remember to follow the process. Perform blood bank inquiry if you can’t remember if BLC is done. This is a critical step in our thaw process.
* Inventory usage/wastage for May
* Wasted 2RBCs, 1 FFP, 1PLT, 1CRYO
* Outdate rate for platelets is expected though painful.
* Recall/Lookback form revisions
* Separate part for TSL staff and Medical Directors, Complete only what is required for you, do not go to ORCA to investigate. The Medical Directors are responsible for investigating clinical matters. TSL staff needs to make sure the unit is quarantined and returned if needed.
* Print a BBI report and attach
* Always complete a QIM; attach copy of recall form for Gie who will be monitoring recall/lookback as part of her QA position
* TempTrak- working as expected, no major issues identified. Respond to alarms in a timely manner.
* Upcoming:

-Prenatal samples in July 1st

* All UW clinics
* UW courier will deliver to GWH Lab, SPS will tube the samples down to us
* Order will be placed in EPIC for PREN (Prenatal workup) and received in ORM
* Patients may have “H”, “U”, or “N” numbers. All are acceptable.
* No 2nd sample draws needed
* MLS: no ARCs performed
* In a few weeks we will start receiving pagers that require *“FULL TRAUMA response to the OR”*. These patients will be going straight to OR instead of ED. If we get such a page, the portable fridge goes to OR not ER.
* July 1st PSBC will change the “Standard Dose” pooled cryoprecipitate from 6 to 5 donors. We will use up the 6 pools first. When there are about 5 products left, we will get IT to switch over the label to say 5 and change the billing charge. More to follow.
* Break Room summer cleanup
* Suggestion: moving all "personal cooking and eating/drinking items" to a box and people have to label and place back in the cabinet.  Any items remaining after 3 weeks will go to  
  Goodwill. Bags in the lab coat closets will be discarded if not claimed.  Extra coats and other garments will be put out for claiming. Extra scrubs in the cabinets (not in a locker) will be sent to laundry.
* Q and A from staff
* Dirty scrubs are to be placed in the laundry bag by the door to the clean area. If it is getting too full, tie the bag and replace. 3rd shift has been good about making sure these get taken care of but DO NOT overfill.
* All plasma products must be released to inventory when returning from a blood fridge. Every shift should also be checking to make sure whether units allocated are necessary.
* Writing up an incident is not “getting people in trouble” or “finger pointing”. QIM and PSN are designed to improve transfusion safety for patients by recognizing where the system may not be working and make corrections, if indicated. Failure to report an incident may lead to a continued unsafe condition.
* BBI is required when the CPOE order prints out in order to catch duplicates and identify problem patients. If TSL doesn’t catch the duplicate and stop the duplicate draw, that is a level 4 PSN against us. Nobody wants to be getting or doing extra sticks so call immediately to try and stop the unnecessary draw.