**August 21, 2014 Staff meeting minutes**

* Quality Focus- **Process Controls** - Kara
	+ See PowerPoint posted to MTS
* QA- Gie/Nina
	+ No temp was taken for an RBC out > 30 minutes. TSL needs the temp in order to track handling. Include temp in the Comments section of the QIM before discarding/quarantining.
	+ Shift hand off applies to MLS and CLTs. This form captures QC that needs to be completed. It should be an opportunity to review and refocus before leaving. 1st shift will review the previous day to insure that all tasks have been completed and/or addressed before filing in the Shift Reports notebook.
	+ TANGO techs: don’t forget to write your Tech ID on the section for additional lots put on the instrument.
	+ Writing on the back of a form is acceptable. Please don’t use markers as they may go through to the front obliterating other information.
	+ Antigen typing results must be reviewed prior to issue of antigen negative blood products
	+ PSN- submit brief information, any suggestions for improvement must be approved by transfusion services management prior to reporting in PSN
* Inventory usage/wastage for July
* Wasted 1 RBC, 1 FFP, 1 PLT
* 14 platelets were expired at a cost of about $10,000. What can we do?
	+ Stop getting short date platelet: *Nina changed to only 3 days per week*
	+ Spread out the ARC platelet shipments: *Now 3 twice a week*
	+ Change Par Levels: *dropped to 4 and staff calling on all platelet orders to see when they plan to transfuse so we can order appropriately. Ask them if they can wait for the delivery.*
	+ Remember: a STAT shipment is less costly than expiring platelets.
* Prenatal Testing
	+ 80 samples since July
	+ Columbia Clinic is on a different EPIC so we use their information. This may differ from the other EPIC
	+ If the prenatal arrives with 2 HIDs, complete a QIM. CAST is having a hard time with billing on these patients.
* Ebola Alert
	+ Alerts posted to MTS
	+ Safety committee working on lab guidelines for handling samples
	+ Treat every sample as potential pathogen
	+ IF we get a case, we **may** consider issuing universal donor rather than testing a sample.
	+ More to follow.
* MLS Training for CLT
	+ Due to staffing, MLS must be ready to complete the CLT job.
	+ This includes all tasks, not just the obvious ones
	+ MLS asked to identify areas that need a refresher session.
	+ CLT Leads will be in touch with MLS for a refresher session
* Job Postings
	+ Nina will be posting 2 0.5 positions. This is Nancy’s spot. It is intended to offer more hours for our part time MLS staff.
	+ Erin has accepted the MLS Dayshift Lead position. Her 3rd shift Lead position will be posted. She will stay on 3rd until the position is filled.
	+ Job posting process is a lengthy one as Lab Med watches the budget.
* Lab Med Website and Leave forms
	+ Forms to submit for leave are found on the Lab Med Staff Only website.
	+ In addition to the organizational form, there is a Lab Med specific form.
* Purchasing Request
	+ When you bring in a shipment, paperwork is sent to Lab Med Purchasing.
	+ They match the receipt to the original order and pay the bill.
	+ Please include on the paperwork your name, date of receipt, and the PO number
* Cancelling and Crediting
	+ Cancelling an order does NOT credit the testing. Remember to add a credit code when cancelling.
	+ If cancelling creates a problem with electronic crossmatch, perform an ARC on either the TSCR/TXM or the ABHR2 **whichever is most recent**.
	+ Finish cancelling before resulting the ABRH2. This puts ABRH2 in front of the BBCAN and then the ARC is performed. Electronic crossmatching should be OK.
* Traumas and 2nd sample
	+ Trauma is crashing/OR patient crashing
	+ You witness the first sample collection
	+ We can go to type specific if we have witnessed and the speed of use if dramatic.
	+ Include in this decision the anticipated future blood product use
	+ Nina to ask our Medical Directors when they want to be called for approval.
* 2nd Sample: Drawn 1 to 2 minutes after 1st sample
	+ QIM all questionable draws. Patrick is following up with the location to see what happened.
	+ If there is a line, they feasibly can draw 2 samples in 1 minute but…
	+ It is really about how fast they can re-identify the patient so if they ask you “How much time must there be between draws?”, ask them how fast they can put aside one request and sample and repeat the process anew.