**CLT Technical Meeting March 2015**

**Agenda:**

* Billing Ag Typing for Ag NEG units received from Bloodworks NW
* Death Notification updates of SQ
* Trauma paperwork completion: how can we make it better?
* 2nd sample: process improvement in identifying those patients
* Shortdate Report: what are we doing with the results? What is a “shortdate”?

**Billing Antigen Typings**

**Antigen Typed Units Received for a Specific Patient**

* Receive antigen negative units from Bloodworks NW (Salmon Tag)
* **MLS enters antigen typing results**

**Death Notification Updates in TSL**

Expanding the updates from Death Notifications:

* CLT continue to check tissue storage
* Forward to MLS staff
* Enter BAD comment: “Patient deceased (date)”
* Move Antibody ID/TRRX folder to Expired area in filing cabinet after writing “Patient deceased (date)” on the outside of the folder
* Expire sample in SQ
* Release allocated product (rare)
* Sign and Date, refile in Notification notebook
* Should we do this as they come in? Weekly? Monthly? Write on fax?

**Drugs and Autoimmune Hemolytic Anemia/Auto Antibodies**

**Article of interest by Dr. Nester (Bloodworks NW)**

<http://ajcp.ascpjournals.org/content/136/1/7.full>

**Do NOT** print “Medications list” for any reason. This is potentially a HIPAA violation. Medical Director and residents can look it up themselves. Write on Antibody ID Worksheet if applicable to investigation. Provide to Bloodworks RCRL only as applicable to investigation.

**Shortdate Blood Components: What is a “shortdate”? What do we do with the report?**

**3/6/2015: Per Dr. Hess**

Studies show that the age of blood does not matter except in the neonatal population. What matters is getting 1:1:1 into the bleeding patient.

TSL no longer needs to “tear down” ADULT trauma RBCs that are at 15 days. We can wait until 7 days. *SOP revision of Trauma Pack SOPs will happen.*

There is no change in the Pediatric RBC Trauma Pack. Units must be ≤7 days since draw date.

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| --- | --- | --- |
| **Product** | **Shortdate?** | **Communication** |
| **Platelets** | ≤ 24 hours***Monitored by CLTs primarily*** | * Written on CLT/MLS Shift Hand Off form
* Checked each shift when Allocation/Inventory check is performed
* On Shortdate Report (rotated monthly duties)
 |
| **Plasma** | ≤ 24 hours | * Written on CLT/MLS Shift Hand Off form
* Checked each shift when Allocation/Inventory check is performed
* On Shortdate Report (rotated monthly duties)
* Written on whiteboard by Tube Station
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| **RBCs** | ≤ 8 days for groups AB and B, group O and A if more than 2 units≤ 4 days for groups O and A (1-2 units)***Monitored by MLS primarily*** | * Written on CLT/MLS Shift Hand Off form
* Checked each shift when Allocation/Inventory check is performed
* On Shortdate Report (rotated monthly duties)
* Written on whiteboard by Tube Station
 |

***MLS may ask you about shortdate usage when products are brought for allocation***

**Using the Shortdate Report:**

* Why do we print it?
	+ An RBC was allowed to outdate because it was in incorrect chronological order
* What responsibilities do we have with the information?
	+ Make sure “shortdates” are prominently noted for 1st utilization
	+ May take some hunting to find them.
		- Example: CAP units were on report 3/3. I used BIS to look at the numbers and realized they were not real units.
	+ Move to the front, write it down, tell others
* Frozen inventory only checked monthly. What do you do with the information?
	+ Same as above.
	+ In addition, if plasma has ≤ 5 days, thaw it!

**2nd Samples and Confirmations Needed: Ideas for Process Improvements**

How do you make sure an ABRH2 is collected when the sample was drawn in OR?

DOE: is our posting SOP working? Better ideas?

**Trauma Paperwork Completion: How do we make it easier and more accurate?**

Still getting QIMs on this so how can we fix it?

Review required and documented in the top right corner of the paperwork:

* Are you asked to review when no products are issued?
* Do you get another tech to review if you allocated/issued the products?