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| HMCTransfusion Service Staff Meeting Minutes 7/16/15 | | |
| [http://www.komencolorado.org/kdwp/wp-content/uploads/2014/10/Thank-You.jpg](http://www.google.com/url?sa=i&rct=j&q=&esrc=s&frm=1&source=images&cd=&cad=rja&uact=8&ved=0CAcQjRw&url=http://www.komencolorado.org/thank-you-race-sponsors/&ei=VB63VJbUJMr4yQTd54LQCw&bvm=bv.83640239,d.aWw&psig=AFQjCNGP4nRIWD05M8iVZZERU4GsNU_Feg&ust=1421373380983219) | | *Patients are First* Pillar Goals   * *Focus on Serving the Patient/Family* * *Provide the Highest Quality of Care* * *Become the Employer of Choice* * *Practice Fiscal Responsibility*   Service Culture Guidelines   * *Respect privacy and confidentiality* * *Communicate effectively* * *Conduct myself professionally* * *Be accountable* * *Be committed to my colleagues and to the UW Medicine Health System* |
| Lab Update | * Welcome Dr Ryan Metcalf * Welcome Marybeth Agricola- MLS lead/training coordinator. Once Marybeth has completed training, she will be taking over the training and education for the department. * CAP inspection- thanks to everyone’s hard work, this year’s CAP inspection went well. Policies regarding Rh immune globulin administration and TRALI mitigation have been written. Please review and discuss with Leads if you have any questions. * MLS competency- In order to meet CLIA competency requirements, the process for tracking competencies have been revised. Techs will need to enter into the tracker which requirements have been completed. Leads and Marilyn will be meeting with the MLS techs to discuss the requirements. CLT staff will not have as many requirements but there will be general assessments done annually to remain competent. * MTP/bleeding patients from OR to floor, provision of crossmatched blood. Policy change will be coming soon to address continual provision of crossmatched blood from OR to floor with only 1 sample drawn in OR. Stay tuned for SOP revisions. * UW TSL update- space is ready, new equipment is arriving. HMC TSL will be providing expired units for validation as needed. They will have an open house closer to opening date and we will send everyone to visit as time allows. | |
| Safety Update | * Power outage- lessons learned. All staff should review the disaster plan if they are not aware of what to do when there is a disaster. Brennan has organized the disaster bag, there is now 1 instead of 2. | |
| Project updates | * ALNW – process going well. No complaints so far. Used on 1 trauma so far, the nurses from ALNW came down to the lab and connected with the TSL staff to replace cooler. * ED Blood refrigerator- stop tracking end of July for trauma responses. Enough data to show how many trauma responses we have had and how often the ED fridge is being used. Gie is currently in the process of compiling. She will let you know if she needs additional information. Staff should continue to QIM incidents where the ED fridge units are not used appropriately or there is missing info on the urgent release card. Thanks to everyone who have written QIMS and helped with the auditing. * Sterile Docker- last equipment to get validated and set for go live. | |
| Job Postings/Announcements | * Full time MLS 1- nights * Full time MLS 1- eves | |
| QA/Blood Utilization | * Doe name changes, merged records- increase in QIMS where the doe name change is not documented in SQ. Remember to add the order comment whenever you get a DOE sample and let the next shift know if confirmation sample is needed. Working on getting reports that will notify us when the doe name changes and patient record merges occur. Stay tuned. * June utilization data * RBC- 2 (oms30) * PLTs- 6 outdate * Plasma- 1 (oms30), 1 outdate * Cryo- 1 | |
| Other | * Attendance- HMC attendance policy must be followed, not kronos. If you are scheduled to start at 0700 then you must be in the lab at 0700. A clock in at 0701 is considered late. A clock in at 0708 is late and leave without pay. Kronos is a system that keeps track of when you work. Nina will be meeting with staffs that have a high rate of tardiness and sick calls. * Break room cleanup – cleanup sign-up sheet is not being utilized. Each staff is responsible to clean up after themselves. The Leads will be monitoring the break room at each shift to make sure this is happening. Nina will make it mandatory assignment if staff do not clean up after themselves. | |