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| HMC Transfusion Service Staff Meeting 9/17/15 | | |
| [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* |
| Service Culture Guideline | * *Conduct myself professionally* * Treat others with courtesy, honesty and respect even in challenging situations. * Be sensitive and empathetic to the needs of others. * Continue to learn and seek new knowledge to enhance my skills. * Recognize that I am responsible for the public’s perception of UW Medicine and that I am an ambassador for UW Medicine. | |
| Lab Update | * Annual competencies are being rolled out. Please note the SQ Test environment may not have the exact codes we are using. See a lead for assistance. * SQ 7.2 test environment is being used to set everything up for UW TSL. A change coming our way is using E codes for thaw processes instead of TH\_\_\_ (ex: TE0869 instead of THDIV). * IH clinical trial is in the works. Testing will be A2 cells, phenotyping (Rh and K), AB screen, and crossmatch. No go-live timeline set. * MLS Students will start around November. Marybeth will be attending the kick-off meeting on Sept 24th and will have more info for us then. | |
| Project updates | * LabMed construction is set to begin 9/21/15. \*\*update per LabMed email – this has been postponed\*\* * Sterile docker validation is in process, we still need a few items before we can begin. Tentative go live for use is January. * The Merged Records report will start printing automatically ~0300 in the beginning of October. Erin or Marybeth will meet with night shift when we know more. Any patient admitted under one HID then is found to have another HID will be on this list. Both will still appear in SQ but will need to manually be linked and show a green bar, in ORCA they are merged together into one. * The Doe report is still email only and it only updates once per day at 0600. If a name is changed at 0700, it will not make the report until the following day. * New document control and event tracking system is coming. LabMed response to a CAP deficiency is to purchase an online document control system. A committee will be selecting something by Dec 2015, all forms will be live June 2016, and everything will be entered by June 2016. It needs to be an online system that will track staff signing (much like we use MTS). | |
| Job Postings/Announcements | * Training ongoing for El and Nicole | |
| QA/Blood Utilization | * 2 FDA reportable errors in August and 10 major errors, Gie has a printout of all the different BPDRs we could possibly make and she will be putting this out for everyone’s perusal. * Watch for SCCA flags, we missed issuing an IRR unit to a patient with a flag set. A training packet will be sent out soon. * All samples that are labeled with a Doe name need to have the order comment added. It was missed twice and one of those instances had units issued with the patients name and no confirmation sample collected. * Double and triple check the units that are issued during a trauma. There was another instance of a unit issued in SQ but found on the shelf and a unit missing from the shelf but available in SQ. Have a second person verify units against trauma logs before you put them back into inventory. * Make sure you are using the correct thaw process. There will be an error saying “Component Type does not match maintenance definitions. Continue?” DO NOT click on ok, this is telling you something is wrong. Eventually we will be changing to all E code processes. Gie has created helpful hints; please take a minute to review them. * August utilization data * RBC-4 wasted (2 were dropped) * PLTs-4 outdated * Plasma-12 outdated * Cryo-1 wasted | |
| Other | * ICD-10 goes live Oct 1st and all cheat sheets will be discarded. No one in TSL is trained on coding so we must put exactly what the floor staff has written. Use “TXDX” and enter the phrasing in the comment line or use “NDX” if there is nothing. A member of the CAST team will clarify with HIM. * New CAP checklist has been put out, Erin will start assigning people to look at our SOPs and see what edits need to be made. This will hopefully eliminate the mad rush of SOPs put out right before our inspection time. * FMLA/Doctors notes. Please do not submit doctors notes directly to TSL management, they need to go to the HR Leave Specialist. We do not require a doctor’s note to come back to work after being out. If you have been absent for >3 days we recommend discussing FMLA or disability with the HR specialist but this is not mandatory. Our contact person is Stacy McCarley. If you have FMLA, please remember to clarify when you call in sick or if you are scheduling an appointment. * Flu clinic begins 9/28, more info to follow. * Hand hygiene in ED/OR; please remember to gel in and out when in the ED/OR. There are “secret shoppers” around reporting back to Infection Control. * ORCA issues have not been resolved and there may be more outages coming. * Scrubs from the OR locker room, please only take 1 pair of scrubs at a time. Grab the pair you are putting on at the beginning of your shift and take them off before you head home. OR staff may be asking for your name and department if they see you taking more than 1 pair. They have had problems with their staff not having any to change into at the start of their shifts. * STAT turnaround times, we had 4 samples miss our TAT. Remember to tell an MLS when you are putting a sample into the centrifuge and make sure they heard you. MLS staff-don’t forget you have put a STAT on the Tango. * If you get a call from floor regarding transfusion rates, what they can/cannot run with the product, filter size, etc then refer them to the Blood Administration Policy, it is all in there. * Don’t forget to enter vacation requests in Kronos after manager approval, this makes sure the leave type you want used is used 1st. Personal Holiday cannot be split and must be used all at once. * Don’t forget to pull segments for ED/ALNW units and remove them from the rack when you have returned them. * Don’t forget to fully clean portable fridges when they return to TSL. The white buckets that are used to carry products into the OR suites should also be cleaned with sanitizing wipes or the disinfecting wash between uses. | |