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| HMC Transfusion Service Staff Meeting 11/19/15 |
| http://www.komencolorado.org/kdwp/wp-content/uploads/2014/10/Thank-You.jpg | *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*
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| Service Culture Guideline | * *Commitment*

Be COMMITTED to my colleagues and to the UW Medicine Health System Respect and acknowledge differing values, opinions and viewpoints. * + Recognize and encourage positive behavior.
	+ Address inappropriate behaviors in a confidential and constructive manner.
	+ Promote interdisciplinary and interdepartmental cooperation.
	+ Promote the mission, vision and values of the UW Medicine Health System.
	+ Follow all UW Medicine policies and procedures.
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| Hospital Update | * HR/Payroll modernization- go live June 2016. New workday platform. No changes to pay dates.
* Children’s Holiday Party volunteer Dec11 and 12th. Please help HMC by volunteering your time. More information on the HMC intranet
* Winter Celebration & Auction Basket, Dec 16th 2-4pm. Submit ideas by the end of November. Past ideas have been “alcohol basket”, Disney princess, lego, tea. All proceeds helps families in need. More information on the intranet.
* Benefits open enrollment –ends Nov 30th. Please review new plans and change before 11/30/15. If plans remain the same, no action needed.
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| Lab Update  | * IH clinical trial – currently in process. Will be testing manual gel incubator and centrifuge along with IH reader. Projected start date will be sometime in the 1st quarter next year.
* UW TSL go live date March 2016- many changes to SQ are happening. Blood Component prep along with Blood Order Processing are two big ones. Transfusion record will have unit expiration instead of crossmatch expiration. We will start posting summary of changes for staff.
* Combin platelets expiration change- dec 1st. Remember the system will need the tech to enter the new expiration date and time. If the unit expires before midnight then a QA warning pops up. Staff should not extend beyond the original expiration. Practice in test environment to become familiar with the change.
* Bloodworks NW name change in December
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| Project updates | * LabMed construction postponed indefinitely- no changes to HMC transfusion services lab.
* Sterile docker validation complete. Next will be training, SOPs to write. We will go live with this once the SQ codes have been validated and available to use. February/March 2016
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| QA/Blood Utilization | * Reminder: all trauma responses should have a platelet along with the RBCs and plasma. We have already had a complaint from the trauma docs that a plt was not present when asked.
* October utilization data
* RBC-2
* PLTs-3 outdate
* Plasma- 1
* Cryo-0
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| Other | * Performance evaluations – continuing education documentation due 12/15/15. All staff should complete the continuing education form and submit by 12/15/15. Nina will scan them and email to labmed education. All staff evaluation will be completed by the end of December.
* Attendance- as we enter the flu season, be aware of the tardiness and sick calls. Staff that needs FMLA should complete the paperwork and send to HR.
* Rounding –Stoplight report will be done once per quarter to summarize results from the rounding.
* Vacation time off requests- time off requests will be denied if there are requested on dates when there is only 4 techs working per shift. Please trade if possible.
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| Staff Q and A | * Should 2 samples drawn at the same date and time be rejected for the 2nd sample requirement?

*Confirm with the nurse that the samples were drawn independently. If yes, then the 2nd draw can be accepted as ABRH2. There is no time difference limitation between the 1st TSCR and the 2nd ABRH2. As long as the nurses have reidentified the patient and performed an independent draw, both samples are accepted. We will discuss this with Abby* *(she is covering for Patrick) to improve the current process. More to follow…** It was noticed that TXA was given on a trauma where the MTP was not activated. Is this something the lab staff need to follow up on?

*No. The trauma folks do want to know which patients had MTP activated. This allows for them to check if the patient had received TXA as part of protocol. They know the patients that have received TXA but they don’t know the patients that should get TXA but didn’t. Therefore our audit of which ones have the MTP activated is very helpful to the trauma team.*  |