**Morning Meeting Attendees:** Deanne, Kate, Alyssa, Kristin, Geme, Renee, Christy, Blake, Mark, Christy, Rachel, Ina, Roxann

**Afternoon Meeting Attendees**: Carol, Ariel, Courtney, Yuga, Teddy, Peter, Hy

*Minutes submitted by Roxann Gary.*

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| **Agenda Item** | **Discussion** |
| **Weekend and Holiday Schedules** | Tabled due to Ryan’s absence |
| **Cell Phones** | * Should be limited to work related communications only * Are acceptable replacements for phone outages * Are okay in your pocket but should not be on bench tops * Headphones must be limited to one ear only |
| **New Positions** | * 2 MLS2 positions are posted; additional MLS2 for 3rd shift pending * Possible CLT2 position for 3rd shift; waiting for an update before posting |
| **Inspections** | * Joint Commission: follow-up went well and is closed * FDA: no citations but concerns over documentation will be addressed with GMP training forthcoming and with implementation of TempTrak * CAP: mock inspection coming within the next 10 days. No citations but will give us an idea of where we are and what we need to do to be ready for CAP next year. Nabiha has been assigned as the TRM inspector. |
| **Irradiation**  **Irradiation Need**  SCCA Flag? □  IRR Order? □  IRR attribute in BAD? □  Tech ID | * If you saw red messages in order entry or a pop-up box, that has been turned off. * Working on an interfaced update of BAD from ORCA/EPIC   In the meantime, **stamps** are coming   * Every order * ‘Blank’ means NA   + Example: TSCR orders will have ‘IRR Order?’ left blank since there is no product ordered * Final Tech signs the box   + Example: Kate performs Inquiry and sees the SCCA flag. She can’t update BAD so she hands it off to Roxann for update in SQ. Roxann signs her tech ID as the completer.   + SCCA flag present or Irradiation ordered and attribute already in BAD file. Kate enters her own Tech ID as the verifier |
| **Agenda Item** | **Discussion** |
| **Issuing** | * After training, % units not issued in SQ dropped * Now % is trending back up * Continue to be vigilant to ensure products are issued in SQ |
| **Secondary Processing glitch identified** | * Several irradiated products discovered with missing IRR attributes * Lab Med IT notified to investigate * In the meantime:   + Check the right side of the BCP screen for IRR column ATTR)   + If not added, write QI and add IRR in BPE |
| **Sample Rejection** | * Time of draw:   + Time on tube and Req do not have to match exactly   + Time has to be written on the sample label and is used for draw time in Order Entry and ORM * SCCA samples have many time discrepancies   + Deanne is working with SCCA to identify where the errors are occurring and fixing the process * Prenatal samples from clinics   + Must follow UWMC TSL policy for labeling   + Marnie working retrain clinic staff on the current process |
| **SCCA Separate Orders** | * ABO/Rh ordered on one requisition * Antibody Screen ordered on second requisition * One sample received   Discuss of various options. Two possible solutions   * Enter as TSCR and cancel/credit separate orders * Enter as ABRH, add AS, cancel Antibody Screen order * SCCA is also working to update the ORCA Power Plans to resolve this issue |

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| **Agenda Item** | **Discussion** |
| **Cord Blood Log and Testing** | * Cord Blood doesn’t need testing:   + Create a BBHOLD order   + Write in Cord Blood Log book for assessment of RhIg needs for Mom * Complete all entries on the line in the log book. * RHEV being ordered and tested as needed has improved through training of OB nurses, but please call to remind the RN if it appears to be missed * Deanne to review training plan. She has the new SOP signed. Training and SOP reading will be rolled out together. |
| **TANGO Problem Log** | * No clear documentation of TANGO problems, their frequency and their resolution * A draft Tango Problem Log is by the communication log for your evaluation and feedback   + Form must always have the serial number of the instrument. Soon we will have two! * Discussion of identifying DARA patients to avoid putting them on the TANGO and risking carry-over of the positive screen to the next sample tested. * If you have two positives in a row, retest the second if the first positive was from a DARA patient or an alloantibody of high titer. |
| **Verbal Orders** | * Verbal orders are for EMERGENCY only * All orders should be submitted through ORCA or manual requisition unless it is an OR EMERGENCY or OB/MTP event * If the call location doesn’t have manual requisitions, notify Marnie to take them a supply |
| **Duplicate Orders** | * A new testing order within the period the older sample is valid are not being caught by TSL staff * If older sample expires at 2359 that day, perform the TSCR * If older sample has 1 or more days left, credit TSCR in ORM and enter as BBHOLD * Deanne will investigate scenarios, when to credit, when to cancel, etc and get back to staff with best practice. |

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| **Agenda Item** | **Discussion** |
| **Additional issues** | * BBHOLD samples should be converted to TXM rather than TSCR for consistency in tracking conversion rates and must be sure to use the correct collection date when ordering the test to prevent extension of the sample life beyond the three day limit and to prevent billing issues * The Downtime Issue Log should not be used to request reallocation of blood product release at the SCCA due to QA failures on receipt from In-Transit. SCCA staff will call to provide the patient’s MRN and the unit number. |