**Morning Meeting Attendees**

**Afternoon Meeting Attendees**:

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| **Agenda Item** | **Discussion** |
| **Vacation and Holiday Schedules** | * Holiday rotations are designed to allow more staff to spend the holiday with their family by combining the holiday with the adjacent weekend.
* Talk to schedulers if you are interested in posting your holiday for staff to volunteer. Working a shift for someone on a year you are not scheduled, does not change the holiday you have off for the following year. The holiday schedule is designed to allow staff to plan holiday’s in advance.
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| **Staffing updates** | * MLS 2 positions x3 – hiring near completion
* MLS 1 days – reviewing applications
* CLT 2 nights – reviewing applications
* MLS 1 x2 (eve, night) – pending approval
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| **Most common BPDs**  | * Component not issued in SQ
* Special requirement not met – IRR
* Reduced volume not provided
* Wrong blood type - plan required specific ABO or Rh
* Improper product selected for patient - Pooled vs apheresis, RBC instead of PLT, etc.
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| **Conversion of BBHOLD to TXM** | * Multiple errors related to receipt using current date instead of actual date of collection when ordering the TXM
* Requires billing corrections and sample expiration updates
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| **Selection of the correct issue account number** | * Selection of the wrong issue encounter can lead to billing the SCCA for products administered here at UWMC. Use the billing encounter on the component release form.
* Report errors on a QI
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| **Safety** | * New Employee Safety Tour to be repeated with MTS documentation for all staff members.
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| **SCCA sample processing****(multiple testing ordered on different accessions)** | * SCCA is working to update the ORCA Power Plans to reflect the Type & Screen instead of ABO/RH and antibody screen separately
* Until the issue is resolved continue to cancel both tests and order a TSCR or add the screen to the ABO/Rh. The TSCR is preferred if RBC transfusion is anticipated.
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| **Cord Blood Testing** | * Cord blood testing is required for the following:

Mom – any of the following apply: * + Type unknown
	+ Group O
	+ Rh negative
	+ Has clinically significant alloantibodies
	+ Infant <1000 gm selected on Cord Order

Screen should be ordered by the provider and added to the cord blood order if infant is < 1000 gm or otherwise is believed at high risk for blood transfusion* Cord blood with positive DAT – reflex eluate only if cause of positive DAT is unexplained
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| **Repaneling Policy** | Repaneling should be performed in the following situations:* + No previous ID by UWMC or last ABI > 3 months ago
	+ Current reactions don’t match the expected pattern of reactivity
	+ Increase in strength or reactivity
	+ All cells positive (NA if repeat warm auto receiving antigen matched units)
	+ AHG XM incomp. with antigen negative units
	+ Evidence of hemolysis
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