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| HMC Transfusion Service Staff Meeting 9/15/16 3WH108 | | |
| [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 | * Commitment * 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. | |
| Hospital Update | * HMC budget – $4million. Operational cost to run HMC $900million/year. HMC has about $300 million to operate the hospital for the next 4months if all payments stopped. UWMC budget did not meet its mark, short by about $30million. * Infection Control – C.diff outbreak on 9MA. Practice hand hygiene and clean the portable refrigerators when returned to TSL. * Kronos attestation language updated. Check the intranet for more detail. Time card approvals should still be made even when the exception report (green form) has been submitted. Reminder: Changes to your timecard cannot be made unless there is a green exception form on file. * HR/Payroll workday- ongoing project to replace the payroll system. Evaluations and Employee self service will be available through workday. Go live date in 2017. * Vendormate- all business reps will be required to register through vendormate and have identification on when visiting HMC. Supply chain will be managing vendormate. Kiosk in main lobby, badging office or check in online available for reps. | |
| Lab Update | * Document Control – no update on which system and projected go live will be. We will be maintaining our current method of document control. * CAP self-inspection- no deficiencies noted. Few recommendation regarding apheresis procedures and LDL apheresis are currently being developed and updated by Patrick and Dr Pagano. * AABB inspection readiness- Oct 1-Dec 31st . All staff are responsible to prepare for any inspection. Make sure no outdated forms and sops are being used. All reagents and supplies must be appropriately stored and labelled. All products on inventory shelf must be indate and on the correct shelf. Quarantine shelf contents must be resolved daily. Appropriate PPE including lab coats must be worn at all times. * Staffing –MLS Lead and MLS 1 3rd shift are open. As soon as candidates have been hired, will let you know. * IH Clinical Trial-complete. YAY * Vacation Requests and Holidays- due in October 1st-16th. Period to ask is Dec 2016-May 2017. Include your normal days off as part of the request. Nina will review the requests Oct 17-27th and return requests October 28th. * TSL Customer Service Survey- handout in the meeting minutes. Catalyst Survey sent to all nurse managers. 116 responses, overall we are doing GREAT! Some improvements with forms may be coming based on feedback. Talk to Nina if you have any questions on the survey. * MTP Reminders- use the ARK thawer, remember to place MTP orders in SQ, On Rh neg patients switch to Rh pos sooner rather than exhausting all Rh neg blood especially on females>50. You can use trauma packs if SQ is too slow with overrides. Prepare a pack ahead of time if using SQ to help get the products out the door faster. | |
| QA/Blood Utilization | * August utilization data, CT ratio 1.3 * RBC-8 wasted- cooler, oms30 * PLTs- 4 outdate * Plasma- 8 wasted- cooler, oms30 * Cryo- 1 wasted. Reminder to always discard Cryo when you thawed it for an MTP. We don’t outdate cryo. * QA update * BPDRs- unit label not updated with thawed date/time. Unit given on a patient with name change and confirmation tube not drawn. Incomplete BPRs with missing unit# on form. | |
| Staff Round Table | 1. Can we send blood to OR in the tube station when it is busy?   We will ask the OR folks and see if this can be used especially during MTPs.  Thanks Everyone for working Overtime and adjusting schedules to accommodate the shortage while maintain excellence in the service you provide.  Next month staff meeting moved to Wednesday Oct 19th due to AABB annual conference. | |