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| HMC Transfusion Service Staff Meeting 10/19/16 4WH73/4CT-84 | | |
| [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 | **Be ACCOUNTABLE**   * Offer assistance to people who are lost or trying to find their way by escorting them to their destination or taking them to someone who can help them. * Help those in need until their issues are resolved or another co-worker has assumed responsibility. * Be dependable and timely. * Take personal responsibility for keeping the work environment clean and safe by cleaning up litter and spills, or promptly contacting the appropriate resource. * Practice consistent hand hygiene to prevent the spread of infection. | |
| Hospital Update | * HMC budget August and September- budget met expectations for HMC. More surgery cases in the last couple months * Infection Control – C.diff outbreak on ICU under control. Infection Control has started a pilot project to screen all trauma ICU patients for C. diff to minimize spread. So far no new cases identified. * Flu vaccination due by 11/11/16- please complete your vaccinations or declination by the due date. Discplinary action may be taken if staff is non-compliant. * Joint Commission Inspection Window- HMC is in the open period for inspection. JC may decide to visit the lab at any time. | |
| Lab Update | * AABB inspection/State DOH visit 10/12/16-10/13/16- successful inspection by AABB. In addition surprise visit by CMS and DOH who were present to observe AABB perform the assessment of our operations. A lot of good things were said about the staff and the facility. The staff dedication to QIM reporting was noted. Kudos to Gie, Max, Jimmy, Brennan, Jim, Stephanie for demonstrating the good work done by all. * Staffing –MLS 1 (1.5FTE) - 2 hires in progress. MLS 3rd shift still interviewing. * Vacation Requests and Holidays- All should have been submitted by the deadline. Requests will be returned by the end of the month. Holidays will be posted by the first week in November. * AABB annual conference- starts October 22nd. Lauren, Erin, Max, Gie and Nina are attending this year. If anyone is interested in going next year in San Diego, talk to Nina before April next year. * Annual evaluation Sept-Dec – HMC will now be performing annual evaluations in the last quarter of the year. Nina will make sure all 2016 evaluations are completed by this year. Evaluations will no longer be performed by date of hire. * Competencies – please complete competencies. Marilyn has been diligently following all competencies. Staff especially MLS should already be logging in their tracker. Nina will be reviewing these as part of your annual evaluation. We are required by regulations to have competencies performed in a timely manner. * Platelet shortage- there has been a shortage of platelets recently. ARC has notified us that platelet shipments are on hold until inventory is back in control. For now use BWNW for additional platelet orders. * BWNW- FDA requirement for Zika implementation will be mid-November (11/18/16 is the deadline. Once we get an example of the label that BWNW will forward to staff. At this time no information in SQ will be placed for Zika testing but component prep may require labeling. More to follow on this… | |
| QA/Blood Utilization | * September utilization data, CT ratio 1.3 * RBC-4 wasted, 1 outdate (AB) * PLTs- 1 outdated (AB) * Plasma- 1 wasted * Cryo- 4 wasted. Reminder to always discard cryo not outdates. If we thaw for a order and it does not get used, it is a discard * QA update * BPDRs – incorrect unit # on log and different unit issued * Expired units and reagent (A2) on the shelf * QI report in the meeting minutes binder for review | |
| Staff Round Table |  | |