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| HMC Transfusion Service Staff Meeting 11/17/16 | | |
| [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- September budget did well. 2017 FY targets are being met. * Compliance LMS sign off-Dec 30th- please complete in LMS. Required for UW employees. * Flu vaccination-100% compliance for HMC TSL. Yay! | |
| Lab Update | * AABB annual conference- conference went well. Folks that attended this year enjoyed the conference and the weather. A lot of presentations validated our processes and procedures in the lab. We looked at portable refrigerators at AABB expo, goal is to replace our existing portables that are constantly breaking. Next year conference is in San Diego. Please talk to Nina if you are interested in attending next year. * Zika testing- implementation in the last couple weeks. Labels for post component preparation are upfront in the same area as LTP labels. No SQ codes to indicate zika testing is done. The labeling requirement by blood suppliers will be in place until the testing is fully FDA approved which is approximated to be about a year. * Staffing update- MLS 1 opening on nights. At the meeting Nina had indicated we have a new hire. Unfortunately the new hire will take another position elsewhere. ☹ * Employee Engagement Survey- Finally we have a breakdown of the HMC TSL workgroup. Please review and talk to a lead or Nina with any questions. Posted in meeting minutes binder in the lab. * Biorad Infinity- We have a PO to purchase the new instrument which will replace the Tango Optimo. Reason for replacement, the Infinity is an updated version of the Optimo. Instrument will be installed in Dec/Jan with the 1st super user training in January. Stephanie and Hernan will be the super users for this instrument. We will also be moving to a 8 cell panel versus 11cell panel with the Infinity. This will allow the type and screen cells to remain on board while the panel is running. * Platelet Verax Testing- FDA draft guidance states to perform bacteria testing for Day 4 and 5 platelets and extending to 6 and 7 day platelets. Testing is a 30min rapid test that has to be run every 24hours. We have a lot of day 4 and 5 platelets which means if the guidance is finalized in the next year, we will need to implement the process. Only test has been approved to do this so far. Alternative is having pathogen reduction which many blood suppliers have yet to implement. For more information look up FDA platelet testing draft guidance. | |
| QA/Blood Utilization | * October utilization data, CT ratio 1.3 * RBC -3 (oms 30) * PLTs- 1 wasted and 1 outdate * Plasma- 6 broken/oms 30, 2 outdate * Cryo-3 wasted/MTP * QA update- see meeting minutes binder. Plasma is being forgotten in the microwave thawer. Reminder: when the microwave goes off “ding ding”, please open and remove all units from the thawer. Check the side and back of the microwave. Do not open the door and leave it for someone else. During MTPs it can get busy but we need to remove to check and make sure all units being thawed are accounted for. Any suggestions for improvement are welcome. | |
| Staff Round Table | * Question regarding contact precautions in OR?   This is in regards to a recent incident where a OR anesthesia doctor was concerned about the paperwork that comes from contact precautions OR to TSL. HMC infection control was consulted and we were told it is okay to have paperwork from a contact precaution room come back to TSL. At the staff meeting staff were reminded to have appropriate protection on when going to OR.   * Another tech asked if there is any way to tell if an x ray arm in OR is operational when they go to deliver blood. Concern is if tech should be wearing any protection prior to entering the room.   Will check on this with OR.  Any questions regarding appropriate PPE in OR should be forwarded to Nina. | |