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| **Agenda Item** | **Discussion** |
| **Duplicate tests****Crediting for canceled tests** | If XM expires ≤ 24 hrs, okay to receive new TSCR If not expiring tonight, cancel duplicate T&S or TXMDon’t forget to add any appropriate credit codes (tests bill at order rather than at result) |
| **Bio-Rad service** | Leave note for next shift if you know when service is coming |
| **QI for any products not issued in SQ (includes SCCA)** | Failure to issue in SQ (unless Downtime/Emergency release process is used) is reportable to FDA due to missed safety step and applies to SCCA missed issues as well. Increase in # of units not being issued in SQ. Be proactive about writing QIs.  |
| **BAD comments being missed at allocation & issue** | Make sure to read comments in BAD file at issue and allocation. Pay close attention on any linked patients to ensure that you are reviewing the comments associated with the UWMC MRN rather than the Harborview MRN. |
| **Returned blood products/MD review indications** | <30 min **and** In-Temp: OK to return<30 min **and** Out-of-Temp: Discard>30 min **and** In-Temp: ask MD on-call to approve returnDo not leave units in Quarantine shelf with notes. Follow rules above. Follow through with next shift if not resolved |
| **Shift hand-offs/****Shift checklists** | Write in “The Book” issues that need to be communicatedWorking on form: once it is in place, shift hand-off/sign-off will be required.Checklist is also being reviewed and revised |
| **CLT/MLS triage** | - If workload is light, don't wait to batch specimens be brought back to Tango/Manual benches. Triage to respective benches as soon as they are received. Centrifuge specimens whenever possible.- Workload heavy - let's try to batch RT orders that need BBHold-->TXM conversions, minimize to 30-45 mins? Let's try not to let the orders sit longer than an hour. Or per 4-6 specimens converted and/or received? I'm not sure how other shifts do it, but this is what's in line with what we do in midnight shift. Need to take into account totality of processing the order, especially if pt needs workup, special needs, etc.- On orders waiting for specimens: CPOE print outs are usually tacked to the wall - make sure to contact nursing staff to collect and note time, date, person notified before putting aside.Also, typical scenario: RBC order delays. Sometimes it takes a while for collection and receipt that these orders are left forgotten when the actual specimen arrives. We've seen many orders get separated from the tube, and when the nurse calls, UO is never updated, and we say there's no order.Critical when RBC order has multiple Abs, requirements, HbS/Thal pts. Let's be more vigilant. |
| **SOPs** | By Monday, will see new ones coming outStaff requested revisions to CORD blood Testing for clarification and Christy has offered to work with Deanne |
| **MLK** | Need more volunteers on FIRST, THIRD shifts |
| **BCRF completion by nursing staff** | Complaints that nursing staff isn’t telling us what they want, where, or who. Send it back for completion. This is a legal document and must be complete prior to issuing products. |
| **Safety Tours** | Working on BB2 tours for safety and staff will be asked to sign-off in MTS at completion of the tour |
| **Centrifuge settings** | Do NOT change programs. Easy to do if you hit “Select”. Leave a note in the book and on the equipment if you accidentally changed the setting and don’t know how to fix it |
| **Staffing levels** | Jenny asked how many are needed and when to callMinimums: follow the posted levels* Weekends: 3 MLS/1CLT Day shift \*if you need help, ask for help
* 2nd shift: Monday: 4 MLS, Tues-Fri: 3 MLS

What positions are open?2 lead positions: Days, Eves2 MLS 1: Night shift and evening shiftNo CLT openings |