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| HMC Transfusion Service Staff Meeting 2/16/17 |
| http://www.komencolorado.org/kdwp/wp-content/uploads/2014/10/Thank-You.jpg | *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*
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| Service Culture Guideline | **Commitment*** 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
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| Hospital Update | * UW Medicine CEO Paul Ramsey at the last Town hall meeting discussed the budget and the impact to UW. Since HMC budget has been on target, there will be little changes that will happen at HMC. UWMC and NWH will see more efforts to get the finances within budget.
* Workday- June 2017. Performance evaluations and employee self service will be in workday. Check HMC intranet for more details. Training will be rolled out in the next couple months.
* Annual LMS competency-due May 1st. Complete your competency if you have not done so already.
* Stop the bleed kit/updated Disaster bag- new kit in the lab. Please take a moment to review the contents. Do not use the stop the bleed kit unless you have been trained on how to appropriately place a tourniquet. Free class is available on Saturday and open to the public.

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| Lab Update  | * Retirements-Dr Fine retire/ Dr Baird interim chief of lab medicine. Change in management of lab medicine. This year’s lab medicine awards will be at UWMC, we have 2 staff (Hernan and Lauren) receiving service awards. If you should be receiving one, let Nina know.
* Bio-Rad Infinity- PQ and Training. Infinity is almost complete with ABO/Rh validation. The screen and antibody panel validation in process. There are some discrepancies with the Infinity showing weaker reactivity with some cells. We are working with Biorad to resolve any issues. Training will start in a couple weeks. Go live may be sometime in March at this time. In the meantime if there are any interesting samples, send them to Stephanie to run on the Infinity.
* Staffing -1 MLS Lead, 1 MLS- open for night shift. Schedule may be a 4on 3off or 8on 6off depending on candidates. If anyone is interested let Nina know and apply ASAP.
* Scheduling- night shift coverage. Thanks to all the folks who have worked extra to cover nights. With 2 positions to fill on nights, if anyone is looking to work nights temporarily let Nina know. Stephanie and Geneva have volunteered so far-thank you ladies.
* Document Control – electronic document systems are still being reviewed by Lab Medicine. We are required to have one by CAP. In the meantime, there will be review of our SOPs in preparation of uploading to document control.
* MTP activation- 300+ MTP activations in 2016. Highest single MTP user was 202 blood products on New Year’s Eve. Most of the MTPs are receiving 1:1 ratio of products. Concern is still when an MTP should be activated. If there is usage of blood (>3units in an hour) and an MTP is not activated, notify the clinical team that an MTP needs to be activated. It is the responsibility of the clinical team to activate an MTP; however we can help remind them when this is not done.
* ALNW blood coolers- check documents for completeness prior to issuing new cooler. With 2 sites now live with coolers, we are seeing increased activity of usage and coolers being switched weekly. When there is a transfusion from the cooler enroute, please make sure the transfusion record and ALNW card are complete prior to sending flight team away.
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| QA/Blood Utilization | * January utilization data, CT ratio 1.3
* RBC -2
* PLTs-0
* Plasma-1
* Cryo-3
* QA update- see meeting minutes binder

-Wrong Blood In Tube- sample received from OR that had paperwork and blood in tube belong to the same patient but label on tube was a different patient. Good work in TSL caught the error. Testing was performed on the sample (ABpos) and a collection from the patient whose name was on the label was done (Opos) showed the discrepancy. Reminder when there is an incidence such as this, a full investigation and testing of the samples/patients involved needs to be completed. No incorrect results or investigations are to be placed in SQ. Complete all testing on downtime paperwork. -ED fridge units missing- 2RBCs units were missing from the ED fridge for almost 24hours. This happened on evening shift where units were removed but lab did not get a call or pager notification. On nights the ED fridge was not checked correctly for missing units. Upon much investigation by Erin and dayshift, the missing units were located. ER has been notified of the issue and the need to call, TSL staff that check the ED fridge, physically open and review the contents. - 2016 had 13 BPDRs that had to be reported to the FDA. The goal for 2017 is to reduce to zero. Incomplete BPRs is a common QIM, check and double check before sending units out of TSL. Another common mistake is during blood component processing- make sure all processes including label check are complete. Be careful when placing unit labels post thawing, these should cover frozen expiration dates.  |
| Staff Round Table | 1. *Can Blood label check be linked to Blood Component Prep so that it can be checked at once and not allow issue with BLC complete?*

Unfortunately SQ has not built the system that way as compared to some other blood bank systems. This has already been reported to SQ and hopefully a future version will have something similar. Check meeting minutes binder for additional information on utilization and MTP that was present at the Transfusion Practice Committee on Feb 15th.  |