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| HMC Transfusion Service Staff Meeting 5/18/17 | | |
| [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 | **Respect PRIVACY and CONFIDENTIALITY**   * Discuss patients and their care in a confidential setting. * Knock and/or ask “Can I come in?” before entering a patient’s room. Use doors, curtains and blankets to create a more private environment when necessary. * Access only confidential patient information that is relevant to my job. * Discuss confidential organizational issues only with those who need to know. | |
| Hospital Update | * Workday go live June 2017. 2FA authentication- sign up by 5/31. All staff will need to complete this by the end of the month. If you are having issues, link below has options to ask help from. <https://hmc.uwmedicine.org/BU/pcs/HRP/Pages/default.aspx>   See your Lead or Nina with any questions.   * Joint Commission Inspection window is open for HMC. The lab can be inspected as part of blood transfusion tracer. If a team from JC shows up, notify Patrick, Nina and Gie. * Outside Work Approval Form- all staff need to complete an outside work approval form prior to working a second job. You only need one work approval for each job. Please see Nina if you have any questions regarding this. Volunteer positions also require an outside work approval completed. * MLS certifications- all MLS require a certification on file with HR. If you have been contacted by HR to provide documentation, please do so at the earliest opportunity. CAP inspection is coming up soon and we want to make sure all employee files are complete. | |
| Lab Update | * CAP inspection ready – inspection period starts June 7-Sept 4th. Let’s make sure the lab is clean and inspection ready. Only one current version of a document must be in the lab. Clean out your drawers and lab pockets. Print forms off the TSL\_documents. When photocopies of forms are made, essential information gets cut off and then is used as the official document. Review forms for completeness prior to using them. For staff new to a CAP inspection, see Erin or Nina on how to prepare for a CAP inspection. * Bio-Rad Infinity update- Biorad is working on validating changes made to the 8 cell panel pipetting. In the meantime we will start training MLS staff on using the TANGO Infinity. Stephanie and Hernan are the superusers who will help train everyone. A tentative go live for early July is planned. We still need some validation completed once we get notification from Biorad. * Staffing -1 CLT2 hired. Marvin has accepted Leona’s night position. We will be looking for some FTE to cover nights. In the meantime staff interested in extra FTE, talk to Nina. * ALNW Credo Coolers- see updated change in packing process regarding setting up the coolers. The volumes in the units can make a difference therefore units with lesser volumes are easier to pack. More coolers have been validated and we will start supporting Arlington on May 31st. * Lab Week feedback- good response from staff. This years lab gift was useful and well received. If anyone has suggestions for next year, let Nina know so that she can forward it to the planning committee. | |
| QA/Blood Utilization | * April utilization data, CT ratio 1.3 * RBC – 8 wasted, 1 outdated. 4RBC and 4FFP was wasted in the Belmont in OR instead of getting transfused. Reminder- check with OR prior to bringing portables back to the lab to make sure no units are sitting out or spiked but not transfused. We want to make sure any recall and billing has accurate and complete audit trail. * PLTs- 4 outdated * Plasma-8 wasted, 3 outdated. Some broken units, please be careful removing units from freezer and thawing. Frozen units are easy to break. * Cryo-2 * QA update * ED blood refrigerator- we have had ED fridge open with no response from TSL. All shifts should check the fridge every shift. Engineering was notified but no issue with the pager was found. Reminder to acknowledge and clear alerts in a timely manner so that alarm is triggered when the door is opened again. * Units allocated not issued- reminder to issue units in SQ. * IV contaminated samples-be aware that samples look like they have been appropriately collected. We received 2 samples in lab one had a low hct and one had high hct from same patient. A third draw had a more accurate hct. Sample collections can impact blood type and aby screen. * One BPDR on non-irradiated unit issued on a patient with orders for irradiated products. Nurse caught the error as part of verification process. * April Trauma Responses- 61 | |
| Staff Round Table | * Nina will be out of town next month June 5-20th. Brennan will hold the June staff meeting in the AM as part of his SBB requirement. * Question came up regarding when to issue a unit that is expiring at midnight. Reminder- the nurse should never have an expired unit in their hands. The maximum time a transfusion can happen is 4hours therefore a unit expiring at midnight should be sent out at 20:00. Smaller volume units such as plasma and platelets can get transfused faster. Use your best judgement to make sure the unit is transfused before it expires. In active traumas/MTPs the CLT with the portable refrigerator will need to make sure units are transfused appropriately. See Nina with any questions on this. | |