**Morning Meeting Attendees:**

**Afternoon Meeting Attendees**:

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| **Agenda Item** | **Discussion** |
| Mission, Vision, and Values | **Our Mission**  ​U​niversity of Washington Medical Center Improves Health by Providing Exceptional Patient and Family Centered Care In an Environment of Education and Innovation.  **Our Vision**  To be the Safest Medical Center.   * To be a Thriving Medical Center. * To be a Medical Center of Choice for patients, faculty and staff.   **Our Values**  At UW Medical Center, our values guide all our actions and decision-making. They are:  Accountability: Taking responsibility for our actions and their collective outcomes is reflected in the many daily decisions and actions that enhance UW Medical Center's commitment to patient care, research, and education. It applies to the staff who provide direct patient care and to those supporting patient care activities.  Respect: UW Medical Center staff perform a wide range of jobs to keep the medical center functioning smoothly 24 hours a day. Positive working relationships between people in different departments ensures high quality patient care. Respect is crucial to maintaining cooperation and effective teamwork between individuals and departments. Respect also means we value confidentiality of our patients. This applies equally to UW Medical Center staff who become patients.  Innovation: Thinking creatively is key to ensuring a continued high standard of patient care. All staff keep UW Medical Center at the forefront of health-care facilities by thinking of new ways to solve problems.  Service: UW Medical Center consistently tries to meet needs of our patients, physicians, staff, and the community. All UW Medical Center staff, whether they provide direct care or support services, play an important role in serving those who have chosen to receive care at UW Medical Center.  Excellence: Excellence is the result of a commitment from each of us to use all our intelligence, skills and compassion to do our best, all the time. |
| **Miscellaneous** | * New lab meeting schedule – 2xmonth with shorter duration out of lab with a goal of increasing staff input * CAP open window-The team from Yale can come anytime now * Fire window in BB2 not ergonomic will be replaced with a smaller sensor based window for fire safety and airflow requirements into sterile areas * Expansion-O.R. expansion to be complete in next couple of months; might impact BB2 operations.. * Workday-Deadline for signing up for Dual Factor coming up. Staff will still be able to access Kronos for clocking in and out - could impact your kronos time card approval |
| **Leadership updates** | Pillar goals performance  Patient satisfaction - significantly up with patient rounding  Employee engagement – up slightly  Quality - Budget deficit – UW Med 52 million, UWMC 39 million,  UWMC high Medicare Medicaid population  HMC doing well with $100 million in Obamacare incentives and trauma fee for service reimbursement |
| **Staffing** | Remaining open positions:   * MLS1 night * MLS 2 night * MLS 1 evening * MLS2 day * Job Referrals info coming from Deann (see at end of minutes) * UW Lab Med 8% Staff cuts – hiring hold for non-essential positions, all current TSL openings are considered essential and approval is expected |
| **Quality** | * An irradiated RBC was issued with the year 2027 typed in for the expiration date instead of the year 2017. Please be careful when entering expiration date in blood component prep and make sure to always check the expiration date on products when allocating, issuing and second check. Sunquest will not catch this error, and it was an FDA reportable event. * RBC’S found with an irradiated label but they were not actually irradiated and unit was issued and transfused. Only irradiate your 6 units at a time. Only scan 6 product units into each batch on the screen. * Extention question are now on CPOE forms. * 25% of HOLDS are being converted, will be addressing to push for 75% convertions. * Continue to miss issuing units in SQ – looking at patterns, personnel, and sites related to the problem. |
| **Safety** | * PPI use and splash risk protection to be addressed. * PPE review coming soon. * Fire window in BB2 to be replaced with a smaller sensor operating window. |
| **Department workflow** | Working to streamline processes and reduce movement through the department. Possibly entailing repositioning equipment and input by staff. Use box located in TSL by front window to submit your ideas. |
| **Blood Storage and Inventory Management** | * Plasma should be stored sideways in the freezer. * Dayshift will be accounting for all inventory daily. * Oldest units get stacked in front for easier reach. * Jumbos go on separate shelf. * RBCs 10 to a column oldest to freshest * This will facilitate finding lost units. This will be done on the daily basis both MLS and CLT can do this. |
| **BAD file BMT comments** | Working to streamline and further standardize process for roll out to front line staff. Changes to comments are being made this could be a project to help with. This will change how we select units for patients. |

**Additional Comments:**

* TSCREX with questions now built into orca,
* As well as TSCR for SCCA new patients- should see a decrease in super samples.
* Trying to see how we can decrease BBHOLD volume as only about 25% of holds get converted for testing.
* Research – myplate study on platelets unit is safer for patients – we will still irradiate these and only select patients will get them – SOP on the way.
* Liver cooler project – 6 rbcs will be given to organ as it is in the transplant process. SOP not here yet

**Employee Referral Program (ERP):**

Details of the Employee Referral Program (ERP) can be found on the following link <http://hr.uw.edu/jobs/employee-referral-program/>.