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| HMC Transfusion Service Staff Meeting 8/17/17 | | |
| [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 | Communicate effectively   * Shift hand offs are critical, have a conversation so that communication is done verbally and in writing. | |
| Hospital Update | * Budget – HMC completed the FY17 fiscal year in the green! * Workday – still challenges with workday for many supervisors. Performance evaluations in September will be done through workday so we all will need to be prepared to do some peer and self evals.   + Staff will submit through Workday their preferred peers for the peer evaluations. Nina will review the list and can either add or remove people submitted. Peer evaluations will be compiled and only the summary will be available for review. * Joint Commission Inspection Window- we are still waiting for JC to show up any day! There is a good chance they will observe a blood transfusion when they visit.   + Be helpful and answer questions posed. Please alert Gie and Nina if they arrive. | |
| Lab Update | * CAP inspection 8/8/17 – Passed with no deficiencies. Inspector was pleased with how things were organized and the efficiency of the team. Congratulations and Thank You. As always the goal is to learn from the inspectors as they are also learning from us. Couple changes that will be made going forward  1. Documentation of tech id. On QC worksheets if a tech id is needed, must enter your tech id- crossing a line through will not be acceptable. The FDA does not like line throughs and while we are not FDA inspected they have the right to visit a facility that handles blood products. Our next cGMP competency will be addressing this. 2. Initial competency will be modified to show all 6 elements required by CLIA- same as 6months and annual competency.  * Bio-Rad Infinity update- no new updates from Biorad. * Staffing –80% MLS 1 FTE for nights awaiting approval, TSO open position- candidates being interviewed. * ALNW Credo Coolers- occasionally ALNW will be bringing their cooler to TSL to keep in the refrigerator while they conduct business at HMC. They will be responsible for keeping track of in and out times on their log.   + Increased usage of the credo coolers is being noticed.   + If credo coolers come back contaminated with blood, please decontaminate per SOP.   + Training materials regarding appropriate use of the coolers will be provided to ALNW with the aim to minimize cooler misuse.   + Staff discussed possibly having a Credo Cooler premade and available each day to alleviate stress during trauma responses   + More coolers have arrived and are being validated. | |
| QA/Blood Utilization | * July utilization data, CT ratio 1.3 * RBC - 6 wasted (oms30, credo), * PLTs- 3 outdated, 1 wasted * Plasma- 6 wasted (oms30, credo, broke in waterbath),3 O expired thawed * Cryo- 4 wasted * Floors requesting more than one unit should get a blood refrigerator. If 2 units sent then follow up with floor/OR to see if transfusion has been started within 15minutes of issue. We have wasted blood products that come back too late and were not transfused. * 2nd month in a row O plasma has been discarded due to thawed and not transfused. * Usage of O neg RBCs in July was high! Will continue to monitor. * ALNW- 12 patients- 27 blood products * Trauma Responses-99 * QA update- Gie * 114 total QI reports with 2 FDA reportable errors * Be vigilant in requesting for name confirmation samples especially for DOE patients. * Performing verification read backs to include double checking before affixing transfusion tags * MTP recaps prior to end of shift - include this on the shift hand off. We are doing multiple data collection involving MTPs for hospital wide studies. * Unnecessary 2nd sample and rejected sample reports – highest rate so far in pre-analytic QA category. | |
| Staff Round Table | * Summer BBQ party July 29th   + Summer BBQ party at Nina’s was great. Hope to do this again next summer. Thanks to all who were able to make it.   + Pictures uploaded on   + \\lilith2.labmed.washington.edu\HMC\_TSS\Employee Stuff\Summer BBQ pics * When addressing questions from the floor regarding blood product administration, direct staff to their SOPs or put floor in contact with medical director and/or lab med resident. * When ordering on Doe patients, remember to add the order comment. It is the responsibility of the tech working on the STAT bench to be following up on emails from admitting regarding name updates. * Staff members are interested in X-Ray and lead apron training for when they are delivering blood products to the OR. | |