

October 27, 2017 Staff Meeting

Morning Meeting Attendees:

Afternoon Meeting Attendees:

Agenda Item	Discussion
Staffing	<ul style="list-style-type: none"> • MLS 2 night shift – offer pending, should know in a week • Additional openings: <ul style="list-style-type: none"> ○ MLS Lead Night shift – no qualified applicants. Refer people if you know any ○ MLS 2 day shift ○ MLS 1 day shift ○ CLT 2 night shift – had an interview. Applicant didn't know it was overnights • Deann's email announcing positions had a link to a specific job, it should have been general UWHires. We think the job descriptions are correct • Holiday schedule – Most vacation requests were able to be approved. Slight adjustment to the minor holiday assignments. Talk to Deann if you are concerned about working the same holiday two years in a row. Maybe a trade can be arranged. • Staff recognition – Department recognition system. Do you want to use it? Recognition would be read at staff meetings, the recipient gets the card, and a copy goes in their employee file. Send Jenny ideas for what to call it. Maybe we can do a drawing once a month or quarter. This can be used to for putting in hospital wide nominations. There is also the Recognition Nook downstairs.
Quality	Defer to next meeting
Safety	<ul style="list-style-type: none"> • Biohazard trash – tossing tubes at the can is leading to splashing. We do not have a good option for desktop bio-hazards. We will put the bio-boxes on wheels to for better movement. Move the box to a spot where you can drop the tubes instead of toss. • Lab Coats – The coats were being steamed so they were sterile but anything on them was not washed off. We have a new contract with a new vendor but Harborview gets switched first. Use paper coats until new coats arrive. Liquid

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	<p>beads up and rolls away. Coats can be used for several days before discarding.</p> <ul style="list-style-type: none"> • Face Shields – Segment pulling is the biggest safety risk for splashing. We will try out splash guards that are on an articulated arm for better coverage and ease of use. An additional splash shield will be placed by the tube sealer. We are hoping to borrow one but will buy a couple if we can't borrow. • Safety meeting with Sara went well.
Training	BloodHub updates in MTS
Department workflow	<ul style="list-style-type: none"> • Department rearrangements – Workflow changes are underway. The double door reagent fridge will prevent unQC'd reagents from being used. We would like to move the Cobe cell processors to the front. The front fridge will be validated and used for specimens. Specimen fridge will be moved to the fridge/freezer wall and will be used for ARC/AgNeg inventory. The small platelet incubator will be validated. The freezers will be shifted up (no validation required because they will stay plugged into their current sockets) and a table will go between the irradiator and the freezers. This will be used for prepping units for irradiation, the workstation closest to the copier/fax machine may get moved there. The printer has been moved but up front still needs some more work. We are trying to foster better awareness and communication by having everyone in a better configuration. Put your ideas and feedback in the box • Daily shift checklist need to be revised to include BBR 14 on the evening shift and resolving quarantined units is better suited for dayshift
Sunquest	<ul style="list-style-type: none"> • SQ glitch with AO and AMX – we cannot save the antigen typing and crossmatch results at the same time. This causes a glitch that keeps the unit from being visible in Blood Product Issue. This glitch causes more work because an MLS has to issue the unit from BOP. Enter your antigens, save, and then update the transfuse status and crossmatch. • Emergency release units no longer require comments on the unit in the pack because we are segregating the units in SQ based on the EMR and EMR2 location codes

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Testing	<ul style="list-style-type: none">• Antibody ID – repaneling with historical antibody<ul style="list-style-type: none">○ Do NOT do a full panel.○ You don't need 3 positives to rule in a historical antibody. You need 1 positive to show it is still there and enough negatives to rule out all clinically significant antibodies.○ There is no minimum number of cells to charge the patient for a panel. It is fine if you can prove no additional antibodies in only four cells.○ Updates to the Antibody Identification SOP are coming. Staff requested more details in the SOP to define the requirements of an abbreviated panel for historical antibodies and PTAD cases • Neonatal testing<ul style="list-style-type: none">○ Scenario: Mom has anti-C and baby has a negative antibody screen. This baby does not need crossmatching until they are 4 months old.○ Scenario: Mom has anti-C and we don't have a screen on baby. Crossmatch using mom. Later we get an antibody screen on the baby and it is negative. Discontinue crossmatching using mom.○ If you have baby's antibody screen, use it.○ A neonatal crossmatching SOP is being drafted
Component Processing	Thawing plasma – use of minimum thaw times. EQ-0005 Helmer Plasma Thawer Operation and Maintenance (located in equipment folder) has guidelines for how long to thaw product based on volume. Start there, check the unit, and add 3 minutes at a time until it is thawed. Over thawing denatures the coagulation proteins making it less effective.

NOTE: Roxann is working with her doctor to fine tune the settings on her hearing aids but the ambient noise in the lab is difficult. Make sure that she is looking at you when you need to talk to her. Roxann is ok with being tapped to get her attention. It is helpful if she can sit at the allocation bench close to the whiteboard since the ice machine is so loud.