

**December 4, 2017 Staff Meeting**

**Morning Meeting Attendees: Blake, Jenny, Ben, Ariel, Barb, Christy, Roxann, Steven, Mark, Amy, Gia**

**Afternoon Meeting Attendees :**

Agenda Item	Discussion
<b>Staffing</b>	<ul style="list-style-type: none"> <li>• MLS 2 Night Shift – currently interviewing for MLS2 day and night shifts                             <ul style="list-style-type: none"> <li>○ Will fill MLS 2 positions then fill the MLS 1 once it is known who is moving shifts and leaving openings</li> <li>○ Only have one external applicant</li> </ul> </li> <li>• Offer pending for CLT2 night shift</li> <li>• Staff recognition –                             <ul style="list-style-type: none"> <li>○ Peter – Completed a STAT ABI with a DAT and Eluate on an OR patient. The OR team acknowledged his speediness and he did not sacrifice quality of his work. Gives 110% effort day in and day out</li> <li>○ Hy – Very supportive, accountable. Great team member</li> </ul> </li> </ul>
<b>Quality</b>	<ul style="list-style-type: none"> <li>• Documentation standards – Downtime forms: people are using lines through the fields below instead of writing the information in each field. Print labels in SmarTerm using the BAR function. Leave it blank if not using that field. This is usually occurring when it is an MTP</li> <li>• QA overrides – be sure to review the warning to be sure the error is appropriate to override vs. resulted (HXCK)                             <ul style="list-style-type: none"> <li>○ Examples:                                     <ul style="list-style-type: none"> <li>▪ Patient had BMTX the tech’s interpretation did not match the reactions (reactions were BNeg and interpretation was BPos). Tech used BMTX for all when they should of corrected the interpretation to match the reactions and then BMTX for the rest.</li> <li>▪ AB patient required ABO/Rh control and had a BMTX. Tech used BMTX to override the invalid testing error instead of performing ABO/Rh control</li> <li>▪ Patient had a BMTX and the history check was not answered. Tech used BMTX override instead of resulting the HXCK</li> </ul> </li> </ul> </li> </ul>

**December 4, 2017 Staff Meeting**

	<ul style="list-style-type: none"> <li>• ORCA orders review – the direction that we are headed: Order for plt, plasma, cryo will only print when there is an order to transfuse (instead of an order to get it ready). The release for will print on the ORCA printer and will match the order (including IRR need) so we won't have to keep the original order once it is entered or updated</li> </ul>
<p><b>Safety</b></p>	<ul style="list-style-type: none"> <li>• Face shields – trial articulated arm/magnetic face shield             <ul style="list-style-type: none"> <li>○ Feedback:                 <ul style="list-style-type: none"> <li>▪ Tango one is liked</li> <li>▪ Magnet is not strong enough</li> <li>▪ Would prefer a larger shield</li> </ul> </li> <li>○ We would like more in a couple of spots.                 <ul style="list-style-type: none"> <li>▪ Need one at the benches for pulling segments.</li> <li>▪ Could try the kind that have a c-clamp with the elbow arm (like an architect lamp)</li> </ul> </li> </ul> </li> <li>• Blood box storage – must not be directly on the floor or within 18" of the ceiling             <ul style="list-style-type: none"> <li>○ Ceiling is a fire code requirement</li> <li>○ Floor is a CAP requirement</li> <li>○ We don't need to keep the boxes separated by supplier</li> <li>○ Call ARC and let them know there are boxes that need to be picked up if they start piling up</li> </ul> </li> <li>• Clean it up if you spill or splatter</li> </ul>
<p><b>New SOP: ABO/Rh discrepancy resolution</b></p>	<p>-Remember to read the new SOP and take the quiz in MTS. Questions number 3 on the quiz may be incorrect, Jenny/Deanne to follow up with revision</p>
<p><b>Training</b></p>	<ul style="list-style-type: none"> <li>• BloodHub updates for ARC and BWNW             <ul style="list-style-type: none"> <li>○ BWNW product return training is in MTS</li> <li>○ ARC has online ordering software but they are going to move to BloodHub. We won't learn their current software since they will switch soon.</li> </ul> </li> <li>• Pushing to complete the 1yr competency assessments for staff by the end of December.</li> </ul>
<p><b>Department workflow</b></p>	<ul style="list-style-type: none"> <li>• Department rearrangement status:             <ul style="list-style-type: none"> <li>○ Feedback:                 <ul style="list-style-type: none"> <li>▪ reagents are well organized</li> <li>▪ Sample fridge new location is not as impactful as expected. Getting used to the flow</li> <li>▪ Printer location is problematic for</li> </ul> </li> </ul> </li> </ul>

**December 4, 2017 Staff Meeting**

	<p>overnights and evening shift.</p> <ul style="list-style-type: none"> <li>• Would rotating the benches 90° with backs to the tube station be better?</li> <li>▪ <b>Each shift should come up with their current and their ideal arrangement and submit that</b></li> </ul>
<p><b>Sunquest</b></p>	<ul style="list-style-type: none"> <li>• SQ 8.1 – upgrade enhancements, defect fixes, timeline             <ul style="list-style-type: none"> <li>○ Override for NTD will not have to be repeated every time you save a change to the <u>order</u> <ul style="list-style-type: none"> <li>▪ Won't have to do a BMTX override after updating the units ordered</li> <li>▪ Will still have to at issue</li> </ul> </li> <li>○ NTD Pos and Neg is coming. Can still interpret NTD if the Rh is unclear.</li> <li>○ Feb 2018</li> </ul> </li> </ul>
<p><b>Testing</b></p>	<ul style="list-style-type: none"> <li>• Tango QC and Maintenance             <ul style="list-style-type: none"> <li>○ ABO QC expired and the wrong combination of results were done (there was not a Pos and Neg for each reaction)</li> </ul> </li> <li>• Antibody ID – repaneling with historical antibody             <ul style="list-style-type: none"> <li>○ You don't need 3 pos and 3 neg cells when we know that patient has an antibody.                 <ul style="list-style-type: none"> <li>▪ If patient has historical Anti-E: only need 1 E pos cell. If it is negative then it isn't demonstrable.</li> </ul> </li> </ul> </li> <li>• New antigen typing SOP coming             <ul style="list-style-type: none"> <li>○ PXMAG is a battery that allows us to antigen and HbS test units for patients prior to the sample arriving (great for our exchange patients). There will be nice labels to record <u>historical</u> antigen neg. Do <u>not</u> use it for the antigens that we tested here.</li> </ul> </li> <li>• Update for other revisions? Baby transfusions Irradiation</li> <li>• Emergency Release: When to do IS crossmatch or electronic             <ul style="list-style-type: none"> <li>○ Immediate Spin crossmatch: have sample the units are out of the lab (in fridge or assumed transfused does not matter)</li> <li>○ Electronic crossmatch: have sample and units are in the lab (returned)</li> </ul> </li> <li>• Sickle cell testing: if you result the AO test with NHBS in blood order processing the patient will be billed for an</li> </ul>

**December 4, 2017 Staff Meeting**

	<p>HBS antigen test (which it is not) and will have to be credited back to the patient. The AO test <b>MUST</b> be resultued with NHBS in Blood Product Testing to avoid inappropriate charges.</p>
<p><b>Component Processing</b></p>	<ul style="list-style-type: none"> <li>• Responding to equipment alarms:             <ul style="list-style-type: none"> <li>○ Plasma Thawer – went off, no one heard it, no idea how long it was there, had to discard the unit                 <ul style="list-style-type: none"> <li>▪ Set a time so you don't forget (this is the best option)</li> <li>▪ Tell manual testing when you thaw (more people listening but no guarantees)</li> </ul> </li> </ul> </li> <li>• Irradiator – door was opened but units were left in and forgotten. Out &gt;30 minutes and had to discard             <ul style="list-style-type: none"> <li>○ If you open the door either:                 <ul style="list-style-type: none"> <li>▪ Make sure someone is coming</li> <li>▪ Process yourself                     <ul style="list-style-type: none"> <li>• They could be forgotten if you put them in the fridge for someone else to process. This could result with a product being physically irradiated but not irradiated in SQ</li> </ul> </li> </ul> </li> </ul> </li> </ul>
<p><b>Topics brought up by staff</b></p>	<ul style="list-style-type: none"> <li>• Centrifuges have a sensor with the latch. Do not slam the lids. Slamming the lids damages the sensor and it is expensive to replace. A lot of our centrifuge problems are due to how we close them</li> <li>• Schedules:             <ul style="list-style-type: none"> <li>○ Dayshift Jan through April being worked on</li> <li>○ Ben will start working on overnight's</li> </ul> </li> <li>• Bench assignments:             <ul style="list-style-type: none"> <li>○ Instead of a Tango, Stat, and Allocator it is now Tango, Float, and Allocator. This should lead to better teamwork and coverage.</li> <li>○ Dayshift MLS are starting to rotate through BB2 because of staffing changes. In the beginning MLS will be with a CLT there is a mentor/guide</li> </ul> </li> </ul>