

March 14, 2018 Staff Meeting

Morning Meeting Attendees: Jenny, Anel, Christy, Adrian, Steven, Ben, Tessa, Dr. Pagano, Dr. Gorospe

Afternoon Meeting Attendees:

Agenda Item	Discussion
<p>Staffing</p>	<p>CLT 1 Temp/hourly coverage Open positions: MLS Lead Serology - posted MLS supervisor (Eve/Night) – Pending Chair approval CLT 2 – Eve posted MLS 1 night shift – posted. Offers have been made but have not been accepted. MLS 1night shift – posted</p> <ul style="list-style-type: none"> • MLS1 positions may only be posted with UWHires (not indeed, etc) • Will check the overnight posting to see if 4-10s is in the description • Deanne can search AABB and invite people to apply • Seleshi has started and is in training • Ben will move to dayshift when overnight position is filled • Dr. Pagano one reason for low retention is there is a high demand for Blood Bankers and a low supply because of how BWNW ran the region. • We are losing applicants to wage vs other labs in the area <p>SCCA:</p> <ul style="list-style-type: none"> • We are working with them to improve the calls and micromanaging – there is some improvement • Exploring job shadowing to create awareness • Trying to train nurses on the use of PAS platelets to reduce the need for volume reduction – Need a status update • Should we work towards direct communication with SCCA RN rather than through TSS? <ul style="list-style-type: none"> ○ This feedback/suggestion is coming from the PSNs.
<p>Quality</p>	<p>Sample labeling – BBHOLD is a high risk process. Two most common mistakes:</p> <ol style="list-style-type: none"> 1. Not updating the collection date (leaving the default which is today) 2. Grabbing the wrong tube from the rack, labeling with the wrong label, and initial that it was verified <ul style="list-style-type: none"> • Initialing the new label signifies that you verified the

March 14, 2018 Staff Meeting

	<p>original and new label match</p> <p>Reporting results: Tango SOP requires that you scan the CID to identify the sample and verify that it matches the computer. Manual testing SOP do not explicitly state it but it should be the same as Tango (verify sample labeling at the time of results reporting – both original and CID)</p>
<p>Safety</p>	<p>New Lab coats</p> <ul style="list-style-type: none"> • They want each tech to have 3 coats • We will need to try them on for sizing • Can send it back to be cleaned again if the coat does not look clean (they are washed AND sanitized) <p>Disaster Drill</p>
<p>Training</p>	<p>cGMP Training Completion – Please complete the training in MTS ASAP – Annual cGMP training is an FDA requirement</p> <p>Sample Labeling</p> <p>LMS annual mandatory training</p> <p>Alternate Automation evaluation – Christy, Christine, and Deanne are going to look at the Ortho Vision. Christine and Deanne already looked at the BioRad IH-1000 and will finish with Grifols Erytra analyzer eval 3/27</p>
<p>Department workflow</p>	<p>OR Blood Delivery (STAT orders)</p> <ul style="list-style-type: none"> • OR doesn't understand what a STAT is, will to work with them to improve understanding • There is variation on how the Healthcare Assistant or RNs pick up blood <ul style="list-style-type: none"> ○ Some leave and come back later. Some wait. • We get push back when we try to tube blood to OR because BB2 isn't staffed. <ul style="list-style-type: none"> ○ Document when this happens • We are going to evaluate what we are currently doing vs. what we want <ul style="list-style-type: none"> ○ We want these meetings to have an MLS1 and CLT2 present
<p>Sunquest</p>	<p>Upgrade to 8.1</p> <ul style="list-style-type: none"> • This is falling behind because the validation firm is having access problems and Christy and Christine need time to come up with problem cases to test <ul style="list-style-type: none"> ○ Original validation was performed by Harborview with perfect conditions so the failure points were never explored <p>ORCA Orders rebuild</p> <ul style="list-style-type: none"> • Product orders will be interfaced, no more orders to prepare except when linked to transfuse orders • Trying to determine how to communicate RBC availability. We don't want all electronic crossmatch

March 14, 2018 Staff Meeting

	<p>eligible to appear as ready when TSCR is complete because the Sickle cell patients (and other antigen negative requirements) would appear ready before they actually are</p> <ul style="list-style-type: none"> • Electronic request to deliver instead of a tubed Blood Product Release form. No need to pull the original product orders to verify attributes/special requirements as they will be on the delivery request
<p>SOP updates</p>	<p>Antibody ID – still working on it. SOP is in review Irradiation – still working on it. SOP is in review The Following are up next on Deanne’s priority list, no timeline:</p> <ul style="list-style-type: none"> • Antigen Typing – Blake working on it • Neonatal Testing and Aliquots – Christy working on it • HLA matching – Adrian volunteered to help go over this SOP • Inventory management (non blood products) – Ben volunteered to help go over this SOP <p>Tech is uncomfortable with the Enzyme panel specifically QC and Use:</p> <ul style="list-style-type: none"> • There is no QC for it (the cells were treated by the manufacturer) <ul style="list-style-type: none"> ○ Doing our own Enzyme treatment is a different SOP • Use has been addressed in the revised Antibody ID SOP. Currently a panreactive enzyme panel can’t easily distinguish between auto/allo due to lack of enzyme tx. auto acontrol and will require an additional SOP and training to treat RBCs
<p>Other</p>	<p>Two year Anniversary celebration tomorrow – Order pizza. Provided by Dr. Hess. Dr. Pagano will pick up and drop off</p> <p>Hospital employee engagement survey – list our safety concerns on the employee survey. This lets hospital administration know we have a problem and get a free cookie, fruit or coffee.</p> <p>Platelet inventory:</p> <ul style="list-style-type: none"> • Adjusting our inventory with BWNW to reduce the pools and increase Apheresis platelets in plasma • MIPLATE patients must receive Mirasol treated platelet (if on study arm) or apheresis in plasma (not RV) <ul style="list-style-type: none"> ○ Pools and PAS are unacceptable for patients on either arm of the study ○ Consult TSL MD if there is a conflict