University of Washington Medical Center 1959 NE Pacific Street Seattle, WA 98195 May 30, 2018 Staff Meeting

Morning Meeting Attendees: Christy, Crystal, Anel, Roxann, Teddy, Steven, Alyssa, Christine, Nina

Overnight Meeting Attendees: Steven, G.R., Hidy, Claire

Afternoon Meeting Attendees:

Agenda Item	Discussion
Staffing	 Open Positions: MLS Lead Serology – posted Will rotate weekends MLS Lead – nights - posted soon CLT2 – Eve posted MLS1 night shift – hired, start date 06/04/18 Jane has arrived in town and dropped by yesterday MLS1 night shift – posted, interviewing One applicant is having their references checked Second applicant is interviewing Friday
Quality	 Rh neg instructions missed twice in the last week, maybe more Irradiation attributes review – every order should still be checked for Irradiation need. Units being 100% irradiated is temporary and independent of the need to check. We will stop 100% in when new ORCA orders build launches in August and the BAD file needs to be up to date on IRR needs You don't have to check Lab Inquiry for SCCA flag It was not worth the added step because it doesn't always display If irradiation is on the order it needs to be added to the BAD file (or sent to MD for review and updated accordingly) QUESTION: should we add IRR to the BAD file based on diagnosis (ex: malignant mass) if the manual order does not have IRR box marked? ANSWER: no Emergency Release Form Signatures: Getting the signature is CRITICAL If a form comes back unsigned try to get it signed ASAP before people start leaving Ask for the signature at product delivery Let them know the form needs to be signed when you call to notify them that product is on its way QI board will designate a board to post common patterns and quick reminders cGMP/sticky notes they fall off and the documentation is lost. Write it on

Safety Training	 the form or QI. Add date and signature/initials/id so if there is a question we know who to talk to. Inspectors love sticky notes Don't use highlighters on maintenance records or logs, it is a red flag for investigators Use black or blue pen- no gel or colored pens PPE – labcoat/eye protection Use eye protection when pulling segments, this activity has a splatter risk New Labcoats There are blue samples to try on for size, mark your size on the form There will be a log associated with the new coats to document if you need a change of size or a coat needs to be swapped due to damage
Department workflow	 Automation update – BioRad IH 1000, Ortho Vision, Grifols Erytra These are all gel platforms Doing another round of site visits to see all three analyzers Hope to have an idea of what we want in June, then comes proposals and contract writing OR Process Improvement Chen, Alyssa, and Jenny are working with the OR Problems have been identified, next is talking about solutions. Looking at easy fixes first. Fixes that will require funding will come later, have to work out who will pay for what. There is a lack of knowledge so there will be a lot of education Shift Hand off – missing or incomplete information There is inadequate communication, write it on the log
Sunquest	 Mere is inadequate communication, write it on the log HLA Process SOP in draft, the goal is that we will perform HLA selection to save money. Initially, We will do some and some will be done by BWNW. If the order is for HLA matched platelets and there isn't an HLA platelet ask Christy, Nina, or Crystal to select one PAS platelet process- Nothing to report at this time Orca Orders rebuild – Aug 2018 implementation. Electronic blood product release, transfusion reaction, SCCA outpatient, inpatient orders interface

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	Granulocyte and RBC orders won't interface because
	they have to be added to the TSCR sample
	SCCA outpatients will not interface
	• IRR, LR, WASH and HbS attributes will crossover to BAD
	file when ordered
	 Pool and HLA will be on the order but not added to the BAD file
	Electronic form for release will have tube station and
	contact info
SOP updates	MTS Signoffs
Other	Hospital update – budget
	• Doing ok, moving in the right direction. UW Medicine is
	making money but is in the red
	 Required to have 90 or 120 days of operating
	expenses in cash reserve in case reimbursement
	stops. UW medicine currently has 30 days so
	have to build up the cash reserve.
	KRONOS – timecard approval, exception log, exception due
	dates, Holiday/comp payout date 06/30/18. Appropriate pay
	codes
	Trying to get payroll done in a timely manner
	 They are going to start denying historical corrections
	Late arrival is Leave without pay
	 Early departure can be approved in advance and use leave
	• Cannot make changes without your approval, this is
	given via the exception log
	June – start selection for the Katie Jenks award, more to come
	• July 1 st (her birthday) is a Sunday so July 2 nd will be the
	department award meeting. Will try to invite other
	people that knew her and aren't here anymore
	TSCREX
	 Order a TSCREX if the requisition is for a TSCREX and the national is inclusible for outcoming at the time of requisit
	patient is ineligible for extension at the time of receipt.
	Ineligibility will be documented in Sunquest.
	Equipment chart recorders
	• If temp is out of range, document on QI the date and
	time of incident and troubleshooting done. Temp out of
	range with no explanation can be cited by inspectors. If
	you have temptrak access, log in and document temp
	out of range and why. Suggestion- to update the manual
	temp form to include comments when temp is out of
	range.