Morning Meeting Attendees:

Afternoon Meeting Attendees: Adrian, Yuga, Seleshi, Mohamed, Courtney, Ina, Peter

Agenda Item	Discussion
Staffing	Open positions: MLS Lead Serology –filled 9/10/18 Bing Zhang MLS Lead- nights CLT 2 – Eve 50% MLS 2-days Mark's FTE still needs to be worked out Looking into new start times: 2 nd shift @1430, 3 rd shift @2230 for
	more overlaps between shifts
Quality	Portable logs – make sure key turned on for Fridge 15 Other concerns: should they be out in the floor too long? Is floor monitoring units when taken out of portables (if units not end up being trxd)? If portable out >24h, contact floor if they can return Platelets Rh neg -Recent incident of Rh Pos plt given to Rh Neg patient Reminder to look carefully at pt's blood type and BAD file comment requirement (If pt is NTD, BAD file comment will indicate if Rh Neg plt required) -Plt policy: Pt is Rh Neg → always give Rh Neg platelets (if can't obtain MD approval) Recall & lookback BW (or ARC) will call first to notify lab of product recall, then they will fax a form. If positive culture, call TSL MD immediately. TRALI also - if implicated unit in fridge/SCCA, get it back
Safaty	New lab coats: white or blue? Will be here soon, they will be
Safety	washed, fabric is breathable. Each tech will have 3 lab coats. They're barcoded; will be replaced by 100 th wash
Training	ORCA go-live. Keep up-to-date with training
	Labeling samples: see video on MTS
	Don't put double labels on work-ups

	Automotion undete Dieved III 1000 Outho Vision Cuifele Funture
Department workflow	Automation update –Biorad IH 1000, Ortho Vision, Grifols Erytra Ideally will have two super-users per shift that will be trained, same techs will likely train other techs with gel pipetting techniques. The goal is to buy two instruments.
	OR process improvement – preop surgery list - Pre-anesthesia testing report (emailed @20:01 daily, screened by 2 nd shift) – the plan is to print form and go through each patient, and list any relevant information (needs new TSCR day of surg, etc.) and fax to Pre-Op. Waiting to confirm a fax number to send to & when to fax. - they don't like the manual order form – maybe revise -TSCREX: make BBC comment if specimen acceptable for extension required field??
	Miplate study Does not say which patient it is for when received → find on sheet on side at platelet rotator: Study − Mirasol/Control − apheresis. Can give only Study # to BWNW
Sunquest	ORCA IT post go live -There should be transfuse order if order prints out, should expect release to be able to be done through ORCA -TRRX: not interfaced, so manually order in SQ as usual. "Physician notified" and "Form completed by" fields recently added by IT
	Blood Product Release form Careful not to issue out cancelled orders. Read from eBPR in bold if canceled. Example: "Reason not required: Transfusion canceled" -Ideas: Maybe discontinue printing? 3 rd printer for BPRs?
	OR/ED -Surgery pts: If patient on the floor, they should be putting in new orders -U/O: orders can be more but not less than issued. Match UO with IS as much as possible (or it will become a billing issue)
	HLA selection -When receiving units, give paper from unit (called Component Order and Information form) to Nina. File in Misc. for nowEveryone should know how to select
SOP updates	Selection of blood products – platelets/BMT/PAS -Plt is always a challenge, so keep SOP open -BMT: if candidate for BMT →NTD: out-of-group transplant →AB pts will also change to NTD

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	→ A Pos (recipient) to Oneg (donor) – give Rh Neg - Comments are important, let them know if missing things from compatibility labels
	Specimen acceptability and Order Receipt
	Patient History Check
	Comments: want to only put in things that are needed, Irr that
	need review—give to LMRs, MDs
	Nina is available for one-on-one meeting for questions next week
	regarding SOP changes
Other	Kronos 8.1 upgrade 10/1/18
	Will have training in LMS next week, will be more user-friendly
	CAP Self Inspection
	CAP Self Inspection Nina will send copy of checklist soon