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| HMC Transfusion Service Staff Meeting 8/16/18 |
| http://www.komencolorado.org/kdwp/wp-content/uploads/2014/10/Thank-You.jpg | *Patients are First* Pillar Goals* *Focus on Serving the Patient/Family*
* *Provide the Highest Quality of Care*
* *Become the Employer of Choice*
* *Practice Fiscal Responsibility*

Service Culture Guidelines* *I will treat people with Respect and Compassion*
* *I will embrace Diversity, Equity, and Inclusion*
* *I will encourage Collaboration and Teamwork*
* *I will promote Innovation*
* *I am accountable for Excellence*
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| Service Culture Guideline | * I will treat people with Respect and Compassion
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| Hospital Update | * New Service Culture guidelines, this months is Respect and Compassion:
* Acknowledge patients, family members, visitors, and colleagues with a sincere and warm greeting.
* Introduce myself by name.
* Explain my role and speak in ways that are easily understood.
* Listen carefully to patients, family members, visitors, and colleagues.
* Close every encounter with an acknowledgement that is respectful, such as “Thank you” or “What questions do you have?”
* Discuss a patient’s care in an appropriate, confidential setting.
* Ask permission before entering a patient’s room by knocking. Use doors, curtains, and blankets to create a more private environment when necessary.
* Access only appropriate, confidential patient information relevant to my job.
* Address inappropriate behaviors in a confidential and constructive manner.
* ORCA downtime drill being planned – no date yet
* Financial Update – ended year ~ 3M in the hole
* Infection control – OR gear and hand washing. Hand washing is only at 71% so the new plan is to have secret inspectors monitoring the surgeon names and calling them out at surgery council. It seems to be a top down issue where if the higher ups aren’t doing the gel in/gel out then the residents, etc aren’t.
* Stop the Bleed training 9/28 at 8am and 10am for hospital employees and they are hoping turnout is from the non-bedside staff areas. Turn in a vacation request if you would like to go so I can track #’s and ensure TSL is still staffed. It is the same day as the nursing Blood School so we’ll have to limit our attendance. See the website for other free opportunities around the greater Seattle area.

https://depts.washington.edu/hiprc/stop-the-bleed-washington/* Decontamination drill 9/12. Jefferson St between 8th and 9th will close from ~0800 – noon. This year they are pretending there’s chlorine exposure from one of the “Slide the City” events.
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| Lab Update  | * ORCA IT project went live Aug 14th and most of the old powerplans have been discontinued/completed. Any IT related questions should be directed to UW IT, the phone number is listed on all desktops. If there is a question regarding need for IRR, forward it to the LMR or Medical Director on call. We are seeing ones where the Blood Bank Requirement is “none” and then they order IRR products because the provider thinks they need IRR for a reason other than the 6 listed in the drop down box. If that is the case, honor the IRR until the LMR or Medical Director can talk to the provider.
* Product order pending monitor up front
* 2 open MLS 1/trainee position on nights, 1 open MLS 1 or 2 waiting for approval to post that will be 10-1830 during the week and then days or eves on weekends depending on staffing needs.
* Portable refrigerator – 6 needing validation. Please follow the plan that is posted on the top of the fridge or left with the timer. We have had to repeat validation plans.
* Competencies- DOs and annual are now in Sharepoint. Everyone should have a group named “Harborview Transfusion Services Laboratory”. Click on that and then go to the top of the screen, click on the … and choose “site” from the dropdown. Once in there you can add all of the documentation requested and direct observations. If you are the performer of the direct observation and you run out of time to enter it you must download/print a copy and then scan when you are actually entering the observation. This is not required if you are entering it in real time.
* Internal CAP inspection was on 8/7/18 and we had two Phase II deficiencies for no oversight of the Perioperative SOPs (last signature was Dr Daniel-Johnson in 2011). We’ve been working with OR for a few years on this and it still isn’t updated so I’m meeting with Ketra.
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| QA/Blood Utilization | * July utilization data, CT ratio 1.2
* RBC – 5 wasted (mostly credo coolers with elevated temps)
* PLTs- 1 outdated
* Plasma- 5 outdated some of which were from credo coolers we were waiting for Medical Director temperature review, 5 wasted (mostly from credo coolers)
* Cryo- 2 wasted
* ALNW- 32 blood products used
* Trauma Responses- 110, which is the highest seen in 2017 and 2018
* QA update-
* A lot of clerical errors and missed documentation but no BPDRs.
* Credo cooler errors: top and bottom parts mismatched, units returned using incorrect code (OD instead of QU), cooler logs not filled out when cooler placed in freezer, date and time of cooler issue not being documented.
* Units found in ED fridge without unit tags/cards. Instead of returning to TSL and starting over with new units, new cards and tag were sent up to ER and reviewer tech IDs from the original cards were documented even though they weren’t the ones doing the review. Do not document another person’s tech ID.
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| Staff Round Table | August birthdays* Abe, Maushika

SCCA patients:* Not all of the patients that show up on our list are true SCCA patients. In the meantime, provide IRR products until we can come up with a better plan.
* If using during an MTP, request the LMR or on call medical director to remove IRR from ORCA and MLS remove from SQ. Once the MTP has slowed down the LMR or Medical Director can re-add it to ORCA and MLS can re-add to SQ.
* If patient gets non-IRR product, fill out an attribute review form with a comment on the right side stating patient received non-IRR products. The LMR or Medical Director will then determine if there is further follow-up needed for TA-GVHD.

When only one MLS is working and QC cannot have a second MLS review, document HID for all patients tested post QC/pre 2nd check on a deviation form and leave for a Medical Director to approve on their next day in. They do not need to be paged for approval. |