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| HMC Transfusion Service Staff Meeting 9/18/18 and 9/20/18 |
| 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 embrace Diversity, Equity, & Inclusion
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| Hospital Update | * New Service Culture guidelines
* Infection control – the hand washing decreased in July lead to rise in MRSA in August
* Buddy rounds for TSL inspections begin Oct/Nov
* Stop the Bleed training 9/28
* Oxygen shutdown 9/23 7p-7a, using Maleng Bldg ORs
* Great Shakeout 10/18 @1018, good reminder to check your home emergency kits
* Kronos 8.1 - don’t enter vacation requests in Kronos from 9/28-9/30 otherwise they may get lost during the switch over. Staff will now be able to add missed punches and enter more than 1 vacation request at a time.
* New to Kronos is clocking in/out on badge reader only.
* Flu shot clinic starts 10/1, Seattle has already seen cases of Influenza A and Influenza B
* Evals will come out in Workday on 10/1. Staff will have 2 tasks (self and peer review) to perform/assign before management can write your evaluation.
* Harborview Hall is still being turned into a homeless shelter of some kind. Security is being increased, if you see something suspicious let them know so they can start covering the area. There is a back entrance to the Maleng building if you don’t want to walk through the small alley between HH and R&T buildings.
* Measles patient and vaccination history, employee health is trying to organize their employee vaccination records so they can accurately treat employees who may have been exposed
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| Lab Update  | * 2 open MLS 1/trainee position on nights, 1 open MLS 2
* Portable refrigerator – 6 needing validation. Still waiting on the TempTrak signal booster so we don’t have any missed connections.
* Competencies- DOs and annual. Reminders are being hung on the PLMs and at the lead desk in the back. The notebook with the master DO checklists resides on the lead desk in the back. Use a dry erase marker while you are observing staff, transfer to the online form, and then erase your checkboxes. If you are performing anything in the test environment there is a new standard way to create a patient and unit numbers, see the instructions in the notebook.
* New CAP checklist version for 2019 inspection, Brennan is reviewing all changes to ensure we are covered for both AABB and CAP inspections.
* AABB inspection open date is 10/1 – 12/30. The weeks of AABB/BEST and Thanksgiving are our black out weeks.
* Breakroom cleaning schedule has been posted. It will rotate months; please sign up so it doesn’t get disgusting again. Do not bring in household cleaner from home; these are not approved for use in HMC.
* ORCA 1 month check-in and project completion. ORCA project team has been dissolved and staff sent to EPIC training, any changes will be on a must need basis to be reviewed in March and then contracted out to another company.
* If transferring BWNW products to UW, utilize BloodHub billing transfer function. This way we won’t need to keep track of how many platelets we owe UW or they owe us. Watch email for the training PowerPoint. This only works for BWNW platelets, if we send an ARC or Cascade platelet then we will have to keep track of who owes who.
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| QA/Blood Utilization | * August utilization data, CT ratio 1.2
* RBC- 9 wasted (1/2 from credo coolers), 1 outdated
* PLTs- 1 wasted, 3 outdated
* Plasma- 2 outdated, 13 wasted (1/2 from credo coolers)
* Cryo- 2 wasted
* ALNW- 33 blood products used
* Trauma Responses- 104
* QA update-
* Unit numbers on back of product were switched and sent out in coolers 2 times without anyone noticing. This is important if there was a recall and we couldn’t track back which product went to which patient because if ALNW uses a sticker from the back of the product for all their documentation.
* 3 FDA reportable errors due to incorrect products being sent to floors with BPRs. We are trying to change the BRP form so the product type is more obvious but it doesn’t look like that will get fixed. Highlight the product type on the BPR if needed but it is also supposed to be reviewed during the 2 person issue readback.
* Don’t check items off the bench assignments if you weren’t the one to complete the task. There are 3 pages to the bench QC notebook – make sure you look at/document on all of them.
* If you have an ABO discrepancy you must perform the action on both of the reverse cells not just the one that you think is incorrect (i.e. saline replacement on only the A cell because it “should be” negative)
* Some of the wasted products were from moving patient from ER to OR where units were tossed under the patient bed even though CLT was following with a portable fridge.
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| Staff Round Table | September birthdays* Hernan
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