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| HMC Transfusion Service Staff Meeting 3/21/19 |
| 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, and Inclusion
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| Hospital Update | * Handwashing and flu season – flu is spreading like wildfire so make sure you practice good hand hygiene and wear a mask if coughing
* Budget updates – HMC lost money in February, most likely due to the snow and the small number of patient admissions and surgeries
* Vizient will be around HMC for another 2 years. Some LabMed departments have been asked to re-evaluate schedules and staff for the busier periods. TSL has not been approached.
* Mass Casualty drill in April, re-read SOPs and remember the ER fridge can be manned by our staff if we happen to be out of fridges during non-external disasters
* Employee engagement survey – complete and earn your treat
* DOH/fire inspection:
* ~100 pages of things needing fixing, at least 6 pages were documenting every space heater, extension cord and unapproved power strip they found. The power strips in TSL have been approved for use.
* Surgical attire was dinged. Remember not to wear the hats, shoe covers, and masks outside of the OR area. ALL hair must be covered (even beards)
* PPE and poor hand hygiene were also dinged.
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| Lab Update  | * 1 open MLS 1/trainee position on nights, 1 open MLS 1/trainee position on eves, open MLS Lead on days, open 0.6 CLT2 on eves, 2 open 0.5 CLT2 positions on days
* Portable refrigerator – 6 needing validation
* Competencies, LMS, Safety in MTS
* Whole blood coming Spring/Summer
* Lab week 4/22-4/26
* Vacation requests June – Nov due by 4/15
* UW Vision will go live in June and they will take back all of the prenatal titers. We will stop running Rh donor testing on Rh positive units at that point (hopefully) so we will have to come up with a system to remember which rack is which
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| QA/Blood Utilization | * February utilization data, CT ratio 1.2
* RBC- 1 wasted
* PLTs- 0 wasted, 3 outdated
* Plasma- 2 wasted, 14 outdated (snow related so lower usage??)
* Cryo- 0 wasted
* ALNW- 16 blood products used
* Trauma Responses- 50
* QA update-
* See notebook up front with Gie’s QA updates
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| Staff Round Table | March birthdays* Jim
* When expiring short dated platelets received from BWNW, please fill out the short dated platelet form and fax back to them
* If you are rejecting a sample because you think it is contaminated from blood being infused into the patient, please clarify that on the QIM and in the PSN so we can follow up with RN education on proper sample collection during transfusions. If you performed the testing you can enter your grid results and still result the overall interpretation as BBCAN/YBBCAN and that way we can follow what you saw but only the cancellation comment goes to ORCA.
* There seem to be an increase in calls from the OR stating a patient is being crashed down but not giving further information. Continue to ask if they need blood products and to call us when the patient is actually in the room
* Blood consent is a big topic with nurses and blood products are being wasted because of concern over if consent had been given or not, Melora and patient safety are working on a solution that will make it easier to understand
* During the night there seems to be an issue with the ER not telling the OR that samples have been collected so the OR ends up drawing unnecessary duplicates. Continue to PSN and QIM, Melora is working with the nurse managers on decreasing rejections and unnecessary collections.
* Continue to check for the SCCA flag and giving SCCA patients IRR products even when you don’t think they require it. The diagnosis of Beta Thalassemia entered on the Blood Bank Requirements forces IRR to be ordered and we cannot continue the add/remove game. The medical director overseeing SCCA has decided that all of their patients will receive IRR products just to ensure none of the patients that truly need it are missed.
* If a provider insists that a proper MTP is 10 RBC and 10 plasma and not 6:6 then file a QIM with their name so we can send Dr Hess on an educational tour of HMC physicians.
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