

7/31/19 Staff Meeting

Morning Meeting Attendees: Ina, Bing, Barb, GR, Nina, Christy, Anel, Ynah, Peter

Afternoon Meeting Attendees:

Agenda Item	Discussion
Staffing	<p>Open positions: CLT2-80% days CLT2-50% eve, 60% eve MLS 2-100% nights MLS New Hires – Liz Burton 7/1/19, Ynah de Luna (7/22/19), Florence Seng and Oscar Luo (8/5/19)</p> <p>Gia put in her 2 weeks' notice and is gone now Please stay healthy</p>
Quality	<ul style="list-style-type: none"> • MIPLATE study – They really want to avoid Apheresis platelets for patients on the study arm. It throws off the study. Comment has been revised. Contact the Medical Director for guidance if there are no Mirasol treated platelets at UWMC. • Physician on call approval documentation and approval log <ul style="list-style-type: none"> ○ This would be for patient issues and deviation approvals (Rh pos substitution, temporary RV, or waive of RV). In the meantime, document on the communication log ○ A Rh Pos substitution approval on a Miplate platelet was poorly communicated and resulted in an Apheresis platelet in plasma being given. • Short Date RBC – Use short dated RBCs! <ul style="list-style-type: none"> ○ We have expired some AB plasma recently ○ There is no reason for AB plasma and group O RBCs to be expired • Red cell exchange orders/TSCR filed <ul style="list-style-type: none"> ○ Some did the TSCR and filed the paperwork instead of working on getting the RBCs for the exchange ready. There are only 6 RBC exchange patients. If you see their name check for a RBC order. • Cord blood/Rh negative mom – Be vigilant, don't miss these. <ul style="list-style-type: none"> ○ Suggestion to create a separate rack for storing

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	<p>cord blood samples in that would be kept one week. Stay tuned for more.</p> <ul style="list-style-type: none"> • Expire panel cells for ABID 06/24 – 7/2 <ul style="list-style-type: none"> ○ Check lot numbers and expiration dates prior to use! ○ Verify that the lot number of the panel cells matches the lot number of the antigram • Vision/gel cards: <ul style="list-style-type: none"> ○ Gel cards MUST always be stored upright and cannot be spun to correct incorrect storage conditions ○ Can check if card QC is valid, see SOP for instructions ○ If receive cards with bubbles or slants or analyzer rejects card set aside so we can call Ortho for replacement ○ Don't load entire sleeve of Poly! ○ Store partial sleeve of cards inside the card board cover to protect from light and dust
Safety	<p>Table at manual benches switched to make room for bigger flammable cabinet</p>
Training	<ul style="list-style-type: none"> • Manual Gel – get everyone trained on Vision and past CAP inspection then do manual gel training. <ul style="list-style-type: none"> ○ Evening shift is lagging on QC and Maintenance. Dayshift training and signing off on Mondays • MTS SOPs • Ortho Vision – non specific /false reactions-ABUS/reaction grading review in SQ prior to saving interp/DAT/Panel testing/QC <ul style="list-style-type: none"> ○ SQ is now our point that requires attention/critical analysis (previously it was the Tango) <ul style="list-style-type: none"> ▪ Missed Antibody IDs, watch out for positive screens ○ Vision calls 1+ and sends it across the interface, review vision and repeat if indicated instead of accepting results in SQ <ul style="list-style-type: none"> ▪ May change threshold from 1+ to 2+ ▪ This goes for DAT, Screen, and antibody ID ▪ If you review the gel Poly and it doesn't look like a 1+ then edit it, don't do manual poly. If it looks neg then call it neg. Save

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	<p>examples for Nina.</p> <ul style="list-style-type: none"> • When is manual poly indicated? Vision is unavailable or sample can't be run on the vision ○ Vision calls MF or 1+ but it isn't. <ul style="list-style-type: none"> ▪ Example: Patient is AB and getting O RBCs. Vision called Anti-A 4+ and Anti-B MF. This doesn't make sense. Make sure the vision results make sense and reconcile with patient history before accepting results and sending across the interface. ○ Fibrin messes with reactions. ○ Panel A is our primary panel. Panel B should be used for SELECTED cells; you shouldn't need to run all of Panel B. ○ When cards are in manual review rack they need to be addressed the first time you open the drawer. It doesn't know what the problem was with the card if the card is left in the review portion after being opened.
<p>Department Projects</p>	<ul style="list-style-type: none"> • Automation Update – Ortho Vision update go live 06/20 <ul style="list-style-type: none"> ○ Tango pick up in the next 4 weeks. De-installation takes one day. Once know the date, we will coordinate moving Vision 2 with Ortho. Will need a move validation • Manual gel go live - TBD • CAP <ul style="list-style-type: none"> ○ Keep lab clean, no extraneous forms, printed SOPs, etc. ○ We expect them any day now
<p>Sunquest/EPIC</p>	<ul style="list-style-type: none"> • EPIC update – Go live 10/2020 <ul style="list-style-type: none"> ○ Still in design phase ○ MTP work flow in Epic not working well – need 2 work flows one for inpatient and one for outpatient. ○ The nurses will complete transfusion in product administration • NWH TSL integration- tentative 06/2020 <ul style="list-style-type: none"> ○ Northwest Hospital is now UWMC NW Campus and we are UWMC Main Campus. ○ Effective 01/2020 we are one hospital similar to SCCA but not a separate entity. ○ Will get transportation system in place through lab

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	medicine
SOP Updates	
Other	<p>Kronos – missing punch, lacking documentation on exception log, timecard approval</p> <ul style="list-style-type: none">• Approve timecard every week, Monday at the latest• Document EVERY deviation on the exception log• Can check @ home: use intranet URL and log in. Crystal will verify this and send in an email