

## 8/28/19 Staff Meeting

**Morning Meeting Attendees:**

**Afternoon Meeting Attendees:**

Agenda Item	Discussion
<b>Staffing</b>	<p>Open positions:                      CLT2-80% days                      CLT2-50% eve, 60% eve                      MLS 2-100% nights</p> <p>Hoping to do reference checks on one CLT applicant and hire in the next week</p>
<b>Quality</b>	<ul style="list-style-type: none"> <li>• Gel Cards                             <ul style="list-style-type: none"> <li>○ Peter and Ina are working hard to track and monitor</li> <li>○ Cards MUST be upright</li> <li>○ Do NOT throw away rejected/bad cards. Save for Peter and Ina so we can get credit</li> <li>○ Since we haven't moved to manual gel we are still using a lot of tube reagent</li> </ul> </li> <li>• Delays – wrong product selection, special processing, HLA platelet selection                             <ul style="list-style-type: none"> <li>○ HLA:                                     <ul style="list-style-type: none"> <li>▪ Check all HLA units for the patient and using the expiring one first</li> <li>▪ Document if they tell you to use longer dated unit first (to avoid RV for faster delivery). Need to know who told you and when.</li> <li>▪ This is proving challenging we have 8 or 9 people receiving HLA platelets right now. Will train some more people</li> <li>▪ If you get an order, check the inventory then call suppliers.   <ul style="list-style-type: none"> <li>• We can order from ARC through bloodhub and orders with BWNW must be ordered on the phone through DVR.</li> </ul> </li> <li>▪ If doctor wants to know who to talk to to initiate HLA orders we need to contact the on-call MD. Do NOT give out BWNW number (same goes for Gran).</li> </ul> </li> <li>○ ABO Selection – Non BMT patient (HLA platelets or not) follow the non-BMT selection table in the Platelet Selection SOP.</li> <li>○ Special processing – Washing platelets for the SCCA takes 2.5 hours (2 hours for processing and 30 minutes for transportation). Transportation MUST be factored into account for when to start processing.</li> </ul> </li> <li>• Testing – results check in SQ, comments</li> </ul>

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	<ul style="list-style-type: none"> <li>○ Vision called MF, tech accepted as BMTX. It was fibrin not mixed field and it did not match the patient, their transplant, or transfusion history</li> <li>○ We have a few patients going back and forth between NTD and a valid blood type</li> <li>● QC missing 2<sup>nd</sup> tech check             <ul style="list-style-type: none"> <li>○ 3 vision QC forms missing 2<sup>nd</sup> check review and checking the appropriate boxes</li> </ul> </li> <li>● Temp of units issued and returned             <ul style="list-style-type: none"> <li>○ We need to know when the unit left, when it came back, and what the temperature was (writing temp acceptable is not sufficient). We had to discard several units because the temperature was not documented only that it was acceptable.</li> </ul> </li> <li>● New SOP for bringing in inventory – critical supplies (ie saline, tubes, anything with a lot#)</li> </ul>
<b>Safety</b>	<ul style="list-style-type: none"> <li>● Mandatory safety quiz in September. It is open book and Jenny can help</li> <li>● Centrifuge is pretty high, working on a better arrangement</li> <li>● Looking at 2 new splash shields for cutting segments and dumping vision waste</li> </ul>
<b>Training</b>	<ul style="list-style-type: none"> <li>● Manual Gel – next up for training priority</li> <li>● MTS SOPs – Crystal will pull a report of Incomplete training</li> <li>● Ortho Vision - shutdown, software, QC, Cards             <ul style="list-style-type: none"> <li>○ Titters up next</li> <li>○ Rh phenotyping is in the air given our issues with cards</li> </ul> </li> </ul>
<b>Department Projects</b>	<ul style="list-style-type: none"> <li>● Manual gel go live - TBD</li> <li>● CAP – inspection             <ul style="list-style-type: none"> <li>○ Looked at proficiency testing, maintenance, training, and issuing. Did not look at testing but did look at SOPs</li> <li>○ 2 days and gone. Won't be back for 2 years. We should be inspection free for about a year barring DHS, Joint Commission</li> <li>○ Equipment was big                 <ul style="list-style-type: none"> <li>▪ Will develop a procedure and schedule for maintenance</li> <li>▪ Supervisor review of logs must be close to completion (within a week or two after)</li> </ul> </li> <li>○ Nursing administration of products – working with Marnie</li> </ul> </li> </ul>
<b>Sunquest/EPIC</b>	<ul style="list-style-type: none"> <li>● EPIC update – Go live 10/2020             <ul style="list-style-type: none"> <li>○ Replacing 70 systems with EPIC. It will impact everyone</li> <li>○ Nothing on what it will look like yet</li> <li>○ MTP will be challenging</li> <li>○ EPIC clinic order problems (TSCREX questions not answered, test ordered in epic does not match what the form indicates) and can we fix them?                 <ul style="list-style-type: none"> <li>▪ Currently, no. No changes will be made to EPIC</li> <li>▪ New EPIC, we have told them what we need. No prototype yet</li> </ul> </li> </ul> </li> </ul>

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	<ul style="list-style-type: none"><li>• NWH TSL integration- tentative 06/2020<ul style="list-style-type: none"><li>○ NWH does 5k transfusions/year, SCCA 12k/year, and UWMC 40k/year.</li><li>○ We will get 1 more FTE per shift and an administrator/coordinator. We will get the Hemobank and the software. Site tours in a couple of weeks. NWH is really good at blood usage.</li></ul></li></ul>
<b>SOP Updates</b>	
<b>Other</b>	<ul style="list-style-type: none"><li>• For Granulocyte, call BWNW central TSL to find out if they have one (unit is store in Central TSL until it is released). Will try to get better contact numbers for BWNW apheresis.</li><li>• BB2 – start coving the break on dayshift only. If we are short staffed that is a different matter.<ul style="list-style-type: none"><li>○ At Shift change the BB2 tech needs to communicate to NN601 if evening shift needs to come down to cover the transition</li></ul></li><li>• We have 6 portable fridges<ul style="list-style-type: none"><li>○ They are breaking down and can't be repaired</li><li>○ Helmer doesn't make portable fridges (they have casters for ease of movement but not meant for regular transportation)</li><li>○ Try to get fridges back from patients/ORs. Get the LMR or on-call MD involved if the care team won't give up the fridge<ul style="list-style-type: none"><li>▪ If they are not actively transfusing they can get their blood from the PTS</li></ul></li><li>○ If they only need 2 units do NOT give them a fridge. We can tube the blood to them</li><li>○ If we are out of fridges then we are out</li><li>○ We may go to using coolers</li></ul></li><li>• TempTrack – base station not yet installed for missed communication errors (has been installed since the staff meeting)</li><li>• <b>FOLLOW UP FROM JULY STAFF MEETING ON KRONOS LOG IN FROM HOME:</b><ul style="list-style-type: none"><li>○ You can log into Kronos from home</li><li>○ Access the intranet <a href="https://uwmc.uwmedicine.org/Pages/default.aspx">https://uwmc.uwmedicine.org/Pages/default.aspx</a></li><li>○ Click KRONOS access link and click KRONOS Remote Access instructions</li></ul><div data-bbox="589 1451 1511 1772" style="border: 1px solid black; padding: 5px;"><p>How To Access Kronos?</p><p style="text-align: center;"><b>KRONOS Access</b></p><p style="text-align: center;">KRONOS is a web solution only available within the AMC domain. You must login to AMC network first before accessing KRONOS URL. You can access at a UW Medicine facility or remotely. Your login for KRONOS is your AMC login and password.</p><p style="text-align: center;"><a href="#">KRONOS Remote Access Instructions</a></p></div><ul style="list-style-type: none"><li>○ Follow the instructions to download the Pulse Secure client then you will be able to access KRONOS from home</li></ul></li></ul>