

## 11/27/19 Staff Meeting

**Morning Meeting Attendees:** Christy, Geme, Nina, Christine, Peter, G.R., Anne, Kaitlin, Crystal, Kaitlin (student), Mike (student), Anel

**Afternoon Meeting Attendees:**

Agenda Item	Discussion
<b>Staffing</b>	<p>Open positions:                      CLT2 - 60% eve                      MLS 2 - 100% nights                      MLS 1 - days                      MLS 1 – evenings (dept only)                      Julie Cheng hired as CLT from the MLS program, she will work limited hours on evening shift                      New positions are to support NW hospital</p>
<b>Quality</b>	<ul style="list-style-type: none"> <li>• Platelet Missing – still a mystery; be vigilant when bringing units into inventory. Make sure that the counts match. This is a FDA reportable error. We don't know if it was transfused.</li> <li>• Increased BPDRs incidence – missed issue, wrong unit sent, Rh Positive                             <ul style="list-style-type: none"> <li>○ Missed issue – Units issued physically but not electronically. This is a FDA reportable error (Blood Product Deviation Report – BPDR).</li> <li>○ Wrong unit sent – the unit was for a different patient. The nurse caught it at the bedside. <b>Scan the patient's MRN barcode off of the Blood Product Release Form when issuing blood.</b> Another check (in addition to verifying that the Patient name, MRN, and unit number match as indicated by the SOP) is the encounter number/issue account at the end of the issue screen. That number is unique to that patient.</li> <li>○ Rh Pos – Rh positive platelet sent to Rh negative patient. It was at the SCCA so we don't tag the unit and we miss that verification step. That is a risk.</li> <li>○ We have enough people know to do the work; we should be focused on our tasks. If you are asked to send a unit for someone, verify that it was issued in SQ.</li> </ul> </li> </ul>

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	<ul style="list-style-type: none"> <li>• Manual bench QC – equipment QC was missed. Verify QC was done at the beginning of each shift. This is everyone’s job</li> <li>• Shift checklist – new checklist for December. Every shift <b>MUST</b> complete the shift checklist. Use initials instead of a checkmark. Will be posted in MTS once it is finalized.</li> <li>• BW inventory orders – missed units, brought in wrong E codes, bringing in duplicate units.             <ul style="list-style-type: none"> <li>○ If you get an error that the unit already exists, verify that it isn’t the same unit (i.e. check for RBC vs Plasma or container 1 or 2)</li> <li>○ ARC sends blood the night before, it sits overnight in the depot, and is brought to us in the morning. We are pushing the acceptable transportation time limit of the shipping box so bringing these in needs to be priority. We can’t accept products &gt;24 hours from packaging without approval from Nina or Christine.</li> <li>○ Box returned to BWNW with platelets still inside. Verify the box is empty before taking the box outside.</li> <li>○ Inventory is a priority. We need to get it done! Project person needs to be aware of what is going on and help if needed.</li> </ul> </li> </ul>
<b>Safety</b>	
<b>Training</b>	<ul style="list-style-type: none"> <li>• Manual Gel – Titters on the Vision will go live first</li> </ul>
<b>Department Projects</b>	<ul style="list-style-type: none"> <li>• SCCA UWMC TAT Pilot Study continuation             <ul style="list-style-type: none"> <li>○ Preliminary findings:                 <ul style="list-style-type: none"> <li>▪ Sample arrival and testing is looking good</li> <li>▪ Ordering practice is difficult to interpret</li> <li>▪ Increase in same day orders</li> <li>▪ Fewer patients being transfused later in the day</li> </ul> </li> <li>○ Effective Dec. 1<sup>st</sup> Delivery Express will continue to do the hourly delivery of samples. Should not need any more data collected (no more logs or copying orders!)</li> </ul> </li> <li>• Ortho Vision Titer – small speed bump in the process. This is our next target for go live. The SOP and QC is ready for</li> </ul>

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	<p>Christine to sign off. We are going to stagger when we do the samples. We will coordinate validating IgG with HMC and Anti-A and Anti-B with BWNW.</p>
<b>Sunquest/EPIC</b>	<ul style="list-style-type: none"> <li>• EPIC update – Go live 10/2020</li> <li>• NWH TSL integration- tentative 06/2020</li> </ul>
<b>SOP Updates</b>	<ul style="list-style-type: none"> <li>○</li> </ul>
<b>Other</b>	<ul style="list-style-type: none"> <li>• Annual training – LMS compliance</li> <li>• Evaluations – peer and self. Most self evals are done, there are a few stragglers.</li> <li>• Winterfest 12/4/19 dayshift, 12/13/19 evenings/nights             <ul style="list-style-type: none"> <li>○ Meal provided</li> </ul> </li> <li>• Peer to Peer Support             <ul style="list-style-type: none"> <li>○ Trained professionals to work with techs on issues like coping with stress or dealing with loss of a patient                 <ul style="list-style-type: none"> <li>▪ Supervisor can refer</li> <li>▪ Can self-refer</li> </ul> </li> <li>○ Coming soon</li> </ul> </li> <li>• Kronos             <ul style="list-style-type: none"> <li>○ Effective Dec. 16<sup>th</sup> approvals of timecards will be bi-monthly                 <ul style="list-style-type: none"> <li>▪ Everyone needs to approve their timecards on the 15<sup>th</sup> to support the change over</li> </ul> </li> <li>○ This will mean real time compensation instead of exceptions being paid out the following pay period.</li> <li>○ This change will require timekeepers to do Kronos daily.                 <ul style="list-style-type: none"> <li>▪ Techs need to complete the exception log as soon as it happens</li> <li>▪ Email exceptions if you aren't going to be here for a couple of days.</li> </ul> </li> <li>○ You need to document comp time vs other leave types in the exception log to use it.</li> <li>○ Late arrival can only be compensated with proof of why (i.e. notice from metro or screenshot of App showing bus late)</li> </ul> </li> <li>• Only leads can document changes on schedule, leads document on schedule by offices.</li> <li>• Emergency Plasma in BB2             <ul style="list-style-type: none"> <li>○ Bring it up when closing down BB2 on evening shift and take it back in the morning. Also keep it in</li> </ul> </li> </ul>

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	<p>NN601 over the weekend.</p> <ul style="list-style-type: none"><li>○ This is helpful for handling MTPs when BB2 is not staffed.</li><li>● January will be everyone's 6 month competency for the Vision</li><li>● ER calls MTP and have no information on the patient<ul style="list-style-type: none"><li>○ Have asked ER to evaluate their admission process</li><li>○ May need to be at the bedside to label the EMR tags with MRN</li><li>○ Registration (even if using Doe) takes time to get a MRN</li><li>○ If at bedside:<ul style="list-style-type: none"><li>▪ Need good penmanship</li><li>▪ Take a spectralink phone</li><li>▪ Label one RBC and one plasma (in that order) and then label the rest.</li><li>▪ Can use orca label to label</li></ul></li></ul></li><li>● If ordering physician needs guidance on attributes refer to MD on call, not the resident.</li></ul>
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