|  |  |  |
| --- | --- | --- |
| HMC Transfusion Service Staff Meeting 8/20/20 | | |
| [http://www.komencolorado.org/kdwp/wp-content/uploads/2014/10/Thank-You.jpg](http://www.google.com/url?sa=i&rct=j&q=&esrc=s&frm=1&source=images&cd=&cad=rja&uact=8&ved=0CAcQjRw&url=http://www.komencolorado.org/thank-you-race-sponsors/&ei=VB63VJbUJMr4yQTd54LQCw&bvm=bv.83640239,d.aWw&psig=AFQjCNGP4nRIWD05M8iVZZERU4GsNU_Feg&ust=1421373380983219) | | *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* |
| Service Culture Guideline | * I will promote Innovation | |
| Hospital Update | * EPIC go live still set for 1/30/2021 * Time off freeze 1/19/21 – 2/12/21 * 2 training modules to complete; both are virtual and can be done on work computers. * The Joint Commission inspection due in the next 30-45 days | |
| Lab Update | * 2020 DOs/passport, quizzes * AABB assessment coming Q4 * CAP internal inspection – no deficiencies (great job everyone!) * Validations galore – Roemers will be validated for 8 hours and only the refrigerated section (not platelet shelf). If fridge will be out for >8 hours it will need to be swapped out. | |
| QA/Blood Utilization | * July utilization data, CT ratio 1.1 * RBC - 16 wasted (7 from CC), 0 outdated * PLTs - 2 outdated * Plasma - 13 wasted (6 from CC), 0 outdated * Cryo - 0 wasted * ALNW - 30 blood products used * Medic One - 7 units Whole Blood used * Trauma Responses- 129 (prev. record 110 in July 2018) * QA update – * Please follow the SOP regarding leaving a blood fridge on the floor and write the patient name (last name, first name or initial) on the whiteboard and remember to erase before bringing the fridge back * Time stamp the BPR when taken off the printer * Walkie talkie in OR – please QIM when there are issues and document patient information so we can talk to OR * Liquid plasma to Juneau. If none on shelf they must be notified so flight arrangements can be made – they aren’t the ones picking up, so they don’t see the TSL paperwork * If a supplier or ecode is not in SQ, do not type it in. Photocopy the label, email to [listest@uw.edu](mailto:listest@uw.edu), [senn@uw.edu](mailto:senn@uw.edu), and me ([tuotte@uw.edu](mailto:tuotte@uw.edu)) and place on quarantine shelf. If it is a supplier not listed and it is an emergency and cannot wait for IT; use “Other” as the vendor name and then enter the supplier info under comments. | |
| Staff Round Table | August birthdays   * Erin   Ensure you are not allowing people to “train” in behind you. Visitors have been caught sneaking in behind employees who are holding the doors open for them. If you have someone come in behind you, look for their badge. No badge = go to the main entrances for screening.  When entering PSN for blood product wastage, enter the reason (i.e. MD changed mind, no consent, IV line lost, etc) | |