University of Washington Medical Center   1959 NE Pacific Street   Seattle, WA 98195
05/20/2021 Staff Meeting

Morning Meeting Attendees: Christy, Crystal, Ella, Ynah, Geme, Bing, Seleshi, Teddy, Amy, Nina

Afternoon Meeting Attendees:

Agenda Item	Discussion
Staffing	Open positions: Night shift – 1 to fill, new hire Ella Dimacali start 05/10/2021 Eve shift – 1 Day shift – 1 fixed duration, not getting much interest

Quality	• BPDRs – interps, reaction entry errors
	    ○ Reactions and interpretations must match
	    ○ Seeing clerical errors during manual entry of reactions. The reaction grid must make sense with patient history.
	    ○ Don't talk while entering reactions/results.
	    ○ Need to see consistency in the interpretations for BMTX patients. Had a patient get interpreted alternating between APOS and NTD and the reactions were exactly the same.
	    ○ Policy changes coming for ABO discrepancy and bone marrow transplants
	• Centrifuge calibration expired – about a month before it was discovered. So much work to be reviewed and reported to the FDA. Check dates on equipment prior to using.
	• Provider requests uncrossmatched RBCs but decides to wait for crossmatched blood – Notify TSL MD on call when this occurs. Do NOT bring units back, exchange, or send new tags.
	• Freezer, refrigerator alerts and maintenance
	    ○ Freezer chart placed on refrigerator and the temperatures were recorded as 3°C
	    ○ Temp chart lagging behind 6 hours and no one noted that it wasn't at the right position on chart
	• Equipment out of service form not completed
	    ○ What is the problem, Who was notified, When did it happen, What was done/tried (if applicable)
	    ○ Need temptrak and manual temps for monitored storage
	    ○ Leads and MLS2 connect with Ops and

	Maintenance, notify Christine or Nina of critical conditions or decisions
	○ Equipment Out of Service form goes on the equipment and a QI is written.
	• Irradiated blood received from the supplier and placed on the non-irradiated shelf
	• Specimen receipt, duplicate orders and cancellations
	  ○ Examples of duplicate orders we are seeing post EPIC go live:
	    ▪ New TSCR and the current TSCR is not expiring today
	    ▪ ABO/Rh confirmation on patient with history
	      • EXCEPTION: part of the UNOS listing process is an ABO/Rh (even if the blood type is known). Prior to EPIC they were sometimes ordered as Confirmations. These samples will come from the Pre-Kidney, Pre-Liver, Pre-Lung, Pre-heart clinics. We will run those ABO/Rh tests whether there is history or not.
	  ○ Do NOT receive the sample if testing is unnecessary/duplicate. Credit the testing in General Laboratory
	  ○ Unnecessary/duplicate samples that have been received in Sunquest MUST be cancelled in BOP by an MLS
	    ▪ Cancel according to SOP (Report the ABO/Rh as BBCAN) even if that means the patient loses their Electronic Crossmatch eligibility. We are doing too much unnecessary testing trying to work around the mistakes.
	    ▪ This applies to the SCCA as well. Do not test their duplicate TSCRs, cancel them according to SOP.
	  ○ Write a QI to document cancellation and discard the sample
	    ▪ Do NOT create a BBHOLD
	  ○ SCCA is working on their end to train their staff to not receive duplicate orders
	• Approved for a new Electronic System for tracking QI. No

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	ETA yet
	• Monitored storage QI:
	   ○ Evacuate units when equipment is no longer acceptable
	      ▪ The freezer was -12° and the units were still in there
	   ○ If you are moving units and the Temperature alarm is going off, do NOT silence the alarm and continue. Close the door and allow the temperature to recover.
	   ○ Limit how long units are out for testing/processing/moving in and out of inventory. Fast out, fast in
	• If someone calls saying they found a unit in the tube station. Check to see how long ago it was issued. If it was issued more than 30 minutes ago ask for it back and quarantine. Don't let them transfuse it.
	• Look for the shortest dated unit when selecting units to issue or thaw. This applies to all of our products.

Safety	• COVID updates – masking and social distancing requirements stay in place for UW (no changes)
	• BB2 evacuation route (Jenny)
	   ○ There is a file sorter on the table next to the platelet shaker. There are safety documents:
	      ▪ Three quizzes
	         • BB2 specific safety quiz
	         • NN601 specific safety quiz
	         • MTP routes
	      ▪ 2 maps
	         • BB2 evacuation routes
	         • NN601 evacuation routes
	      ▪ Instructions for how to access Media Lab in case you forgot
	   ○ Upcoming training – Division Warden. Jenny will be working with us in groups of 1 or 2 to go over the responsibilities of the Division Warden in the event of an evacuation/disaster

Training	• New Platelet codes – all the existing E codes are changing and the new codes will be more complex. Training on the new platelets coming soon!
Department Projects	• New platelet Ecodes go live 06/01/2021 due to FDA guidance change

	o SQ patch upgrade, new EA codes
	o LVDS 48 – 7day (LVDS – Large Volume Delayed Sampling)
	    ▪ Not eligible for Verax extension
	    ▪ BWNW
	o LVDS 36 – 5day
	    ▪ May be PAS may be in plasma
	    ▪ can be Verax extended to day 6/7 at 5 day expiration unless it is PAS
	    ▪ BWNW
	o Pathogen Reduction – PRT (psoralen treated) – 5 day
	    ▪ Not eligible for Verax extension
	    ▪ Can't volume reduce in these bags. Must move to transfer bag before RV.
	    ▪ This is what we will get from ARC
	o No Pooled Platelets – they are not being produced. All comments referring to pools are being deleted.
	o Read up on PRT if unfamiliar
	    ▪ Don't need irradiation!!!
	o Marnie will be training nurses on the new products
	o More expensive so please don't waste
	o The 7 day platelets from BWNW will be released about 12 hours later than the current platelet release date/time but they are good longer
	o It will be interesting what we see in our inventory, shortages, increase in RV, etc.
	o No changes to our standing order for now due to contracts. We will evaluate and reassess how much we get from which suppliers.
	• CAP inspection this summer June-September is our inspection window. It will be a hybrid, a few people on site and some virtual
	• NW lab new freezer – validation complete and in review
	• MTP coolers, hemotemp validation – working on it

Sunquest/EPIC	• D1 EPIC post go live o TSCREX requisitions – working on setting up the printers so that they print here. In the meantime, print the order from EPIC showing the question was answered at time of sample receipt o OR workflow and release forms ▪ Our contact is the anesthesiologist, not the RN. The number on the release form is the

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	Anesthesiologist
	  • Feedback from the room: Many forms do not have a phone number
	 ▪ We TELL them we are tubing to the products to 224 (don't ask). If they can't get to 224 then take down where to send and who said to
	 ▪ Document on the release form if it is picked up at the window
	 ▪ If they use the manual half sheet release form, EPIC does its own "correction" and prints the release
	 o Scan and issuing components in SQ
	 ▪ You MUST scan the E-code when issuing
	 ▪ If a nurse calls because error message:
	  • Confirm it is the right unit for the right patient
	  • If it is correct the RN can dismiss the error and follow their process
	  • Do NOT ask for it back unless it is the wrong patient
	 o Nurses have it worse than us so please have empathy
	 ▪ It will probably be 6 months before they get it
	 o It is hard to transfuse multiple units in EPIC, it was easier in Orca
	 o SCCA time on the order
	 ▪ This is not the delivery time for the unit, it is the time of their appointment.
	 ▪ Our turn around time clock starts when the order prints, not the time on the order
	 o No ETA for when the EPIC logic for firing the ABO confirmation need, it is being worked on
	 o 8SE SQ labels not working so they will use Epic labels
	 o If the contact info on the release is not correct, copy and place in folder for Marnie so she can follow-up with the nurse
	 o If get release and they do not want it now, document on the release form who, what, and when was said
	 o DO NOT THROW ANYTHING AWAY!

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SOP Updates	MTS posted • CLTs got one • MLS got 4

Other	• Kronos – incremental OT, time off requests comp time and holiday pay out 6/30/21
	  o When it gets to the time period for your PTO, document in the KRONOS log which type of leave you want to use.
	  o PTO hours over 240 on the anniversary of hire date will be lost.
	• Cell phones and social media use in the lab – social media use not allowed in the lab, limited cell phone for emergency calls ONLY. Should not be for routine use while working
	  o This will also help reduce errors
	  o When in the lab, you are on work time, use cell phone on break time
	  o No internet browsing, if you have time to browse then we have more than enough people and work may be reassigned to get project people off the bench.
	• Finances much better than a year ago.