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| HMC Transfusion Service Staff Meeting 7/15/21 |
| http://www.komencolorado.org/kdwp/wp-content/uploads/2014/10/Thank-You.jpg | *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*
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| Service Culture Guideline | * I am accountable for Excellence
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| Hospital Update | * EPIC
* Unnecessary ABRH2 – should have a fix out next week \*\*delayed for at least another week. Ran out of time at weekly Epic/Transfusion meeting to discuss\*\*
* Cancel duplicates through Gen Lab (ORM) *For orders* *NOT Rec’d in SQ*
* Attestation required BEFORE shift begins
* Masking is still mandatory at all medical centers. If you would like to add your vaccine information in Workday you can but at this time it is not required for medical center employees.
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| Lab Update  | * 2021 Quizzes and Dos. Downtime Quiz is out now, one more on storage and transport to come in August. Quiz retakes (score <80%) will be out in September. See Té, El, or Erin if you would like to see your actual quiz.
* CAP inspection window 6/7/21 – 9/3/21 but looks like it will be delayed until later fall or winter. DLMP is being asked to perform an inspection on a lab whose extension is expiring and then we can be inspected. No answer on if this will change our future dates.
* 6 VIPs for coolers have been ordered but are backordered until August. Please be careful with those that remain
* Open MLS2 position – will be requesting to get posted next week.
* *ARC plts: if you get PAS, Pathogen-reduced units, try to swap with UW. If UW declines, contact Dr Hess to get approval to use*
* Ultralow #2 (our backup) is being moved from OR hallway to the area next to the platelet rotators. We are then moving the large platelet rotator over to under the PLM by bench A. Currently verifying with Pelican to see if Credo Coolers can be kept at -80 or if that is too cold.
* TSL no longer has anything to do with the graft freezer in the OR (their Helmer ultralow), they are maintaining and in charge of temperatures. The wall alarms above the printer will be removed once UL #2 is moved back to TSL.
* Propolis clinical trial is under approval process with the DoD. Cerus will provide pathogen reduced plasma for burn patients. Patients will get a large volume over 24 hours – sort of like a plasma exchange but given as a steady drip where they monitor the urine output and replace with plasma volume (so fluid out equals fluid in). Erin will write on a white board the patient name to expect an order on. They will use the regular plasma order with a comment “Propolis” so please watch for these. SOP will come out mid-August after the initial trial site visit where more questions will be answered. We hope to enroll 19 patients over a 3-year span. They must be enrolled within 8 hours of initial injury which is difficult considering the number of patients that are transferred in from other facilities.
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| QA/Blood Utilization | * June utilization data, CT ratio 1.1
* RBC - 7 wasted (2 LTWB squishy cooler), 1 outdated (got credit)
* PLTs – 0 wasted, 1 outdated, great job!!
* Plasma – 1 wasted, 1 outdated
* Cryo - 1 wasted
* ALNW - 30 blood products used
* Medic One - 7 units Whole Blood used
* Trauma Responses - 93
* QA update –
* May BPDR due to MF sample being used for Tango QC. It was missed by 2 shifts so all units that were transfused on those patients had to be submitted to the FDA.
* June BPDR due to a missed ABRH2. Sample was received and ordered as an XPINK and then when electronic crossmatching failed and ABRH3 was ordered but the original TSCR sample was used for testing. All units issued on the TSCR were submitted to the FDA.
* Incomplete BPRs – unit number missing. Blood product issue process has this as a necessary step and was missed twice.
* Daily inventory count had 3 units of whole blood missing that were determined to have been transfused to patient but had been marked as returned on a trauma log.
* June – 2 WBIT in the OR. Collector used sample labels that were sitting in the OR from a previous patient. Witness came in later to sign the label but didn’t identify the patient and was not present when sample was collected. Found when paper requisition and sample label did not match. This was originally called a mislabel but WBIT inspection was performed a few days later. The rejection SOP has been updated to walk you through these steps.
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| Staff Round Table | * Non-lab week coats have been backordered. Some sizes won’t arrive until October but the ones that have come in will be delivered on 7/16 or 7/19. Rumor has it they are running small so you may need to trade around with coworkers.
* Roemers platelet bin is still not validated by FDA and cannot be used (on the non-Demo one). I have requested information on replacing the batteries that are alarming and not keeping charge.
* The updated ABO Discrepancy SOP is very clear. Thanks to all that provided input.
* Clean up after yourself in the breakroom, don’t leave dishes in the sink.
* Please do not eat or move anything on Dr Hess’ desk. His mug went missing and he was quite upset that it had been moved. Gie found dirty dishes on his desk one morning and had to clean it up before he came in.

July birthdays* Alyssa, Ina
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