

10/13/2021 Staff Meeting

Morning Meeting Attendees: Geme, Anel, Teddy, Seleshi, Bing, Ella, Ynah, Crystal, Tayler, Oscar, Nina, Ish, Alyssa

Afternoon Meeting Attendees:

Agenda Item	Discussion
Staffing	<p>Open positions:</p> <p>Night shift – 1.0 MLS2 posting soon, Welcome G.R. Lead and Tayler (new MLS1)</p> <p>Eve shift – 2.0 MLS, Welcome Roya. Hy move to 60%, 1.0 CLT2 to post soon</p> <p>Day shift – 1.0 MLS fixed duration – no one has applied</p> <p>Quality Position(s): Christine has left</p> <ul style="list-style-type: none"> ○ Trying to make it two positions: <ul style="list-style-type: none"> ▪ Compliance analyst – reports to QA Manager ▪ QA manager – reports to Dr. Pagano ○ Leads are helping out in the interim <ul style="list-style-type: none"> ▪ Antibody ID reviews ▪ Attending daily huddles for hospital and SCCA ▪ Document control <p>This is the dry season. Everyone is short (nationwide shortage) – waiting for new graduates</p> <ul style="list-style-type: none"> ○ Department is offering hiring bonuses ○ SPS has 18 openings ○ HMC has 5 openings
Quality	<ul style="list-style-type: none"> • BPDRs: <ul style="list-style-type: none"> ○ Not irradiated RBC to NW – issued and transfused to patient and patient reacted ○ Full volume non-PAS O platelet issued ○ Transfusion record and unit label did not match the expiration date ○ Units not issued in SQ ○ SCCA nurse request RBC, SCCA TSS sent PLT • Duplicate samples are decreasing post change in EPIC • NW – watch out for STAT samples for testing • Discuss QI process for recall, rejected specimen, expired components. CLT will be trained to log in QIs and PSNs for rejected specimens. Training coming soon <ul style="list-style-type: none"> ○ Expired products are logged on the spreadsheet so do NOT need a QI for the discard anymore

10/13/2021 Staff Meeting

	<ul style="list-style-type: none"> <ul style="list-style-type: none"> <ul style="list-style-type: none"> ▪ Still write a QI for HLA platelets that expire ○ Leads will be doing QI follow-up, red-sticker means it is a Blood Product Deviation (BPD, FDA reportable) <ul style="list-style-type: none"> ▪ BPD need root cause analysis ▪ Need to be done in a timely manner so can be reported • Product withdrawals (from BWNW or ARC) – <ul style="list-style-type: none"> ○ Fax back disposition of unit ○ Print the BBI for the unit ○ File in folder ○ No need to write a QI • Incomplete logs – fill in all fields <ul style="list-style-type: none"> ○ downtime issue log frequently missing the date • See Christy’s email regarding processing new platelet codes. There is a spreadsheet for all of the new products and they all work in SQ, downtime processing is not necessary • Inventory <ul style="list-style-type: none"> ○ Per ARC, inventory expected to be slim through the end of the year ○ BWNW inventory is up and down ○ Lots of plasma outdating, not too many RBCs or PLTs • HLA Platelets: <ul style="list-style-type: none"> ○ HLA selected and compatibility are different ○ All requirements must be met for platelet selection on HLA platelets (ex: group O HLA platelets in plasma to an APOS patient must be volume reduced) <ul style="list-style-type: none"> ▪ Irr vs Psoralen treated ▪ PAS vs apheresis in plasma ▪ RV or full volume • Calling positive screens – keep calling RN/provider to report positive screen/Antibody ID work-up and document the call in BBCS comment <ul style="list-style-type: none"> ○ Also an opportunity to get some information from the nurse to help direct your history/medicine search
Safety	
Training	<ul style="list-style-type: none"> • 6m/1yr Competency Assessments and Direct Observations <ul style="list-style-type: none"> ○ Work together to get annual/6 month/1 yr done

10/13/2021 Staff Meeting

	<ul style="list-style-type: none"> ○ This is required and CAP inspectors will ask to see these documents ○ Need to complete the 6m and 1yr in a timely manner
<p>Department Projects</p>	<ul style="list-style-type: none"> ● CAP Inspection summer June-Sept period (hybrid) – delay to Spring 2022 (April) <ul style="list-style-type: none"> ○ Keep preparing ● MTP coolers, hemotemp validation – to go live next <ul style="list-style-type: none"> ○ Hoping November train and implement, mid-late nov. ○ Big learning curve for the hemotemp ○ Color blind may be impacted ○ If hospital gets RFID, we will ask for trackers to be put on the coolers. Most likely no tracking at go live – relying on nurses to communicate movement ○ Plasma will be tricky, freshly thawed plasma will be too warm to use hemotemp and can't pack warm plasma in with cold products ○ Considered as storage, so 1-6°C ○ Coolers will be good for RBC and plasma exchanges ○ Thanks to COVID they have figured out how to put casters on helmer fridges. Demo units coming for us to check out and see if they will work for us ○ If we don't have hospital courier or unit staff bring back the cooler, we will have to go get it when time is up. <ul style="list-style-type: none"> ▪ Can use hospital transport if it has been less than 4 hours ○ OR is a challenge, they should be the last ones to receive a cooler ○ Cooler CANNOT be out for more than 4 hours, it MUST come back. If they still need blood, they will need a new (second) cooler set up. ○ May redesign front area to have all things for the cooler in one place and near the fridges ● Coverage in BB2 in the mornings at 6:30am <ul style="list-style-type: none"> ○ There may not be a CLT in at 6:30, someone needs to available go down to process orders <ul style="list-style-type: none"> ▪ Can be overnights, can be one of the 06:30 dayshift people but someone needs to go if there is a surgery starting at 07:00-07:15am
<p>Sunquest/EPIC</p>	<ul style="list-style-type: none"> ● D1 EPIC post go live – EPIC BPAM errors

10/13/2021 Staff Meeting

	<ul style="list-style-type: none"> ○ Verify it is the right unit for the right patient and that it was issued <ul style="list-style-type: none"> ▪ Do NOT ask for the unit back unless it is the WRONG unit ▪ If the unit is not issued in SQ, have RN transfuse the unit in downtime process. Write a QI and request a copy of the transfusion record. Unit can be issued in SQ using the information on the transfusion record (Timestamp and tech id) or ask Lead to do it if uncertain. ● Put copies of Release forms that have a blank tube station in the folder for Marnie to follow-up on ● We are trying to consolidate printers to one w/ different trays and color coded paper for each location because we continue to miss NW product orders ● Check orders for NW location, there is no standard format ● Epic helpline is still up <ul style="list-style-type: none"> ○ It is NOT our job to coach nurses and providers on how to use EPIC ○ If they do not know, they need to consult their charge nurse, EPIC super user or call the EPIC helpline
SOP Updates	
Other	<ul style="list-style-type: none"> ● Vacation requests <ul style="list-style-type: none"> ○ Due 10/17 ○ Please limit time off requests to 1 week during Christmas and New Year holidays ○ No personal holiday requests will be approved for Dec. 24th so please use your personal holiday sooner rather than later ○ If you are in the assigned group for specific holiday, you are responsible for getting coverage if you need the holiday off. ● COVID vaccine mandate <ul style="list-style-type: none"> ○ Immune by 10/18 ○ If you do not have an exemption or the shot, then you cannot be employed at UWMC ○ May have to rearrange staff to cover potential gaps ● Booster for Pfizer and flu shots are available

10/13/2021 Staff Meeting

- RBC exchange (see email) – RBC exchange was missed and units not prepared when the nurse requested the blood. Significant delay
 - Most show-up on advanced prep report but no all do
 - Not sure what is the cause of them not showing up
 - Check the calendar for scheduled exchanges in addition to the advanced prep report
 - All three shifts should be checking and working on it
 - Use hand off log
 - Seleshi and Kaitlin assisting Alyssa with Red Cell Exchanges
 - We would like to move to another method for tracking the historically negative antigens on units, not sure what that will look like in the future
- Projects abound, you can help out and potentially have a paper written with your name on it
- Adding on DATs that are not indicated (Negative Poly in gel etc)
 - Make a BBCS comment in SQ: Testing done per [Dr Name]
 - Report it in SQ. If it isn't reported, it wasn't done
 - Nina will discuss with doctors if the Vision is negative the differential will be negative. It makes sense if the DAT was done in tube and that was negative because gel is more sensitive. May do away with poly and only do IgG and C3
 - Heme Onc doctors are trying to use DAT to differentiate hemolysis in patients to determine if medication is responsible.
 - Nina doesn't want to promote the send out DAT that checks the patient's medications