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| HMC Transfusion Service Staff Meeting 8/18/22 | | |
| [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 embrace Diversity, Equity, and Inclusion | |
| Hospital Update | * Annual refresher training and Compliance training in LMS, emails sent to those still outstanding * 2FA clickers. Cell phones should not be in the lab due to infection control risks. Please order your 2FA clicker, see email. * Employee picnic 8/18 * Clinical trials TROOP, TOWAR, CRYONOW * TROOP – prioritizes giving whole blood for the first round over component therapy * TOWAR – 3 different ALNW bases will carrying whole blood in addition to their regular cooler. * CRYONOW – prioritizes giving cryoprecipitate first using a product that is good for 5 days once thawed (instead of 6 hours) * Patients can only be on one clinical trial at a time so there is a meeting in October to determine how to best utilize patients and resources available. | |
| Lab Update | * 2022 DOs, monthly quiz, Safety quiz in MTS * AABB in fall (Oct 1 – Dec 31) * 1 MLS Trainee/1 eves waiting to post * 1 new MLS and 1 MLS Traveler start 8/22 * PROPOLIS burn study, pathogen reduced plasma scheduled to arrive this week * Vitalant platelet standing orders – 3 to arrive on Wednesdays. These will be platelets in plasma. If we have to trade to UW, we will do without switching in BloodHub so only trade if we have to. | |
| QA/Blood Utilization | * July utilization data, CT ratio 1.1 * RBC – 1 OD, 4 Wasted * PLTs – 5 OD, 1 wasted * Plasma – 0 OD, 7 wasted * Cryo – 0 OD, 4 wasted * ALNW - 42 blood products used * Medic One - 10 units Whole Blood used * Trauma Responses - 96 * QA update – * Near miss in the OR. Thank you for completing the PSN and QIM. There were 2 units of blood taken to the OR. A few hours later units were requested to the same OR but for a different patient. When blood was taken over, the 2 original units were still sitting in the OR and had been “label checked” so there was a possibility they could have been hung on the incorrect patient without another review. This was brought to our TPC meeting and we will be meeting with the OR and head of TPC to see how we can prevent this from happening in the future. * See notebook | |
| Staff Round Table | Kudos to night shift for their response to our night of gun violence where 3 patients came in in 40 minute span and another 2 patients came in ~3 hours later, all were from different scenes so a massive casualty event was not activated. The 3 night shifters (Sarah, Mallory, and Ed) were able to provide blood products with one person stationed in the ED, one in the OR, and one manning the lab. 4 of the 5 patients were of childbearing potential and they were able to switch to type specific products quickly.  Dr Hess research:   * Ultramassive transfusions at HMC (>20 units of RBC given in first 24 hours). Patients seem to have a higher survival rate if they are penetrating injuries vs blunt. We have a high rate of “saves” for these patients so don’t feel discouraged if they are using the blood just as quickly as you can get it over there. Every little bit helps. * A higher fibrinogen count to start with also help (hence the CRYONOW study)   August birthdays   * River | |