

Morning Meeting Attendees: Nina, Tayler, Anne, Tammi, Christy, Paula, Michelle, Madison, Sarah, Orlando, Milena, Miguel, Roy, Dr. Tsang

Afternoon Meeting Attendees:

Agenda Item	Discussion
<p>Staffing</p>	<ul style="list-style-type: none"> • Open positions: <ul style="list-style-type: none"> ○ MLS1 evening shift - 1 ○ MLS 1 night shift - 3 ○ CLT2 - Dayshift - 2 (1.0, 0.6) ○ MLS 1 dayshift • Reminder: We are considered critical staff in case of inclement weather, we MUST be here <ul style="list-style-type: none"> ○ Know your snow routes ○ Figure out alternate transportation options ○ Make friends with people who can give a ride (4 wheel or all wheel drive) ○
<p>Quality</p>	<ul style="list-style-type: none"> • Reminder about Irradiation • Increase in errors during blood product receipt into Inventory <ul style="list-style-type: none"> ○ Be mindful, this is a critical task ○ Avoid interruption, check your process (if interrupted) ○ Scan all barcodes ○ Break the box into smaller chunks (5 or 6 at a time) so you can walk away if you need to. <ul style="list-style-type: none"> ▪ Do like blood types together ▪ Count the units on the screen, on the counter, and segments pulled. Make sure the counts all match. If they do then put them away. ○ Add unit vs Save. You can keep adding units to make a list by clicking Add and then Saving at the end rather than saving after each one ○ Unit was scanned with wrong ABO and it went to the floor <ul style="list-style-type: none"> ▪ This is FDA reportable ○ FDA very attentive to audit trail and corrective action • Reminder to ask for help from a lead when encountering an error or override <ul style="list-style-type: none"> ○ Especially if it is something you don't recognize or are unsure of ○ Read the entire text of QA failure so you know what you are overriding. <ul style="list-style-type: none"> ▪ Maybe it needs to be FIXED instead of overridden ▪ BOP and BPI are the most common ○ Call Nina or Tayler if no lead or 2 around • Tag printer font changed 10/25/22. PLEASE DO NOT CHANGE. <ul style="list-style-type: none"> ○ Be careful when troubleshooting the printer or reloading paper

	<ul style="list-style-type: none">• Reminder to use the Testing handoff log and Daily Shift Hand-Off form for communications<ul style="list-style-type: none">○ Check email for input on comm log○ Testing log – required by standards (CAP) need the receiving tech to sign<ul style="list-style-type: none">▪ Things get lost in handoff▪ Start documenting as you go instead of waiting to the end○ Comm log – check for issues while you were gone<ul style="list-style-type: none">▪ Bleeders, inventory, testing issues▪ Be aware of additional sample requests• Upcoming Daily Shift Hand-off revision<ul style="list-style-type: none">○ Check email for input on comm log• COBE Cell Washer setting<ul style="list-style-type: none">○ It keeps getting changed, unknown if someone is changing it or if it is drifting on its own○ If ANY problem with wash, write a QI so we can follow-up• Patient Testing<ul style="list-style-type: none">○ Report out positive VIS antibody screen result○ Prewarm antibody screen is part of ABI workup and should be reported under ABI with appropriate BBCS comment○ Cold Antibody<ul style="list-style-type: none">▪ We know they have a cold (historical):<ul style="list-style-type: none">• Run on the Vision – report the vision screen (this way the care team knows there is a problem)• Make a comment that panel not indicated if the pre-warm antibody screen is positive• Report ABI as cold auto<ul style="list-style-type: none">○ any work beyond original 3 cell screen needs an ABI ordered○ If we identified specific cold, you don't need redo full cold panel○ If the historical antibody is specific (anti-IH, etc) then report that○ If historical antibody is Cold Auto then report as Cold Auto• Basically the same way we handle DARA▪ We need the ABI code so we can track the number of antibody IDs we are doing.<ul style="list-style-type: none">• If we are doing more, then we can request more full time employees○ Work from Outside Hospitals<ul style="list-style-type: none">▪ We can honor phenotype from outside hospital but we prefer to get our own.<ul style="list-style-type: none">• We will honor the outside hospital phenotype until we can prove otherwise
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	<ul style="list-style-type: none">▪ BWNW and ARC are our reference labs and we will accept their testing• Working on antibody ID codes for drug interference• Specimen acceptability with future date and time - NW<ul style="list-style-type: none">○ Reject samples with future date or time. Do NOT wait for that time to receive it○ Only our Medical Director can approve acceptability deviation• Incomplete/incorrect audit trail of components<ul style="list-style-type: none">○ Use of ER (emergency release) test code to issue RBCs issued on downtime when no TSCR or ABRH2 received from the patient<ul style="list-style-type: none">▪ In Order Entry, test battery is ER. Only use if can't get TSCR. Don't let downtime issued RBCs hang out too long. Order it by end of shift or as soon as notified that the patient died.<ul style="list-style-type: none">• If there is no ABRH2, use immediate spin XM to complete testing and issue RBCs▪ This is a note in limitations of the EMR SOP• Sendout specimens – request additional sample<ul style="list-style-type: none">○ Retain some plasma for us to use for crossmatch○ Put requests for additional sample on the Daily Hand Off log<ul style="list-style-type: none">▪ We have had several instances of additional samples received for send out but never sent because the FD staff didn't know• MTP/OB Bleed: Prompt notification of Emergency to TSL MD on call. Document on Shift hand off log. New emergency activation log coming<ul style="list-style-type: none">○ Working on a new log○ Still deciding if non-MTP Emergency Uncrossmatched blood goes there or gets called○ We provide feedback for providers on over-ordering and not using blood• Please respond to email sent regarding input on new Daily Shift Handoff Log by Friday• Write QIs, it is our best way to track issues and follow-up• Irradiation<ul style="list-style-type: none">○ Irradiation is critical task<ul style="list-style-type: none">▪ Avoid interruption, be mindful of where you are in the process▪ Work steps in order, don't jump around, focus on irradiation until done▪ Be vigilant○ Be careful of physical location<ul style="list-style-type: none">▪ Found non-irradiation RBCs in the IRR Antigen Negative fridge and they were missing the tags
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	<ul style="list-style-type: none"> ○ If you get interrupted, mentally restart at beginning so you resume at the correct point following the interruption (walk through the steps and confirm that each was performed) <ul style="list-style-type: none"> ▪ Unit was stickered and placed in the Irradiator, cycle was NOT started (sticker said NOT), Irradiation attribute applied in SQ even though they were not physically irradiated
Safety	<ul style="list-style-type: none"> • New evacuation route dure FIRE <ul style="list-style-type: none"> ○ There are unannounced fire drills so review the routes
Training	<ul style="list-style-type: none"> • Lots of new hires – training, competency documents • Many new faces: be aware of mistakes due to being new <ul style="list-style-type: none"> ○ Many missed issues
Department Projects	<ul style="list-style-type: none"> • EQMS – Title 21 <ul style="list-style-type: none"> ○ It is a done deal, this is finally happening ○ Multi year project starting with documents (SOP) <ul style="list-style-type: none"> ▪ QI will be next phase, we will be able to complete feedback and follow-up in the system ▪ Training and Competency ▪ Equipment
Sunquest/EPIC	<ul style="list-style-type: none"> • SQ upgrade to 11.0 upcoming. <ul style="list-style-type: none"> • This is the latest version • LabMed Initiated the need for upgrade, have to move by early spring • BB has to validate critical steps • ABI will auto-reflex (one of many upgrades for us)
SOP updates	<ul style="list-style-type: none"> • Emergency SOP – neonatal bleeding, IUT <ul style="list-style-type: none"> • Neonatal bleeding – give the full NICU unit • Emergency IUT will also utilize the NICU unit • Coming soon
Other	<ul style="list-style-type: none"> • Kronos – timecard approval is required <ul style="list-style-type: none"> • Make sure you are approving your timecard; it is a WA state requirement • If something is inaccurate, approve it and note it on the KRONOS exception log • Personal Holidays use by 12/31/22 • Perfume and cologne in the lab, social media policy <ul style="list-style-type: none"> • Minimize what we have on, it can be problematic for coworkers (we don't see patients) • If you mention UW, you are a representative of UW. Respect patient privacy • STAT lab chem hours are 8am-8pm <ul style="list-style-type: none"> • Tube forwarding and turning off the window • Call to confirm tube <u>NOT</u> forwarded before tubing

