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| HMC Transfusion Service Staff Meeting 12/17/22 |
| 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 will treat people with Respect and Compassion
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| Hospital Update | * Flu outbreak on 4 different floors, please wear the highest level of mask tolerable
* Clinical trials TROOP, TOWAR, CRYONOW, PROPOLIS
* TROOP is in pre-phase and working on all approvals. Continue tracking whole blood numbers. We will be enrolling patients and keeping them on whole blood for as long of the MTP as possible
* TOWAR has enrolled 13 patients and is looking to add Yakima and Pasco as sites. This means we will need more coolers because we cannot add sites and have more controls, we need to stay at the ratio of 1 control : x # of sites.
* CRYONOW is in the funding review stage. The initial idea of keeping the cryo in the ED fridge for easy access won’t work (because it will clump up). It needs to be in a controlled room temp environment so ED is helping determine where that will be.
* PROPOLIS is still looking for the right patient to enroll. So far no candidates but plasma is in the freezer and there is an SOP in case one comes in.
* Windows upgrade to 10.0 is a little bumpy. If someone comes in please let Erin know so we can have DLMP IT involved. UW IT switched out computers at UW TSL and didn’t re-install printers or the local version of SQ so they were having a lot of issues. They are supposed to give us 2 weeks’ notice so we can send them away if they just show up.
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| Lab Update  | * 2022 DOs – a few still need to complete, Alyssa made a bunch of samples if you need unknowns.
* AABB assessment??? (was supposed to be done by Dec 31st)
* 1 MLS Trainee/1 day shift (0600-1430), 1 MLS Lead night shift
* MLS Trainee for eves begins 1/9 (Cathy)
* CLT2 for nights begins 12/28 (Tamsen)
* Sunquest upgrade to 11.0 sometime in March (possibly the 5th)
* Log in using AMC info (Kronos, blue computer, etc) and HBB as the location. (very important to use HBB or blood components won’t be in correct location at BPE). You will still have a tech ID that will show in BBI, etc.
* BAD file locking back down – only MLS Leads can update certain fields in BAD, the rest will have to use PB.
* It will be extremely important to reject samples prior to receiving instead of receiving in error and entering BBCAN in the ABO. If it is the first ABO resulted and BBCAN goes into the BAD file only an MLS lead and manager will be able to update it.
* Some of the reports are moving to GUI. PL can be seen and accessed in BOP (but not printed)
* Automatically adding ABI with + screen and %DTT billing when DARA is resulted as the ABI.
* PREN orders on a Rh negative pt will automatically add a BBC after resulting the ABR and will have a pop-up reminding MLS to add “RHNMH” code.
* TSCR for neonates will have 2 reminders. At testing result completion, a pop-up will say to use TNRBC if RBC are requested. At allocation (both on TSCR and TNRBC) a popup will ask if the unit is IRR, LKR, HgbS neg, <7 days. You can answer no but that should only be done if during a trauma and they cannot wait for a special unit.
* FIX will work again so we can re-extend liquid plasma using BCP instead of the BPE workaround. BPE will be locked back down and MLS Leads and above will be the only ones who can modify expirations this way.
* Rh unknown patients will be able to get platelets, plasma, or cryo of any Rh without having QA overrides (except for the ABO discrepancy QA failure).
* Electronic crossmatching will be allowed for patients that meet the criteria except the product does not meet attribute requirements. i.e. if there is a trauma and units are not IRR, you can override the QA failure and still EXM.
* Training will come in the Jan-Feb timeframe.
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| QA/Blood Utilization | * November utilization data, CT ratio 1.0
* RBC – 7 OD, 1 Wasted
* PLTs – 11 OD
* Plasma – 6 OD, 3 wasted \*found discarded “outdated” liquid plasma on the training shelf that had not been re-extended back to original date. Remember these can be re-extended by MLS with MD approval.
* Cryo – 0 OD, 0 wasted
* ALNW - 15 RBC + plasma, 2 LTWB used
* Medic One - 5 units Whole Blood used
* Trauma Responses - 107
* QA update –
* Check the trauma paperwork. There were instances with the transfusion tag was already signed and a sticker was on it for a previous patient.
* Check ED Fridge cards, there have been 2 instances of stickers being for different patients than the one that received the blood.
* If there are RBC product orders for patients that require an AHG crossmatch, these should be completed right away and not waiting for the unit to be requested. If 2 are ordered, crossmatch both units and not just one.
* See the remaining QA data in the AMC folder.
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| Staff Round Table | December birthdays* Leona
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