

Morning Meeting Attendees: Kaylee, Jennifer, Michelle, Orlando, Paula, Tayler, Nina, Crystal, Miguel, Jenny, Ihab, Alyssa

Afternoon Meeting Attendees:

Agenda Item	Discussion
Staffing	<ul style="list-style-type: none"> • Open positions: <ul style="list-style-type: none"> ○ Dayshift CLT2 – 1.8 ○ Evening MLS – 1.0 ○ Night Shift MLS – 2.0 • Welcome Kaylee, Jennifer, Ihab • Thank you everyone! This year has been challenging; a lot of training. Thank you for being on this journey with us. Without us the hospital couldn't do transplants and big surgery • Thank you to all our trainers • Huge decrease in FDA reportable errors in the last couple of months • Exciting things coming in 2023
Quality	<ul style="list-style-type: none"> • HgB S Comment in SunQuest is required per SOP <ul style="list-style-type: none"> ○ Make ;CM on the unit so that it prints on the transfusion tag. The attribute does not appear on the record so we have to make the comment. ○ It can be handwritten on the transfusion record but it must be on both the transfusion record and in Sunquest. ○ There were 8 units for red cell exchange that were missing the comment and it was caught during the issue process. • Heat block temperature awareness <ul style="list-style-type: none"> ○ Heat block power was on, but the heat was off. This was not discovered until night shift. ○ Verify it is on by looking at the heat indicator and/or feel the block before loading, feel the bottom of the tubes when removing. It(they) should be warm (but not hot) • 11/30/22 Event review: Shortdate platelet returned from NW was sent to TSL, not unpacked. The box was returned to BWNW. Again on 12/6/22 Platelet unit left in ARC shipping box in error, returned to ARC and discarded.



	<ul style="list-style-type: none">○ Wasted the donor's time. Waste is not a good way to show donor's we care/appreciate them.○ We are custodians of blood. People took time out of their day to donate.<ul style="list-style-type: none">▪ Please make sure we keep blood safe for transfusion.○ Check ALL boxes to verify they are empty before placing them on the wire shelves to be returned to the supplier.<ul style="list-style-type: none">▪ Check under the stabilizers, things shift around▪ One idea: write a big sharpie "X" on the label after verifying it is empty.● Verify samples have not been received for FHCC orders awaiting samples at shift changes.<ul style="list-style-type: none">○ Throughout shift would be better but at a minimum, at shift change.○ Previous shift might have missed matching the order to the sample.○ We are missing getting orders filled● Platelet found in file cabinet shortly after product receipt – reminder to check all components with packing list● FHCC sending TRRX bags in Styrofoam box, but not allowed to send full components in Styrofoam box. All quarantined components need to be shipped at appropriate temperature conditions<ul style="list-style-type: none">○ Styrofoam box is only for TRRX. Anything else gets written up. The unit was never found. FDA reportable.● [New] Daily Shift Handoff Log and Emergency Bleeding Log currently in use.<ul style="list-style-type: none">○ Contact Tayler or Nina if you need help with the form. Changes were made based on nonconformances.● Competency Assessment is mandatory, work with Leads and MLS2s to get it done● Take stock of everything when you are taking over unfilled orders, pending, etc.● Take hand off at beginning of shift.<ul style="list-style-type: none">○ Waiting until the end of the overlap to take over is not appropriate.○ If you need to hand off or get OverTime, contact a Lead or MLS2. If that won't work, then report it to
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	<p>Nina.</p> <ul style="list-style-type: none"> • FDA letters go in the news. It is very public. It leads to loss of reputation • Can ask Nina, Tayler, Alyssa for help resolving issues. Put unit (or reagent) in a safe place (it won't get put into general inventory or be lost)
Safety	<ul style="list-style-type: none"> • COVID booster and flu compliance – overdue
Training	<ul style="list-style-type: none"> • MLS student training <ul style="list-style-type: none"> ○ First one coming the second week in January ○ Michelle will take point • MLS and CLT staff training – 25 trained in 2022! • Clinical rotations are a prospective job interview for us and the students. <ul style="list-style-type: none"> ○ Make a good impression ○ Don't Bad Mouth other departments
Department Projects	<ul style="list-style-type: none"> • eQMS – Title 21 document control and nonconformance transition to electronic platform. Training and competency will progress to eQMS as well <ul style="list-style-type: none"> ○ Different modules all linked together. We don't use MediaLab because it doesn't meet our regulatory needs. ○ Going live with Document Control first ○ Nonconformance second (electronic QI) <ul style="list-style-type: none"> ▪ Timely QI, timely follow-up, timely reporting to the FDA. ▪ Nonconformance is not punitive, it is to track and fix issues. • Windows 10 upgrade – must convert all PCs by the end of January <ul style="list-style-type: none"> ○ The contractors aren't notifying management and LabMed IT like they are supposed to. <ul style="list-style-type: none"> ▪ If you have an issue, email UW IT
Sunquest/EPIC	<ul style="list-style-type: none"> • SQ 11.0 upgrade – March go live, Validation Jan/Feb with STK <ul style="list-style-type: none"> ○ Will get a pop-up for allocating an un-irradiated or PRT unit ○ The Cancel box at the end of issuing is going away. We should see fewer missed issues. ○ Exciting possible changes for BMT ○ Code look up, will have ability to catch typo (neg beta strep vs Neg Big S) ○ Irradiation expiration will be correctly calculated ○ Positive antibody screen will reflex ABI



	<ul style="list-style-type: none"> ○ Link Mother and baby in SQ ○ Christy, Michelle and Oscar will be super users ○ Lot of work because this is a big jump. It will be a good thing. The timeline will be tight.
<p>SOP Updates</p>	
<p>UW Medicine</p>	<ul style="list-style-type: none"> ● UWMC Finance – very busy, length of stay and labor expense high. <ul style="list-style-type: none"> ○ Travelers are expensive ● Patient volumes – high census <ul style="list-style-type: none"> ○ Having trouble discharging patients <ul style="list-style-type: none"> ▪ Less compensation for prolonged stay ● Overtime, clock in and out on time, meals and breaks <ul style="list-style-type: none"> ○ Limit unnecessary OT ○ There is ±7 minute grace period for clocking in and out ○ If you have OT, document on Kronos log ○ Make sure everyone gets breaks. <ul style="list-style-type: none"> ▪ You should go if it is a good time (workload wise), even if you aren't hungry ▪ Be cognitive of timing of workflow. Take breaks at a good time in the process. Get to a stopping point. Determine if there is time to complete or needs to be handed off ▪ We do need to make turnaround time ▪ If you have work handed off, give grace. There is a reason they did not get it done. We are all on the same team, working for our patient's best interest. ● Equity, Diversity, and Inclusion Survey Jan 17th to Feb 28th <ul style="list-style-type: none"> ○ 1st survey on this topic. Voluntary and confidential. Please contribute. ○ This is in addition to employee engagement survey ● Fill orders in a timely manner <ul style="list-style-type: none"> ○ Patients have left without their blood <ul style="list-style-type: none"> ▪ This leads to upset, bad reviews, loss of public image
<p>Other</p>	<ul style="list-style-type: none"> ● We have the following logs: <ul style="list-style-type: none"> ○ Daily Hand off log: <ul style="list-style-type: none"> ▪ Call outs, inventory shortages, patient issues, etc ▪ Doctors can check this and know what is going on ○ Testing hand off log:



	<ul style="list-style-type: none">▪ Testing to be handed off to next shift○ Bleeding emergencies:<ul style="list-style-type: none">▪ Put MTPs here instead of the daily hand off log because there was not enough room and important info was missing▪ Covers uncrossmatched, neonatal emergencies and the OB hemorrhage protocol▪ The idea is you grab the log when you get the call and it is documented in real time instead of a scrap paper or post it note▪ Kept up front with downtime reqs and release forms• New organization in the back for testing
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