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| HMC Transfusion Service Staff Meeting 5/18/23 | | |
| [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 promote Innovation | |
| Hospital Update | * Clinical trials TROOP, TOWAR, CRYONOW, PROPOLIS * TROOP hasn’t begun yet, there will be a new policy out before it does. There will be special paperwork that will need to be filled out regarding enrollment and there will be a clinical trial person in the ED helping with charting, etc. * Epic downtime 0200-0500 on Sunday 5/21 * Tube station – if it goes down, call engineering or the nursing supervisor on call. * The Joint Commission is due to show up this summer. They will give us ~1hr notice. Please review any emails I send out regarding TJC training. These may be on how to talk to inspectors, reminders to look for expired reagents, how long to leave cleaning reagents “wet” on the surfaces, electrical cords, etc. * There will be a new PSN system going live in the future. It looks interesting and much easier to use. | |
| Lab Update | * 2023 DOs * 1 MLS Lead nights begins 6/12, CLT2 day shift open – Jessica has decided to move to evening shift. * Title 21 cloud-based system (T21) * The document control portion will go-live May 25th. Every document and form have a new naming convention so all copies currently printed in the lab will get discarded. All policies that have been printed out for use on benches will only be valid for 24 hours and must be discarded. We will have the ability to create and track job aides so look for those to come in. The documents in TSL\_Documents will be retired, everything will be available electronically in T21 or in the master binders in the back of the lab. * The event (quality) portion will hopefully go live on June 1st. We are very excited about the new quality system – everything will be electronic so Gie shouldn’t need to get any papers. If you haven’t set up the general scanner (or have your own from the olden days) please meet with a lead, Gie, or Erin to get that mapped. If you don’t scan something and it is required, Gie can send it back to you for updates, don’t expect Gie to complete all the documentation for you. * November-ish will be the LMS module but we will set it for actual go-live on January 1st. We will be able to get rid of the notebooks in the back of the lab. We will get a few iPads to be able to track DOs electronically as they are performed. Once completed they will automatically assign a due date of 1 year from then. We will work on how to be able to deviate from that in case you get something earlier in the next year. * Platelet rotator parts are on order. * Ice maker part is on order. * New cell washer is on order. * CAP open window is 6/7 – 9/5 with a few random blackout dates. They will give us 1hr notice, which will actually be about 1.5 hours to HMC because the opening session will be at UWMC and then the inspectors will have to make their way over to us. The inspection times are usually 0800-1700. If you happen to get the call, please spread the word. This time around the inspectors are from ARUP in Salt Lake City. | |
| QA/Blood Utilization | * April utilization data, CT ratio 1.1 * RBC – 1 OD, 5 Wasted * PLTs – 2 OD * Plasma – 10 OD, 4 wasted * Cryo – 4 wasted * ALNW - 6 RBC + 13 plasma, 12 LTWB used * Medic One - 11 units Whole Blood used * Trauma Responses - 121 * QA update – * See HMC\_Documents folder for complete data * 134 preanalytical incidents – mainly sample rejections and duplicates * 15 TSL related errors * 0 FDA reportable errors * If you come across units that were not entered into SQ and when you find the ODR but SQ will not let you bring them in (too far in the past), place the units on the quarantine shelf and notify Erin. We can have SQ IT change to a longer previous stretch, enter the units, and then change it back. If you have performed component prep, please complete a downtime BCP form and place it with the unit. If it is a long weekend and it is a short date component, contact the DLMP IT on call. * If you need a courier, use the online portal because we can select the priority level (i.e. 3 hours vs 30 minutes). If you call it in and don’t specify, they will assign it to the highest priority and that is $$$. | |
| Staff Round Table | * If you take the last of something in a box, throw away the empty box. * If you take the last box, notify Brennan/Gie/Erin so we can order more. * If there is a note saying “notify Brennan/Gie/Erin when using” please notify us even if you think there is plenty on the shelf. There are always reagent and supply shortages in the summer and things you don’t think would be out (like plastic bags) may be backordered for months. * Biohazard vs regular trash. Gloves, orange wipes, and empty satellite bags from whole blood are regular trash and not biohazard. If it is dripping in blood, test tubes, or reagents, then it goes in the biohazard container. Double bags for platelets are biohazard because they still contain small amounts of platelets. If you are unsure, please ask a lead or MLS2.   May birthdays   * Kristine | |