

Morning Meeting Attendees: Crystal, Nina, Tayler, Kimberly, Tony, Miguel, Bing, Christy, Orlando, Michelle, Paula

Afternoon Meeting Attendees:

Agenda Item	Discussion
Staffing	<ul style="list-style-type: none"> • Day – 1.8 CLT2, 1.0 MLS, Welcome Kimberly and Dakota • Evening – 0, Welcome Geme as MLS Lead and Paula as MLS2 + Gina starting in 2 weeks • Nights – 1.0 MLS 1, 1.0 MLS Lead, Welcome Tony to nights. Oscar is leaving, position posted • Thank you everyone for coming in early to cover
Quality	<ul style="list-style-type: none"> • Seeing increase in Hemobank errors over the last several months – make sure to check status of unit in Blood Track Manager before allocating in SQ, and to release from both BTM and SQ when releasing. Also – <u>allocators should always be logged in to Blood Track Manager</u> and monitoring/acknowledging alerts <ul style="list-style-type: none"> ○ Sometimes the only alert we get of MTP at NW is the BloodTrack Manager alert ○ It is <u>our</u> responsibility to acknowledge alerts in BTM <ul style="list-style-type: none"> ▪ The units are ours (even if leave the premises) and are our responsibility • Completed Emergency Bleeding Logs (no blank spaces left) should be stored in the binder, in-use Bleeding Emergency Logs should be kept on the clipboard until there are not any blank spaces left and then filed in the binder. <ul style="list-style-type: none"> ○ This is where we get the data for MTPs so can't lose them. • FDA Reportables shot up in July. Went from 3 to 12. Majority were ABO interpretation. Please keep a close eye on ABORh interpretations. <ul style="list-style-type: none"> ○ BMTX: <ul style="list-style-type: none"> ▪ Patient can only be: <ul style="list-style-type: none"> • Original type • Donor type • NTD ▪ Any other result/interpretation needs investigation. Some Mixed Fields missed by the Vision but faintly there, verify history of patient and re-examine. ○ Huge decrease in missed issue! Thank you • Correction of errors on logs and forms – PowerPoint in MTS. • In general, seeing a lot of logs with blank spaces. Don't leave empty spaces on logs, get the info.
Safety	<ul style="list-style-type: none"> •

<p>Training</p>	<ul style="list-style-type: none"> • Title 21 Error Management Training was due 7/14/2023 – if you have not submitted it you are overdue, please see and approved trainer ASAP. • If you have a specimen involved in an NCE but you are NOT rejecting it, please enter “0” for the number of tubes rejected. (the field is required so put zero) • Please do not create an NCE or DEV if you do not need it – there is no way for Tayler to delete these. You can “repurpose” if you created by mistake • Please pay close attention to the “Point in Process where error <u>occurred</u>” and “Point in Process where error was <u>discovered</u>” fields. Tayler is seeing a lot of errors where “Component Receipt” is selected in error instead of “Sample Receipt” and vice versa. • When you log in to Title 21 at the beginning of your shift please check Forms>My Assigned Forms – This is where you will see events that you need to review, instead of Tayler coming to you with a paper to sign it will appear here – as always Tayler is more than happy to talk about an event with you (via phone, email, or in-person) just let Tayler know if you’d like to talk about it. • Document Control: <ul style="list-style-type: none"> ○ You <u>must</u> be able to read the document control info in the lower right corner ○ Do NOT photocopy any form. Print from Title 21 ○ Print only what you need ○ Watch out for individual printer settings cutting off forms. Ask for help if you don’t know how to fix it.
<p>Department Projects</p>	<ul style="list-style-type: none"> • eQMS Title 21 – Learning management, scan to front printer not available at this time – working with Lab Med IT to set up scan folder • CAP 2023 came 7/10/2023 <ul style="list-style-type: none"> ○ We passed ○ By and large a successful inspection ○ Issues were not specific to transfusion. <ul style="list-style-type: none"> ▪ Wearing PPE – Eyewear in particular <ul style="list-style-type: none"> • Eyewear when pulling segments and performing testing ▪ Error correction (Tech ID and Date) <ul style="list-style-type: none"> • Error correction has to be traced to who did it, when, and what the original entry was. • If there is not room for Tech ID, Date, and the correction then utilize the margin of the page ▪ Documents not fully filled out ▪ Safety: Document control of what was on the safety board • Request to move Transfusion Tag printer – IT says we have to replace the DOT matrix printer because it is difficult to fix. The transfusion records are a pain to change and obtain. We won’t move printer, it will probably go away. <ul style="list-style-type: none"> ○ Looking at Hematrax printers (like our 4x4 unit labels) • We are looking to get the lab AABB accredited, we are applying.



Sunquest/EPIC	
SOP Updates	<ul style="list-style-type: none"> • Title 21 Error Management policy effective – this can be a good resource if you get stuck. <ul style="list-style-type: none"> ○ Tables with guide for attachments
Other	<ul style="list-style-type: none"> • Employee engagement survey results <ul style="list-style-type: none"> ○ Only 50% participation <ul style="list-style-type: none"> ▪ Please participate, this can lead to changes ○ Will email the results and talk about them at the next meeting <ul style="list-style-type: none"> ▪ What can we do better ○ Wins and wishes survey under staff engagement tab in sharepoint (Tabs are at the top of the page) • Annual Competency Assessment – work on this throughout the year so it isn't stressful in December
Regulatory Discussion	<ul style="list-style-type: none"> • FDA: assesses component safety <ul style="list-style-type: none"> ○ We do processing so they inspect us <ul style="list-style-type: none"> ▪ If you only issue and return blood products, then they don't inspect. They will rely on CAP for inspections instead ○ Can close a lab if they deem it to be unsafe • CAP – international organization. Offer accreditation <ul style="list-style-type: none"> ○ CMS-CLIA license can be achieved through CAP or AABB membership <ul style="list-style-type: none"> ▪ Cannot run a lab without a CLIA license ○ CAP makes sure you are CLIA compliant ○ General Lab focus • AABB – similar to CAP <ul style="list-style-type: none"> ○ Specific to blood and biotherapy ○ Their word gets higher recognition with the FDA when it comes to blood ○ More accreditation shows a high commitment to quality and safety • Inspectors share their experiences when inspecting so you can learn a lot from the inspectors that come. If we have AABB inspectors, then we can get better, more targeted advice than the generalists from CAP.