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| HMC Transfusion Service Staff Meeting 11/16/23 | | |
| [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 encourage Collaboration and Teamwork | |
| Hospital Update | * Clinical trials TROOP, TOWAR * TROOP – only 3 sites currently enrolling patients nationwide so our enrollment numbers as a whole are lower than the study would like. * TOWAR has enrolled 50+ patients. * Non-clinical trial pathogen reduced 5-day cryoprecipitate is on hold until Dr White presents to the Transfusion Practice Committee. You cannot change the standard practice of patient care while in the middle of clinical trials (TROOP/TAP) so he needs to get everyone to agree. * Masking in patient facing areas will begin soon. This is due to RSV going over the threshold. Infection Control was meeting and will send out an update soon.   <https://kingcounty.gov/en/dept/dph/health-safety/disease-illness/facts-and-data/respiratory-virus-data> | |
| Lab Update | * 2023 DOs – please work on getting these completed, you have until the end of November because Dr Hess also has to sign these and I would like to give him time to review. * Printouts of old versions of policies and forms found sitting around. * No expiration or open date for QC that had been aliquoted. * Food brought to the break room through a door that said no food or drink. * Root cause analysis for a sentinel event did not have the effectiveness check completed. * Expired reagent not used for patient testing did not have a note declaring it as research use only or not for clinical use. * Thermometers used for backup during Temptrak outage were not validated. * Temperature alarm fired but not acknowledged or cleared for 24 hours. Unit had been cleaned out and was unplugged but no documentation of that. * Monthly QC not reviewed. * Open positions: 1 MLS Lead (eves), 1 MLS1 (hourly), 1 CLT2 (nights). We will begin interviewing the CLT candidates next week. No candidates for the hourly position and the lead position was just posted, there was some incorrect information in the job description (location = immunology) so once that is corrected I will email it out. * New day shift MLS begins 11/27. Kumiko comes to us after some experience being a traveler but also a few years working in Hawaii. * MLS students begin their rotations 11/20. We will have 2 on day shift for the 1st 4 rotations and the last rotation we have 1 on evening shift. * New transfusion tags coming early 2024. We will have double sided paper printed by the UW Printing service that looks sort of like our current transfusion tag but also has information on the back side about transfusion reactions. Then we will have a smaller zebra printer (closer to the size of the specimen label printers) that will print a 4”x6” label. The top 4”x4” of this label will go on the transfusion tag and the remaining 2”x4” part will go on the back of the unit. For uncrossmatched, the 4”x4” will go on the tag and we can discard the 2”x4”. We will try to use up most of our current transfusion tags at all 4 sites before we make the switch over. Marnie and Naomi will train the nursing staff on use. This means the old tag printer can go away and we gain all that space to use for something else. * New testing analyzer coming in 2024 but we will need to redesign parts of the lab because we are getting two (yay!). The thought is we will install one in late summer/fall and get everyone trained and up and running and then in December 2024/January 2025 have the tango removed and install the second new analyzer. We will most likely be going to the Grifols Eflexis which is gel. They will be sending a manual work station so we can spin the cards before use, we will stick with manual tube testing as well. Unclear at this time if we will stay with Bio-Rad manual testing reagents or if we will move to another vendor.   <https://www.diagnostic.grifols.com/en/erytra-eflexis/overview>   * Portable refrigerators are not for storing trauma packs during shifts. When a trauma is paged, go to the larger refrigerator, pull the paperwork, and timestamp it, place the units in the portable. When returning from a trauma, the packs are removed, the paperwork replaced, and the units placed back into the large refrigerator. The portable refrigerator is then cleaned. Again – trauma packs are not be placed into a portable at the beginning of the shift and removed (or forgotten as has been the case) at the end of the shift. * Trauma paperwork must be completed, there is a policy. See a lead if you have questions. * Scan folder – this can be seen by anyone in DLMP so please make sure you are deleting your scans after you have attached them to your NCE or DEV. * \*forgot to mention in meeting\* - Pasco location has been archived in SQ, products go under Yakima and they are in charge of keeping the data on which flight crew uses. | |
| QA/Blood Utilization | * October utilization data, CT ratio 1.1 * RBC – 1 OD, 5 Wasted * PLTs – 4 OD * Plasma – 1 OD, 6 wasted * Cryo – 0 wasted * ALNW - 6 RBC, 8 plasma, 3 LTWB used (lower than last month) * Medic One - 15 units LTWB used (lower than last month) * Trauma Responses – 99 (lower than last few months) * QA update – * Any credo cooler returning blood issues should be just a DEV and not an NCE. This is so we can forward to a medical director for review and approval. Please write the DEV number on the cooler log so we can refer back to it when we are inspected and also so others know one has been placed and don’t place a duplicate. * If you create an NCE in error but have not submitted it; delete out all the information and use on your next NCE. We don’t run reports by the NCE number (date), they are run by date of occurance. * If you are entering a sample rejection NCE, don’t put yourself as “Lab Personnel Involved”, this is for the person who collected the sample. We know who enters the NCEs. * Any time an equipment breaks (ice machine, tango, refrigerator, etc) place an NCE as an Analytic NCE. Then document on the instrument out of service form so everyone knows. * If you have an NCE returned to you for fixing, you will get an email. Please complete and send back to HMC Compliance Analyst ASAP. | |
| Staff Round Table | November birthdays   * Dan | |