## **EINSTEIN MEDICAL CENTER-CHEMISTRY**

**SUBJECT:** CHEMISTRY STAFF MEETING

ATTENDEES: JENNIFER LORE

DATE: NOVEMBER 14<sup>TH,</sup> 2016

## **AGENDA**

CATEGORY	TOPIC	ANNOUNCEMENT / UPDATE	DISCUSSION
TECHNICAL CHEM	<ol> <li>HEP C at EP</li> <li>Urine forms</li> <li>Osmo</li> <li>CAP Inspection Window</li> <li>Biennial Procedure Review</li> </ol>	<ul> <li>Urine/ Serum HCG Procedure &amp; QC Change started 9/1/2016 – Please do not write anything in the log unless you are actually performing the QC. (i.e. don't record Date, Same lot, Same lot). Reminder: Urine and Serum HCG only should be performed when you open a new box. We should be documenting on the log sheets 2-3 times a month.</li> <li>Starting September 19<sup>th</sup> we started a trial on Osmo resulting.         <ul> <li>290STD will no longer be resulted in Cerner. Only record this data on the log sheet.</li> </ul> </li> </ul>	The hcg and osmo 290 STD have been deactivated in Cerner QC.
	6. Aramark for Urine Service 7. Troubleshootin g UA analyzer 8. Instrument Downtime Documentation 9. Media Lab Software 10. Naming Convention for baby specimens 11. Supervisor Office	<ul> <li>Urine and Serum QC will only be entered directly into Cerner, no longer on the log.</li> <li>Our CAP inspection window is opening up in January 2017 but we should be prepared at all times. <ul> <li>All checklist and logs should be updated in real time.</li> <li>If you have paperwork from prior to 2015 please make sure it is removed from the laboratory.</li> <li>Please do not print out procedures or Job Aids and leave them in the drawers or laying around.</li> <li>If you preprint forms and hoard them, please go through your paperwork to ensure they have the updated form number to match the H drive. All others discard immediately.</li> </ul> </li> <li>On December 15<sup>th</sup> we will be rolling out our Biennial Procedure review. Each procedure binder will have all changes that have been made in the past two years. Each tech will need to sign off on this document for CAP compliance.</li> <li>If the Urine analyzer goes down, you need to contact Aramark. We are waiting on a service contract.</li> <li>If you are having trouble with the Urine analyzer and you call Aramark or Service you must record the issue and troubleshooting done in the Trouble shooting log on the</li> </ul>	<ul> <li>Procedure         review –         example would         be         Acetaminophen         has changed         from version .02,         .03, .04, and is         now on .05.</li> <li>Aramark will         need to provide a         PO # for         Siemens to come         out to fix the         analyzer.</li> <li>Discussed</li> </ul>

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		<ul> <li>Urine Bench.</li> <li>The urine person also must sign the communication binder and place any issues in it.</li> <li>We are tracking instrument downtime each month for each analyzer (includes Storage module, track, IM) Please make sure you are documenting instrument down times with time it went down and time it came back up.</li> <li>In January 2017 we will be going live with MediaLab. It is a web based site that all the procedures, forms, documents will be keep on. We will be going paperless in the lab.</li> <li>The naming convention will be Last Name, Mother's First Name + Gender + Letter for Multiples For example, Jane Smith would have twin girls named as Smith, JanegirlA and Smith, JanegirlB Jane Smith with a single boy would be Smith, Janeboy (Go Live Date to be determined)</li> <li>When I am not onsite my door should be shut and locked. No one should be disengaging the lock on my door. The only times my door should be opened would be to get an ICT module, or Foil Sealer. There is confidential documentation in my office.</li> <li>PCT TAT needs improvement. All 3 shifts.</li> <li>We need to work on tat for Screen8 and Troponins. We are just barely making the TAT. 2<sup>nd</sup> shift had trouble with Troponin in October.</li> <li>Documentation is a MUST! Not signing off on maintenance, daily checks or QC is unacceptable. We should not have to follow behind techs or tracking down for signatures. Documenting patient results is a requirement! If you perform a Competency Sample you must leave the original in the patient log book and photocopy the result for your competency records.</li> </ul>	<ul> <li>Please do not leave paper work on my desk. Please leave everything in my door.</li> <li>If you do need to leave me print outs or items that need to be followed up on please provide details and your name so I know who is leaving me the paper work and what I am looking at. Do not leave me a screen shot of an issue with no explanation.</li> </ul>
Goals	Chemistry Goals	GOALS FOR OUR DEPARTMENT INCLUDE THE FOLLOWING:  • Goals for Chemistry Department  ○ Troponins are now >88% within 55 minutes  ○ Screen8 >88% within 55 minutes  ○ BNP >88% within 60 minutes  ○ PCT >88% within 45 minutes  ○ Time to cancel samples after they reach the lab for hemolysis, QNS is now being tracked.  What can we do to make these goals? What are your suggestions? What are the issues you are seeing?	• Second shift dropped to 83% this past month. What issues are you having?

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EMPLOYEE ISSUES/ Competency	1. EMCP- employees due for competency Evaluations	<ul> <li>Please remember it is your responsibility to provide the supervisor with all necessary documentation for your competency. Chanh, Loretta and Chris will still provide staff with the unknown samples. Anyone who is competent may observe and sign you off on the duties. It does not have to be Chanh, Loretta or Chris.</li> <li>We will be using the MedTraining.org website. Competency quizzes will be assigned at the beginning of your competency month. You will have till the end of the month to complete the quiz and be competent.</li> </ul>	• Discussed
HOSPITAL NEWS	<ol> <li>Overtime         Approval</li> <li>Overtime         forms</li> <li>Rapid         Response</li> <li>Healthcare         Business         Briefing</li> <li>Harvest Ball</li> <li>Healthcare         Business         Literacy         Training</li> <li>Groupwise to         OWA         Conversion</li> <li>Aramark</li> <li>ED         Throughput</li> </ol>	<ul> <li>Remember you need a supervisor's approval to work over your scheduled time. This is even if it is 15 minute. You need to request approval prior to staying, do not come and let us know that you stayed and it is after your scheduled time.</li> <li>Employees must complete a Voluntary Overtime Acknowledgment Form for each voluntarily worked shift that they accept that is outside of the agreed to, predetermined and regularly scheduled work shift. (Appendix A). Managers must retain the completed Voluntary Overtime Acknowledgment Form for three (3) years. Sheets will be located by the schedules in a separate bin. For those of you that are helping pick up shifts please remember to complete the voluntary overtime form.</li> <li>Rapid Response <ul> <li>Code Blue-patient, employee, visitor not breathing-any area attached to the hospital-ex Klein</li> <li>Emergency Response-Is an emergency other than cardiac, seizures, etc., these are termed emergencies not life –threatening-ex. Pt who comes to a physician office. Team will do a scoop and run and take the pt. to the ED. Security is the common denominator</li> <li>RRT-Rapid Response Team-EMCP for inpatients only-EP-is for inpatients and outpatients</li> </ul> </li> <li>Healthcare Business Briefings: Over the next few months All staff will be required to attend the Healthcare Business briefings. Please stay tuned for the assigned days. Mandatory "Healthcare Business Literacy Training" - all full time/part time employees must attend.</li> <li>This year's Harvest Ball is dedicated to telemedicine.</li> <li>Einstein will convert from Groupwise to Outlook 11/11/16. Icon will be on desktop when you come in on 11/14/16</li> <li>John is no longer with Aramark. We are still waiting for a replacement.</li> </ul>	• Discussed

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		• Committee that is reviewing the patient progression throughout the organization; It was suggested that a patient tracker be done where someone sits with a patient and time everything that is done. The purpose of this is to show bottle necks and identify opportunity for improvement. STAT-TAT is 60 min once the specimen is received in the lab. Make sure you are canceling in a timely manner (hemolysis, QNS)	
SAFETY	1. Fire Extinguisher Training 2. Zika Testing	Lisa is leading our Saftey training that is currently due now. If you have not completed the Fire Extinguisher and Fire Walkabout, please see Lisa to arrange training. This is mandatory for all staff and must be completed by 12/1/2016.  NOTE: The following information pertains only to EMCP/EMCEP patients.  I. For inpatients (and outpatient clinics in Klein building):  1) The ordering clinician will review the Zika Virus Testing Guidance form and algorithm which will be available on the E-Net to determine if the patient meets criteria for Zika virus testing.  2) The ordering clinician will contact the PA Department of Public Health at 1-877-PAHEALTH or the Philadelphia Department of Public Health 215-685-6742. The Department of Health will review the patient information and determine whether or not the patient meets criteria for testing.  3) The clinician must complete the Zika virus laboratory submission form which must be sent along with the specimen. The Zika Virus Laboratory Submission Form will also be available on the E-Net. Samples will not be accepted by the laboratory without a completed form.	• Discussed
HUMAN RESOURCES	<ul> <li>3. Open Positions Vacancies</li> <li>4. Closed Vacancies</li> <li>5. Attendance Policy and PSL</li> <li>6. Health Steps</li> <li>7. Flu Compliance</li> </ul>	<ul> <li>Lab - Open Requisitions OPEN REQS. – EMCP/EP</li> <li>Open Positions-         <ul> <li>Req 12746 21408-QA Manager Laboratory Lab Administration replacing Jaclene Kokoszka</li> <li>Req #-21412-PRN Central Processing Clerk replacing Christine DelCotto</li> <li>Req #-21412 Replacing Dunja D in Central Processing</li> <li>Req #14698-21404-Lab technologist replacing Maria Torres-75 hrs. 12-8pm-Awared to Debbie Pommels. Debbie will move to this position once her position has been filled</li> <li>Req #14697-21404-Lab technologist replacing Michelle Mckenna-64hrs</li> <li>Req#-21420-PRN-EP - Lab technologist replacing Terence Loughran</li> </ul> </li> </ul>	• Discussed

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		As you are aware the new attendance policy has been removed and the point system has been canceled. Unscheduled absences, early departures, and lateness will be tracked as occurrences/episodes of absences under the previous Attendance & Punctuality Policy (HR025.2). In addition, as of right now anything over the oneminute start time is still considered late.	• Discussed
		Healthy Steps are due soon. Please make sure your appointments are scheduled in advance. Don't wait to the last minute. Due by 11/30/2016.	
		Flu Shots must be completed and submitted by November 15 <sup>th</sup> , 2016 to be compliant.	
SLR	• SLR	What tools do you need to do your job?	Everyone stated there
		0	was nothing they need.
Studer	Relaunching of Standard of Behaviors	Each week, you will receive an email highlighting one of the Standards of Behavior that you can put into action. The Einstein Code of Conduct focuses on five areas: Respect, Empathy, Responsibility, Affinity, and Integrity. Our Standards of Behavior outline how employees can put our Code of Conduct into practice.	• Discussed
Trauma Informed	Trauma     Informed	Being Trauma Informed and knowing how this impacts our team and the services we provide.  Sasha explained what was presented at the LDI, presentation should be available on the enet. The person who presented the information is also participating in ground rounds	• Discussed