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## LABORATORY HUDDLE MINUTES CHECK-IN

Laboratory Huddle Date:	11/27/17	The purpose of the	e huddle is to:
Days Since Last Lab Huddle:  Section:  Reporting Lab Staff Name(s)	90 days  Blood bank	important u  2. These mee informatior of collectiv  3. This is not priorities w	nber shares their number one priority of the day and updates. etings keep team members informed of important n, help hold people accountable, and allow for sharing e intelligence. the time to solve problems, however sharing issues or ith the team will lead to sharing of ideas and solutions once the meeting is over.
Good News to Share: AABB Inspection-Window opens Jan 2018-Mar 2018.  -Staff will continue to assist in preparation. = by reviewing data.  -Dr. Bala will perform specimen tracer on BB staff AABB inspector will:  Select an SOP and observe its performance. Verify that the procedure is performed per the facility SOP and regulatory and accreditation requirements.  ALL TESTING MUST BE PERFORMED EXACTLY AS WRITTEN IN SOP!! STUDY!  -Reagent QC -Revised SOP BBQC01-001.8.0		<ul> <li>As preparation for AABB Dr. Bala will perform a specimen audit in January 2018. She will observe from receipt of specimen to testing.</li> <li>You must follow sops EXACTLY as they are written. WHENEVER in doubt, please refer to the applicable policy. You can do this as ANYTIME!</li> <li>QC (Quality Control) is done to identify whether something works as it was intended. ALL QC must pass before the item (reagent, equipment, etc) can be used. Take out of USE when QC has failed and/or is incomplete.  Example: If you are unable to finish QC on a reagent- That reagent must be taken out of use until QC is acceptable.</li> <li>Reagent QC policy BBQC01-001 has been revised for clarification on how to handle reagent QC failures.</li> <li>Pettina &amp; Dr. Bala discuss Trauma issue with Dr. Cashmere and Dr. Raspberry with Dr. Kaplan.</li> </ul>	
Recognition: Trauma Drill #2- Great JOB! 11/7/17		<ul> <li>We had our 2<sup>nd</sup> Trauma Drill 11/7/17.</li> <li>One unit of blood was requested for the first trauma patient. While the label verification process was taking place, the patient was being rolled out to the OR. The blood was placed back into the cooler.</li> <li>A second trauma entered the trauma bay. Two units of blood was requested. The armband was</li> </ul>	

verified and the blood was issued.

• 2 units of RBCs, 2 plasma, and 1 platelet was requested by the attending when the blood bank tech was released. • Blood bank tech returned to the blood bank and prepared the products. The blood bank called the ED to notify them that the blood was ready for pick up. • The OR came to the blood bank with a yellow slip for Trauma #1 and no products indicated on the slip. This was an error as the products were ordered for Trauma • The OR tech called the OR to verify who the products were for and what was needed. • The drill was called off and this was documented as an error. **Blood bank review:** • The blood bank tech and recording nurse did not sign the Emergency release form verifying that the armband matched the labels. Blood bank did a great job in the ED. They spoke up and did what they had to do. All blood bank staff must SPEAK UP, GET IN THERE, **BE CONFIDENT and** PROFESSIONAL because you **CONTROL** the blood products and you are a VITAL part of the TRAUMA TEAM. **Staffing Issues:** • The point person is the Recording Follow up from last meeting: nurse as of now. • Dr. Kaplan and Trauma Coordinator were notified that we do not use the term MTP for bleeding patients. It was explained that ONLY the blood bank can activate the MTP. Trauma coordinator is working on the large amount of people in the trauma bay during traumas **Instrument / Equipment Issues:** NA

Specimen Related Issues – Patient ID Errors:	
NA	
Processing / Reporting Delays:	
NA	
<b>Customer / Patient Complaints:</b>	
NA	
Facilities / Environmental Issues:	
Other:	

