

## EINSTEIN MEDICAL CENTER-HEMATOLOGY

**SUBJECT:** HEMATOLOGY MEETING

**ATTENDEES:** DAVID HINKLE

**DATE:** JANUARY/ FEBRUARY 2018

# AGENDA

CATEGORY	TOPIC	ANNOUNCEMENT / UPDATE	DISCUSSION
Mission Stories	1. Mission Story	<p>1. Does anyone have a story they would like to share that connects to Einstein's Mission Statement?</p> <p>Einstein's Mission: With humanity, humility, and honor, to heal by providing exceptionally intelligent and responsive healthcare and education for as many as we can reach.</p>	No stories were shared.
TECHNICAL HEME	<p>1. Changes to cancellation policy</p> <p>2. Path review</p> <p>3. BF slides</p> <p>4. Communication binder</p> <p>5. Maintenance Logs</p>	<p>1. Due to an issue with a cancelled specimen we are updating/changing the process for specimen cancellations. The procedure will be rolled out in media lab as a major revision.</p> <p style="padding-left: 20px;"><b>A. When calling it is imperative that the persons first initial and last name are documented for the cancellation using the code "CANC".</b></p> <p style="padding-left: 20px;"><b>B. When for any specimen issues a test is canceled the Lab must reorder the test in Department order entry.</b></p> <p>2. Pathology Review Cases from Friday at 4 pm on should be left in the bin for the pathologist on the hematology service on the upcoming Monday. TEG path reviews do not require a patient printout from the machine.</p> <p>3. Updates regarding body fluid slides procedure. Sismex slide stainer is acceptable for use. Always use your judgement for slide quality.</p> <p style="padding-left: 20px;">A. Make slides as needed ex: start with one then a dilution if you determine you need one. Discard the slide that was determined to be unacceptable for differential.</p> <p style="padding-left: 20px;">B. If you have more than one slide that you keep you must scan both, and if a path review is required all slides must be submitted to the pathologist. Mark the slide that the differential was performed on.</p> <p>4. Make sure you are writing in the Communication binder, even if everything is okay, indicate OK. The next shift should also be reviewing the communication log at the beginning of each shift.</p> <p>5. Documentation on maintenance/check off sheets is still an issue. Make sure before you leave for the day everything has been double checked.</p>	<p>Follow up. Process for reordering to go live April 2 2018.</p>

CATEGORY	TOPIC	ANNOUNCEMENT / UPDATE	DISCUSSION
General Hematology Updates	<ol style="list-style-type: none"> <li>Lunches and breaks</li> <li>Reagents and Supplies</li> <li>Labeling</li> <li>Filing slides</li> <li>Coag Confirmation</li> </ol>	<ol style="list-style-type: none"> <li>Breaks are to be 15 mins and only if work and staffing allows. Lunches are 45 minutes. Please review HR policy about breaks/lunches. If you do not get a lunch/dinner break you are responsible to enter it in the Kronos log book with the reason no lunch/dinner allowed. Remember missed breaks should be approved by a Supervisor.</li> <li>Restock benches for the next shifts. If something is empty, please restock the shelves. If you receive reagents, please use the log sheets by the eyewash station. Expiration dates, lot numbers and quantity are required. Also make sure reagents and supplies away and initial the sheet to show you performed the task</li> <li>All Reagents must be initialed and have the date and time of reconstitution and expiration. We will continue to monitor this, if the issue continues we will have to start having each shift check all reagents and write a DDR for the previous shift.</li> <li>Each shift is responsible for filing their slides in the slide box.</li> <li>All Coags that fail linearly and are in blue need to be repeated and confirmed on the analyzer as per the procedures.</li> </ol>	<p>We will be assigning the task of reagent receipt/ putting away to the special bench on dayshift.</p>
DDR	<ol style="list-style-type: none"> <li>Review of DDRs and PSN</li> </ol>	<p>Each month I will provide you with an overview of the DDRs that were submitted for the Hematology department.</p> <p><b>Remember if you find errors you must fix the error and write a DDR.</b></p> <ul style="list-style-type: none"> <li>January DDR: <ul style="list-style-type: none"> <li>Hematology found 1 mislabeled specimen from the floors.</li> <li>1 MCV deltas not investigated properly</li> <li>2 Clerical errors.</li> </ul> </li> <li>February DDR: <ul style="list-style-type: none"> <li>Will review in March meeting</li> </ul> </li> </ul> <ul style="list-style-type: none"> <li>If you investigate MCV delta remember specimen check is not a valid investigation.</li> </ul>	
QA	<ol style="list-style-type: none"> <li>Hematology Goals</li> </ol>	<ul style="list-style-type: none"> <li>ED Coag TAT - Target 90% RESULTED WITHIN 40 MINUTES OF RECEIPT-at 88% for September</li> <li>Stat Coag (Hospital) TAT - Target 90% RESULTED WITHIN 50 MINUTES OF RECEIPT</li> <li>ED CBC Stat TAT - Target 90% RESULTED WITHIN 40 MINUTES OF RECEIPT</li> <li>Stat CBC (Hospital) TAT - Target 90% RESULTED WITHIN 50 MINUTES OF RECEIPT</li> <li>Stat Hepnomo TAT - Target 90% RESULTED WITHIN 45 MINUTES OF RECEIPT</li> <li>Stroke Stat CBC TAT- 92% RESULTED WITHIN 30 MINUTES OF RECEIPT</li> <li>Stroke Stat Coag TAT- 92% RESULTED WITHIN 30 MINUTES OF RECEIPT-87% in August. SS not being announced by ED/CP. Please write DDR's when SS is unannounced to the department. In September only 3/40 Tests were announced. We will be discussing with the ED workgroup.</li> <li>Correlation of Body Fluid to Cytology - Target 100% CORRELATION</li> </ul>	<p>discussed</p>

CATEGORY	TOPIC	ANNOUNCEMENT / UPDATE	DISCUSSION
		<ul style="list-style-type: none"> <li>o Critical Results Called – 100% COMPLIANCE WITHIN 60 MINUTES OF RESULT</li> <li>o Critical Results TAT – Target 92% WITHIN 60 MINUTES OF RESULT</li> <li>o Corrected Reports – 98 % COMPLIANCE</li> <li>o CAP – 100% COMPLIANCE</li> <li>o <b>Cancelation of hemolyzed Screens8 and Troponins for the ED within 1 hour</b></li> </ul> <p>We met all previous goals and have set new goals that are geared toward challenging ourselves and improving customer satisfaction.</p> <p>What are the issues you are seeing?</p> <ul style="list-style-type: none"> <li>o <b>GPS</b> – stands for <b>Growth, Professionalism, Service</b>. This is how we project ourselves to our clients (Critical care and ED floors)</li> </ul>	
EMPLOYEE ISSUES/ Competency	<ol style="list-style-type: none"> <li>2. GPS</li> <li>1. EMCP- employees due for competency</li> </ol>	<ol style="list-style-type: none"> <li>1. Please remember it is your responsibility to provide the lead tech/supervisor with all necessary documentation for your competency. Ashley, Loreta, and Chris to 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 Ashley Loreta or Chris. <ul style="list-style-type: none"> <li>• The goal is to have all paperwork and competency quiz by your due date.</li> <li>• We will continue using the MedTraining.org website. Competency quizzes will be assigned at the beginning of the year. You will have till the end of the month to complete the quiz and be competent.</li> <li>• Health Stream will replace the E2.</li> </ul> </li> <li>2. Review of new procedures/ Meeting minutes must be completed within 30 days of assignment. Supervisors will be monitoring and this will be a part of the annual evaluation.</li> <li>3. On the H drive we have 3 student presentations that staff can review the PowerPoints, and answer the questions. You may also take any of the Med training continuing ED for CEU.</li> </ol>	
HOSPITAL/LAB NEWS	<ol style="list-style-type: none"> <li>1. Premier Patient Services</li> <li>2. Lab Budget</li> <li>3. JACHO</li> </ol>	<ol style="list-style-type: none"> <li>1. Please see the attached information about a concierge program created for Board Members and their families by the Development Office.</li> <li>2. Supervisors will be calculating monthly expenses. The totals for 720100 and 720200 will be posted under the finance section of the Studer boards.</li> <li>3. We are in the JACHO inspection window. Reminder to wear all PPE, keep areas neat. See attachments for preparedness tips.</li> </ol>	
GOALS	FY 2018 Pillar Goals and Tactics	<ul style="list-style-type: none"> <li>• Rounding with nursing. LL rounded with June Smith who stated Levy 7 had no issues with lab values or TAT.</li> <li>• We will be monitoring how staff answer the phone. Three rings as well as greeting.</li> <li>• Lab Leadership will continue with Rounding on nursing to help improve the communication between the floors and the lab.</li> </ul>	

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Education	1. Continuing ED board	<ul style="list-style-type: none"> <li>• Heal stream replaced E2: Annual safety assignments will be received via Health Stream. Additional educational opportunities are available in the Health stream course catalogue.</li> <li>• Please review the continuing ED board in the hallway by the quality dashboards. Also Education available at the academic's section by the Studer Board.</li> <li>• 4 credit hours are required per year.</li> </ul>	
HUMAN RESOURCES	1. Open Positions/ closed Vacancies	<p style="text-align: center;"><u>Lab - Open Requisitions OPEN REQS. - EM/CP/EP/EN/CM</u></p> <p>21400</p> <ul style="list-style-type: none"> <li>• Req #17508-21400 PT-Medical Secretary II-Replacement of Dora Venezia</li> <li>• Req#-Replacement of Riptee Thakur</li> </ul> <p>21404</p> <ul style="list-style-type: none"> <li>• Req 17271- PRN Micro-21404-Replacing Manjoub, Mongi</li> <li>• Req 17974- PRN Micro-21404-Replacing D'occhio, Ninamari</li> </ul> <p>21406</p> <ul style="list-style-type: none"> <li>• Req #17602-21406 PRN Med Tech replacement of Alexa Martin- offer pending</li> <li>• Req 17270-Lab Tech-21406-Replacing Jenny Van Merssenberger-30hr <b>AWARDED TO HAI NGUYGEN START DATE 1/6/18</b></li> <li>• Req 16938-PRN-21406- STAT Lab- offer pending</li> <li>• Replacing Meta Torres <b>AWARDED TO NADIA NICOLE GOODE START DATE 1/2/2018</b></li> <li>• Req #17499-21406-PRN Tech replacing Jonathan Lam-</li> <li>• Req #17500-21406 PRN Tech replacing Jose Ramirez <b>-AWARDED TO EXTERNAL (REHIRE) PHUONG NGAN NGUYEN START DATE 2/6/18</b></li> <li>• Req # 17949 21406 PRN Tech replacing Martina Davis</li> </ul> <p>23809</p> <ul style="list-style-type: none"> <li>• Req #17885-23809 FT Transplant Tech replacing Sarah Morris</li> </ul>	Discussed
HUMAN RESOURCES Continued	2. Incidental OT	<ul style="list-style-type: none"> <li>• Reminder: you need a supervisor's approval to work over your scheduled time, including working through lunch. This is even if it is 15 minute. <b>You need to request approval prior to staying.</b></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 are 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> </ul> <p>•Unless approved by a supervisor you may only clock in 6 mins prior or 6 min after your scheduled shift.</p>	

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	3. Missed Swipes 4. FMLA	<ul style="list-style-type: none"> <li>You must have your id at all times. Proposal to HR- if you fail to swipe twice in one month it will be a verbal warning. Three times will result in a first step write up.</li> <li>FMLA Process: If you are going to be out greater than 5 days you must apply for FMLA. The FMLA documentation serves as a doctor's note with the date the employee is out and the date the employee returns to work. It is your duty to complete this paperwork with HR.</li> </ul>	
STUDER	SLR  Studer  Standards of Behavior	<ul style="list-style-type: none"> <li>What tools do you need to do your job?</li> <li>Rounding – does everyone know what Rounding is? This is where your leaders (lead techs, supervisors, managers) ask you how everything is going, what is going well, what tools or supplies you need to do your job, any improvements you would like to suggest, and if there is anyone you would like recognize.</li> <li><b>Standard Stars Program will replace the Caught in the Act Card-Maria is the ambassador for the EMCPIEP lab.</b></li> <li><b>Stars will be given out to any employee who goes above and beyond</b></li> </ul>	Backrests requested Supervisors are following up with purchasing regarding lab coat quality. Store room orders continue to be under supplied by store room.
Employee recognition	1. Employee of the month  2. Day to Days	<ul style="list-style-type: none"> <li>Employee of the month-please continue to nominate coworkers. In recent months only one nomination has been received.</li> <li>If you see a coworker deserving of a day to day for going the extra mile, please notify the supervisors the person and what they did that was extraordinary.</li> <li>Dr. Debra Copit was part of a segment by U.S. News &amp; World Report about whether women should continue to have regular mammograms after age 74 as well as results of Dr. Copit's recent study which showed that women prefer to have a mammogram every year rather than every two years.</li> <li>The Moss/Rehab/ Moss Rehabilitation Research Institute Aphasia Center and support groups were featured in a lengthy piece about Aphasia on WHYY's "The Pulse" Health &amp; Science program.</li> <li>The Philadelphia Gay News announced that the Pride Program at Einstein Medical Center Philadelphia was awarded two grants to expand its services.               <ul style="list-style-type: none"> <li>Lead techs will serve as the lunch buddy.</li> </ul> </li> </ul>	
Good News			
Lunch Buddy		<ul style="list-style-type: none"> <li>Departments that don't have a lead AP/CP please choose an employee.</li> </ul>	

**Einstein Healthcare Network  
Executive Offices  
Memorandum**

To: Urban Core Leaders  
From: Ruth Lefton, Chief Operating Officer  
Date: December 13, 2017  
Subject: Lunch Buddy Program

We are excited to be implementing a recommendation from the Employee Advisory Group to create a Lunch Buddy Program for our new hires at New Employee Orientation (NEO). Starting with the December 18, 2017 NEO, all hiring managers should select a representative from their department to have lunch with their new hires at orientation.

**Next Steps for Hiring Managers:**

- Starting with the December 18, 2017 NEO, please send a representative from your department to have lunch with your new hire at the new hire's NEO session
- NEO lunch is held in Gouley Auditorium from 12:15pm to 12:45pm; a complimentary lunch will be provided for department representatives
- During the "new hire welcome" phone call let the new hire know to expect a lunch buddy at orientation
- Provide your representative with department specific details to share with your new hire, especially information about what the new hire should expect on their first day in the department (use topics from the Leader Tool for Orienting New Hires available on <http://hr-info/index.cfm/tools/leaders-toolbox/>)
- If you have difficulty selecting a lunch buddy, coordinate with a management peer to assign a representative from a relevant department; Human Resources representatives will be at each session to partner up with new hires during lunch if needed
- Ensure your department representative is ready to give a warm welcome to your new hire and help prepare them for their first day
- Participation with the Lunch Buddy program will be tracked at each NEO session and new hires will be surveyed about their experience

Please review the attached overview of the Lunch Buddy Program for additional details. If you have any questions, please contact your Human Resources Service Specialist. Thank you in advance for your commitment to using this program and enhancing our employee experience starting with their first day.

**EINSTEIN MEDICAL CENTER  
TJC, CAP AND DOH POSSIBLE INSPECTOR QUESTIONS IN THE LABORATORY**

<b>Possible answers</b>	<b>Possible Inspector Questions</b>
Patient data access is limited through appropriate authorization and password protection Monitors turned away from public view Do not discuss PHI in public areas, elevators, hallways, cafeteria, etc Documents that contain PHI are placed in shredding containers	How do you respect patient confidentiality?
Name and MRN or Name and DOB For BB it includes the FIN number	What two patient identifiers do you use?
Attend to patient and call for medical assistance Notify supervisor Complete an event report- DDR & Hospital Event Report	What would you do if a patient falls or sustains an injury?
No verbal orders taken in the lab.	What is the process for verbal orders?
Wash with soap for 15 seconds	What are the CDC hand washing guidelines?
gloves mask disposable lab coats shields/goggles	What types of PPE do you use?
Wash hands immediately Report occurrence to supervisor immediately Complete DDR & Hospital Event Report	What do you do when you get a needle stick?
Deviation Discovery Reports (DDR)	What is the labs internal reporting system called?
Patient Safety Net (PSN)	What is the hospital event reporting system called?
DDR- Located on the H drive and paper copies in all departments. PSN on the desktop.	Where are they both located?
human blood human waste specimens	What is considered biohazardous waste?
RACE (rescue, alarm, contain, extinguish) PASS (pull, aim, squeeze, sweep) call 6-6911	What do you do in case of a fire?
Biomedical engineering label with asset tag number and date last checked	How do you know equipment is safe to use?
Monitoring of specimen TAT, Blood culture contamination rates, Unacceptable specimens, event reporting, improvements in service dashboard, etc	What Quality Improvement projects are done in the lab?

**EINSTEIN MEDICAL CENTER  
TJC, CAP AND DOH POSSIBLE INSPECTOR QUESTIONS IN THE LABORATORY**

<p>1. Improve the accuracy of patient Identification - use two identifiers                  2. Improve the effectiveness of communication among caregivers - critical test read-back, timeliness of reporting and receipt of critical values</p> <p>1. Improve patient and sample identification                  a. At the time of specimen collection                  b. At the time of analysis                  c. At the time of results delivery                  2. Improve the verification and communication of life threatening or life altering information regarding                  a. Malignancies                  b. HIV and other infections                  c. Cytogenetic abnormalities                  d. Critical values</p> <p>3. Improve the identification, communication and correction of errors                  4. Improve coordination of the laboratory patient safety role within healthcare organizations (nursing, administration, POCT personnel, providers)</p>	<p>What are the National Patient Safety Goals?                  JCAHO</p> <p>CAP</p> <p>What is the process for reporting critical test values?                  Critical values are called to the Nursing unit or physician                  Read back is solicited                  Document in the LIS that results was call to and read back by...with date, time</p> <p>What do you do if you have an unacceptable specimen?                  Call the caregiver and notify them of the cx and cx the specimen in AECIS.</p> <p>Are countertops need to be clean and free of clutter?                  All areas should be free of clutter.</p> <p>Are all materials 18 inches from ceiling to top of supplies etc?                  All materials should be 18 inches or more from the ceiling.</p> <p>Are there any boxes on the floor?                  Floors should be free of clutter and items should be propped off the ground.</p> <p>Are computers signed off when unattended?                  They should always be signed off when unattended.</p> <p>Where the fire extinguishers, RED (Fire) pull boxes AND emergency telephone numbers are located?                  The fire pull is located by the BB entrance, the fire extinguishers are located in every lab and the emergency numbers are located on a list on every telephone.</p> <p>Where can you find the SDS?                  It is an icon on the desktop looks like a Rubics cube.</p> <p>Is there any FOOD or DRINK IN LABORATORY?                  There should not be any food or drink in the lab.</p> <p>Are gloves and/or PPE discarded within the lab into the regular trash if not soaked with body fluids when exiting the lab?                  All PPE should be removed prior to exiting the lab. Anything soiled with bodily fluid should go in the Biohazard waste, everything else goes into the municipal waste.</p> <p>Are ID cards on everyone and above the waist?                  All ID cards should be on every employee and above the waist.</p>
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**EINSTEIN MEDICAL CENTER  
TJC, CAP AND DOH POSSIBLE INSPECTOR QUESTIONS IN THE LABORATORY**

Where can you find hospital policies and procedures as well as the Guide to Laboratory Services?	E-net has hospital, ED policies and the Guide to Laboratory Services.
Where can Lab policies and procedures and forms be found other than the paper copies in each department?	H Drive has laboratory policies, procedures, safety inspections, quality data and forms.
How are specimens transported to the lab?	All specimens are to be transported in a primary and secondary receptacle to the lab.
What type of waste goes in each type of container?	Unless it is sharps it goes into the red sharps container. All waste that is not soiled goes into municipal waste. Soiled waste goes into the Biohazard trash cans.
Are all reagents in the morgue properly labeled?	All Morgue reagents are labeled properly.

Daily Check List for TJC Revisit Re: CMS Findings

Topic	Action to Be Taken Daily	Completed
<b>Environmental Safety</b>	Inspect all housekeeping closets to ensure doors are locked. The lock must latch. Tape or props cannot be used to prevent the lock from latching. Ask EVS to unlock and look inside only cleaning equip and supplies should be stored, no personal belongings or patient supply/equipment present.	
	Review the storage of all oxygen tanks. Must be secured (not sitting on floor or on top of stretchers), must separate Full from partial/empty. The storage rack must be labeled ""Full"" or ""Empty"". No more than 12 E tanks in a storage area	
	Ensure Staff can speak to how the Oxygen needs to be stored. Full vs Empty/Partial (2,000 psi). Full is $\geq 2,000$ PSI	
	Review all Biomedical equipment to ensure preventative maintenance is current. If you find an outdated sticker, remove item from service and contact bio med immediately. Tag the item with a "do not use" sign and date of call to Biomed.	
	Ensure that any containers on the unit have a label that describes their contents. Labels cannot be generic i.e. "cleaner" needs to be more specific. This ensures the product can be found in the SDS (MSDS) if needed.	
	Ensure no corrugated boxes are on the unit. Boxes that store products/equipment are ok as long as the box was not the outside shipping box used to actually ship the product. If the box has any kind of shipping label on it then that box is not allowed in the clinical area.	
	Ensure that staff in procedural areas can talk to the process of how they ensure infection control is maintained between cases.	
	Have staff show you the SDS icon on their desk top (previously called MSDS) and treatment areas...have them show you...can usually be done with a coin or specific access key provided by Maintenance)	
	Observe area for cleanliness, damaged walls/countertops, stained ceiling tiles, tears in mattress/furniture, vents and high areas clean	
*	Refrigerators: temperatures maintained, monitored, documented actions when out of range. No mixing of staff and patient food.	
	Clean utility room is locked, bottom shelf has plastic shield and it is clean. Soap/sanitizer dispensers are operational and expiration dates current	
	Clean linen is covered, no linen on window ledges or patient chair/tablets, etc. Dirty linen is in tied bag or covered hamper with nothing hanging out. Soiled linen bags never placed on floor.	
	Staff are wearing badges which are in good condition, vendors are wearing appropriate badges, visitors have visitor pass	
	Sharps are to be locked/secure	
<b>Fire Safety</b>	Check all Med gas shut off locations to ensure they are not blocked nothing within 3 feet of floor space (continually monitor)	
	Check all electrical panels to ensure there is nothing within 3 feet of the panel (continually monitor). Same with Fire Extinguishers, fire alarm panels, Oxygen valves	
	Interview staff to ensure they can talk to what to do in the event of a fire. They must repeat the steps of R.A.C.E.	
	Have staff show you where nearest fire pull station is? (follow exit signs pull is at exit near exit door)	
	Ensure clear egress is maintained. No chairs, lead aprons, carts, etc. can be in an egress corridor. Crash Carts allowed, 30 minute max for other items in hallway.	
	18" clearance from ceiling and sprinklers	

Daily Check List for TJC Revisit Re: CMS Findings

	Fire Doors are never to be blocked and should close properly.
<b>Infection Control</b>	Can staff talk to how they know a piece of equipment is clean vs dirty. Can they talk to the process for how equipment is cleaned after patient use.
	Ensure clean and dirty are not commingled. Clean linen cannot be stored in the same place as buckets/mops; dirty equipment cannot be stored with clean equipment/supplies.
	Ensure everyone is implementing contact isolation precautions. Precautions used when in room regardless if there is patient contact. Gowns tied in back, gloves should only be worn when providing care and removed when leaving room.
*	Ensure that all logs are maintained as required (ie. Daily, weekly, monthly). These include refrigerator temperature, equipment cleaning and other logs as appropriate. Do not use ditto " " marks for subsequent entries, indicate that area is closed rather than leave blank, etc.
	Ensure that there is nothing expired (supplies, medications, biomed stickers, patient food)
	Ensure Red waste cans have lids that are closed, nothing sitting on top of any trash can,
<b>Medication Management</b>	Observe that all medications are secured, narcotics are under double lock, discharged meds waiting to go home with patient are secure.
	Ask staff who has access to medication room (should only be an RN). Observe to see who accesses medication room and if code to access room is shared openly?
*	Medication Refrigerators: who monitors temp? Are meds well organized? Labeled? Expiration dates current? only medications present no other items stored.
*REFRIGERATORS	Daily temp logs (pharmacy logs majority of med frigs); Nourishment, Pantry via staff/Weekly Cleaning logs. Medication - EVS does med refrigerator if 24/7 area; if not 24/7; staff does) Nourishment via area staff, Pantry via Dietary Expiration of items. Medication (pharmacy/area staff); Nourishment (unit staff) - date placed and patient name; Pantry (Dietary) Opened items - dated the day it is open. No co-mingling in Medication, Nourishment or Pantry Refrigerators. Medication is JUST pharmaceuticals; Nourishment / Pantry - JUST items from Food/Nutrition. NO STAFF or PATIENT items to be placed in any of these refrigerators.