EINSTEIN MEDICAL CENTER-HEMATOLOGY

SUBJECT: HEMATOLOGY/ CHEMISTRY STAFF MEETING

ATTENDEES: DAVID HINKLE; JENNIFER LORE; DR. ARGUELLO

DATE: JANUARY/FEBRUARY 13TH, 2019

AGENDA

CATEGORY	TOPIC	ANNOUNCEMENT / UPDATE	DISCUSSION
	Mission Story	• Does anyone have a story they would like to share that connects to Einstein's Mission Statement?	Nothing discussed
TECHNICAL HEME	1. CBC Delta	1. Please review proper documentation of mcv deltas. Platelet deltas should also be investigated. Comments like specimen checked and blood type confirmed are no longer acceptable.	Discussed-CBC's now 80% or more AV so all documentation/ investigations should be correct/complete Dr. Arguello requested all having better team work in helping coworkers. This includes putting orders away.
	2. Documentation	2. Documentation on maintenance/check off sheets is still an issue. Make sure before you leave for the day everything has been double checked. Are there any ideas on how to improve? Con ED should be documented by you on your sheet in the binders.	
	3. Pending logs	3. Teg and Mixing Studies will be added to The Heme/Coag pending logs.	
	4. Fluid slide reminder	4. Make 1 send one. Make 2 review and send both for path review.	
	5. Off shift training	5. Binax/Malaria/Mixing study training. In March we will schedule time for each person to come in and be trained on these tests.	
	6. Critical platelet call	6. Make sure when resulting platelet counts that are reviewed via smear you release the value that was called by the CBC tech. Platelet F is always the most accurate.	
	7. Manual reviews	7. When you review as a second tech please make sure to perform/indicate that it is performed manually	
	8. Downtime Procedure	Downtime procedure was rolled out in MediaLab with updates after the last unexpected downtime. The downtime procedure will be part of the yearly competency starting in January 2019	
	9. Procedures	Updates to safety procedure and all staff were trained on the handling of Dry Ice.	

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Technical Chemistry	1. CAP Inspection	1. CAP window is opening. We must be prepared for the inspectors to come any day. Remember to wear PPE regardless if the inspectors are here or not. Face shields we reordered and available in both Chemistry and Hematology.	Chemistry- Discussed
	2. Lot to Lots	2. Lot to Lots are still not being completed for the 5 look backs. Documentation needs to be completed and placed in Jennifer's door immediately. Do not place on the clip boards or in the binders. If there are no five look back samples available, you still need to complete the form for review and place in Jennifer's door. Do not hold on to sheets to complete the next time you work. These should be performed in real time to catch the issues.	
	3. Security of Lab	3. Door into Chemistry must remain closed at all times. This door should not be propped open. If you are hot, call maintenance to have them adjust the temperature.	
	4. Food in the lab	4. Food in the lab is an absolute NO! We have found food in the drawers, underneath the Abbott areas. This is not acceptable.	
	5. White out	5. No white out or labels can be used to go over mistakes on logs and documentation. You need to make the error out with a line. Do not scribble over the errors.	
	6. UF 1000 QC	6. When QC is out on the UF1000 you need to accept it. We can not take issues if you reject the QC each time. We seem to keep going through one level of QC faster than the other. Please sure the troubleshooting long sheet for the UA area when there is an instrument issue so we can follow up.	
	7. Labeling of QC material	7. Labeling of QC is not being consistently done. It makes it hard to troubleshoot analyzer issues when you do not know when the QC was opened or expires.	
	8. Trash room	8. Trash – in the storeroom – do not leave it in the store room, take it to the trashroom. Door code is 1-2-3.	
General Hematology/ Chemistry Updates	Cleanliness	• Please make sure to clean your area after yourself. Shred OR orders for TEG; gloves; pipettes' in trash not on the counter.	Discussed
	Lunches and breaks	• Lunch times- Dayshift please follow the schedule. Schedule is posted on the board above the Chemistry daily checklist binder. Breaks are to be 15 mins and only if work and staffing allows. Lunches are 45 minutes. Remember missed breaks should be approved by a	

CATEGORY	TOPIC	ANNOUNCEMENT / UPDATE	DISCUSSION
General Hematology/ Chemistry Updates Continued	Restocking bench/ Receipt of supplies	Supervisor. All employees are now receiving the same lunch deductions and must follow the 45 min lunch schedule as discussed. • Restock benches for the next shifts. If something is out, please restock the shelves. • If you receive reagents, please use the log sheets. Expiration dates, lot numbers and quantity are necessary. Also make sure reagents and supplies are put away. Do not leave anything in the hallways. If you see we are running low on supplies, please continue to notify Supervisors/ Lead Techs	
	Vendors	• Vendors need to visit the Kiosk in the entrance of the hospital prior to coming into the lab. This is a new CAP security requirement.	
	Trash	• Trash – in the storeroom – do not leave it in the storeroom, take it to the trash room. Door code is 1-2-3. Do not leave empty boxes in the lab or hallway.	
	Holiday Schedule	• The 2019 Holiday Schedule has been posted for all 3 shifts.	
	Culture of Safety Award	• The Core Lab and Microbiology department have been honored to receive an award for their responses regarding the Culture of Safety at Einstein. Congratulations!	
DDR	Review of DDRs	Reminder: Corrected results must be corrected upon discovery. The system tracks all entries you are not held responsible when a correction is made. Also document a DDR electronically. See posted PSN entered during the month that pertain to the lab on the Studer board. We are reporting mislabeled specimens during the daily safety huddles. Please make sure you are documenting these samples.	Discussed
Goals	Hematology/ Chemistry Goals	Chemistry dayshift is struggling with the TAT for Troponins. What appears to be the issue. How can we fix it? Hematology continues to fail to meet the benchmark for ED coag TAT. Please keep an eye on the pending logs **Additional data available on the QA board in the hallway.**	Chem: Track and instrument issues are causing delays.
EMPLOYEE ISSUES/ Competency	EMCP-employees due for competency Evaluations 2019 Training	Please remember it is your responsibility to provide the supervisor with all necessary documentation for your competency. 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 Ashley, Loretta, or Chris. Must have completed prior to the end of your assigned month. The observer should be the individual initialing under direct observation and not the tech performing the test.	

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	Checklists	Training Checklists have been updated for 2019 you must use P for performed and O for observed. Please remember to always print from the H drive Education folder for any new employee or students rotating through the department.	
	CON ED and electronic assignments	MediaLab/MedTraining/HealthStream/Competencies: You must complete the assignments on time. These are all a part of the annual eval. We should not have to remind anyone numerous times.	
	Mid-year Evaluation Review	Emails have been sent out on self-evaluation to gauge where you are at the halfway point. Please be honest in your self-evaluation. Comments are needed if you give yourself an outstanding in any area. This is due to your supervisor by April 1st.	
HOSPITAL/ LAB NEWS	1. Benefits (Healthy Steps)	1. Changes to the Healthy Steps program and a new way to complete requirements (employees must register at EinsteinLiveWell.RedBrickHealth.com or on the Redbrick app; no more faxes!). How to earn entries into drawings for completing healthy activities. Accessing and optimizing use in the Redbrick Livewell Portal Redbrick will: • Replace Healthcare Strategies and administer the Healthy Steps program • Provide tools that make it easier to make healthy habits part of daily life • Provide innovative coaching that better caters to individual needs	Discussed: **Healthy Steps due 5.31.19**
	2. Downtime procedure	2. Downtime drills will be performed. January 2019 we will start downtime competencies.	Downtime competency now assigned in med training.
	3. Patient Experience scores and Patient Safety Scores	3. Patient Experience-EMCM was in the green for all areas. EMCP improved from red to yellow. See attached for additional details. Patient safety is 5.5 lower in Fy19.	Please review attachments for in depth review of patient experience and Safety scorecards.
	4. CAP window	4. CAP inspection window begins January 2019. Please all adhere to SOP's and best LAB practices. This includes PPE; Labeling reagents and aliquots; Double Check all logs. Please start to clean out your mailboxes, and drawers of any old paperwork. If you want to hold on to old paperwork, please move it to your lockers. Nothing should be stored in the cabinets.	
	5. Safety Score		

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HOSPITAL/ LAB NEWS CONTINUED	Card	5. Safety score card is attached and posted on the Studer board	
	6. Manager Minutes	6. Each month we will be sending out minutes of news and information from around the hospital that we discuss here but will be providing you with the links to the news so that all staff are aware. November, December's and January's minutes have been assigned via MTS for staff to review if you haven't done so already.	
	7. Maintenance and Engineering news	7. Repairs are being done on Tabor and Korman Garages, new way to submit maintenance requests	
	8. Accountability	8. Please note that you receive emails from Health Steams, E2 and Live well when items must be completed. (ie. Annual hospital safety quiz, TB screen, and competency). These must be completed within 10 days of the due date. Non-compliant staff will be removed from the schedule.	
	9. Media Lab Back Up	9. In the event that we lose the internet, we are in a downtime and you need access to Media Lab procedures, we have a back up drive back in the Pathologist office.	
GOALS	FY 2019 Pillar Goals and Tactics	Updated FY19 goals for the Lab require participation from all staff. Please review Studer boards for LEM Success information LEM Scorecard is hanging on the Studer board. Areas of improvement are the ED TAT; Employee engagement; and overtime. Lab is trending upward but still hope to improve.	
HUMAN RESOURCES	Open Positions Vacancies	Open positions are posted monthly in the hallway on the former continuing education board. All three sites are posted. Resignations – Hai Nguyen 30 hrs position, Hai will stay on as PRN. Dwanda Wiley in CP has resigned her PT position and will stay on as PRN.	Discussed when requesting SS days that supervisor will ask if the whole day is needed.
	Scheduled Sick Time	When requesting a Scheduled Sick time, please note that a full day of sick time can only be used for appointments that require an entire day (ie. Colonoscopy). Routine Dr appointments, dental cleanings should be scheduled at the beginning or end of the day if possible.	

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STUDER	SLR Studer	What tools do you need to do your job? 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 to recognize.	
EMPLOYEE RECOGNITION	Days to Days	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. I have requested more day to day cards.	

ALBERT EINSTEIN MEDICAL CENTER
POLICY AND PROCEDURE

Effective Date: August 15, 2018 No. A0324.00
Page 1 of 4 Supersedes: new as of 8/15/18

Department: EOC – Medical Equipment **Subject:** Reporting Broken, Defective or Malfunctioning Medical Equipment *(medical device)*

I. PURPOSE

The purpose of this policy is to outline a procedure for reporting of broken, defective or malfunctioning medical equipment (medical device). This procedure will also provide a mechanism for responding to reported events in which medical equipment (medical device) may have been involved in an adverse event that may have caused or contributed to a patient's death, serious injury or serious illness of a patient.

II. POLICY

It is the policy of Albert Einstein Medical Center (AEMC) to take appropriate action when a piece of medical equipment (medical device) is broken, defective or staff suspect a medical device malfunction involving a patient. Further, it is the policy of AEMC to comply with The Safe Medical Devices Act of 1990 (SMDA). For device recalls and safety notices please refer to policy #A0175.

III. SCOPE

This policy applies to Einstein Medical Center Philadelphia, Einstein Medical Center Elkins Park, Einstein Surgical Center @ Center One, EPPI / ECHA, and off-site locations. This policy excludes EMCM and its subsidiaries.

IV. DEFINITIONS

- ***Serious Event***
  This term is defined by Pennsylvania's Mcare Act as an event, occurrence or situation involving the clinical care of a patient in a medical facility that results in death or compromises patient safety and results in an unanticipated injury requiring the delivery of additional healthcare services to the patient.

- ***Medical Device (Biomedical Equipment)***
  The FDA defines a medical device as: "an instrument, apparatus, implement, machine, contrivance, implant, in vitro reagent, or other similar or related article, including a component part, or accessory which is:
  1) recognized in the official National Formulary, or the United States Pharmacopoeia, or any supplement to them,
  2) intended for use in the diagnosis of disease or other conditions, or in the cure or mitigation, treatment, or prevention of disease, in man or other animals,

3) intended to affect the structure or any function of the body of man or other animals, and which does not achieve its primary intended purposes through chemical action within or on the body of man or other animals and

which does not achieve its primary intended purposes through chemical action within or on the body of man or other animals and which is not dependent upon being metabolized for the achievement of its primary intended purposes. The term "device" does not include software functions excluded pursuant to section 520(o).

- ***After Hours***
  The normal operating hours for Einstein's Clinical Engineering shall be from 0800-1700, Monday through Friday, except for designated holidays. Technicians are on-site and available during these times. All other times shall be considered after hours.

- ***The Safe Medical Devices Act of 1990 (SMDA)***
  Requires ambulatory surgery centers, hospitals, outpatient diagnostic centers and other user facilities to report all incidents in which a medical device or user error may have caused or contributed to the death, serious injury or serious illness of a patient.

V. PROCEDURES

1. Employee/Department Reporting
   a. It is the responsibility of the individual department or employee to report broken, defective or malfunction of medical equipment to the Clinical Engineering Department.
   b. The employee/department who is reporting a medical equipment problem shall:
      1) Remove the equipment from service and complete/attach a Clinical Engineering Repair Tag. Be sure a note is on the machine indicating "do not use".
      2) Repair Tag information should include: Equipment control number (ECN), department/location that is requesting service, equipment description, contact person and department extension and nature of the problem. Repair tags are available by contacting Clinical Engineering.
      3) Ensure that the equipment is cleaned prior to bringing the equipment to the Clinical Engineering Department.
      4) Call Clinical Engineering 24/7 to report broken equipment:
         - EMC Philadelphia Campus @ 215-456-7338
         - EMC Elkins Park campus @ 215-663-6132
         - Einstein Surgical Center @ Center One 215-456-7338
         - EPPI/ECHA and off-site locations @ 215-456-7338
   c. If the medical equipment (medical device) failed during patient use, the reporting employee/department will:

1) Remove the equipment from service and complete/attach a Clinical Engineering Repair Tag. Be sure a note is on the machine indicating "do not use".
   NOTE: Any disposable supplies connected to the broken/defective/malfunctioning equipment should be secured and sent to Clinical Engineering with the equipment.
2) Repair Tag information should include: Equipment control number (ECN), department/location that is requesting service, equipment description, contact person and department extension and nature of the problem. Repair tags are available by contacting Clinical Engineering.
3) Complete an Event Report through PSN (Patient Safety Net). Risk Management will analyze data, identify trends and provide reports to the Medical Equipment Committee (Event Reporting policy #A0247). When a trend is identified, the department owning the equipment will work in collaboration with the manufacturer, Patient Safety, Risk Management, and Clinical Engineering, under the direction of the Medical Equipment Subcommittee, to resolve the issue.
4) In addition to completing a PSN Event Report, notify Risk Management of serious patient injury as a result of the medical equipment malfunction. The piece of equipment should be removed, labeled and securely stored. Risk Management will determine when and to whom the equipment may be released.

2. Employee injury related to medical equipment (medical device)
   a. Any employee who experiences serious injury from a medical device should seek treatment in accordance with the Human Resources policy HR093 "Employee Incident Reporting and Investigating" for work-related injury. The medical device should be removed from service and attached with a completed Clinical Engineering Repair Tag (see V.1.b.2).

3. Safe Medical Device Act Reporting
   a. Risk Management will ensure the appropriate Safe Medical Device reports are completed according to FDA reporting requirements when Risk Management has sufficient information that reasonably suggests that a device has or may have caused or contributed to the death or serious injury of a patient or person. Risk Management will maintain these reports on file. Risk Management will be responsible for completing a semiannual summary of these reports required by the FDA.

ALBERT EINSTEIN MEDICAL CENTER
POLICY AND PROCEDURE

Effective Date: August 15, 2018 No.
 Supersedes: new as of 8/15/18

Department: EOC – Medical Equipment **Subject:** Reporting Broken, Defective or Malfunctioning Medical Equipment *(medical device)*

REVIEWED AND APPROVED:

Craig Sieving, Vice President — Date 8/30/18

Ruth Lefton, COO — Date 8/30/18

Barry Freedman, CEO — Date 9/17/18

REFERENCES:
Related Policies
#A0247 Event Reporting
#A01-231 Serious and Sentinel Event Reporting
#A0175 Management of Product Recalls and Alerts
#HR093 Employee Incident Reporting and Investigating

***To be reviewed**: Every three years*
***Policy Owner**: David Hill, Network Director, Safety Services*

ALBERT EINSTEIN MEDICAL CENTER
Policy and Procedure

Sign-Off Sheet – **New**

Department/Division:	EOC – Medical Equipment
Policy #:	_____
Subject:	**Reporting Broken, Defective or Malfunctioning Medical Equipment (*Medical Device)***

This policy was reviewed and approved by Medical Equipment subcommittee members.

REVIEWED AND CONCURRED:

Jennifer Sablich, Associate Vice President, Insurance and Risk — Date: 8.14.18

Matthew Ahern, Network Director, Clinical Engineering — Date: 8-29-18

David Hill, Network Director, Safety Services — Date: 8.14.2018