

# EINSTEIN MEDICAL CENTER-HEMATOLOGY

SUBJECT: HEMATOLOGY/ CHEMISTRY STAFF MEETING

ATTENDEES: DAVID HINKLE; JENNIFER LORE;

DATE: MARCH/APRIL 29TH 2019

## AGENDA

CATEGORY	TOPIC	ANNOUNCEMENT / UPDATE	DISCUSSION
TECHNICAL HEME	Mission Story	<ul style="list-style-type: none"> <li>• Does anyone have a story they would like to share that connects to Einstein's Mission Statement?</li> </ul> <ol style="list-style-type: none"> <li>1. 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.</li> <li>2. Reminder to check the pending logs at least hourly. Checking more frequently will help decrease TAT.</li> <li>3. When reviewing fluids start with 10 X to look for large/clumped/suspicious cells.</li> <li>4. Binax/Malaria/Mixing study training. We will schedule time for each person to come in and be trained on these tests.</li> <li>5. 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.</li> <li>6. Manual differential for Path reviews are to be counted manually. Second tech no longer required.</li> <li>7. New 24 hour control for Coag will be implemented when the current lot expires. Saline needs to be labeled with room temperature for storage requirement.</li> <li>8. When supplies are received it is everyone's responsibility to put them away. There are times the reagents are not delivered until after 4pm. Please be sure to follow the receiving log procedure.</li> </ol>	Nothing discussed  Hematology discussed
	<ol style="list-style-type: none"> <li>1. Documentation</li> <li>2. Pending logs</li> <li>3. Fluid slide reminder</li> <li>4. Off shift training</li> <li>5. Critical platelet call</li> <li>6. Manual reviews</li> <li>7. Procedures</li> <li>8. Supplies</li> </ol>		

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Technical Chemistry	<ol style="list-style-type: none"> <li>1. Supplies</li> <li>2. Lot to Lots</li> <li>3. Security of Lab</li> <li>4. Food in the lab</li> <li>5. Assigned Lockers</li> <li>6. Trash</li> <li>7. QC material Caps</li> <li>8. Critical Values</li> </ol>	<ol style="list-style-type: none"> <li>1. When supplies are received it is everyone's responsibility to put them away. There are times the reagents are not delivered until after 4pm. Please be sure to follow the receiving log procedure. Abbott reagents come with a printed slip. The slip needs to have the expiration date added. The lot number and quantity are already printed on the slip.</li> <li>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.</li> <li>3. Door into Chemistry must always remain closed including on off shifts. This door should not be propped open. If you see the door propped open please close it. If you are hot, call maintenance to have them adjust the temperature. We purchased 2 new fans (one for Chemistry &amp; one for Hematology) that should help.</li> <li>4. Food in the lab is an absolute NO! We have found food in the drawers, underneath the Abbott areas, and even tossed in the red sharps bin. This is not acceptable. <ol style="list-style-type: none"> <li>a. No food should be outside Jennifer's office on Phyllis desk area. This is no longer allowed. Coffee was spilled into the printer and no attempt to clean it up, the desk is left dirty and food is left sitting around. Please use the breakroom for eating.</li> </ol> </li> <li>5. Everyone has been assigned lockers. You should not be storing coats and purses in the Abbott drawers or back in the Special Chemistry area. No drinks should be stored back in the Special Chemistry area. Do not take the heater or use the space heat back in the Special Chemistry area on off shifts.</li> <li>6. Trash – in the storeroom – do not leave it in the storeroom, take it to the trash room. Door code is 1-2-3. When you leave it on the shelves it makes it harder to do inventory.</li> <li>7. I purchased white dispensing caps for the QC material. These should be used, and a new one opened when you open a new bottle of QC material. This will reduce the number of pipettes we use and the potential of cross contamination of the QC material. Also helps in the overuse of QC material.</li> <li>8. Remember the updates to the critical values, specifically Troponin, Tacro and cyclo.</li> <li>9. Sign off on logs continue to be an issue. Please make it a point to sign off on these</li> </ol>	Chemistry- Discussed

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	9. Log sheets	<p>checklists prior to leaving for the day. When your relief comes in at quarter after, please give them the verbal communication and ensure it is documented in the communication binder and then doublecheck and outstanding duties (i.e. Log sheets).</p>	
General Hematology/ Chemistry Updates	Cleanliness	<ul style="list-style-type: none"> <li>• Please make sure to clean your area after yourself. Shred OR orders for IOTH &amp; TEG; gloves; pipettes’ in trash not on the counter or floors.</li> </ul>	
	Lunches and breaks	<ul style="list-style-type: none"> <li>• 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 Supervisor. All employees are now receiving the same lunch deductions and must follow the 45 min lunch schedule as discussed.</li> </ul>	
	Restocking bench/ Receipt of supplies	<ul style="list-style-type: none"> <li>• Restock benches for the next shifts. If something is out, please restock the shelves.</li> <li>• 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.</li> <li>• If you see we are running low on supplies, please continue to notify Supervisors/ Lead Techs</li> </ul>	
	Vendors	<ul style="list-style-type: none"> <li>• Vendors need to visit the Kiosk in the entrance of the hospital prior to coming into the lab. This is a new security requirement. All visitors should be entering through the Central Processing area.</li> </ul>	
	Mislabeled/No Labeled Samples	<ul style="list-style-type: none"> <li>• If a PSN is written for a mislabeled specimen the policy must be followed before it is determined the sample is mislabeled. I.e. type and cross should be performed by a Blood Bank tech. Before the daily safety huddles, supervisors will be notifying the floor, nursing manager, Sasha, Maureen Jordan of the mislabeled sample. Please make sure you are following the procedure and that when you cancel for mislabeled or unlabeled that a DDR and PSN are entered immediately. This must be presented in real time.</li> </ul>	
	Competency Documentation	<ul style="list-style-type: none"> <li>• Competency documentation forms – you should be having each boxed Checked as being competent.</li> </ul>	
	Listening Quiz	<ul style="list-style-type: none"> <li>• Listening Quiz was given out. Please feel free to complete this survey and return it to your supervisor. You do not need to put your names on the form.</li> </ul>	



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General Hematology/ Chemistry Updates Continued DDR	Review of DDRs	<p>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/IOE electronically. We will be rolling out the IOE Training in Medialab. Please look for this assignment in Medtraining. This is a mandatory training to complete. Once training is completed you will only submit DDRs electronically using the IOE Media Lab Software.</p> <p>See posted PSN entered each month that pertain to the lab on the Core Studer board</p>	
EMPLOYEE ISSUES/ Competency	EMCP-employees due for competency Evaluations  CON ED and electronic assignments  AD01-009 Call Outs  Mid-year Evaluation Review	<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>Please review AD01-009 in Media Lab again regarding the appropriate times that you should be calling out by to the lab as well as a call to the on-call supervisor. Remember that you will be required to make up a weekend shift if you call out on a scheduled weekend.</li> <li>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 1<sup>st</sup>.</li> </ul>	
HOSPITAL/ LAB NEWS	1. Benefits (Healthy Steps)	<ol style="list-style-type: none"> <li>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</li> </ol> <p>Redbrick will:</p> <ul style="list-style-type: none"> <li>Replace Healthcare Strategies and administer the Healthy Steps program</li> <li>Provide tools that make it easier to make healthy habits part of daily life</li> <li>Provide innovative coaching that better caters to individual needs</li> </ul>	Discussed: <b>Healthy Steps due 5.31.19</b>

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HOSPITAL/ LAB NEWS CONTINUED	2. Downtime procedure/ Drill	2. Downtime drills will be performed. In January everyone was assigned the downtime quiz via medtraining as part of their yearly competency. We will be having a Downtime drill in May 14 <sup>th</sup> .	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. Listening better	4. EMCM Team won the video contest regarding Listening Better. Please share with staff Levy 4 - "Finding Empathy": <a href="https://vimeo.com/290298565/c4fc3f3778">https://vimeo.com/290298565/c4fc3f3778</a> EMCP Standards Team - "Listening Bear": <a href="https://vimeo.com/289940096/433acb5235">https://vimeo.com/289940096/433acb5235</a> Willowcrest - "Spreading Germs": <a href="https://vimeo.com/289525529/83077756df">https://vimeo.com/289525529/83077756df</a> EMCM-EPM - "Conference Call" (winner): <a href="https://vimeo.com/289524966/d8eb7713aa">https://vimeo.com/289524966/d8eb7713aa</a>	
	5. CAP window	5. Our CAP inspection went very well. Chemistry did not have any deficiencies in the area of Chemistry, Immunology, Urinalysis and Common Checklist. Great Job everyone. We will be inspected again between January 2020-March 2020 so let's keep on top of the documentation and daily duties. 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. Hematology received ne deficiency for failure to follow procedure regarding instrument comparisons. Please review the policy (note low, med, high values are needed for WBC, HCT, and plt)	
	6. Safety Score Card	6. Safety score card is attached and posted on the Studer board	
	7. Manager Minutes	7. Each month we will be discussing news and information from around the hospital that all staff should be aware of. These minutes are uploaded separately via MedTraining and have been assigned via MTS for staff to review.	
	8. New Courier Schedule to start in May 2019	8. 5/1/19 EP STAFF WILL ONLY SEND TO EMCP TESTS THAT ARE NOT ON THEIR MENU-share with staff; EP has increased their instruments with Auto Verification and TAT. EP will be keeping most of their tests at EP with the exception of those tests that they	



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	9. Years of Service  10. Lab Week 2019	<p>do not perform.</p> <p>9. On the evening of 4/18 the hospital will be hosting the Years of Service banquet. Staff should be receiving an invitation for those that have 10 +years of service.</p> <p>10. We are having weekly meetings to plan lab week 2019. The theme this year is Video games (Pac the Lab). Please feel free to join and help plan. Reminder vote for Employee of the year.</p> <p>11. The Magnet Survey for Nursing will be occurring soon. During the Survey the laboratory may be interviewed about the relationship between the lab and nursing.</p> <p>12. Ruth Lefton is retiring as of December 31<sup>st</sup>, 2019. Dixie James the current VP will be the new President/COO for the EMCP location.</p> <p>13. Annual enrollment takes place between 5/12 to 5/31. Some of the changes you will see is a new co-pay in the pharmacy and specialists. Another change is that the employee contribution will increase in the 1<sup>st</sup> pay of July 2019.</p> <p>14. The hospital will be sending out the Pulse Survey in May. You will receive an email to invite you to take it. This year it will not include the culture of safety. It is only 24 questions and should take 10 minutes to complete.</p>	
GOALS	FY 2019 Pillar Goals and Tactics	<p>Updated FY19 goals for the Lab require participation from all staff.</p> <p>Please review Studer boards for LEM Success information</p> <p>All goals are being consistently met with exception of Coag TAT. Please remember to keep an eye on the pending logs and centrifuge to help expedite getting samples on the analyzer.</p> <p>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.</p> <p>Open positions are posted monthly in the hallway on the former continuing education board.</p> <p>All three sites are posted.</p>	Discussed
HUMAN RESOURCES	Open Positions Vacancies	<p>Please see the board outside the Admin area near the time clock with the open positions. Recent resignations include Tariq White from Histology, Latoya Williams – Chemistry, Marlin Tawadros from Micro.</p>	Discussed

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STUDER	SLR  Studer	<p>What tools do you need to do your job?</p> <p>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.</p>	No requests
EMPLOYEE RECOGNITION	Days to Days	<p>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.</p>	



## Bed Bug Management

### What Are Bed Bugs?

Bed bugs are small, flat, parasitic insects. Similar to a mosquito they bite and suck the blood of people and animals. Bed bugs are reddish-brown in color, wingless, and range from 1mm to 7mm (roughly the size of Lincoln's head on a penny).



### Do Bed Bugs Spread Disease?

The Centers for Disease and Prevention reports that bed bugs are not known to spread disease. Bed bugs can be an annoyance because their presence may cause itching and loss of sleep. Excessive itching can lead to excessive scratching that can sometimes increase the chance of a secondary skin infection.

### Where Are Bed Bugs Found?

Bed bugs are found across the globe in homes, movie theatres or five-star hotels and resorts. Their presence is not associated with the cleanliness of the living conditions where they are found and are often acquired while travelling and staying in hotels. Infestations usually occur around or near areas where people sleep. They hide during the day in places such as seams of mattresses, box springs, dresser tables, or any other clutter or objects around a bed (usually within 8 ft of where people sleep).



### What Are The Signs And Symptoms Of A Bed Bug Infestation?

One of the easiest ways to identify a bed bug infestation is by bite marks on the face, neck, arms, hands or any other body parts of a person. However, these bite marks may take as long as 14 days to develop on some people so it is important to look for other clues when determining if bed bugs have infested an area. These signs include:

- Bed bugs' exoskeletons after molting,
- Bed bugs in the fold of mattresses and sheets,
- Rusty-colored blood spots due to their blood-filled fecal material that they excrete on the mattress or nearby furniture, and
- A sweet musty odor.

### How Do I Protect Myself?

- Awareness is key to prevention. Know what to look for and check for signs when examining patients.
- Utilize contact precautions where necessary to prevent the spread of bed bugs.
- Bed bugs can be killed by heat over 111 deg and cold below 32 deg. If there is a bed bug problem in your area wash your clothes in hot water and place them in a dryer on high heat for 30 minutes. Bed bugs can be killed in a few minutes with heat over 120 deg.
- If you notice signs of bed bugs contact your supervisor immediately to report your concerns. Supervisors will then notify Infection Prevention and Environmental Services.
- Report to LiveWell if you have been exposed.



## What do you do when a bed bug is discovered?

### In-Patient Areas:

1. Place sample specimen of bug in a specimen container or utilize a clear piece of tape to capture the bug. A specimen is required to confirm the appropriate treatment plan. Note: Bed Bugs do not jump or fly.
2. Notify Environmental Services and Infection Prevention to identify the bug.
3. If confirmed as a bed bug – Immediately place patient on contact precautions.
4. Have the patient shower and put on a clean gown. If unable to shower, bathe the patient.
5. Bag the patient's belongings in plastic trash bags (not red bags) and tie tightly. If possible have the patients family member remove the belongings from the facility or label the belongings and store them in a safe place on the unit
6. Place the patient on a clean bed with new linens and transfer the patient to a new room. When transferring the patient to a new room, keep the original bed and all furniture in room so it can be treated.
7. NOTE: No patient is to leave the original room until steps #1 - #6 are completed to stop the possible spread of bed bugs, this includes for clinical testing, unless emergent in nature. If applicable perform the same steps for any patient roommate.
8. Contact EVS to report room number. Clinicians must block room after patient transfer by contacting the ORC. EVS will coordinate the cleaning/extermination of the room. EVS will bag all linen in Blue Bags and tie the bag tightly and place in the soiled linen room for laundering. The door to the room must be closed and remain unoccupied for a period of four (4) hours after treatment. NOTE: Bed bug treatment plans include vacuuming, washing down room with bleach, or insecticide application.
9. Contact precautions may be discontinued when the patient has bathed and no further evidence is observed for 24 hours. Personal belongings must remained bagged for the remainder of the stay.

### Emergency Departments:

1. Follow the same protocol as the In-Patient areas.
2. Patient to remain in bay until their session is completed. Do not allow back into the waiting area and do not move patient from bay to bay or other clinical/non-clinical areas.
3. Discharge patient as soon as their session is complete and contact EVS to coordinate cleaning.
4. If patient is to be admitted ensure that the patient is bathed provided with a clean gown and transported on a clean stretcher with clean linen.

### Outpatient Departments:

1. Follow step #1 & #3 for In-Patient areas.
2. Place patient in exam room immediately. (Do not allow patient to leave room until session is completed)
3. Once session is complete, discharge immediately, block the room and contact EVS or facility cleaning services.

*For additional guidance follow the "Guidelines For Management of Patients With Suspected or Active Bedbug Infestation" authored by the Department of Infection Control.*