**Blood Bank Staff Meeting 2.4.25**

1. **FDA reportable event/ IQEs/OnPoints:**
	1. **FDA reportable event:**
		1. A The patient had a history of an antibody and required an extended crossmatch ***(detects IgM and IgG antibodies)***. However, the tech performed a computer crossmatch ***(only detects IgM antibodies)*** as the current antibody screen was negative. The unit of blood was issued and transfused to the patient before the error was discovered.
			1. An extended crossmatch was performed, and the unit was found to be compatible. No harm was done to the patient. The LIS was updated to stop the user from performing a computer crossmatch when the patient has a history of clinically significant antibody.
		2. A unit of red cells was requested, but a unit of plasma was issued from the blood bank. The error was caught by the nurse immediately upon receiving the unit on the floor and prior to 2 RN check. The unit of plasma was returned to the blood bank immediately. A unit of red blood cells, the correct unit requested was issued to the patient for transfusion. The wrong product was not given to the patient. Patient was not harmed.

**p**

* 1. **OnPoints:**
		1. Due to Product wastage due to temperature out of range.
		2. Multiple products returned to Blood Bank without the cooler.
	2. **IQEs:**
		1. No longer in use. Report all issues via OnPoint.
1. **Training:**
	1. New Employees:
		1. Dung Dinh currently in training.
		2. MedPro employees:
			1. Rogine Reyes starts 2/10/25.
			2. Rose Ann Manabat starts 2/24/25.
			3. James Matthews starts 2/24/25.
	2. Students:
		1. In training from 3/10/25 – 3/28/25 and 4/7/25 – 4/25/25.
	3. Help needed:
		1. Other shifts may be able to help by covering weekends so that dayshift employees can be present to train staff.

OR

* + 1. Stay later/Come in early to help.
1. **Collection Date/Time:**
	1. When receiving specimens, be sure to update the correct collection time as documented on the blood bank slip. **DO NOT let it default to the current time.**
	2. Once the results are verified, DO NOT change the collection time as it will change the date/time/and user to who is correcting, and the time being corrected.
2. **ARC Orders:**
	1. If ARC rep notifies you that they are leaving standing order in pending, it means they have no platelets and they are not sure when they will receive the next shipment. Therefore, please clarify when they tell you that the order is pending. If need be, reach out to other facilities to maintain proper inventory.
3. **HaemoBank:**
	1. No Scan Warnings:
		1. This warning is seen when nurses do not complete the transaction.
	2. Product not suitable for emergency transfusion:
		1. This warning is seen when nurses try to remove Rh negative products when the system is suggesting Rh positive products for patients who are male or female > 50 years old.
4. **Weak D / DAT:**
	1. Whenever a weak D test is performed and is positive, you MUST perform a DAT test to ensure the weak D result is valid and not false positive.
		1. Weak D pos + DAT neg = Weak D result is **valid**.
		2. Weak D pos + DAT pos = Weak D result is **invalid**.
5. **Fetal Screen:**
	1. When a fetal screen is received, you must look up the history of the **mother and baby** to confirm if the testing is required. Recently, we’ve had a couple of instances of fetal screens being performed for patients who don’t require it.
6. **Wellness Credit:**
	1. Complete required 5 activities before 3/1/25 to receive $15 credit per pay.
7. **Liver Transplant T/S:**
	1. Notify coordinator if the T/S expires that night.
8. **Pending Blood Orders:**
	1. Each order MUST be received in LIS.
	2. Once filled, each order MUST be completed in LIS.
9. **Antibody Titer notification to the physician:**
	1. If the antibody titer is >16, it is considered clinically significant, and the physician MUST be notified of the result immediately.
10. **Yellow Slips:**
	1. DO NOT accept any yellow slips that have **√** or **X** next to the products. They must write the number of units requested.
11. **EP Forms:**
	1. Give back the yellow copy to have it placed in the patient’s chart.
12. **Folders for the Antibody Workups:**
	1. ABID coversheet must always be fully completed.
	2. For a positive DAT requiring an elution, a paperwork must be submitted in a new folder or patient’s existing folder **WITH** an ABID cover sheet.
	3. Testing methods must be documented on each worksheet.
	4. When sending the workup to ARC, print two copies of the order:
		1. Place one in the black binder
		2. Another one in the patient’s Melina folder.