**HEMATOLOGY   
MINUTES**

**April 2024**

DATE:4/27/2024

PRESENT:

**Day Shift**: Louise, Dan, Faye, Susan, Lisa T

**Evening Shift**: Kwame, Sharon, Duc, Souman, Fei

1. **EMPLOYEE ENGAGEMENT: Stoplight reports are posted in the hall between the 2 break rooms.**

* Two Stoplight Reports submitted at BC

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| Stoplight | Recommendation | Action Taken |
| On busy days or when someone needs to cover another bench, staff need to run back and forth to see what’s happening on each bench. | It would be helpful and efficient to be able to view both instruments from one location | Dual monitors to be set up |
| Dirty lab floor | Have EVS clean floors on a regular basis. Not just when an inspection is imminent | TBD |

1. **UPDATES:**

* **Micro**
* Evening shift is performing Gram stains on PLT’s to extend usage. Gram Stains must be completed and communicated to Blood Bank by 11pm. Please document results on the P-drive in the Blood Bank Folder (P:\Laboratory\Blood Bank\Platelets)
* Gram stains on Transfusion Reactions will be done in Hematology on 4/15/2024
* Hematology will be performing all parasite testing beginning Wednesday 4/17/2024
* ***C-Diff Quick Check***: When you do a C-Diff antigen test, it must be documented on the P-drive
* CEPHEID:
* **Inventory** for Cepheid is to be done on Mondays by the person responsible for Cepheid and documented on the P-Drive (P:\Laboratory\Hematology - BH 38020\Maintenance Charts and QC charts\2024 CHARTS\MICRO 2024)
* Please keep the pipettes in the kits.
* **QC:** Please refer to the procedure for ordering QC in the BH Microbiology manual 1 in Media Lab- Everyone who has been trained on the Cepheid has signed off on the procedure, if you need to run QC on the Cepheid, refer to the appropriate procedures in Media Lab. QC is everyone’s responsibility
* Viral Panels: A new RVP that includes COVID. CP will deliver the specimens to Micro, if the RVP panel includes COVID, micro will send the specimen to Hematology to run the COVID. See SBAR at the end of the notes
* **Hematology**
* **Sysmex**
* The new Sysmex is being installed this week (4/15-4/19). Dan and Louise will be validating the instrument the week of 4/22. Go-live is scheduled for the week of 7/8
* The following training modules must be completed by the beginning of May

Accessing the training modules: <https://crc.sysmex.com>

* Log-in using your Sysmex username and password.
* If you do not have an account with Sysmex: you will need to create an account. Our CRC Site ID: 9874

|  |  |
| --- | --- |
| Training Module to enroll in: | What’s included |
| CareSphere Workflow Solution (WS) Learning Journey (v2) (**Labs Actively Using CareSphere)** | CareSphere :WS an introduction  CasreSphere :WS Result review and management  CareSphere WS: a closer look |
| **A Learning Journey for DI-60, DM1200, DM9600, and DC-1 with CellaVision Software v7:** | Perform all modules except:  Differences in Veterinary Medicine  Advanced RBC Application |
| XN 9100 Learning Journey Module | RU20/RU21 Basic operation  Basic operation & overview of BT-50  Basic Operator VILT for XN9100 |
| **XN-9100 Basic Online Training (under XN-9100 Learning Journey Module) -- Opens same set of modules, non-VILT, accessible at all times** | Perform all sum modules except:  XN-Series QC file management  XN-Series onboard rules  XN Series Insight and QC data management. |

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* **TEG 6S**
* IQCP for all three cartridges is complete. We are still looking for a few volunteers to complete the normal range verification. Dr. Minerowicz needs to review correlation data. Hope to go live within the next couple of months.
* Please continue to run QC on the TEG 5000 once each shift.
* **MISC**
* All the lockers in the main lab will be moved to the back hallway behind the Send-out room. There will be two tables and a hood placed on the wall where the lockers and storage rack are currently located. The verigene towers from Micro will be moved to the that location.
* When QC is out on the Sysmex, you **MUST** document in the qc file
* on the Sysmex
* Please make sure that you are completing the items on the end of shift worklist, do not mark them complete unless you have actually performed the task. We are finding missing specimens from all shifts and items in the FUWL’s
* It is especially important to check the Critical value FUWL. Since everyone should be checking the fuwl at the of their shift, we should not be missing any critical value calls.
* Any time a result is changed, regardless of significance, it must be communicated to the provider. Check the corrected result FUWL at the end of you shift to ensure compliance
* Please keep an eye on outstanding lists.
* Make sure all HGB A1C’s are accounted for at the end of your shift, days, make sure that there are not A1C’s pending from earlier in the day
* Fill out all worksheets (Parasite, Fluids, p-drive spreadsheets) completely
* April Competencies
* KFST
* 6 Month Cepheid
* **Leadership Updates:**
* The Buzz: A. Diamond
* Paul Possenti was named the Connecticut PA of the Year by CONNAPA and will officially receive his award on March25.
* Congratulations to the Psych Team – Adult OP Compulsive Disorder and Anxiety Program at REACH is one of 3programs across the country to be nominated as a finalist for the Association for Ambulatory Behavioral Healthprogram award.
* MC CT Team for recognition by Heartflow for performance on CTA coronaries.
* Norma Pfriem Breast Center – reaccredited by American College of Surgeons
* Childport – No further update. Assessment
* Financial Strength: J. Scott, P. Scagliarini
* CORE Scorecard: P. Scagliarini
* Multiple CORE workstreams underway in four main areas local and system. This scorecard is just the BH look.
* BH is performing well overall YTD. $5.6M better than system planned CORE initiative targets.
* CORE 3: BH identified targets of an additional $14.M in 6 areas. We have achieved $3.2M
* Behind target YTD: Premium Labor (expected to track behind target), Clinical Stewardship (how we are using the test and treatments). Home Hospital, Discharge Facilitation and HBOT. Strategies underway to turn these areas around. Action Item(s): key focus areas should be:
* Premium and temporary labor spend – is utilization needed to support patient volume and safety? Please look at temporary labor, pull back if not needed. Also, please if TA sends you candidates for vacant positions, please prioritize scheduling interview asap, so that we don’t lose them to other organizations.
* Clinical Stewardship: are you seeing overutilization in tests and treatment? YNHHS / BH YTD through Dec. 2023 – J. Scott
* BH YTD – Net patient revenue is $19.3M better than budget, Expenses $10.2M over budget – mostly due to salary premiums, travelers and supplies (which flex up with volumes). Loss of $10.6M YTD, better than budget.
* BH Volume – very strong
* Inpatient: overall cases up compared to budget for Feb. Case Mix Index (CMI) is down compared to budget.
* Outpatient: total OP volumes are 3.7% (or 1,519 cases) better than budget.

***This communication applies to YNHHS***

**S:** SARS-CoV-2 (COVID-19) will be included in the Respiratory Virus PCR Panel (RVP).

**B:** Currentlytwo orders must be placed to test for 1) SARS-CoV-2 and 2) the RVP (Adenovirus, Influenza A &B, HMPV, Parainfluenza 1-4, RSV, and Rhinovirus)\*. Clinicians may assume SARS-CoV-2 is included in a comprehensive respiratory virus panel and fail to order SARS CoV-2. In addition, different isolation precautions trigger.

**A:** A respiratory virus panel without SARS-CoV-2 can create a patient safety risk if a diagnosis of COVID is missed or if incorrect isolation precautions are applied. A single test code, combining SARS CoV-2 and RVP, would address these concerns.

**R:** Respiratory virus PCR panels are utilized by inpatient areas. Smaller rapid panels are limited mainly to the ED for admission. Ambulatory areas may order all test codes with a longer turn-around-time for results.

As of **April 16, 2024**, the following test codes are available to order:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Test [Test code}** | **ED** | **Inpatients** | **Ambulatory** | **NOTES** |
| SARS-CoV-2 (COVID-19)/ Influenza A+B/ RSV [**LAB11020**] | X |  | X | *Preferred for admissions.* |
| SARS-COV-2 (COVID-19)/ Influenza A+B [**LAB11019**] | X |  | X | *COVID/Flu* |
| SARS-COV-2 /Influenza/ RSV w/ Reflex to Resp PCR Panel w/o COVID/Flu/RSV [**LAB11462**] | X |  | X | *COVID/Flu/RSV reflex to Resp Virus PCR panel* |
| Respiratory virus PCR panel (w/o COVID/ Flu/ RSV) [**LAB11463**]\*\* | X | X | X | ***Add-on*** *to previously negative COVID/Flu/RSV sample.* |
| Respiratory virus PCR Panel [**LAB3444**]\*\* |  | X | X | ***NEW TEST!***  *Now includes SARS-CoV-2* |
| SARS CoV-2 (COVID-19) RNA [**LAB10813**] or  COVID-19 Clearance or Placement [**LAB10827**] |  | X | X | *COVID only has limited clinical utility; should not be routinely ordered.* |

\*Additional HCoV targets are included at YNHH labs.

\*\* RVP isolation precautions include Special Respiratory, Droplet and Contact.