



Indiana University Health

BLOOD BANK TEAM MEETING

05.29.2025

# STAFFING Update – Blood Bank

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## ■ OPEN positions:

### – Days: Three Openings

- Tabitha moving to days end of June
- Two MLS students (Sarah and Laurel) accepted positions
- MLT/MLS
- MLT/MLS
- MLT/MLS

### – Evenings: No OPENINGS

- Waiting for one (1) H1B employee to arrive –Damilola

### – Evening Supervisor: Chris Wolfe starts 06.16.2025

### – Nights Supervisor: Ransford moves to shift 06.16.2025

### – Nights: Four Openings

- MLT/MLS
- MLT/MLS
- MLT/MLS
- MLT/MLS
- Waiting for two (2) H1B employees to arrive –Queenesther and Nmandi

### – Continue to look at Schedule for **Overtime Shifts** available for signup

- Notify Supervisors if able to help – THANK YOU!



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# Engagement Survey

- June 3<sup>rd</sup>-17<sup>th</sup> next pulse survey

Survey Dates	Survey Type	Eligibility Start Date
March 4 – 18	Pulse	January 13
June 3 – 17	Pulse	April 14
September 2– 16	Full	July 14
December 2– 16	Pulse	October 13



A better workplace starts with your feedback.

Help improve the overall team experience with your confidential feedback via a brief engagement survey.

**Why take the survey?**

This is an opportunity to quickly share what you need, how you feel, what is working and what can be improved.

**Sharing your feedback is easy.**

Check your inbox on **June 3** for your survey invitation from Gallup, scan the QR code or visit [iuhealthlearning.org/engagement](https://iuhealthlearning.org/engagement) and follow the instructions.

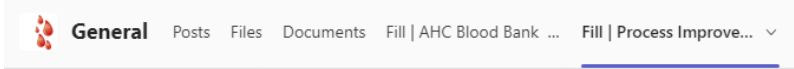
The survey for all full-time, part-time and supplemental team members, physicians and advanced practice providers will be open **June 3 – 17**.



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# Engagement: Low Scored Questions

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- Q07: At work, my opinions seem to count
  - Google Form for anonymous submission (or with Name if you prefer)
  - Form on Teams Page 
  - Complete when you have a process improvement idea or general suggestion
  - Management will review and discuss weekly
    - Post a reply on TEAMS Page
  
- Q04: In the last 7 days, I have received recognition or praise for doing good work
  - Wambi's (between co-workers, from leaders, from peers in other depts)
  - How do you want to be recognized?
    - Submit ideas using Google Form that is created



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# BB Team Member Feedback Form

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## Process Improvement or General Suggestion Form

Your opinions count! If you have any concerns, or areas for improvement, feel free to share them using this form. When providing feedback, we encourage you to focus on the situation rather than individuals. This helps us address matters constructively and maintain a positive, respectful team environment.

## Process Improvement or General Suggestion Form

\* Required

1. What processes or workflows do you think could be improved and how? \*

Enter your answer

2. Would you like to provide your name with this feedback? \*

☐ Yes

☐ No

You can print a copy of your answer after you submit

Submit

Feedback form can be found on [AHC IUH Blood Bank Team Page](#)



General

Posts

Files

Documents

Fill | AHC Blood Bank ...

Fill | Process Improve... ▾



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# COLD STORED PLATELETS and other PLT ISSUE Updates

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## ■ COLD STORED PLATELETS

- HOLD placed on delivery from ARC for two weeks (thru June 15<sup>th</sup>)
- Waiting for Lab IS to 'rebuild' the products in CERNER
- Team will be updated when ready to use again

## ■ Pathogen Reduced Platelet Issues

- Issues have been resolved
  - Transfusion Tags prints at Assign
  - Psoralen Attribute recognized for Irradiation and CMV neg requirements
  - Aliquot/Modified Label can be Label Verified
  - Shipping Temperature is back to Room Temp

## ■ Root Cause: Major build issues with initial work and additional cascade of issues developed after GO LIVE

- LIS Team, Executive Leaders and BB Management Team have been collaborating and dedicating many resources to get these issues resolved as quickly as possible.


**Report any new problems that occur**



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# Reminder: CERNER BRIDGE -- Documentation Checklist

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## AHC Blood Bridge Administration Checklist


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- ☐ Click "Start Transfusion" to begin the bridge process
- ☐ Obtain pre-administration vital signs in blood bridge at least one minute (but no more than 60 minutes) prior to blood administration
- ☐ After scanning the barcodes on the product, spike the blood product
- ☐ Clear Alaris pump volume before product administration
- ☐ Remain with the patient during the first 15 minutes of transfusion to monitor for adverse reactions - follow protocol for any reactions
- ☐ Document 15-minute vitals in blood bridge (must be completed between 10-20 minutes after start time)
- ☐ When transfusion is complete, end transfusion in blood bridge
  - a. Scan the blood product
  - b. Document volume infused
  - c. Document "end" vital signs

**Validate completion of all steps with Charge RN.**

\*When transferring a patient to a procedural area while blood is infusing:

Call the blood bank to request a paper transfusion document. End the transfusion and document vital signs in blood bridge at the time of transfer, as well as the reason the transfusion was not complete (patient transferred to the procedural area). Confirm that the patient transfusion document has the correct information and write in the white space, "Transfusion started in bridge."



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## AHC Paper Blood Slip Checklist

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- ☐ Obtain pre-administration vital signs at least one minute (but no more than 60 minutes) prior to blood administration
- ☐ Complete safety verifications (Must have a witness to verify when using paper blood slip)
- ☐ Transfusionist must remain with the patient during the first 15 minutes of transfusion
- ☐ Document 15-minute vital signs (must be completed between 10-20 minutes after start time)
- ☐ Document stop time and post-vital signs at completion of transfusion
- ☐ Make a copy of the completed paper blood slip. Send copy to the blood bank, place original in chart

\*Vital Signs Exception: Transfusions administered in the OR may have "SAR" (see anesthesia record) written across the vital signs section if all vitals are recorded in the anesthesia record. Transfusions administered during an MTP may have "MTP" written across the vital signs section as VS are not required during MTP.

**Example of a completed blood slip:**

We the Institute, we certify that the blood has been checked, selected recipient by arterial and compared to tag with blood label and the cell identification.

Transfusion: Transfused RN      Witness: Witness RN  
 Transfused started by: Transfused RN      Date started: 11/16/21      Time started: 10:00  
 Transfusion completed by: Transfused RN      Date stopped: 11:00      Time stopped: 10:00  
 Amount Transfused: 500ml      Unit      Copy made and sent to Blood Bank: Yes

	PRE	15 min	POST
TEMP	36.5	36.5	36.5
HR	80	80	80
RR	16	16	16
BP	110/70	110/70	110/70
SpO2	98	98	98

When transferring a patient to an inpatient area while blood is infusing:

Complete all documentation on the paper transfusion document. Send the paper document with the patient for the inpatient space to complete when blood administration is complete.

- SEND with EACH Dispensed Product {or one (1) per Cooler}
- ALL Locations – inpatient and outpatient
- Continue through Joint Commission Inspection Window
- This is a Nurse Corrective Action Plan
  - to help increase compliance with Transfusion Documentation



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# CERNER BRIDGE – Documentation Continued

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- Documentation Compliance is being monitored by Melissa
  - Increase in documentation compliance has been noted
  - Gradual increase in compliance
  - Continue to monitor and re-evaluate

## APRIL 2025 Compliance Data (complete documentation without errors)

- UH: 70.5%
- MH: 62.0%
- RH: 80.5%



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# EPIC/SOFT BANK and New Hospital Updates

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## ■ Epic/Soft Bank

- Kick off Meetings for both EPIC and Soft Bank have occurred.
- Department Workgroups are meeting across the System every 2 weeks
- Need Team Member participation and input throughout the process
  - Send Management an email if you're interested in joining as a guest to one of the workgroup meetings.

## ■ New Hospital

- Design of Lab Area (Blood Bank and Core) has been finalized
  - Layout will be posted soon for everyone to look at.
- Continued meetings occur for Blood Bank Operations in the new space
- More information to come when we know more 😊



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# Quality Reminders

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- **MedTraining (MTS) and Policy Tech Reviews**

- Expectation that each team member is current with ALL acknowledgements
  - Team Member has 30 days upon hire to acknowledge all SOPS
  - As new/revised SOPs are approved, team member receives an email notification to log into Policy Tech
  - Email notifications are also sent when new MTS trainings are assigned

- **Documentation:**

- Manual Error Corrections

- One line through, initial and date, rewrite correct data
- Write-overs are not allowed
- Lab System POLICY

- **Corrected Reports**

- ALL Result Corrections MUST have a **COMMENT** with reason why when changing results in Cerner.
- Clinically significant corrections require MD notification of change with documentation

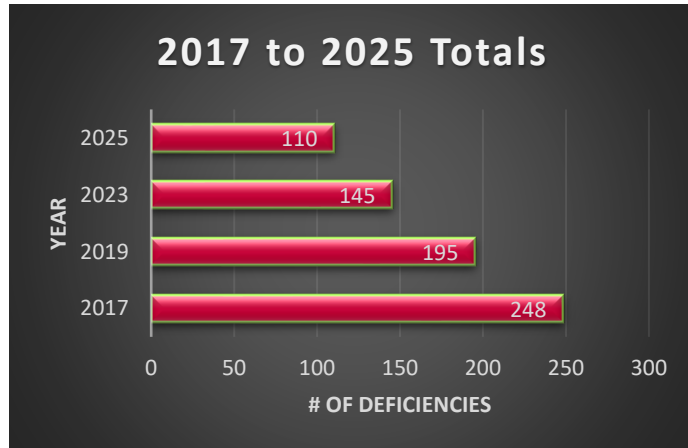


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# Quality Reminders: (continued)

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- 2025 System CAP Inspection for Lab occurred Week of May 12<sup>th</sup>
  - No Citations for Blood Bank! Checklists inspected were TEG and Lab General items
  - 110 total Citations for the SYSTEM
    - Decreased total every year since 2017



**QUALITY** ✓

great  
job!



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# CELEBRATIONS

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- IDM (Infectious Disease Marker) Testing
  - Moving to Donor Screening Lab JULY 8<sup>TH</sup> !!!!!!!!!



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# TEAM EVENTS

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## ■ Monthly Team Pitch-Ins

- We will celebrate Team Monthly Birthdays and facilitate Team Bonding
  - Notify Supervisor if you would not like your birthday announced
- More sign-up sheets to come and we encourage your participation
  - Let us know if you have any creative “theme” ideas for the month or other team events
- What Theme do you want?
  - Submit ideas for future Pitch In themes



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# JUNE 2025 BACKYARD BARBEQUE PITCH-IN

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**BACKYARD  
BARBEQUE  
JUNE 24, 2025**

**BRING YOUR  
FAVORITE  
BACKYARD  
BARBEQUE SIDE DISH  
TO SHARE WITH YOUR  
COWORKERS!**

[June Pitch-In Sign Up Sheet](#)

[Hamburger and Hot Dog Poll](#)



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# RECAP 2025 LAB PROFESSIONALS' WEEK

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## ■ Games/Puzzles

- Winner's: pulled randomly from submitted pages.
- Tabitha, Shereeley and Belle – Congratulations! Prize bags labelled in Admin office

## ■ Lab Mascot

- PATH LAB Contest and BB Department Contest
  - RILEY BB Mascot won overall BEST MASCOT 😊
  - Congratulations Abby and Kennedy who worked on the design and creation!
  - Prizes being distributed soon 😊
- Special Kudos to all other UH and MH Team members who assisted in creating each of our mascots!

## ■ Lab Coat

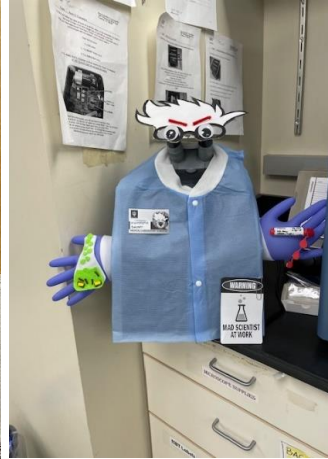
- Special Recognition to Lauren Brown for creation of our BB Team Lab Coat



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# Lab Professionals Week RECAP (Continued)

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# THANK YOU!

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- Thank you for your continued support of the improvements being implemented in the lab to increase Patient Safety and the Quality of the Blood Bank.



- The work you do every day makes a difference!



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