



Indiana University Health

BLOOD BANK TEAM MEETING

02.04.2026

# STAFFING Update – Blood Bank

- **OPEN positions:**
  - **Days:** Four Openings
    - MLT/MLS
    - MLT/MLS—interviews in process
    - MLT/MLS—interviews in process
    - LA2 –interviews in process
  - **Evenings:** One Opening
    - MLT/MLS –application being reviewed
  - **Nights:** Four Openings
    - MLT/MLS – making offer
    - MLT/MLS
    - MLT/MLS
    - MLT/MLS

Continue to look at Schedule for **Overtime Shifts** available for signup  
Notify Supervisors if able to help  
– THANK YOU!

Welcome Elizabeth (Aya Traveler on Days) 1/5  
Welcome Jordan (Aya Traveler on Days) 2/9



# Engagement Survey Q1 2026

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- Jan20 –Feb 3 == just closed!
- Hope everyone had a chance to participate
- Your feedback continues to drive meaningful progress at the team, regional and system level to make IU Health an even better place to work
- Q2 Pulse Check Survey: TBD ~June 2026



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# Engagement Survey Questions

## Gallup Q12 Questions

01 I know what is expected of me at work.

02 I have the materials and equipment I need to do my work right.

03 At work, I have the opportunity to do what I do best every day.

04 In the last seven days, I have received recognition or praise for doing good work.

05 My supervisor, or someone at work, seems to care about me as a person.

06 There is someone at work who encourages my development.

07 At work, my opinions seem to count.

08 The mission or purpose of my company makes me feel my job is important.

09 My associates or fellow employees are committed to doing quality work.

10 I have a best friend at work.

11 In the last six months, someone at work has talked to me about my progress.

12 This last year, I have had opportunities at work to learn and grow.



- Team Member Engagement is a year-round focus!
- Our goal is to continuously improve and work on all areas of engagement.



# Performance Review Schedule

## COMPLETED

- Jan 5 = due date for Self Evaluations
- Feb 3 = due date for Leader Evaluations

## NEXT PHASE

- Feb 5 – Feb 27 = Rating Review and Final Approval in Oracle
- Mar 30 – April 17 = Performance Feedback with Team Member, Career Conversations and Merit Awards
- **March 31 = deadline for 2026 Goal Setting to be completed in Oracle**
  - More information coming about this years' goals
- April 19<sup>th</sup> = Merit Award Impact
- May 8<sup>th</sup> = First Pay
- May 15<sup>th</sup> = deadline for Team Member Acknowledgement in Oracle



# Quality Review

## ■ Correction Comments

- IMPORTANT part of documentation and our policy
- **ALL corrections MUST have a comment** to explain why the report was corrected
  - Ex: Clerical error, adding comment only (no result changed), see alternate method etc.
- DO NOT VERIFY testing unless you have reviewed and are sure of the results.
- If you need to Repeat testing or perform in another method, do so before resulting.

## ■ AB ID

- REMINDERS: For new WARM AUTO patients (or during re-workups of known Warm Auto):
  - If the LISS IAT w/ AC is positive: perform no enhancement IAT w/ AC.
  - If still positive: **SAMPLE MUST BE SENT OUT** for Adsorption studies **PRIOR** to release of blood products
  - Notify Supervisor and MD on Call and place comment in PPI.
- **CHANGES** in AB ID Workflows are coming and there will be Re-Training of all team members
  - TBD in 2026
  - Dr. Gabbard, Razan and Tracie are working to finalize the new workflows



# Quality Review (Continued)

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## Change to Deviation Tracking Coming– TBD 2026

- MEDIA LAB NCE (Non-Conforming Events)
  - Online deviation management system
  - Easier way to track and trend for process improvements
  - Replace current paper deviation form and cumbersome paper shuffling
  - OCAQ is Trialing process as a Pilot Study currently in Micro Department at Path Lab
    - Make sure process works well and kinks are corrected before rolling out to all team members
  
- More information to come and education/training on new process
- Once the NCE Form is rolled out– it will be mandatory! No more paper 😊
  
  
- In interim, Razan is working on an electronic Microsoft Form to document deviations.
  - When that is developed, we will get you more information.



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# Project Updates

- VISION Immediate Spin XM and Antigen Typing
  - Training is almost completed; extending deadline to 2/28/26
  - Remember DO NOT perform until your training is completed.
  
- SOP and FORM Changes coming for Inventory
  - ETA for new Forms 3/1
  - Out for validation by Team Members– due by this Friday 2/6
  
- Improve and Standardize details of Massive SOP across system
  - Process mapping
  - Assigning roles
  - New COOLERS for MTP use only



# Project Updates (Continued)

- UH 2<sup>nd</sup> VISION Swift
  - Validation is completed and signed off
  - Holding implementation date: TBD
    - Training for new QC profile
      - XM QC of Diluent 2
    - SOP revisions are in process
      - Out for Validations by Team Members
    - LIS Interface to be built -in process



# BEST PRACTICE ALERTS

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- **GRANULOCYTES (or any product for which Infectious Disease Testing is Incomplete)**
  - Process change
  - LOOK for MTS review and sign off next week
  - ETA for change 3/1 (or when final approval is complete in Policy Tech)
- Eliminating the current product Waiver form sent with each product:
  - New Form “Approval to Receive Blood Products with Incomplete Infectious Disease Testing”
    - Onetime per product type per admission
      - MUST be signed and sent to BB before product will be ordered
    - This form can now be used for ANY product type (not just Granulocytes)
  - New Form and SOP for “Exceptional Release of Blood Products”
    - Signed by our BB Medical Director once product is received in lab and PRIOR to dispensing product
- Binder will be created and placed in Component Area at Riley to HOLD these completed forms and documents.



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# BRIDGE and Blood Track Error Updates

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## ■ Current Errors occurring in BRIDGE Scanning

- System Problem
- Issue has been escalated to LIS
- No resolution ETA yet
- DO NOT Send paper Transfusion Document to floors with units **AUTOMATICALLY**
  - **When the floor calls and states they are getting an error message; then reprint and send the paper TD**
  - We want the RNs to document in BRIDGE whenever possible
    - Not every transfusion will have a scanning issue

## ■ Recent issue with CVICU Blood Track Printer

- Issue has been escalated to LIS
- Possible replacement of zebra printers will be required (TBD)
- DO NOT instruct the clinical team to use patient chart labels on the Emergency Forms
- RNs are directed to STOP and Call Blood Bank for correctly labeled Emergency Products if they get any errors when pulling products from the Blood Track Devices.
- Report issues that occur to Management for follow-up next day



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# Lab Workflow Changes

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## ■ PRE-SURGERY

- Next Day Surgery sample processing and product set up will now occur on DAYS
  - Change made to balance workload between shifts
- NIGHT shift still responsible for monitoring the Morning Surgery Schedules and Packing the Coolers
- Need process change to ensure **PRODUCT ORDERS** stay in file attached to the corresponding Pre-Surgery **FORM** – so setups don't get missed.
  - Discuss in Huddles with Supervisors and Team Leads to develop this process
    - Do Product Orders print at same time as the T/S orders?
    - When Pre-surgery form is received: Can you see there are product orders in PPI?
    - What will be the steps to link up the form with product orders for the file if they are received in lab at different times?

## ■ Packing Slip Storage

- Separate Files now for “Versiti Packing Slips” and “ARC Packing Slips” at both MH and Riley (receiving locations)
- PLEASE file accordingly
  - Change made for easier filing by ADMINS on back end



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# Lab Workflow Changes (continued)

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## ■ BB Bill Antigen Charges

- Performed by BB Techs (no longer by ADMIN Assistants)
  - Change made to make process more streamline and ensure Charges are added appropriately, even when patients are “NO SHOW” and products have already been ordered.
- LOOK for MTS review and sign-off of the STANDARD WORK Document
  - Once you review the document and complete the quiz– you can begin performing the charging process
- Binders created for Methodist and Riley to HOLD product orders and Vendor Confirmations
  - For Sickle Exchange patients: Apheresis will now be ordering the red cell products at time of scheduling
    - When you see the appointment date placed on the RED CELL Exchange Schedule, you will also be receiving a CERNER blood product request with the Future Date needed on it.
      - » This will give us an ACCESSION # to use for antigen charging when products arrive; regardless of whether the patient comes for the appointment or is rescheduled.
- Separate Tray created to file Packing Slips for Antigen Negative units that are received
  - TESTING BENCH – Team Leads/Supervisors will monitor these and confirm charges were completed



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# Lab Reminders

## Wastage and Dispose Reasons

– Please limit use from the drop-down list to these select few:

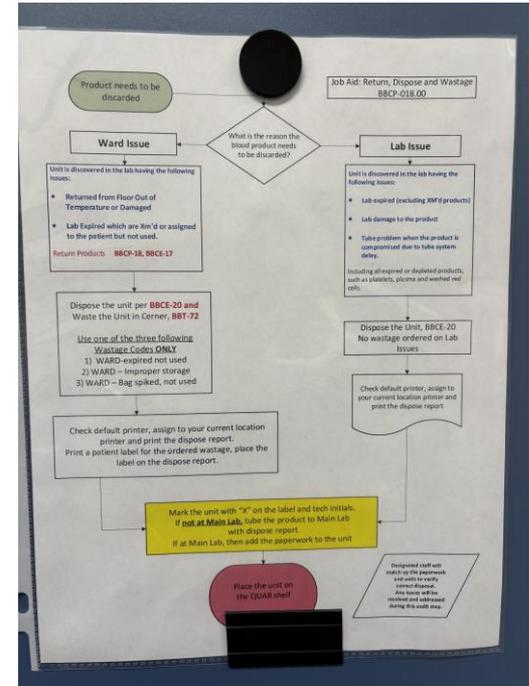
Wastage	Dispose
Ward-bag spiked, not used	Lab- product expired
Ward- improper storage	Lab -volume depleted
Ward- expired; not used	Lab-bag broken
	Lab-improper storage

– **DO NOT USE: Returned >30 minutes**

- This is an old lab rule and does not apply anymore
- Everything is based on temperature of product; not time
- Once dispensed – product has 4 hours to be transfused

– If you feel the situation calls for a different Reason (other than the ones above):

- Please consult with a Supervisor



# Lab Reminders (continued)

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## ■ Transfer of Product during an MTP

- ONLY Transfer Product during an MTP to “RESTOCK” your inventory
- Do Not Transfer product for the sole purpose of using it for dispense
- Primarily talking about MH → RILEY or Riley → MH; but can apply to UH in some situations

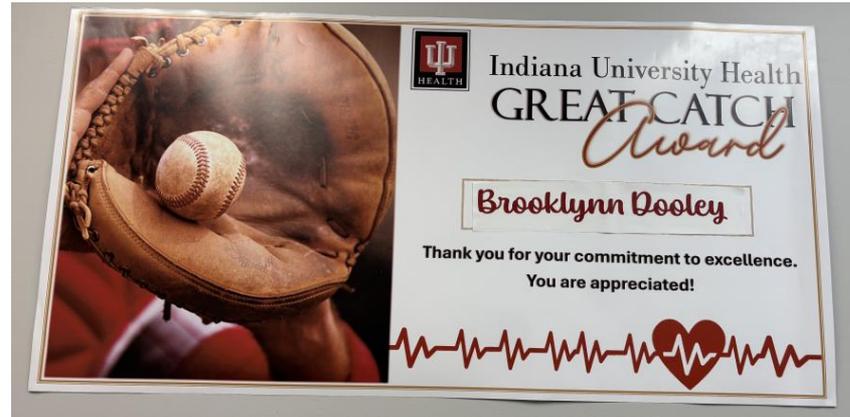
## BEST PRACTICE Changes

- Do NOT use Short Dated product (expiring same day) after the first dose
  - When using product expiring same day- Cooler Expiration MUST not extend past the shortest dated expiration time
  - Example: MTP is called at 1500; normal 10 hour cooler expiration = 0100
    - Using same day expiring platelets or plasma in cooler: Modify Cooler expiration= 2359
  - This will safeguard the return of coolers and product before they expire
- If **plasma** is unavailable for subsequent MTP Doses at time of Dispense:
  - Provide Cooler with appropriate ABO Compatible products that are available ONLY
  - Notify clinical team of delay and that additional plasma will be sent as soon as it is available to complete the dose



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# GREAT CATCH AWARD WINNER



**Congratulations Brooklynn!**

<https://onfirstup.com/IndianaUniversityHealth/iuhealth/contents/41695423>



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# CELEBRATIONS

## ■ January Birthdays:

Aunyah : 1/8

Andrienne: 1/12

Rachel: 1/27

## ■ February Birthdays

Josh: 2/2

DJ: 2/10

Katie: 2/11

Kennedy: 2/15

Rebecca: 2/26

Ciara: 2/29



# TEAM T-SHIRT and Opportunity to Support Riley Foundation



Look for email from ABBY with more information and better pictures 😊 to order from QR Codes

Other color options and T-shirt or Sweatshirts available in each design

Proceeds benefit the Riley Children Foundation



# SPECIAL THANK YOU to the Entire TEAM

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- We appreciate everyone's support during the recent **WINTER STORM** and **TRIAGE** during shipment delays
  - Showing up for work and/or adjusting schedules to be here for additional shifts
  - Your dedication and commitment to each other, our Team and our Patients
  - The continuous monitoring and updating of Platelet Inventory Levels to help MD Team triage orders with better understanding of current state in blood bank
  - Everyone's efforts truly helped provide the best care for our patients!



- In Celebration: there are Donuts and Cookies at all locations!  
Please enjoy and accept our sincere Gratitude for all that you do



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# THANK YOU!

- 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!

