Transfusion Service Laboratory Staff Meeting Minutes

**April Staff Meetings held at 1500 on Tuesday, April 30th and 0700 on Wednesday, May 1st**

**Agenda Items**

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| **Item** | **Discussion** |
| **Welcome** | Brenda Hayden, TSL Manager, welcomed staff. |
| **Sunquest Upgrade** | GO LIVE is June 30th.  There will be numerous SOP changes in MTS.  Training will take place in June.  Computers on lab back wall have the new version loaded to them. There is no access to the current version of Sunquest at those two computers. |
| **CAP Inspection** | Our window for inspection is June, July, and August. They could show up anytime during those months. Stephanie is working with staff to complete the self-inspection, compile the documentation, and prepare a list of deficiencies to be addressed in May. Beth is working on the safety portion of the CAP self-inspection list.  Everyone must be prepared to answer the inspector’s questions, be observed by the inspector, and participate in the inspection. When answering inspector’s questions, do not volunteer extra information. Answer the question as clearly and succinctly as possible. Don’t be afraid to ask the inspector to explain or rephrase a question you don’t think is clearly state. Inspections are a process improvement opportunity for us as the inspector brings a fresh prospective to our laboratory. |
| **Portable Refrigerator Logs** | Three issues here:  First: nursing education about completing the log when the refrigerator is left with them. Roxann has prepared training materials and job aids. Nursing education has yet to be scheduled so we don’t know how fast we will see improvement on the logs.  Second: revisions have been made to the PBR log and the Trauma logs.  Third: a process improvement was discussed allowing TSL to use the PBR log as the BPR when delivering blood to a bleeding patient. There is no reason to have two pieces of paper with the same unit numbers. The PBR log can be stamped, read-back recorded on the PBR log, and a copy placed in the BPR folder. Give it a try! SOP changes will be coming out soon so give your feedback to Brenda. |
| **TANGO DOWN due to clotted samples** | Every patient sample must have wooden stir sticks run around the sample prior to spinning to insure that no clotted samples get placed on the TANGO.  This is also true for donor segments. |
| **Item** | **Discussion** |
| **Staffing Things** | Brennan hired to replace Jennifer Widge on dayshift. He will be starting May 13th.  Vacations have been approved. |
| **Refrigerators** | Charts should start where they stop. Do not dial back to midnight.  TempChek is coming as soon as Brenda finds out why some units don’t have their monitoring device. Gen Lab is doing TempCheck already so we will start with their SOP. |
| **Heads Up!** | Be realistic – the times on samples can differ by a few minutes. The year can be added if the nursing staff comes down and adds “/13” to the sample label.  Do not use PSN level 6. A mislabeled sample is not grounds for a widespread alert.  SCCA flag was missed on a patient and an inappropriate product was transfused. If you don’t know what the SCCA flag is or how to find it, talk to a Lead. It was pointed out that you see it when searching BBI or BOP by HID but you don’t see it if you use the Accession number!!! |
| **CPOE** | MTP orders in CPOE still has cryo – maybe 2-3 more weeks before that is fixed.  We are not to help clinical staff with CPOE entry. We aren’t trained. They need to talk to ORCA help.  There will be some name changes coming to CPOE concerning the differences between “Platelet ORDER” and “TRANSFUSE Platelet”. We will be getting the printout when the order to **transfuse** is placed. We will be **matching it with the BPR** to make sure an order to have “on hand” wasn’t confused with a transfusion order. |
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| **Attending 4/30** | Max, Roxann, Gie, Stephanie, Lauren, Sau-Seong, Kara, Beth, Geneva, Neila, Excel, Jimmy |
| **Attending 5/1** | Ed, Mike, Hieu, Erin, Nina, Sau-Seong, Geneva |