Transfusion Service Laboratory Staff Meeting Minutes

**July Staff Meetings held at 0700 and 1400 on Thursday, July 25th**

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| **Agenda Item** | **Discussion** |
| **Welcome** | Brenda Hayden, TSL Manager, welcomed staff. |
| **Schedule Issues** | **Changes effective immediately:**   * Time stamp KRONOS exception reports and Short Notice Attendance forms before leaving them for Brenda or Gie. * A KRONOS Exception Report form is required for ALL exceptions to your scheduled time – early or late clock-ins, missed clock-in or outs. * All overtime must be approved by the TS Manager or a Lead. If neither is working, right overtime justification on the KRONOS Exception Report and leave in Brenda’s box for her review. * If you want a day off, submit a vacation request. The practice of asking Erin to switch around work days to keep from using vacation is ended. * Once the schedule is posted, requests for time off must be accomplished by trading. Exceptions are illness, bereavement leave * When extra staff is needed to cover Transfusion Services, the departmental expectation is that you have provided a valid contact number and will return the call as soon as possible. YES or NO are the expected answer with no explanation necessary. Sick call, high volume, unexpected computer down, and disaster are all reasons for needing staff to come in on a day off or change their start time. * Submit a QIM every time staff are contacted to come in. Brenda needs a record of the incident and response when asking for additional staffing to cover workload. Management likes numbers! |
| **Monthly Stats** | June was a low volume month.   * RBCs: 784 crossmatched, 644 transfused: 1.2 C/T ratio * Platelets: 124 transfused; 7 outdated * Plasma: 286 transfused |
| **Safety Update** | Beth is our Safety Officer. This month she has asked us to update our contact information. The list is posted by the tube station. Please check and revise or indicate OK.  If you didn’t get your Emergency Response Card or Stroke Card for your badge, see Beth.  TSL must attend the monthly Safety Committee Meetings. If Beth is unable to attend, she will be asking for a volunteer. Please help her out if asked. |
| **Inspections** | CAP is on the way, this being the open period.  AABB has received our application but have not yet contacted Brenda to select an inspection window. Brenda expects AABB will inspect us before the end of the year.  Nina, Brenda, and Gie attended a recent AABB audio-conference about common citations. We have some work still to do based on this information. |
| **Continuing Education and Training** | Lots of SOPs and training materials in MTS right now. Some are related to the upcoming CAP inspection, some are procedural changes requested by Dr. Hess. Please request time away from the phones and the bench to complete your MTS assignments.  Each staff member is required to take 12 hours of CE each year. Lab Med has developed a CE form for each employee to record their CE participation. This form will be turned into the TS Manager and kept in your permanent record by calendar year.  Some MTS modules qualify for CE credit so if you are interested, let Roxann or Gie know and we will assign them for you. |

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| **Item** | **Discussion** |
| **Computer Upgrade** | Thanks to everyone for successful training and implementation. Kudos came from management about how smoothly everything went.  Two issues:  SQ 7.1 has a display bug. Brenda wrote an SOP about the incomplete display of some names. Please sign off as soon as possible.  CMV testing, if present on the ISBT product label, must be entered into SQ in BPE. 5 barcodes to scan instead of 4! When this is not entered, the Transfusion Tag does not match the product label and product issue is delayed while the error is corrected. If the error is not caught prior to issue, this is FDA reportable. Questions? Please talk with Brenda. |
| **TANGO Reagent Error** | 45 units were reported to the FDA as part of the TANGO reagent issue. SOPs have been revised and posted to MTS. The change in checking the reagent outdates manually every day takes effect August 1st. |
| **TRRX and TRALI** | Dr. Hess has requested several corrections and improvements to the Transfusion Reaction Investigation SOP and Form. Posted to MTS and effective August 1st. The changes have been summarized on the Go Live Summary at the TANGO table and in the communication book. |
| **Blood Management** | Dr. Hess is starting a blood management focus with HMC clinical care staff. He will be meeting first with the neurosurgeons and ortho/spine surgeons. |
| **Competency Committee** | TSL will be forming a Competency Committee to prepare, administer, and review competency testing. The committee will be 3 staff, both CT and CLT. One member will serve 2 years to provide continuity. Never prepared a competency? No problem. We all have taken plenty of them which makes us all experts. More info and an SOP to follow. |
| **IH study** | We are down to weak D, e, antibodies and crossmatch of antibody patients. Doesn’t sound like much but we are down to the harder things to find. |
| **Proficiency Testing Coordinator** | Currently, Roxann is the designated Proficiency Testing Coordinator with Erin providing back-up. Brenda would like to open the position up to interested CT staff. Not sure what the responsibilities are? The Proficiency Testing SOP lists the responsibilities and Roxann or Erin can answer questions. Let Brenda know if you are interested. |
| **2nd Tube Pilot Study** | Erin talked about the pilot study starting August 5th with 9MA and 9MB. A PowerPoint, flow charts and Blood Request have been posted to MTS. Erin will be rounding with staff to discuss the pilot project. The stickers may be small but the potential for improving patient safety is HUGE! |
| **TSL Internal Audit** | **January to June Audits for the following are completed:**  **Segments** – good outcome  **Tracer** (process, performance and document control). – good rating  **Blood Component Storage** – good rating  **TSL QI monitoring on BPI and BPU** process- high incidence of incomplete BPR  **Trauma Log Audit-** needs improvement; 60% overall compliance rating due to incomplete logs. |
| **Attending 0700, 7/25** | Roxann, Mike, Ed, Hieu, Nina, Brenda, Brennan |
| **Attending 1400, 7/25** | Stephanie, Sau-Seong, Beth, Abe, Gie |