**Minutes- May 2014 Staff meeting**

* Service Culture Guideline of the month- **Commitment**
* Be committed to colleagues and to UW
* Respect and acknowledge differing values, opinions and viewpoints.
* Recognize and encourage positive behavior.
* Address inappropriate behaviors in a confidential and constructive manner.
* Promote interdisciplinary and interdepartmental cooperation.
* Promote the mission, vision and values of the UW Medicine Health System.
* Follow all UW Medicine policies and procedures.
* SOPs and Forms
* Use Lilith\_TSL documents or the Master documents binder in the lab when you need to access SOPs and forms.
* All printed forms and SOPs should reflect the current version- this is a requirement for inspection by CAP and AABB
* If the Master documents binder and Lilith does not have the current version please let lead or manager know
* Quality Focus- Resources (Lauren)
* Quality standard for month is Resources. Read attached on how TSL addresses the standard
* Qualifications, Training, Competence, Personnel records are all part of resources available and utilized to maintain the workflow of TSL
* QA- Gie
* Multiple issues with Tango regarding the different hours on reagents on board
* BioRad is identifying the new 20 digit barcode as the issue. We will be scanning the empty 20 digit barcode bottle once a week on Sunday nights. This may need to be scanned in more often if Tango goes into shutdown at any time.
* MLS should continue to QIM if this happens again.
* One incident of delay with providing emergency plasma, reminder to call when an emergency order prints out and offer uncrossmatched products. Follow up if nurse does not provide answer if emergency products are needed. Documentation of phone calls and who was notified is important
* Inventory usage/wastage for April
* Transfused total of 1452 units: 45Cryo, 166 Plts, 423 Plasma and 818 RBCs
* Discard: 2RBC, 2FFP (broken in waterbath), 1 Cryo (failed visual inspection) – NO platelets yay

* Upcoming:
* Prenatal samples in July 1st
* 2nd sample go live June/July- ER, OR, Preadmission and Inpatients will require a 2nd sample draw for type confirmation. TSL will give courtesy call if 2nd sample draw is needed. No pink forms and tubes to be sent to floor. CPOE orders will automatically print on floor for 2nd sample but TSL still needs to call until the process becomes familiar. ARC will not be added to a test unless you have BBCAN orders. ABRH2 is the test to order for 2nd sample confirmation and is billed. This process is being implemented to prevent samples being drawn and labelled with other patient’s info. PSBC is also implementing a 2nd sample draw policy.
* Staff discussions
* Staff suggestions for handling multiple traumas (>5) is to take 2 fridges (1 with O neg and 1 with O pos RBC and AB plasma), have multiple portable refrigerator logs. Place unit label on log when a patient is transfused. This way the entire trauma pack is not limited to one patient. SOPs for trauma response will need to be updated to reflect this.
* If a patient product order prints out and you cannot determine if it is current admission, call floor and find out when patient was last admitted. Based on last admission date tech can identify if type specific products can be issued.
* New policy for TSL- Professional Conduct for TSL staff while on duty
* Staff read through the policy and questions were addressed. See MTS for signoff

**Quality Focus- AABB Standards: Resources**

**2.0      Resources**

The blood bank or transfusion service shall have policies, processes, and procedures to ensure the provision of adequate resources to perform, verify, and manage all activities in the blood bank or transfusion service.

**2.1    Human Resources**

The blood bank or transfusion service shall have a process to ensure the employment of an adequate number of individuals qualified by education, training, and/or experience.  Current job descriptions shall be maintained and shall define appropriate qualifications for each job position.

        **2.1.1     Qualification**

Personnel performing critical tasks shall be qualified to perform assigned activities on the basis of appropriate education, training, and/or experience.

*。Minimum qualifications are defined in the job descriptions for each position.*

*。UWMC Human Resources and Laboratory Medicine review job descriptions annually for class and category.*

        **2.1.2    Training**

The blood bank or transfusion service shall have a process for identifying training needs and shall provide training for personnel performing critical tasks.

。*Education and evaluation is conducted by qualified staff and is to be completed at the time of hire, prior to implementation of any new or revised processes, semi-annually for safety training, and annually for compliance training.*

*。Refresher training is also required for a leave of absence greater than 30 days, an outcome of a QIM, proficiency testing failure, failure to attain a score of 80% on the original testing evaluation, and at the request of the employee.*

        **2.1.3    Competence**

Evaluations of competence shall be performed before independent performance of assigned activities and at specified intervals.

。*The Competency Coordinator will prepare and administer competency testing to all staff based on applicable regulations and job description.  This includes 6-month competencies for new hires and staff trained in new areas or on a new or revised task.*

。*An initial and comprehensive competency testing is to be completed after training; subsequent testing will be given six months after hire, annually after the first year, and on an as-needed basis thereafter.*

**2.1.3.1** Action shall be taken when competence has not been demonstrated.

*。Failure to attain a score of 80% on the evaluation will result in corrective action, which will be determined by the TSL Manager.*

**2.1.4    Personnel Records**

Personnel Records for each employee shall be maintained.

*。Personnel Records are maintained by the TSL Manager and the Transfusion Service and Laboratory Medicine Administration.*

**2.1.4.1** For those authorized to perform or review critical tasks, records of names, signatures, initials or identification codes, and inclusive dates of employment shall be maintained.

 *。Additional records retained include performance evaluations, a summary of training and experience, competency evaluations, formal certification, and records of continuing education*.