

## NJABBP Blood Bank Supervisors of NJ-Business Meeting Minutes

April 14, 2017 8:30-9:35 am

Attendance: Joanne Basket(Chair), Patricia Kennedy, Bhishma Patel, Katherine Tiemann, Wendy Schofield, Ana Pryzbylkowski, Jodie Dragan, Vicki Wille, Kathy Strotz, Cynthia Alpaugh, Helen Carpenter, Robert Rees.

Supervisor Group was welcomed by the Chair.

### Discussion:

1. Updates from the previous meeting. The minutes from January 3, 2107 were approved by the group, no changes.
2. The group was reminded that the Spring Seminar will be held 5/16/17 at Robert Wood Johnson.
3. Open Forum:
  - a. A question was asked: Is the Blood Bank required to perform the transfusion tag audit or is the facility required to have a process for auditing transfusion tags? The Quality part of the regs state that the blood bank should be involved. It is a good idea to incorporate nurses to the process so they can understand proper tag documentation. Blood bank still needs to have a record of audits.
  - b. For those Epic users who are looking to go paperless for transfusion documentations, is it sufficient to document the transfusion record completion compliance (i.e. vitals, signatures, start and stop times) or is a paper trail also needed for inspections. Blood banks still have to have a record of audits. It is recommended when electronic documentation is first implemented, 100% of the transfusion tags need to be reviewed and also be available for an inspection. For the second RN verifying the transfusion tag, the time gap should be at or close to the first RN signature. A 10 minute gap is not acceptable. For Cerner users, it takes more time to capture paperless documentation. You need to show what you audit electronically and/or print screen.
  - c. Assuming patient are RH negative, if patients have D&C or D&E surgery, does your blood bank protocol require fetal screen test? What about type and screen (if physicians don't order anything)? Do you request for a specimen after those procedures or not? Do you perform fetal screen on Rh negative patients for miscarriage?  
If the mom is greater than 20 weeks a fetal screen is performed. A Kleihauer-Betke would also be done since baby may be weak D. Patients that have D&C prior to 12 weeks, no fetal screen is done on post-surgery sample.
  - d. For blood bank/transfusion services without blood irradiators, do you have a mechanism to restrict access to blood bank lab? Entry to the lab needs to be a secured environment and entered via access card.
  - e. How is everyone addressing the FDA's draft guidelines for the bacterial contamination in platelets? The majority in the group does not want to do bacterial testing using the Verax test kit. The process is cumbersome, expensive, short expiration date, competencies are hard to manage. The group will order pathogen reduced platelets. If pathogen reduced platelets are

not available, how would this be addressed. The FDA will look at donor and collecting facilities. The DOH will need to enforce FDA guidelines. The DOH will need to review the regs again. The question of cost was another concern to the group. There were many opinions but no one was told a price. Also, the majority in the group will not extend to 7 day old platelets because of Verax testing.

- f. Pat Kennedy asked if anyone could help her with the blood module in Epic. Helen Carpenter's lab is Cerner and the hospital is Epic. Helen expressed her issues with Cryo and FFP orders and will share her observation list with Pat.
- g. The question was brought again up on how defaulted volumes are determined. The volumes on apheresis units must be entered into your computer system. If Apheresis units are not entered with the exact volumes the DOH will cite you. All other blood products can be entered with defaulted volumes. Using the Circular of Information pamphlet is a guide on determining the defaulted volumes of non-apheresis units. DOH recommended supervisors to call the blood centers and ask them what they suggest the acceptable volume should be.
- h. The CDC guidelines for transfusion reactions state 1.8 degrees F and a rise in temperature of 101 degrees F. The DOH says to follow the CDC guidelines. The majority are following the 2 degree rise in temperature from baseline. Bob will clarify with CDC.
- i. Next meeting will be NJABBP Spring Seminar 5/16/17
- j. Further meetings: 9/8/17 8:30-9am  
Oct 2017 Fall Seminar TBA  
12/1/17 8:30-9am

Respectfully submitted,  
Joanne Basket