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Kaiser Permanente Medical Center, San Francisco
Northern California Region
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Work Instruction

Title:	**TQ-Blood Bank Service Agreement**	**WI Number** SFOWI-0125 **Revision:** 6
Department: Immunohematology **Area:** 2425 Geary Blvd SFO Hospital Lab	***Approved & Released Work Instruction***	**Implementation Date:** 06/04/2018
Type of Document: Work Instruction		**Review Period -** 340 **Days**

Service Agreement

This is an agreement between the Transfusion Service and the clinical areas for which it provides transfusion support (e.g., surgery, emergency room, patient care units) to ensure adequate provision of blood and blood components on a timely basis.

This agreement shall be reviewed annually and shall be revised whenever necessary.

Revision of this agreement shall be brought to the Tissue and Transfusion Committee (TNT) and hospital Medical Executive Committee (MEC) for discussion and review prior to implementation.

Ordering Test and Blood Product	
Item	**Agreement**
Requisition and information on requisition	1. Patient areas with access to KP Health Connect (KPHC) must place Transfusion Service orders in KPHC and submit a printed requisition. During KPHC downtime and for Operating Room, a completed manual Transfusion Service requisition must be submitted with the following information: The patient's full name (first, last, and middle initial if applicable) The patient's medical record number. The ID e.g. signature/initials/NUID of the person who collected the specimen. The date and time of specimen collection. The physician ordering the testing/products. The test, product and quantity requested, along with specific special orders ie: CMV negative, irradiated, autologous or designated units. The priority for the testing. The expected date of the transfusion or surgery. 2. The information on the requisition must be legible.

	3. For add-on Type & Screen or Cord ABORh & DAT order, the requisition must be brought or faxed, and notify Transfusion Service after faxing. **4. For STAT or urgent requests, notify Transfusion Service promptly so orders may be expedited.** **5. For all orders on Night Shift, notify Transfusion Service promptly so orders are not delayed.** 6. Failure to notify Transfusion Service in a timely manner will result in delay of testing or blood product. 7. Conditional orders should only be released after the nurse/provider has determined that the condition is met. 8. **Cancellation or modification** of orders **must be verbally communicated** to the Transfusion Service as soon as possible to avoid erroneous billing or blood product wastage.
Specimen and information on the specimen label	1. The specimen must be a full 6 mL pink (EDTA) tube. 2. The following information must be on the specimen label: The patient's full name (first, last, and middle initial if applicable). The patient's medical record number. The ID e.g. signature/initials/NUID of the person who collected the specimen. The date and time of specimen collection. 3. The information on the specimen label must match the information on the requisition and must be legible. 4. All specimens must be accompanied by requisitions. Specimens without requisitions will be discarded. 5. Name and/or MRN errors on either specimen or requisition are unacceptable and will result in specimen being discarded after proper notification and documentation.
Double check	1. ABORh must be performed on two separate specimens for RBC and blood component transfusion. 2. Patients who have an ABORh history in Transfusion Service computer system do not require a DBCK specimen. 3. DBCK should NOT be drawn unless requested by Transfusion Service staff. 4. The patient should have two separate specimens, independently identified and drawn at different times, ideally by two licensed personnel. 5. DBCK can be drawn at the same time as the initial specimen only in an emergency and must be identified, drawn and signed/initialed by a different licensed personnel.

SERVICEs and Turnaround times	
Item	**Agreement**
ABO/Rh DAT Type and Screen Type and Crossmatch Crossmatch	**ABO/Rh, DAT, Type & Screen, and Type & Crossmatch** - Routine requests shall be available the same day and prior to the anticipated time. **STAT requests for the above** shall be completed within one hour. Exceptions may occur when special needs are required.

	Crossmatch requests from surgery will be completed within 10 minutes for patient without special needs.
Thaw frozen components (frozen plasma, cryoprecipitate)	**Thawed components** shall be available within 60 minutes after receipt of **STAT** request and within 30 minutes for **requests from surgery**.
Setup blood and components for newborns	**Blood and components** shall be available within one hour after receipt of request. Exceptions may occur when special needs or special products are required.
Platelet Pheresis	**Platelet pheresis** shall be available within one hour depending on availability from supplier. **Requests from surgery** will be prioritized and expedited.
Plasmapheresis	**Plasmapheresis -** 24 hours advance notice is needed.
Transfusion Reaction Investigation	**Transfusion reaction investigation** shall begin immediately following reporting. Medical Director/designee shall be available for consultation 24/7. **Initial transfusion reaction workup** shall be completed within 60 minutes after receipt of the report, post-transfusion sample and implicated unit.
Emergency Release	For **emergency release of uncrossmatched blood**, Transfusion Service shall complete an order for 2 units of RBC within 5 minutes. For other products, depending on processing and availability, most cases shall be within one hour.
Massive Transfusion	When **Massive Transfusion Protocol** is initiated, the first set of 4 RBC, 4 plasma and 1 platelet pheresis will be available as soon as the products are prepared. Transfusion Service will prepare subsequent sets until cancellation. Cryoprecipitate will be prepared as specified in the Massive Transfusion protocol.
Washed blood and Volume reduced platelets	**Washed blood and Volume reduced platelets** shall be available for pick-up after receipt of products from blood supplier. TAT depends on blood supplier processing time which is several hours after receipt of request.
Frozen-deglycerolized units	**Frozen-deglycerolized units** shall be available for pickup 48 hours after receipt of order.
HLA-matched platelet or Crossmatched platelet	**HLA-matched platelet** or **Crossmatched platelet** shall be available 48 hours after testing.
Antigen Typing Antibody Identification Elution	**Antigen typing, antibody identification and elution** are performed as needed following Transfusion Service's established testing criteria. Priority shall be given to urgent cases.

Service Standards	
Item	**Agreement**
Special needs (e.g., CMV negative, leukoreduced, antigen negative, irradiation, HbS negative)	Upon requests of the special need(s), depending on patient qualification per protocol and availability from supplier, most cases shall be fulfilled within 2 hours.
Product shortages - from supplier	Transfusion Service shall inform the Medical Director of shortages. Transfusion Service shall follow Notification of Blood Product Shortage policy. Transfusion Service shall evaluate and prioritize needs with approval from the Medical Director.
Notification of delays in obtaining requested products	When there is a delay in obtaining products, Transfusion Service will inform the requesting physician as soon as it is

	known. For surgery cases, Transfusion Service shall follow the established guidelines. Medical Director shall be available for consultation if needed.
Emergency/disaster responding	The Transfusion Service shall follow the internal Emergency Preparedness procedure. Transfusion Service shall coordinate service efforts with the medical center's Emergency Operations Center.
Medical Director Consultation	Medical Director or designee is available for consultation when needed.
Product Pick-up	1. Licensed personnel must bring a correct HealthConnect (HC) pick-up slip or during HC downtime, a completed manual Blood Bank Product Pickup (pink) slip. 2. The following information must be on the pick-up slip: The patient's full name (first, last, and middle initial if applicable). The patient's medical record number. Quantity and type of product(s) to be picked up. Date, initial or NUID of the licensed personnel completing the pick-up slip. 3. Information on the pick-up slip must be legible.
Product returns	All unused products shall be returned to Transfusion Service as soon as the delay or cancellation is known. However, only products returned to Transfusion Service in satisfactory condition per protocol, can be transferred back to the inventory.
Transportation of products	The requesting department or transportation runner shall be responsible for transporting the products. Blood products should be transported without delay. Training and competency materials for runners are provided by Regional LQC to the Transportation Department which is responsible to ensure completion.

Other Supports	
Item	**Agreement**
Cooler purchases	Coolers shall be purchased by the requesting department.
Cooler validations	Transfusion Service shall perform the initial cooler validation and annual inspection.
Cooler storage	Small coolers for transport shall be kept in Transfusion Service.
Temperature review	Storage Temperature review shall be done daily by the Transfusion Service.
Temperature Indicator supplies	Temperature Indicator shall be provided by Transfusion Service and affixed to all RBC units released to Operating Room and Outpatient infusion.
Temperature Indicator validation	Transfusion Service shall perform the required validation for Temperature Indicator.

Service Delays	
Item	**Agreement**
Service delays	Transfusion Service shall inform the requesting department ASAP of any anticipated service delays.

Service needs and improvements	Transfusion Service shall investigate the cause(s) for delay and follow-up with appropriate corrective actions and continuous improvement.

Service Effectiveness (tracking mechanisms)	
Item	**Agreement**
TAT audits	Transfusion Service shall monitor TAT using MD/RN feedback and the daily supervisor review summary.
RRF and other complaints received	All RRF and complaints are tracked by Transfusion Service and reported to Risk Management.
Quality indicators	Quality indicators/assessments are routinely performed to monitor and maintain service goals.
Blood utilization	Transfusion Service shall provide reports of C/T ratio for allogeneic and autologous blood cells, and reports of usage and wastage of blood and blood components.

Communication	
Item	**Agreement**
New services or changes to a service	Recommendations for new services or change of service needs may be sent to the supervisor/manager/Medical Director. A review of appropriateness by the supervisor/manager/Medical Director shall be completed within a reasonable amount of time. Coordination of any new service/change in service should be done jointly between Transfusion Service and the affected departments.
Quality indicators	Quality indicators/assessments are reported to TNT Committee, Quality Department, and MEC.
Blood utilization	Report to TNT Committee, Quality Department, and MEC.
Needed improvements or changes outside of Transfusion Service	Any needed improvements or changes outside of Transfusion Service shall be reported and discussed at the TNT Workgroup. Transfusion Service shall assist and make recommendations as needed to meet regulatory compliance.

Associated Documents:

External Documents

Associated Quality System Documents - None

Documents Generated:

Document Revision History:

Revision: 6	**Date Created:** 09/30/2005 **Date of Last Revision:** 06/04/2018	**Last Approval Date:** 06/04/2018

Document Author: Cara H Lim/CA/KAIPERM	**Document Manager:** Richard Chui/CA/KAIPERM

Reason for Change:

Revision:	Sec/Para Changed	Change Made:	Date
1	N/A	Import into QSI.	2/16/11
2	Approver	Changed Medical Director.	6/1/11
3	Approver Requisition and information on requisition Service Standards - Product Pick-up Transportation of products Safe-T-Vue supplies	New Lab Director. Added to submit a HC requisition. Changed Order details to HC pick-up slip. Changed from providing training to providing materials. Added outpatient infusion.	3/25/13
4	Approver Review frequency Revision frequency Approval of revision Double Check Product returns	New BB Medical Director. Changed from two months after implementation to annual. Changed from if to whenever necessary. Added statement for clarification of process. Revised to reflect current practice of not drawing DBCK unless asked by BB staff. Added that unsued products should be returned as soon as delay or cancellation is known.	10/1/13

	Transportation of products Thawed frozen components Requisition and Information on requisition	Added that blood products should be transported without delay. Revised that thawed products will be available within 30 minutes. Added #4 Conditional orders and #5 Cancelled orders.	
5	Approver Ordering Products - Requisition and information on requisition, #1 and Specimen and information on the specimen label, #2. Services and Turnaround times -Massive Transfusion. Service Standards, Product returns. Other Supports, Cooler validation. Other Supports, Temperature review. Other Supports.	New CLIA Director. Changed 'signature of the person who collected the specimen' to 'ID e.g. signature/initials/NUID of the person who collected the specimen'. Changed TAT 'from within one hour' to 'as soon as products are prepared'. Added 'except when specified by protocol' for cryoprecipitate order. Deleted criteria of 'within 1/2 hour after dispense' as satisfactory condition for products returned to BB. Changed to satisfactory condition per protocol. Replaced annual validation (not required) with annual inspection. Replaced Blood Bank temperature with Storage temperature. Replaced Safe-T-Vue with Temperature Indicator. Deleted validation of each new lot because not required per manufacturer.	10/11/16
6	Whole document Ordering Products Requisition and Information on Requisition #4 & #5 Ordering Products Requisition and Information on Requisition #6 Ordering Products Requisition and Information on Requisition #8 Services and Turnaround Times	Revised due to BPAM implementation on 3/20/18. Added instructions to notify Transfusion Service for STAT and urgent requests and for all orders on Night shift. Stated that untimely notification or failure to notify Transfusion Service will cause delay in testing and/or blood product availability. Added instructions to notify Transfusion Service of modified orders. Clarified TAT for surgery and STAT requests, and TAT for initial transfusion reaction workup. Noted that exceptions to TAT may occur due to special needs or special products.	3/13/18 5/17/18 3/13/18 5/17/18

Notification List:

Approvals:

First Approver's Signature

Name: Maria F Serrano/CA/KAIPERM — Jun 4, 2018 05:09:39 PM PDT - Approved by: Maria F Serrano/CA/KAIPERM
Title: Transfusion Service Medical Director

Second Approver's Signature

Name: Eric Suba/CA/KAIPERM — Jun 1, 2018 08:41:13 AM PDT - Approved by: Eric Suba/CA/KAIPERM
Title: Chief of Pathology; CLIA Director

Document History Section