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AUTHOR: G938509	PREVIOUS NUMBER: KQE:17.3.1-2-0100.03
OWNER: G938509	CHANGE NUMBER: SCPMG-CR-0412

Self Assessment Of Blood Administration For Transfusion Services

Purpose The purpose of this document is to describe the procedure for conducting a self-assessment audit for Blood Administration.

Policy Trained and competent Transfusion Service personnel conduct the self-assessments.

- There will be 1-2 self-assessments performed a month for each medical center dispensing blood and blood components.
- The self-assessments will be rotated between the various clinical services, so that at least every quarter, one self-assessment will have been performed for the following areas:
 - Inpatient services
 - Outpatient transfusions
 - Emergency Room
 - Pediatric (either inpatient or outpatient)
- Attempts should be made to perform the self-assessments at least during the day and evening shifts.
- Personnel performing the self-assessment will have been trained and found competent to perform these assessments.
 - Records to this effect will be current and on file in the transfusion service or lab office.

Procedure

Follow the steps below to prepare for an audit	
Step	Activity
1.	Obtain the <i>Blood Administration Checklist</i> form.
2.	Select a patient transfusion to follow.
3.	Complete the first part of the form leaving the "Transfusionist" blank until later in the audit process.
4.	Inform the laboratory staff member, courier and transfusionist(s) that you are auditing the transfusion for <i>internal</i> self-assessment purposes.

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**Self Assessment Of Blood Administration For
Transfusion Services**, Continued**Preliminary
steps, cont'd**

Step	Action
5.	<p>Be pleasant, non-judgmental, courteous, and do not interfere in anyway with the performance of the procedure or other patient care activities.</p> <ul style="list-style-type: none"> • If it appears that the safety of the patient or integrity of the blood/blood component may be compromised, request the personnel to cease the process, and request a correction of the problem. • Report any problems to the QI department, and write a QIM (Quality Improvement Monitoring) report.

**Using the Blood
Administration
Checklist**

Follow the steps below for auditing of the transfusion process	
Step	Activity
1.	<p>Observe the process of the selection of the blood/blood component and other dispense activities performed by the laboratory staff.</p> <ul style="list-style-type: none"> • Determine if multiple units are set up on the patient, that the oldest unit be is selected for dispense. • If autologous and/or directed units are set up on the patient, observe that they are given in the correct order (autologous first, directed next, followed by allogeneic units) • Select Yes or No for items 1-8 as being compliant on the <i>Blood Administration Checklist</i>
2.	<p>Observe the process of the readback with the courier by the laboratory staff.</p> <ul style="list-style-type: none"> • Select Yes or No for items 9-11 as being compliant on the Blood Administration Checklist. <p>NOTE: Can verify item 11 (Courier training) post audit.</p>
3.	<p>Observe the process of the transfusion at patient bedside.</p> <ul style="list-style-type: none"> • Select Yes or No for items 12-22 as being compliant on the <i>Blood Administration Checklist</i>.
4.	For any items on the checklist determined to be not applicable, document "N/A" for the item.
5.	Once the transfusion has been started, and the checklist items have been completed in the Transfusion Section, the direct observation of the audit is completed.

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Self Assessment Of Blood Administration For Transfusion Services, Continued

Analysis of the Audits

Follow the steps below to analyze the results of the audit.	
Step	Action
1.	At the completion of the audit, the checklist is given to the manager or trained designee.
2.	The manager or trained designee collects the checklists and tallies the results from the quarterly audits onto the <i>Blood Administration Assessment Summary</i> form.
3.	The manager, and the medical director review the summary form(s).
4.	A copy of the summary form is kept in the Transfusion Service per current record retention policies.

Corrective Action

Follow the steps below for corrective action	
Step	Action
1.	If the manager or designee notices a serious problem detected during the audit or a trend in reviewing multiple audits, it is reported immediately to the medical director. Appropriate action is taken: <ul style="list-style-type: none"> • A QIM report is completed • Notify the involved department • Educate the involved department • Re-audit the involved department
2.	The RBBCO will monitor and trend problem reported incidents. Appropriate action is taken: <ul style="list-style-type: none"> • If it is a regional issue, chiefs of the appropriate departments may be contacted to discuss the issues. • The QI units from the hospitals may also be involved in the corrective action process.

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Self Assessment Of Blood Administration For Transfusion Services, Continued

Authors All SCPMG Transfusion Service Managers
Regional Blood Bank Compliance Officer

Controlled Documents Blood Administration Checklist
Blood Administration Assessment Summary

Uncontrolled Documents AABB Standards, current ed.
CAP Requirements, checklist, current ed.
Fung, Mark K. Ed. Technical Manual, 19th Ed. AABB ,2017

Distribution All SCPMG Transfusion Services

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SCPMG Laboratory Systems
RL Transfusion Service
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Self Assessment Of Blood Administration For Transfusion Services, Continued

Reviewed and approved by:

Previously Signed	September 15, 2000
Virginia Vengelen-Tyler, MBA, MT,ASCP(SBB), CQA(ASQ) Regional Blood Bank Compliance Officer	Date
Signature Collected Electronically	January 5, 2011
Adriana A. Bedoya, M.D. FCAP, FASCP Medical Director- San Diego –SA	Date
Signature Collected Electronically	May 22, 2000
Gary Gochman, MD, Medical Director –Bellflower, Harbor City, Baldwin Park MSA	Date
Signature Collected Electronically	December 5, 2010
Jeffrey D. Shiffer, MD. Medical Director –San Fernando Valley SA	Date
Signature Collected Electronically	May 2, 2000
Joseph Thompson, MD. Medical Director –Los Angeles, West Los Angeles MSA	Date
Signature Collected Electronically	May 3, 2006
David R. Huebner-Chan, MD. Medical Director –Orange County SA	Date
Signature Collected Electronically	May 25, 2000
Dong Quach, MD. Medical Director –Riverside, Fontana MSA	Date
Signature Collected Electronically	May 25, 2000
Brian E. Platz, MD, Medical Director- West Los Angeles	Date
Signature Collected Electronically	September 7, 2012
Sung Sing, MD, Medical Director – Fontana and Ontario Medical Centers	Date

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Self Assessment Of Blood Administration For Transfusion Services, Continued

DOCUMENT HISTORY PAGE
Effective Date: September 15, 2000

Change type: new, major, minor etc.	Changes Made to Document – Describe	Signature responsible person/Date	Med. Dir. Reviewed/ Date	Lab Manager reviewed/ Date	Date change Imp.
New					
Minor	Revised Attachment A&B: 1. Removed the name of the patient on front of form. 2. Removed name of assessor on bottom of form (it is already on front). 3. Remove one check of wristband- already addressed. 4. Added a check to make sure label is affixed to blood bag when unit is hung.	G. Tyler 12-12-02	N.A.		
Minor	1. Removed forms and put into forms section 2. Added the patient's name back on the audit form- OK for HIPAA 3. Made new version # -02	G. Tyler 09/04/03	N.A.		
Minor	1. added Irvine 2. Added work place safety No version change needed.	Ginny Tyler 02/22/08	N.A.	N.A.	
Minor	Removed the RBBCO review of local monthly audits. Only reviewed when there is a trend.	Ginny Tyler 09/07/2012	N.A.	N.A.	

IMP = Implemented

MasterControl History of Change:		
Change type: new, major, minor etc.	Version #	Description of Change
Minor	5	Updated to audit elements of current dispense SOP, and transfusion tag redesign.