|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | Blood Bank Staff Audits and Assigned Tasks  BB.PROTOCOL | **Dept:** | 324311 |
| **Dept Name** | Blood Bank |
| **Effective Date:** | Title 21 |
| **Revised Date:** | Title 21 |
| **Name & Title**: CLIA Laboratory Medical Director | | | **Contact:** | Julie H. Simmons/ Christina S. Warren |
| **Signature:** | Refer to Title 21 | | **Date:** | **Title 21** |

**1. General Protocol Statement:**

**A.** **Purpose:**

To provide general guidelines on audits performed by Blood Bank staff and a list of tasks that are

assigned to specific staff.

**B.** **Responsible Department/Scope:**

i. Protocol owner/Implementer: Julie H. Simmons/Christina S. Warren

ii. Protocol prepared by: Julie H Simmons

iii. Who performs protocol: Department staff/management

**C. Definitions:**

BUR form: Blood Utilization Review

Audit: Periodic review of established processes to assure that established quality system requirements

are in compliance and effective.

**2. Protocol:**

1. Audits are developed to ensure that processes are compliant and effective.
2. Audits may be ongoing or may be discontinued if process is deemed compliant.
3. Audits will be assigned by management.
   1. Some audits are assigned to specific staff members.
   2. Some audits are rotated among staff members.
4. Audits will be kept in the calendar year folder located in management’s office or specific folder in irradiator room.

*Refer to Attachment 1: Blood Bank Staff Audits and Assigned Tasks*

1. Some tasks (not audits) have been assigned to staff members.
2. Tasks assure the smooth operation of the department.

*Refer to Attachment 1: Blood Bank Staff Audits and Assigned Tasks*

**3. Review/Revised/implemented:**

All protocols must be reviewed as stated in the Document Control Protocol.

All new protocols that have major revisions must be signed by the CLIA Director.

All reviewed protocols with minor revisions can be signed by the designated section medical

Director or designee.

**4. Related Protocols: NA**

**5. References**: NA

**6. Attachments**:

Attachment 1: Blood Bank Staff Audits and Assigned Tasks

Attachment 2: Checklist of Audits completed

**7. Revised/Reviewed Dates and Signatures:**

Refer to Title 21

**Attachment 1: Blood Bank Staff Audits and Assigned Tasks**

**List of Audits Performed**

|  |  |  |  |
| --- | --- | --- | --- |
| **Title** | **Staff Performing** | **Frequency** | **Comments** |
| Emergency Release | Rotating BB Staff | Twice/month |  |
| Expired Supplies and Reagents | Rotating BB Staff | Monthly |  |
| Cooler Prep Flag Audit | Crystal Dunbar  Armando Santos | Weekly | Filed in Irradiator Room |
| Billing Audit | Julie Jackson | Periodically |  |
| Blood Supplier Packing List | Jennifer Cole | Monthly |  |
| Mismatch ABO Transplant Transfusion Requirement | BB Asst Mgr | Monthly | CAPA initiated |
| Blood Utilization Review | Medical Director | Each Transfusion Reaction |  |

**Assigned Tasks**

|  |  |  |  |
| --- | --- | --- | --- |
| **Task** | **Staff Performing** | **Frequency** | **Comments** |
| Received log | Carla Williams | Periodically | For completion |
| Supply Expenses | Carla Williams | Monthly | Reconcile with order receipt |
| Inventory | Carla Williams | Periodically |  |
| Forms/Labels | Stuart Acrey | NA | Update when requested by management. Assure adequate inventory. |
| Red Cross Blood Drive | Linda Angermeier | 6x per year |  |
| TAT Report for Oncology for QA | Kelly Pugh | Monthly |  |
| Wastage Report for QA | Jennifer Cole | Monthly |  |
| Equipment | Kelly Pugh | Periodically | Validation, etc. |
| Cooler inventory | ShaNese Plummer | Periodically |  |
| Compile QA report | Larry Waldron | Monthly |  |
| MTP Tracking log report | Jennifer Cole | Monthly |  |
| Competency | Bettina Turner | Periodically | Organize, assign, track |
| HLA Reports – electronic file | John Franke | Periodically |  |
| Lookbacks – electronic file | John Franke | Periodically |  |
| Ordering/RFPs | Larry Waldron  Carla Williams | As needed |  |
| Antigen Plus cell import | Susan Wright  Jackie Tolliver | Periodically | Import panels into Antigen Plus and check |
| Stroma Preparation | Stuart Acrey  Larry Waldron | As needed |  |
| Maintain frozen reagent cell inventory | Jennifer Cole  Larry Waldron  Kelly Pugh | As needed |  |
| Maintain frozen antisera | Stuart Acrey  Crystal Dunbar  ShaNese Plummer  Danielle Renzi | As needed |  |
| Lookbacks – tracking |  | As needed |  |
| Safety Representative | Hannah Phillips | Monthly |  |
| HemaEmerge | Anna Molnar | As needed |  |
| Preceptors | Bettina Turner  Anna Molnar  Kelly Pugh  ShaNese Plummer  Jennifer Cole |  |  |
| SCC Merges | Linda Angermeier  Anna Molnar  Gail Robbins  Jackie Tolliver  Jennifer Cole  ShaNese Jackson  Kelly Pugh  Bettina Turner  Julie Jackson | Daily |  |