|  |  |  |  |
| --- | --- | --- | --- |
|  | 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 DunbarArmando 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 WaldronCarla Williams |  As needed |  |
| Antigen Plus cell import | Susan WrightJackie Tolliver | Periodically | Import panels into Antigen Plus and check |
| Stroma Preparation | Stuart AcreyLarry Waldron | As needed |  |
| Maintain frozen reagent cell inventory | Jennifer ColeLarry WaldronKelly Pugh | As needed |  |
| Maintain frozen antisera | Stuart AcreyCrystal DunbarShaNese PlummerDanielle Renzi | As needed |  |
| Lookbacks – tracking |  | As needed |  |
| Safety Representative | Hannah Phillips | Monthly |  |
| HemaEmerge | Anna Molnar | As needed |  |
| Preceptors | Bettina TurnerAnna MolnarKelly PughShaNese PlummerJennifer Cole |  |  |
| SCC Merges | Linda AngermeierAnna MolnarGail RobbinsJackie TolliverJennifer ColeShaNese JacksonKelly PughBettina TurnerJulie Jackson | Daily |  |