AABB Standards volume 2

In the previous Standards Chat, we discussed how the department is structured and what responsibilities are required of the Blood Bank leadership. In this chat we will discuss the department quality program, and the standards that guide it.

**1.2 Quality System**

* A quality system ***shall*** be defined, documented, implemented, and maintained. All personnel ***shall*** be trained in its application.
  + The *Quality Program* policy is designed to fulfill this standard and follows the Froedtert philosophy of Continuous Quality Improvement or CQI.
    - To achieve CQI in the Blood Bank, Erica leads a Blood Bank Quality Committee where BB Leadership, Dr. Treml, Dr. Karafin, two Blood Bank members (currently Margaret P and Shelly W), and the Executive Director System Laboratories (Ceil) meet on a monthly basis to discuss department data, project progression, and potential improvements.

**1.2.1 Quality Representative**

* The quality system ***shall*** be under the supervision of a designated person who reports to executive management.
  + According to the *Quality Program* policy, Chris is then responsible for reporting progress made in the Blood Bank Quality Committee to the Lab Quality Committee, who oversees the CQI of the entire lab.
  + As the Blood Bank Quality Representative, Chris looks for issues related to AABB Standard compliance and recommends corrective action when they are detected.

**1.2.2 Management Reviews**

* Management ***shall*** assess the effectiveness of the quality system through assessments and scheduled management reviews.
  + In the *Internal Audits* policy outlines the reviews that are performed in the Pre-Analytical, Analytical, and Post-Analytical testing stages. Audits are one of the many tools that we use assess quality.
  + Internal audits are designed to:
    - Generate and maintain the Quality Plan
    - Establish and maintain a system of review
    - Ensure we have quality blood products and services
  + Audits follow a specific workflow that includes:
    - Procedure 1: Prepare for the Audit. This is a development phase where the purpose and frequency of an audit is considered. Depending on the audit, it may include reviewing previous errors to better understand the scope.
    - Procedure 2: Performing the Audit. In this phase the data sheets created in procedure 1 are completed via observations, interviews, and/or record reviews.
    - Procedure 3: Prepare and Distribute the Audit Report. This is the phase that the data is reviewed, summarized and analyzed.
    - Procedure 4: Corrective Action. During this phase, the BB Leadership team is tasked with replying to the audit with corrective action for each critical, major, or minor finding. This corrective action often includes training personnel and must be deemed acceptable by the Medical Director.
  + Along with audits, it is the responsibility of BB Leadership to analyze errors through result reviews and Deviations.
  + Root cause analysis is used when a specific event could adversely affect patient safety, or the purity and potency of blood products.

The goal of the AABB Standards Chat is to increase staff awareness as to their purpose and how they impact the blood banks policies and procedures. If you have a question about AABB standards, please see a member of BB Leadership.