### TRAINING UPDATE

**Lab Location: Department:** 

GEC, SGMC & WOMC Mgmt & QA

Date Distributed:
Due Date:
Implementation:

6/11/2020 6/30/2020 6/15/2020

### **DESCRIPTION OF REVISION**

Name of procedure:

# Management of Vendor Notifications SGAH.QA43 v4

**Description of change(s):** 

Header: changed WAH to WOMC

Section 5: Update QD process to SharePoint

Section 6: Update QA SOP titles, add QD items

This revised SOP will be implemented June 15, 2020

Document your compliance with this training update by taking the quiz in the MTS system.

### Non-Technical SOP

Title	Management of Vendor Notifications	
Prepared by	Amanda Engles/Rachel Strother	Date: 9/26/2011
Owner	Cynthia Bowman-Gholston	Date: 4/24/2012

Laboratory Approval					
Print Name and Title	Signature	Date			
Refer to the electronic signature page for					
approval and approval dates.					
Local Issue Date:	Local Effective Date:				

# **TABLE OF CONTENTS**

1.	PURPOSE	. 1
2.	SCOPE	. 1
3.	RESPONSIBILITY	. 1
	DEFINITIONS	
5.	PROCEDURE	. 2
6.	RELATED DOCUMENTS	. 3
	REFERENCES	
	REVISION HISTORY	
9.	ADDENDA AND APPENDICES	. 4

### 1. PURPOSE

This policy establishes a process to inform end users and manage notifications (including recalls, defects, or general issues) from vendors for their products (hard or soft) that may affect patient care. Blood transfusion products are excluded from this policy (refer to blood bank procedure).

#### 2. SCOPE

This procedure applies to all laboratory personnel.

## 3. RESPONSIBILITY

- 1. The Quality Assurance (QA) department is responsible for:
  - a. The maintenance and periodic review of this SOP
  - b. The maintenance and retention of any notification documentation and any resolutions and/or responses.
  - c. Assisting the medical director with preparation of any physician recall letters

SOP ID: SGAH.QA43 SOP version # 4 CONFIDENTIAL: Authorized for internal use only.

Page 1 of 4

- 2. It is the responsibility of the department directors, managers, supervisors and Group Leads
  - a. To forward vendor notifications to the QA department
  - b. To act on any vendor required response through the QA department

### 4. **DEFINITIONS**

Notifications – Documents that may take the form of product recalls, market withdrawals, or software patches and upgrades. Notifications can come directly from the manufacturer or as a corporate correspondence.

RASMAS – A web-based database community of 17,000 United States and Canadian healthcare professionals to track manufacturer recalls.

Recall – Action and/or communication from a supplier to stop or modify use of a product involved in the testing or specimen collection process

#### 5. PROCEDURE

#### **Mail Notifications**

- 1. If vendor notifications arrive in the affected department, the department will forward them to the Quality Assurance department.
- 2. If the notifications are initially received by the QA department, they will be photocopied and forwarded to the appropriate testing department. QA will file the copy in the designated location.
- 3. The QA specialist works with department designee to investigate purchased products within 48 hours.
- 4. The QA specialist will return the completed documentation response to the manufacturer and file all paperwork.
- 5. The Quality Assurance staff will collaborate with the department and the medical director, with any patient-centered corrective actions, in response to the notification as necessary. Corrective action may include but is not limited to physician (client) notification, alternate testing sites (test referred out), alternate test methodologies (different kit or instrument), etc.

# **Quest Diagnostics Notifications**

- 1. Quest Diagnostics manages recalls throughout the corporation and provides information through the intranet SharePoint site on the intranet website <a href="http://questnet1.qdx.com/units\_functions/recall-notification/index.htm">http://questnet1.qdx.com/units\_functions/recall-notification/index.htm</a>
- 2. Notices will be sent via email with directions and a link to the required form. Click the link and follow instructions to complete and submit the form.
- 3. A 'past due' email will be sent if the deadline is missed.
- 4. When Medical Quality closes the recall, an email is sent to notify users.

SOP ID: SGAH.QA43 SOP version # 4 CONFIDENTIAL: Authorized for internal use only.

Page 2 of 4

- 5. Additional information is available on all recalls via the SharePoint site under All Communities / Recall Notification
  - If you receive a supplier's recall notice, check to see if it has already been received by the Recall Team using the links provided on the website. If you do not find it listed, send it via email to the address: DGX Supplier Notification or through the link provided on the above site.
  - There is also an active link to direct the user to the Supplier Quality Intranet site to help them connect with Procurement on any supplier quality issue, not iust recalls.

#### **RASMAS Notifications**

- 1. The subscribing hospitals have designated RASMAS managers who identify the responders within the system. These designees control the alerts for specific departments and are e-mail recipients for the notifications.
- 2. Each designee will establish their username and password.
- 3. The primary recipient can designate backup responders, who will also receive the notifications. In our lab, the primary and backup responders are QA specialists.
- 4. Each notification arrives with a 72 hour response due date. The responder logs into the site: http://info.rasmas.noblis.org/ and clicks the link for 'My work', which indicates the number of alerts on the banner with a green (in-date) light or a red (overdue) indicator.
- 5. All laboratory associated recall notices will appear on the list, designated as either routine or escalated notices (backlit in buff). All escalated notices require the responder to indicate that the notice was read, prior to closing the coordination and they must be closed one at a time.
- 6. Any alert that does not have a response within the 72 hours will be considered overdue.
- 7. If all notices are routine, the responder can click a box and simultaneously close all, using one explanation, such as, 'Product not purchased.'
- 8. If the recall is for a purchased product, the responder will print the recall notice and work with the department designee to verify the product status, i.e. 'lot not received.'
- 9. Once the recall has been processed, the responder closes the RASMUS alert with the appropriate explanation or action. All supportive documentation will be returned to the QA department for final filing.

#### 6. RELATED DOCUMENTS

- Reportable Quality Issues, QA procedure
- Medical Device Reporting (MDR) Reportable Events, QA procedure
- Blood Product Lookbacks, Recalls, and Market Withdrawals, Blood Bank procedure
- Quest Diagnostics *Recall Notification Process* (QDMOQ744)

CONFIDENTIAL: Authorized for internal use only. SOP version # 4 Page 3 of 4

# • Quest Diagnostics *Recall Instruction Guide* (QDMOQ410)

#### 7. **REFERENCES**

College of American Pathologists (CAP) Checklist

#### **REVISION HISTORY** 8.

Version	Date	Reason for Revision	Revised By	Approved By
000	4/8/14	Section 3: Inserted assisting with preparation of recall letters, add Group Leads Section 4: added RASMUS Section 5: Removed requirement to notify Chantilly QA of recalls. Update investigation and response process. Removed filing specifications. Inserted medical director collaboration for patient-centered corrective actions. Added steps for processing the	C. Bowman L. Barrett L. Loffredo	C. Bowman
		RASMAS notifications. Footer: version # leading zero's dropped due to new EDCS in use as of 10/7/13.		
1	6/1/16	Section 1: Exclude blood products Section 5: Add QD intranet information Section 6: Update RQI SOP, add BB SOP	L Barrett	C Bowman- Gholston
2	6/26/18	Header: Add other sites	L Barrett	C Bowman- Gholston
3	5/21/20	Header: Change WAH to WOMC Section 5: Update QD process to SharePoint Section 6: Update QA SOP titles, add QD items	L Barrett	C Bowman- Gholston

#### 9. ADDENDA AND APPENDICES

N/A

SOP ID: SGAH.QA43 CONFIDENTIAL: Authorized for internal use only. SOP version # 4 Page 4 of 4