

TRAINING UPDATE

Lab Location: WOMC/SGMC **Date Implemented:** 3/30/23
Department: Blood Bank **Due Date:** 3/30/23

DESCRIPTION OF PROCEDURE REVISION

Name of procedure:	
Referral of Specimens from FWMC to WOMC	
Description of change(s):	
<p>We monitor the elapsed time for starting FWMC referral specimens. On the referral form,</p> <ul style="list-style-type: none">• Time Received (WOMC) is the time the specimen is received in the blood bank• Timed Workup Started (WOMC) is the time the specimen is placed on the Echo• This time cannot be less than 10 minutes, because we centrifuge the specimens for 10 minutes <p>We also monitor that WOMC BB staff are calling FWMC BB staff when the workup takes longer than 2 hours. We had 0/2 calls in February (0% compliance). WOMC staff will not be required to set a timer to remind them to call FWMC blood bank staff at 2 hours. Document the call on the referral form.</p>	



Fort Washington Medical Center

Blood Bank Workup Referral Form

Patient Information			
Name		Birthdate	
MRN		Gender	
T&S Accession		Collection Date	
Diagnosis		Transfuse Orders and Priority?	
Time Received (WOMC)		Time Workup Started (WOMC)	

Time Received ↑ in BB
Time Placed ↑ on Echo

Has the patient received RhIG within the past 90 days?	<input type="checkbox"/> Yes date given: <input type="checkbox"/> No <input type="checkbox"/> RhIG history unknown/unavailable Was an antibody screen done prior to RhIG administration? Y N Antibody (-ies) Identified:
Has the patient been transfused?	<input type="checkbox"/> Yes, within the previous 90 days <input type="checkbox"/> Yes, but not within the past 90 days <input type="checkbox"/> Never transfused <input type="checkbox"/> Transfusion history unknown/unavailable
Has the patient been hospitalized within the past 90 days?	<input type="checkbox"/> Yes Hospital Name: Approximate Date: <input type="checkbox"/> No <input type="checkbox"/> Hospitalization history unknown/unavailable
Name and Phone Number of FWMC Hospital Contact	

Fax This Form AND Below Information to WOMC BB at 301-388-7506	
Antibody Identification Workup ABO Discrepancy Workup	Antibody screen results on antigram Original ABO/Rh typing results Repeat ABO/Rh typing results

Screening Crossmatch Results (Do not label units for issue)						
EMERGENCY RELEASE FORM REQUIRED FOR ISSUE UNTIL ALL TESTING IS COMPLETE						
Unit Number	ABO/Rh	IS XM	Gel XM	Interp	Tech	



Adventist Healthcare Laboratories Performance Improvement Committee FOCUS REVIEW

TITLE: Antibody Identification Turnaround Time Notification

SECTION: Blood Bank

REVIEWER: Stephanie Codina

DATE: Feb 2023

INDICATOR/FUNCTIONAL MEASUREMENT

Define the measurable variable relating to the structure, process or outcome of service that is being reviewed.

We are measuring the number of times WOMC Blood Bank staff members notified FWMC blood bank staff members that an antibody workup will not be completed within 2 hours (numerator) divided by the number of antibody identifications that took longer than 2 hours from receipt.

OBJECTIVE

State the goal of the review. Include expected threshold where appropriate.

WOMC Blood Bank staff members will notify FWMC blood bank staff members if an antibody identification workup will not be completed within 2 hours. The notification will be documented on the Antibody Identification form.

METHOD OF REVIEW

Describe the method used to collect and organize the data into a usable format. Dates of study and type of data collected should be clearly described.

Retroactive review of antibody identification forms which include the date/time of specimen receipt, date/time of antibody completion, and notification documentation.

FINDINGS

Present summary of data. Attach summary if necessary.

Two antibody identification workups were referred from FWMC to WOMC in the month of February and took longer than 2 hours to complete. Neither had documentation of phone call to FWMC blood bank staff. Both workups crossed shifts (one started on nights and completed by days and the other started on days and completed on evenings). Staff state they did not realize the workups needed to be called.

ASSESSMENT

Describe what is learned from the data. What conclusions regarding quality of care can be reached?

This process is not in control.

RECOMMENDED ACTIONS

Define an action that would lead to improved performance.

WOMC blood bank staff members will be instructed to set a time for 120 minutes when performing a referred antibody identification workup from FWMC.


STATUS:

Close Monitor

Add to on-going review list

√ Present follow-up by: April 15, 2023

SIGNATURES: Reviewer

 3.16.23

Section Supvr/ Mgr

 3.16.23

Medical Director

 3/16/23