Sutter Health
Sutter Roseville Medical Center

Origination:	*N/A*
Effective:	*Upon Approval*
Final Approved:	*N/A*
Last Revised:	*N/A*
Next Review:	*2 years after approval*
Owner:	*Irene Wittkop: Coord, Transfusion Service*
Policy Area:	*Lab - Transfusion Service*
References:	
Applicability:	*Sutter Roseville Medical Center*

Creating Monthly QA Summary Reports

Purpose	A monthly QA summary report will be created and submitted to the Laboratory Medical and Administrative Director for their review. The purpose of this procedure is to provide direction for the review, creation and distribution of the monthly QA Summary report.
Policy	• The target date for supervisory review of QC is the 15th of the month after data to be reviewed. • The Transfusion Service Technical Coordinator will perform the initial review of the documents and draft the QA Summary document • The QA Summary will include outliers observed during QC review, corrective action taken, categorization of internal and external deviations that potentially impact the Transfusion Service and other events of administrative importance. • The Transfusion Service Specialist/Supervisor will perform second review and make modifications, if necessary, before forwarding the report to the Laboratory Administrative Director and Laboratory Medical Director for review. • The QC Summary and reviewed QC reports are targeted for submission to the Laboratory Administrative Director and Laboratory Medical Director for review by the 31st of the month following data to be reviewed.

Procedure:

Step	Action
1.	Gather QC, worksheets, forms, temperature logs and temperature charts from previous month.
2.	Stamp each packet of documents with the review stamp.
3.	Review each set of documents, indicating outliers by highlighting or circling in red. *Note: Add colored flag to indicate pages with outliers*
4.	Evaluate outlier and take corrective action, as appropriate

If:	Then:
Potential to have affected patient results	• Perform repeat testing, as indicated • Amend documentation, as appropriate • Refer details of error to Transfusion Service Specialist/Supervisor for follow up with employee. Employee's supervisor will be notified when potential for disciplinary action is indicated • Transfusion Service Specialist/Supervisor will create and submit FDA reportable event, when indicated.
Minor documentation error	• Add dated comments to record, as needed • Make copy of error with note in employees mailbox or verbally communicate outlier to employee along with need for corrective action.

5.	Initial and date the initial review line on stamp of each packet of documents.
6.	After completing the QC review each month, initiate a SRMC Transfusion Service Quality Control Review report to summarize findings. • Place a check mark in the box for each set of documents that were reviewed and have no outliers • Place a star in the box for each set of documents that were reviewed and have outliers.
7.	Make a copy of any document reviewed that contained an outlier and attach it to the summary.

8.	Attach the Biological Deviation worksheet to the summary to explain categorization of errors and document corrective action taken to address them.
9.	Categorize, quantify and graph Internal issues observed or reported during the month in order to track and monitor for trends
10.	Run a report to capture Patient Safety Reports that impact the Transfusion Service.
11.	Summarize events and reviews that are not a result of a deviation on the Auxilary page of the report. Examples of these would be deviations in monitoring or storage of blood products during remote storage at the Cancer Center (AKA IVC), maintenance tasks performed by other departments that did not meet criteria, Patient History Discrepancies, blood wastage statistics, Equipment and Supplier issues,Patient Safety Reports that are transfusion related and any other events that impact teh transfusion service that should be reported to the Medical or LAboratory Administrative Director.
12.	Create a graph depicting number of patients, MTP, units issued and/or returned as Emergency Issue.
13.	Create a graph by category to look for house-wide trends that potentially impact the quality of the Transfusion Services that need to be addressed.
14.	Attach graphs from steps 9, 12 and 13 to the Monthly Quality Control Review report.
15.	Sign and date prepared by line on the face sheet of the TS Quality Control Review form.
16.	Submit QC logs, worksheets, graphs and TS Quality Control Review form to the Transfusion Service Specialist/Supervisor for 2nd review, modification, if needed, and approval.
17.	Th Transfusion Service Specialist/Supervisor places initials and date of the final review of QC logs and worksheets on the appropriate line of the review stamp.
18.	Sign/date the TS Specialist/Supervisor line on face sheet and submit Summary. copies of deviations, deviation summary and auxiliary documents to the Laboratory Medical and Administrative Director for approval. • File QC and worksheet packets in designated location
19.	Place the signed TS Quality Control Review form in the Transfusion Service Quality Report binder upon return.

All revision dates:

Attachments

TS Monthly QC Review Report.doc

Approval Signatures

Step Description	Approver	Date
Laboratory Director	Lindsey Westerbeck: Dir, Lab	pending