Current Status: *Pending* **PolicyStat ID:** *8391475*

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*

Daily Supervisory Review Procedure

PURPOSE

The purpose of this procedure is to provide a mechanism for consistent and timely review of the results of work performed in the Transfusion Service for accuracy and conformance to technical and computer procedures.

POLICY

- Work will be reviewed by the Transfusion Service Specialist/Supervisor or the Transfusion Service Technical Coordinator on a daily basis. A designee with a minimum of 2 year experience in Transfusion Medicine will be appointed by the Transfusion Specialist/Supervisor to perform this task if both Specialist/Supervisor and Transfusion Service Technical Coordinator will be absent for more than 2 days.
- The corrective action taken for each error or omission is dependent upon the severity of the incident. Documentation for the corrective action will accompany each monthly summary. Generally Code 1 errors will be handled by notes to the personnel responsible for them. Code 2 & 3 errors may result in a more formal documentation of the issue. Code 4 errors require formal documentation due to requirement for root cause analysis as part of FDA reporting. These errors will be followed up with a PSR.
- Errors will be classified into 4 categories:
  Code 1- Computer Entry or minor clerical errors or omissions
  Code 2- Near miss. These would have been FDA reportable if a unit had been issued.
  Code 3- Event not detected until after being reported/issued. Not FDA reportable
  Code 4- Amended reports, modifications or deviations from SOP that meet criteria as a Biological Deviation as defined by the FDA
- Outliers with the exception of those designated as Code 1, will be brought to the attention of the Transfusion Service Specialist/Supervisor for follow-up and documentation.

PROCEDURE: Printing Reports

Step	Action
1.	Open a session of Sunquest Lab in Roll and Scroll.
2.	Call up Quality Assessment Report using the chart below

Prompt	Enter
Function	BBR
Printer	910 or 912
Option	7
Hospital ID	RV
Accept (A) Modify (M) Reject (R)	A

		Full Report: F Start Date: T-1 or Date Note: SQ limit is T-7 End Date: T-1
3.	Repeat sequence in step 2 substituting SS at the Hospital ID prompt	
4.	Call up a Test Result Review (Reaction Results) Report	Prompt: Enter Printer: 910 or 912 Option: 22 Patient Allocation Testing Date Range: 4 Hospital Number: Enter to accept default Hospital ID: RV Accept (A) Modify (M) Reject (R): A Start Date: T-1 or Date Note: SQ limit is T-7 End Date: T-1 Report Reaction Results?: Y
5.	Repeat sequence in steps 4 substituting SS at the Hospital ID prompt	
6.	Complete the date printed column on the *Blood Bank QA Report Log* and *Summary of Transfusion Service Deviations Data from Supervisory Reports and Reported Events* Log.	

PROCEDURE: Reviewing BB7 Reports

Step	Action
1.	Review BBR 7 (Quality Assessment Report) for HID:RV and all tests resulted with a tech code in the 9000 series for HID: SS. • Look for QA flags that should not have been overridden • Check to make sure that an appropriate Reason Code was used for the override • That overrides were performed by CLS only • Verify that reports that have been amended have the appropriate amended comment appended
2.	The following QA flags are to be expected due to procedural exceptions from QA table
3.	Investigate flags other than those listed in step 2 by looking up the accession number in Blood Order

Test	Interp	Entered	Reason
Rh ISXM	Neg CCMP	RHDU UREL	Weak D Pos Testing not performed
ISXM	CCMP	CICP	Incompatible AHGXM, system designated for compatible crossmatch
ARC for unit	None	AB Pos	SRMC SOP requires D control whereas QA table designated not to perform control
DBS	None	HIDE	Allergic Transfusion Reaction
ABR	None	HIDE	Allergic Transfusion Reaction

	Processing to determine if override was appropriate
4.	Complete the Date reviewed, Reviewed by and Actions Taken column on the *Blood Bank QA Report Log*
5.	Initial and date the 1st page of the print out
6.	Save 1st page of blank report and all pages that have information printed for RV report and attach to form • Save documents after monthly review on file and retain for prescribed time period • Discard blank pages and those that are for HID SS if not performed by SRMC

PROCEDURE: Reviewing BB22 Reports

This report is a print out of the testing grids and interpretation entries made into the system by accession number. All new information appears in bold type

Step	Action
1..	Review the RV and SS (tech codes in 9000 series)report looking for the following information: • Armband number entered appropriately • If Antibody Screen results have not been entered using the analyzer interface, that grid reactions have been entered and match the antibody screen interpretation • Correct recheck code has been ordered for patients whose history question has been answered as No History • Cross matches have been resulted correctly and that AHG cross matches have been done if the patient has a history of clinically significant antibodies or the current antibody screen is positive • Appropriate Attribute codes have been entered for patients who require special need products (Irradiated, CMV Neg, Sickle Cell Protocol, HLA matched, etc) and that those products have been provided • Weak D test has been performed on Rh Neg cord blood samples and prior to completing Fetal Bleed workup • AB identification has been ordered and entered, if applicable • Amended results have been properly documented • That the UO has been updated appropriately for respective order and that there has been a Armband number added to ADDXM orders to cross reference specimen used for testing • A PI comment has been added to TFFP orders and resulted with ABO verified on current admission ETC • PI comments have been added to patient's that require antigen negative units, specialty requirements and to trauma patients. • Dated PB comment has been added to BAD file for trauma or unidentified patients • Special antigen or reference lab charges have been added • Identify patients who have been over charged so that appropriate credits can be made
2.	Error/omissions are classified in regards to where in the process the error occurred : Specimen Collection, Component Prep, Testing, Data Manual Entry Error, Unit Tag Labeling, Storage/ Distribution, QC/PM or Write Over as well as the category levels defined in the policy section of this procedure.
3.	Put a hatch mark in the appropriate column of the *Summary of Transfusion Service Deviations Data from Supervisory Reports and Reported Events* Log for each error.
4.	Collate the information and document corrective action on the Biological Deviation Spreadsheet for each occurrence.
5.	Review data for trends or possible problems with processes or procedures during creation of Monthly QA Summary document.

6.	Graph data results and include with the Monthly QA Summary.

Procedure Follow-up Action

Using the chart below, take the appropriate follow up action

If:	Then:
Code 1 error	• Repeat testing as needed • Edit results • Amend any external reported test results • Give copy of error to tech involved with explanation of how it should have been reported
Code 2,3 or 4 error	• Repeat testing as needed • Edit results • Amend any external reported test results • Forward to Transfusion Service Specialist/Supervisor for follow up • Code 4 errors require FDA report and hospital QA report
Charges missing	Add appropriate charge codes in Sunquest
Error that results in over charging patient	Add SQ credit/bill code, if available, or leave information in Transfusion Service Specialist/Supervisor's mailbox

Related Documents

Preparing Monthly Transfusion Service QA Summary

All revision dates:

Attachments

Biological Product Deviations.xlsm
suprpt.frm.docm

Approval Signatures

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