Sutter Health
Sutter Roseville Medical Center

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Owner:	*Nadera Poirier: Spvr, Transfusion Services*
Policy Area:	*Lab - Transfusion Service*
References:	
Applicability:	*Sutter Roseville Medical Center*

Daily Supervisory Review

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 Supervisor or the Transfusion Service Technical Coordinator on a regular basis.
- 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 emails to the personnel responsible for them. Code 2 & 3 errors may result in 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 patient safety report (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 Supervisor for follow-up and documentation.

PROCEDURE

Printing Reports

Step	Action
1.	In Sunquest roll and scroll call up *Quality Assurance Report* using the chart below:

Prompt:	**Enter:**
Function	BBR
Printer	Enter desired printer

	Option	7
	Hospital ID	RV
	Accept (A) Modify (M) Reject (R)	A
	Full Report	F
	Start Date	T-1 or Date (SQ limit is T-7)
	End Date	T-1
2.	Repeat sequence in step 2 substituting *SS* at the Hospital ID prompt.	
3.	Call up a *Test Result Review (Reaction Results) Report* using the chart below:	
	Prompt:	**Enter:**
	Function	BBR
	Printer	Enter desired printer
	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 (SQ limit is T-7)
	End Date	T-1
	Report Reaction Results?	Y
4.	Repeat sequence in steps 4 substituting *SS* at the Hospital ID prompt.	
5.	Complete the *Date Printed* column on the *Daily Supervisory Review Sign-Off* log for the BBR7 and BBR22 report.	

Reviewing BBR 7 Reports

Step	Action
1.	Review BBR 7 (*Quality Assurance 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:

Test	Interpretation	Entered	Reason
Rh	Neg	RHDU	Weak D positive
ISXM	CCMP	UREL	Testing not performed
ISXM	CCMP	CICP	Incompatible AHGXM, system designated for

				compatible crossmatch
	ISXM	None	CCMP	For LISS crossmatch, IS not performed
	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

3.	Investigate flags other than those listed in step 2 by looking up the accession number in *Blood Order Processing* to determine if override was appropriate.
4.	Complete the *Date Reviewed* and *Reviewed by* columns on the *Daily Supervisory Review Sign-Off* log for the BBR7 report.
5.	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. • For HID:SS, discard blank pages and those that are not performed by SRMC.

Reviewing BBR 22 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*. • Crossmatches have been resulted correctly and that AHG crossmatches 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 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 negative cord blood samples prior to completing Fetal Bleed workup. • Antibody identification has been entered, if applicable. • Amended results have been properly documented. • That the UO has been updated appropriately for respective order and that there has been an armband number added to ADDXM orders to cross reference specimen used for testing. • PI comments have been added to patients 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 laboratory charges have been added. • Identify patients who have been over charged so that appropriate credits can be made.

2.	Errors/omissions are classified in regards to where in the process the error occurred : Specimen Collection, Clerical Errors, Testing, Product Handling, QC/PM/QA Review, Write Overs or OP IV Therapy as well as the category levels defined in the policy section of this procedure.
3.	Collate the information and document corrective action on the *Biological Deviation* spreadsheet for each occurrence.
4.	Review data for trends or possible problems with processes or procedures during creation of *SRMC Transfusion Services Quality Control Review* document.
5.	Graph data results and include with the *SRMC Transfusion Services Quality Control Review*.

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 Supervisor for follow-up. • Code 4 errors require FDA report and PSR.
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 Supervisor's mailbox.

RELATED DOCUMENTS

Creating Monthly Blood Utilization and QA Summary Reports

All revision dates:

Attachments

Daily Supervisory Review Sign-Off.docm