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*

Creating Monthly Blood Utilization and QA Summary Reports

PURPOSE

To provide direction for the creation and distribution of monthly blood utilization reports and to provide direction for the review, creation, and distribution of the *SRMC Transfusion Services Quality Control Review (TSQCR)* report.

POLICY

- The blood utilization report will be created by the Transfusion Services Supervisor or their designee. Percentage of blood products wasted will be given to the Laboratory Director by the 10th of the following month.
- The target date for supervisory review of QC is the 15th of the following month.
- The Transfusion Services Supervisor or Transfusion Services Technical Coordinator will perform the initial review of the documents and draft the *report*.
- The *TSQCR* will include outliers observed during QC review, corrective action taken, categorization of internal and external deviations that potentially impact Transfusion Services and other events of administrative importance.
- The Transfusion Services Supervisor will perform second review and make modifications, if necessary, before forwarding the report to the Laboratory Director and Laboratory Medical Director for review.
- The *TSQCR* and reviewed QC reports are targeted for submission to the Laboratory Director and Laboratory Medical Director for review by the last day of the month following data to be reviewed.

PROCEDURE

Printing Monthly Supervisory Reports

Monthly data is not available until the 6th day of the following month and only maintained in Sunquest for 60 days. In roll and scroll, enter Function BBR and desired printer location. Use the chart below to print the monthly Sunquest administrative reports.

Report Name	Rpt. #	Option	HID	Status	Answers to Prompts	Purpose of Report
Finalized Issued Units Summary	16	1	RV	DS, OD, SO, RTD	• Start/End Date: MM/DD/YY	• Blood utilization report • List of discarded, outdated, and products returned to supplier
Finalized Issued Units Summary	16	1	RV	IF	• Start/End Date: MM/DD/YY	• Record of all products transfused
Summary Statistics	17		RV		• Month entered as a two digit number (01, 02, etc.) • Component/ Group: RCG • Category: 5	• Blood utilization report • Number of RBCs crossmatched and transfused
Summary Statistics	17		RV		• Month entered as a two digit number (01, 02, etc.) • Component/ Group: Default All • Category: 6	• Blood utilization report • Number of products transfused by category
Summary Statistics	17		RV		• Month entered as a two digit number (01, 02 etc.) • Component/ Group: RCG, PLTG • Category: 7	• Used for investigation as needed • Data for crossmatched and transfused products by patient name
Visual Inspection Failures	21		RV		• Start/End Date: MM/DD/YY	• Utilization report • Allows for monitoring of reason products were returned to supplier
Finalized Issued Units Summary	16	3	RV	IF	• Start/End Date: MM/DD/YY • Location: RVTNIA-1, RVTNIB-1, RVTRCA	• Send inter-office mail to Trauma Services Department

Creating Blood Utilization Report

Step	Action
1.	Open the *Blood Utilization* spreadsheet.
2.	For the current year, open the *Usage* worksheet. (Create a new worksheet for *Usage* and *Wastage* for each calendar year.)
3.	Populate the worksheet with the number of RBC products crossmatched and transfused from the BBR 17 report, category 5. Calculate and record the ratio of crossmatched to transfused RBC products.
4.	Populate the breakdown of specific RBC products transfused in appropriate spaces on the worksheet from the BBR 17 report, category 5.
5.	Populate the numbers of issued final non-RBC products listed on the worksheet from BBR 16 report.
6.	For the current year, open the *Wastage* worksheet.
7.	Review BBR 16 report for OD, DS, SO and RTD dispositions to determine the numbers and type of products wasted. Populate the numbers of each type of wasted product subcategorizing them by reason.
8.	Calculate the % wastage by dividing the total number of wasted products by the total number of products transfused (product subcategories with * are not included in wastage calculation). Report the % blood product wastage to the Laboratory Director.
9.	Categorize the number and type of transfusion reactions from the *Transfusion Reactions* binder and record in the appropriate spaces on the worksheet.
10	Add a footnote to the worksheet if there have been any HIV or HCV look back notifications or suspected transfusion transmitted diseases have been reported.
11.	Print copy of completed report for *Usage* and *Wastage*.
12.	Attach BBR reports for that month and file in designated location for blood utilization.
13.	At the end of the year send to storage with other supervisory reports.

Review, Creation, and Distribution of Monthly QA Summary

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. Add colored flag to indicate pages with outliers.
4.	Evaluate outlier and take corrective action, as appropriate:

If:	Then:
Potential to have affected	• Perform repeat testing, as indicated.

	patient results	• Amend documentation, as appropriate. • Refer details of error to Transfusion Service Supervisor for follow up with employee. Employee's supervisor will be notified when potential for disciplinary action is indicated. • Transfusion Services Supervisor will create and submit FDA reportable event, when indicated.
	Minor documentation error	• Add dated comments to record, as needed. • Email employee notifying them of the error or verbally communicate outlier to employee along with need for corrective action.
5.	Date and initial the review stamp as appropriate (listed above in the policy) for each packet of documents.	
6.	After completing the QC review, initiate a *SRMC Transfusion Services Quality Control Review (TSQCR)* 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 Deviations* worksheet to the summary to explain categorization of errors and document corrective action taken to address them.	
9.	Summarize events and reviews that are not a result of a deviation on the auxiliary page of the report. Examples of these would be deviations in monitoring or storage of blood products during remote storage at the Outpatient Infusion Center, maintenance tasks performed by other departments that did not meet criteria, patient history discrepancies, equipment and supplier issues, and any other events that impact Transfusion Services that should be reported to the Medical or Laboratory Director.	
10.	Create graphs by category to look for house-wide trends that potentially impact the quality of Transfusion Services that need to be addressed. Attach pertinent graphs to *TSQCR*.	
11.	Submit QC logs, worksheets, graphs and *TSQCR* report to Transfusion Services Supervisor for 2nd review, modification, if needed, and approval.	
12.	Transfusion Services Technical Coordinator will sign and date *Prepared by* line on the face sheet of the *TSQCR*.	
13.	Transfusion Services Supervisor places initials and date of the final review of QC logs and worksheets on the appropriate line of the review stamp.	
14.	Run a report to capture patient safety reports that impact Transfusion Services and complete the *Blood Wastage Data* and *Customer Complaints* portion of the *TSQCR*.	
15.	Transfusion Services Supervisor will sign and date the *TS Supervisor* line on the face sheet of the *TSQCR* and submit report to Laboratory Director and Medical Director for approval. File QC and worksheet packets in designated location.	
16.	Place the signed *TSQCR* report in the *Quality Control Review Summaries* binder for Transfusion Services upon return.	

RELATED DOCUMENTS

Transfusion Services Test and Quality Assurance Review

All revision dates:

Attachments

SRMC Transfusion Services Quality Control Review.pdf