

SRMC TRANSFUSION SERVICES QUALITY CONTROL REVIEW

Month / Year: _____

<i>Prepared by:</i>	
TS Technical Coordinator: _____	Date: _____
<i>Reviewed by:</i>	
TS Supervisor: _____	Date: _____
Laboratory Director: _____	Date: _____
Medical Director: _____	Date: _____

See starred items for issues/corrective action and documentation.

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Preventative/Daily Maintenance Records Reviewed

- | | |
|--|--|
| <input type="checkbox"/> ECHO 1 (M01666) | <input type="checkbox"/> Helmer Cell Washers/PLT incubator |
| <input type="checkbox"/> ECHO 2 (M01902) | <input type="checkbox"/> Helmer Water Baths |
| <input type="checkbox"/> Hemoroamers | |

Quality Control Reviewed

- | | | |
|--|--|-----------------------------|
| <input type="checkbox"/> ECHO 1 | <input type="checkbox"/> BB Buffered Saline Log | |
| <input type="checkbox"/> ECHO 2 | <input type="checkbox"/> Fetal Kit Qualification Log | <input type="checkbox"/> NA |
| <input type="checkbox"/> Daily Tube QC Log | <input type="checkbox"/> Safe T Vue Indicator QC | <input type="checkbox"/> NA |
| <input type="checkbox"/> Special Antigen Typing Logs | | |

Temperature Documentation Reviewed

- | | |
|---|---|
| <input type="checkbox"/> TS Temperature Charts | <input type="checkbox"/> IVTC Temperature Charts |
| <input type="checkbox"/> TS Daily Temperature Log | <input type="checkbox"/> IVTC Daily Temperature Log |

Miscellaneous Logs/Data Reviewed

- | | |
|---|--|
| <input type="checkbox"/> UNXM Orders & Call Forms | <input type="checkbox"/> BB Shift Communication Log |
| <input type="checkbox"/> UNXM/DT Blood Issue Log | <input type="checkbox"/> Equipment Issues |
| <input type="checkbox"/> Hemoroam MTP Blood Storage | <input type="checkbox"/> Blood Wastage Summary |
| <input type="checkbox"/> IVTC Daily Blood Storage Logs | <input type="checkbox"/> Customer Complaints |
| <input type="checkbox"/> KB Monthly Report Log | <input type="checkbox"/> Supplier Issues |
| <input type="checkbox"/> Antibody Titer Worksheets <input type="checkbox"/> NA | <input type="checkbox"/> Error Classification Statistics |
| <input type="checkbox"/> Patient Hx Discrepancy Forms <input type="checkbox"/> NA | |

Periodical Maintenance/Checks Reviewed

- | | |
|---|-----------------------------|
| <input type="checkbox"/> Quarterly Water Bath PM (Feb/May/Aug/Nov) | <input type="checkbox"/> NA |
| <input type="checkbox"/> Quarterly Storage Alarm Check (Mar/Jun/Sept/Dec) | <input type="checkbox"/> NA |
| <input type="checkbox"/> Blood Warmer Alarm Check (Jun/Dec) | <input type="checkbox"/> NA |
| <input type="checkbox"/> Centrifuge RPM & Timer Check (Jun/Dec) | <input type="checkbox"/> NA |
| <input type="checkbox"/> Centrifuge Calibration (Mar/Sept) | <input type="checkbox"/> NA |
| <input type="checkbox"/> Method/Instrument Correlation (Apr/Oct) | <input type="checkbox"/> NA |
| <input type="checkbox"/> Job Aide Review (May/Nov) | <input type="checkbox"/> NA |
| <input type="checkbox"/> Verify Annual Thermometer Verification (Jun) | <input type="checkbox"/> NA |
| <input type="checkbox"/> SOP Biennial Review (March, even numbered years) | <input type="checkbox"/> NA |

<p>✓: Reviewed, no outliers *: Reviewed, outliers exist. See attached for documentation/corrective action</p>
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Blood Wastage Data

Product:	Total:	Reason:	Overall Wastage=% Benchmark: Green <0.62% White 0.62-3.36% Red >3.36%
RBC			
JFFP			
FFP			
CRYO Pool			
CRYO			
PLT			

Customer Complaints

Category:	Total:	Description:	Corrective Action:
Collection			
ID at Issue			
Ordering			
Test Missed			
Armband Removed			
Delay of Service			
Documentation			
Transfusion			
Handling of Product			

Supplier Issues

Issue:	Corrective Action: