**Policy:**

Harborview Medical Center Transfusion Service (TS) has established and maintains policies, processes, and procedures for the appropriate protection of information avoiding inappropriate accessing of patient records. All TS staff participate in annual training on patient privacy policies.

**Purpose:**

To provide direction for the appropriate situations in which Transfusion Services Laboratory staff will access patient records. This policy does not affect Transfusion Services Medical Directors, Residents and/or Fellows. This policy applies to TSL medical laboratory technologists and technicians.

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| **Role** | **Responsibility** | **Supporting Documents** |
| **TS Manager** | * Participate in the monitoring and evaluation of staff access to patient records. * Provide counseling when staff access to patient records exceeds this policy. |  |
| **TS Leads** | * Assist TSL staff in determining appropriate access parameters. |  |
| **TS Staff** | * Access patient records as defined in this policy. * Any records accessed outside the scope of this policy will be reported to the TS Manager in a Quality Improvement Monitoring tool and/or Deviation. | QP: Occurrence Management  QP: Management of Non-Conforming Events |

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| **Situation** | **Access Parameters** | **Supporting Documents** |
| **Order Entry** | * Verification of patient demographics * Determine diagnosis code * Investigate SCCA flag for appropriate attribute requirements | Sunquest Order Entry Process |
| **Laboratory Findings** | * Investigate unexpected laboratory findings through treatment facilities listed on the patient chart. * Determine medication history when performing antibody identification and/or eluates. | Discrepant Result Resolution Process |
| **Audits** | * QA Coordinator utilizes patient records as part of ongoing audits | QP: Monitoring and Assessment |
| **Situation** | **Access Parameters** | **Supporting Documents** |
| **Data Collection** | * Determine draw times for laboratory samples as part of trauma sample monitoring | QP: Monitoring and Assessment |
| **Reports** | * Print Transfusion Services Medical Director reports for antibody identification and transfusion reaction investigation. * Reconcile daily and monthly inventory counts when a unit is physically missing from the inventory but is listed as available. * Resolve discrepancies in the Blood Issued Final report by locating units transfused:   + Anesthesiology charting   + Blood Slips   + Emergency Department records | SQ Daily Operations Reports  Inventory Update Process |
| **Medical Director** | * Access patient records as requested by the Medical Director. | QP: Director Desingation  QP: Medical Director Notification |
| **Laboratory Results** | * Review laboratory test results primarily in Sunquest Laboratory Inquiry. * Review only within the patient record as part of another search criteria | SQ Laboratory Inquiry |
| **Problem Resolution** | * Investigate unexpected situations in which the patient records may provide illumination and support problem resolution. | QP: Occurrence Management |
| **Clinical Staff** | * Determine appropriate clinical staff to contact if the direct patient care staff cannot do so. | QP: Result Reporting and Post-Analytic Processes |
| **Blood Administrative Data** | * Confirm patient demographics prior to revising Sunquest records   + Patient Demographics   + Required Attributes   + Transfusion History   + Antibody and antigen information | Updating Patient Demographics in Sunquest |

**References**

UW Lab Medicine Administrative Policy Manual

AABB Standards for Blood Banks and Transfusion Services, Current Edition.

UW Medicine Compliance Program –HIPAA Privacy Rule [45 CRF Part 160 and 164], RCW 70.02