**Purpose**

To describe the Harborview Transfusion Service Policy for actively monitoring and assessing the performance of the Quality Plan and technical operations, and verifying the conformance of Transfusion Service activities to specified requirements.

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| **Activity** | **Action** | **Related Document** |
| * Quality Indicator Data | * Monitors effectiveness of critical processes and conformance to requirements * Monitored on ongoing basis * Tracked and Trended by Quality Coordinator for QI activities. | * Quality Policy: Quality Indicators * Using the Quality Improvement Monitor Form |
| * Internal Assessments | * Performed to assess operations and quality management system. * Performed by Quality Coordinator and designees. * Provide impartial assessment of processes. * Include each of the following critical control points: * Pre-analytical Processes * Analytical Processes * Inventory Processes * Component Preparation Processes * Blood Administration Processes * A list of checklist of key elements and system checks is used for each critical control point to aid in the assessment. * A summary report of the findings is prepared along with recommendations, and presented to leadership for review and implementation. * After an adequate time allowed for change implementation, the change will be reassessed and a summary submitted, confirming the completion of correction or remaining deficiencies. | * Annual Audit Plan |
| * External Assessments | * Performed by regulatory agencies: * CAP * AABB * TJC * DOH * FDA * Includes both scheduled and unscheduled assessments. |  |
| **Activity** | **Action** | **Related Document** |
| * Customer Feedback | * Internal Customer Feedback * External Customer Feedback * Customer Survey Data * Patient Survey Data | * Using the Quality Improvement Monitor Form |
| * Proficiency Testing | * Participation in CAP proficiency program for all analytes for which it is available. * Alternate methods of determining accuracy and reliability will be used when no proficiency testing is available. * Proficiency Testing Failures are evaluated, corrective action taken, and reported, as appropriate. | * Proficiency Survey Testing Process |
| * Data Collection | * Data collected as part of the monitoring and assessment program is aggregated, trended and analyzed. | * Quality Policy: Process Improvement |
| * Communication of Results | * Results of monitoring and assessment activities are communicated to personnel with responsibility for the area being assessed, and shall be part of the review process. |  |

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