**Purpose**

To provide direction for the processes and procedures to recognize the importance of understanding customer needs and expectations, and to fulfill these whenever possible. This applies to internal and external customers, including:

* Patients, Physicians, and other health care personnel in the facility and community.
* Laboratory personnel in other laboratory departments.
* Suppliers of goods and services.

**Policy Statement**

The HMC Transfusion Service seeks customer input and feedback on an ongoing basis, and uses this information to assist in the development and enhancement of laboratory medicine practices and services.

**Responsibilities Include:**

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| **Role** | **Responsibility** |
| Division Head | Ensure the development of the laboratory’s customer service practices, and monitor performance of such practice. |
| Medical Director | Provide input into the development of customer service practices.  Review performance of such practices.  Assist in resolving complaints. |
| Laboratory Manager | Develop programs and procedures to ensure customer input is obtained as required, and acted on appropriately. Monitor performance of customer service practices. |
| Quality Coordinator | Track and trend complaints and provide input for corrective and preventative actions. |
| Laboratory Personnel | Know who their internal and external customers are.  Implement customer service standards and practices.  Report any complaints they are aware of via Quality Improvement Monitor form. |

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| **Element** | **Action** | **Related Documents** |
| Monitoring | * The laboratory monitors customer satisfaction through the use of the following: * periodic customer surveys. * Customer evaluations of training or teaching events. * Meetings and open communication with stake holders. * Results are analyzed, reviewed, and feedback is reported to staff. * Proactive, remedial, or corrective action is implemented. | * Quality Policy: Management of   Nonconforming Events   * Quality Policy: Occurrence Management * Quality Policy: Process Improvement * Transfusion Practice Committee Bylaws and Minutes. |
| Input | Input is sought:   * From Clinicians and other professionals to ensure laboratory services support patient care and clinical programs. * On changes in the following: * Scope of services * Design and layout of requisitions and reports * Turnaround Time. |  |
| Feedback | Feedback   * Includes compliments, complaints, or incidents. * Is documented via QIM and QI process. * Is acted on. * Is shared with staff. | * Quality Policy: Management of   Nonconforming Events   * Quality Policy: Occurrence Management |
| Collaboration with internal customers | * TSL is committed to open discussion and resolution of issues. * Planned changes that will affect other departments or areas are discussed, and problems resolved before implementation of the change. |  |
| Cooperation with reference laboratories and suppliers | * Relevant proposed changes are discussed prior to implementation. * Complaints and issues are tracked. * Corrective action is implemented and documented. | * Quality Policy: Management of   Nonconforming Events   * Quality Policy: Occurrence Management |

**References**

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