[](http://depts.washington.edu/labweb/index.htm)

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| **University of Washington,**  **Harborview Medical Center**  **325 9th Ave. Seattle, WA, 98104**  **Transfusion Services Laboratory**  **Policies and Procedures Manual** | **Original Effective Date:**  **August 15, 2011** | **Number:**  **1902-2** |
| **Revision Effective Date:**  **06/27/16** | **Pages:** |
| **TITLE: Quality Policy: Quality Indicators for Process Improvement** | | |

**Policy:**

The Harborview Medical Center Transfusion Service shall use data and information about its operational processes and quality management system performance to identify opportunities for improvement. Performance improvement opportunities are addressed at the Transfusion Practice Committee meeting.

**Purpose:**

To provide direction for the processes and procedures for collecting the data and information about operational processes in order to identify process improvement opportunities.

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| **Operational Process** | **Quality Indicator** | **Method** | **Frequency** |
| Transfusion Practice | * Blood Utilization * Appropriate blood utilization | * Manager/Medical Director review * Transfusion Practice Committee | * Monthly * Every other month |
| Pretransfusion Testing | * Reagent QC documentation * QA over-ride report * Antibody Identification Accuracy | * Check by second technologist. * Manager/Lead review * Report reviewed by Manager | * Each occurrence * Daily * Each occurrence |
| Inventory Management | * Wastage * Expiration | * SQ Product File List Report | * Monthly |
| Blood Product Ordering Practice | * C/T Ratio * Special Product Attributes | * SQ Finalized/Issued Report * Medical Director blood order review | * Monthly * Every new occurrence |
| Sample Collection | * Trauma Sample Collection Time * Sample Rejection | * Trauma log review * Rejection Report/ Occurrence Reporting | * Monthly * Monthly |

**References**

AABB Standards for Blood Banks and Transfusion Services, Current Edition