[](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:**  **June 24, 2011** | **Number:**  **1500-1** |
| **Revision Effective Date:** | **Pages:**  **2** |
| **TITLE: QSE Process Control**  **Quality Policy: Quality Control (QC)** | | |

**Policy:**

The Harborview Medical Center Transfusion Service has developed goals, policies, processes, and procedures relating to the quality of laboratory testing in accordance with regulatory requirements and accepted standards of practice.

**Purpose:**

To describe the Harborview Medical Center Transfusion Service Laboratory program for quality control of reagents, equipment, and methods.

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| **Role** | **Responsibilities** |
| Medical Director | * Overall quality of testing. * Administrative review of QC performance results via annual Quality Plan review. * Oversight on corrective actions taken as a result of performance review. |
| Manager | * Selection of appropriate Quality Control material * Review and/or sign-off of QC results. * Ensure that corrective action is taken when required. * Prepare QC performance report for annual Quality Plan review. |
| Laboratory Personnel | * Perform and review QC testing as scheduled or when indicated. * Implement corrective action as required. |

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| **QC Element** | **Description** | **Supporting Documents** |
| Proficiency Testing (PT) | * HMC Transfusion Service Subscribes to any available CAP surveys that are specific to HMC testing methods. | * Proficiency Testing Survey Process |
| Schedule for QC testing | Frequency of Quality Control testing is determined by the following:   * Regulatory requirements * Accepted standards of practice * Manufacturer’s instructions, where applicable. | * Quality Control Testing and Review Schedule |
| Review of QC | * Review of QC results is documented, and reviewed for acceptability before the release of patient results. * Documented corrective action is taken when examination of QC results are unacceptable. * The laboratory has established action limits for quality control performance, when action is required. | * Quality Control Testing and Review Schedule |
| Unacceptable QC testing results | When QC testing results are not acceptable:   * Patient results are not released. * The laboratory corrective action plan for this circumstance will be followed. * All actions will be documented, and attached to QIM. | * Daily Quality Control for Manual Testing * Handling Failed QC Results on TANGO * Quality Improvement Monitor Form |
| Review of Performance | * Reviews of all QC activities are monitored on a regular basis. * Documented corrective action is taken as required. * Review and any resulting corrective action taken are documented with QIM form. | * Daily Quality Control for Manual Testing * Quality Improvement Monitor Form |
| Records | * Records of all QC activities are maintained in accordance with regulatory requirements. | * Quality Policy: Records Retention |

**References**

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

TANGO Optimo User Manual, Biorad Laboratories