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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.
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| 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.
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| 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
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| 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
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| 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
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| 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
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| 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
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| Records | * Records of all QC activities are maintained in accordance with regulatory requirements.
 | * Quality Policy: Records Retention
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**References**

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

TANGO Optimo User Manual, Biorad Laboratories