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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:** **1902-1** |
| **Revision Effective Date:** | **Pages:**  |
| **TITLE: 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.

**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 | SQ Blood Utilization Report of all transfusions that fall outside the following:* Hgb >8
* INR <1.7
* Plt Ct >75,000
 | * Medical Director Review
 | Monthly |
| 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
* Unit Age
 | * SQ Product File List Report
* Custom inventory report
 | * Monthly
* Monthly
 |
| Blood Product Ordering Practice | * C/T Ratio
* Special Product Attributes
 | * SQ Finalized/Issued Report
* Medical Director blood order review
 | * Monthly
* Each order
 |
| Sample Collection | * Trauma Sample Collection Time
* Sample Rejection
 | * Trauma log review
* Rejection Report
 | * Monthly
* Monthly
 |

**References**

AABB Standards for Blood Banks and Transfusion Services, Current Edition