[](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 1st 2011** | **Number:**  **1701-2** |
| **Revision Effective Date:**  8/15/13 | **Pages:**  **2** |
| **TITLE: QSE: Nonconforming Events**  **Quality Policy: Occurrence Management** | | |

**Policy**

The Harborview Medical Center Transfusion Service identifies, investigates, and implements corrective action for all events with potential adverse outcomes and has established processes and procedures to document:

* Incidents
* Errors
* Near-Misses
* Unexpected occurrences
* Customer complaints

**Purpose**

To provide direction for the processes and procedures to:

* Reduce risk to patients and personnel by the effective investigation of incidents and occurrences.
* Improve processes and prevent re-occurrences by using the information obtained from these investigations.

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| **Role** | **Responsibility** | **Related Documents** |
| Medical Director and Transfusion Service Manager | * Establish categories of incidents and occurrences. * Establish the level of investigation appropriate for different categories. * Review reports, assessing data for trends. * Initiate corrective action | * Quality Improvement Monitor Form * Specimen Rejection Form |
| Clinical department personnel involved in occurrences | * Participate in the investigation of occurrences and the development of corrective actions. |  |
| TS Manager and Quality Coordinator | * Establish systems to allow the efficient and effective tracking, reporting, and investigation of occurrences. * Prepare reports for executive management |  |
| Laboratory Personnel | * Identify incidents and occurrences. * Notify Manager immediately of any sentinel event * Take remedial action as appropriate. * Report incidents and occurrences. * Identify opportunities for improvement. |  |

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| **Quality Element** | **Action** | **Related Documents** |
| Investigation and documentation | * All occurrences are: * Documented * Investigate as appropriate. * Categorized. * Results of investigations are reported, including any corrective action taken. * Records or occurrences are retained according to facility policy. * All serious, or potentially serious events are investigated in a systematic process, such as a root cause analysis. | * Quality Policy: Process Improvement |
| Reporting occurrences | * Occurrences are reported, including any corrective action taken. * Any patient safety issue is reported via the Patient Safety Network reporting system. * All Biologic Product Deviations are reported to FDA as required. | * FDA Biological Deviation Reporting |
| Review | Reports of occurrences are:   * Reviewed at regular intervals by management. * Used to identify opportunities for education and improvement. |  |

References

AABB Standards for Blood Banks and Transfusion Services, Current Edition