Name of Policy:	**Organizational Issues: Design, Implementation and Review of Quality Plan**
Policy Number:	3364-108-101
Department:	Pathology/Laboratory – Blood Bank
Approving Officer:	Associate Professor Director, Clinical Pathology/Hematopathology
Responsible Agent:	Core Lab Coordinator (Michelle Bartkowiak, MT(ASCP)SBB) Manager, Lab (Cynthia O'Connell)
Scope:	Pathology/Laboratory – Blood Bank

THE UNIVERSITY OF TOLEDO 1872

Effective Date: 6/9/2008
Initial Effective Date: 6/1996

_____ New policy proposal	_____ Minor/technical revision of existing policy
_____ Major revision of existing policy	X Reaffirmation of existing policy

(A) Policy Statement

The University of Toledo Medical Center Blood Transfusion Service is committed to a program to maintain and improve quality of service in providing a safe, adequate and timely supply of blood and blood products for UTMC patients. Responsibility for necessary monitoring and evaluation activities lies with the Director of the Clinical Laboratories, who may in turn, delegate responsibilities to division directors, coordinators and supervisors.

(B) Purpose of Policy

To define responsibility, process and authority for the implementation of activities necessary for review, monitoring and evaluation of quality goals, objectives and policies.

(C) Procedure

1. The Director of Clinical Laboratories, the Lab Clinical Manager or designee and the Laboratory CQI Coordinator is responsible for the Pathology Quality Plan as stated in the Pathology Quality Assessment, Monitoring and Evaluation Plan. According to the Pathology Quality Plan, system checks will include, but are not limited to, tracking of missed venipunctures, specimen collection variances, mishandled or misdirected specimens, corrected reports, missing reports, STAT utilization and turnaround time, proficiency test results and occurrence reports. The responsible parties will also approve, implement and monitor corrective actions and follow-up measures.

2. The Core Lab Coordinator (Blood Transfusion Service supervisor) and Medical Director monitor and evaluate activities specific to the division. System checks and self assessments include surveillance of the variance logs and reports, Blood Release forms, entry of transfusion data, Special Studies, Investigation of Adverse Reaction to Blood Transfusion reports and transfusion record audits. Corrective actions and follow-up measures will be approved and implemented by the Blood Transfusion Service (BTS) Medical Director or Core Lab Coordinator (BTS supervisor).

3. Blood Utilization Review Committee monitors and evaluates the use, administration, distribution and handling of blood and blood components using data provided by the Blood Transfusion Service Medical Director and supervisor and director of Perfusion Services. Included is appropriate blood usage, prospective review, wastage, crossmatch:transfusion ratio, intraoperative blood salvage, directed donor/autologous transfusions, adverse reactions and usage of uncrossmatched blood. The committee also assures annual review of Blood Transfusion Service policies and procedures and periodically reviews nursing and hospital policies regarding blood transfusion. Physician members of the committee perform

peer review of selected transfusions failing to meet initial screening criteria. The committee periodically reviews and recommends revision of appropriate transfusion indications criteria. The BUR Committee reports findings and recommendations to the Hospital CQI Committee which includes Hospital Administration.

Approved by:	**Review/Revision Date:**
[signature] 6-6-08	1/05 1/2008 6/9/2008
Robert L. Booth, Jr., M.D. Date Associate Professor Director, Clinical Pathology/Hematopathology	
Review/Revision Completed By: Michelle Bartkowiak, MT(ASCP)SBB	**Next Review Date:** 6/1/2011
Policies Superseded by This Policy:	

It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.

Reference:
AABB Quality Program Quality Plan Manual and Self-Assessment Manual,1994
AABB Standards for Blood Banks and Transfusion Services, current edition.

ATTACHMENTS:
University Medical Center Mission Statement
University Medical Center Organizational Chart