2.0 QUALITY SYSTEM MANAGEMENT

Policy	• The Transfusion Medicine Service has established policies, processes and procedures to ensure full compliance with accepted regulatory and accreditation requirements, and good laboratory practices • The Medical Director has overall responsibility for the quality of work performed in the Transfusion Medicine laboratory and for all transfusion activities
Responsibilities of the Medical Director, Transfusion Medicine	• Maintain awareness of the current applicable standards and requirements: CAN/CSA, CSTM and IQMH and oversee compliance with these standards • Ensure implementation of the quality management system • Monitor the effectiveness of the quality management system through, but not necessarily confined to: » Participation in or if necessary chairing the Transfusion Committee » Providing consultation on proposed audits and other internal quality assessments to the Transfusion Committee and overseeing such audits » Establishing internal indicators to assess the quality of practice within the Transfusion Medicine Service » Ensuring errors, incidents and accidents involving the hospital's blood transfusion service are reported to the appropriate error management programs • Participate in reviewing the performance of the Transfusion Medicine Service, collaborate in the development of corrective action when deficiencies are recognized, and promote quality improvement measures
Responsibilities of Transfusion Medicine Service Staff	• Perform technical procedures and quality examinations according to established policies, processes and procedures • Inform and consult with the Medical Director, Transfusion Medicine (or delegate) on any instances of non-compliance, adverse event or failed performance on quality control samples and any other issues of quality system concern • Be familiar with and follow the policies defined in section 1.1 regarding notification of the Medical Director (or delegate) of matters of potential clinical concern
Transfusion Medicine Quality Assessments	• The following have been established to carry out quality oversight: » Transfusion Committee (or other Committee charged with oversight of the Transfusion Service), reporting to the Medical Advisory Committee » Audit and utilization management processes » System to investigate and document adverse events and errors including the Transfusion Transmitted Injury Surveillance System (TTISS)

2.1 COMPONENTS OF ASSESSMENT QUALITY SYSTEM ESSENTIALS

Transfusion Committee	Members include key stakeholders and representatives from the major users in the institution including the Director of Transfusion Medicine. The committee must function under the authority of the Medical Advisory Committee. Guidance in the establishment and conduct of hospital Transfusion Committees can be found in the "Transfusion Committee Handbook" at www.transfusionontario.org. The committee meets regularly to: • Assist in defining blood transfusion policies appropriate to the hospital's clinical programs • Contribute to the development of criteria for the evaluation of ordering practices, usage (including wastage of blood components and products), administration policies and the ability of the Transfusion Medicine Service to meet the clinical needs of the hospital • Ensure that regular evaluations of transfusion practices are undertaken and to review the results of such evaluations • Evaluate reports of adverse transfusion events and all transfusion errors, as well as relevant external (Provincial, Federal or international) reports on adverse transfusion events • Recommend corrective measures as required • Ensure that patients are made aware of any alternatives to allogeneic blood transfusion that are available to them, and that such alternatives are in place wherever feasible with appropriate recommendations on their use • Facilitate the dissemination of information and promote education relevant to transfusion medicine • Review any changes in blood components or products available through CBS (new products or changes to existing products or components)
Audit and Utilization Management	• The audit process is used to monitor and improve blood transfusion practices. Audit or utilization review may be retrospective or prospective • Criteria that trigger audits are based on current practice guidelines. The process is used to provide educational feedback to physicians using blood components or products in a manner inconsistent with guidelines • Audit can be used to monitor and improve component and product wastage and inventory management • Audits are initiated through the local or regional Transfusion Committee and results are analyzed and reported by this group • Audit and utilization management reports are sent to appropriate administrative personnel within the hospital corporation and/or regional laboratory program where appropriate • Where the clinical use of blood component or product may be outside of the hospital's guidelines or deviate from evidence based 'best practices', audit and utilization management data are shared with the appropriate clinical department head • Prospective utilization reviews may be indicated if there is the potential for inappropriate transfusion decisions due to inexperience, particularly with expensive or rarely prescribed items • Transfusion practices and patient care may be improved and costs diminished by assessing transfusion requests against guidelines before products/components are given, and advising clinicians of non-conformance to guidelines

Adverse Events and Error Management	• The Transfusion Medicine Service has policies, procedures and processes to define, detect and document adverse transfusion events and errors, both within the Service and externally throughout the hospital. The process includes the documentation of "near misses" where an error or adverse event did not actually occur because it was detected in time to be corrected • Adverse event and error reporting data are reviewed regularly including root cause analysis • A summary of non-serious events and near misses and a comprehensive report of events resulting in potential or actual serious harm are reviewed by the Transfusion Committee and communicated to hospital management • The results of adverse event and error reporting are to be used to create quality improvements within the Transfusion Medicine Service or elsewhere in the hospital • If available and appropriate, the Transfusion Medicine Service shall participate in any national or provincial error or injury surveillance programs (e.g. TTISS)
Policies regarding management of transfusion in HPC and solid organ transplant recipients	• In collaboration with the regional referral centre for solid organ and tissue transplant, each facility should establish policies and procedures for the management of pre and post transplant patients **Note:** The management of transplant patients varies throughout the province. Consultation with referral centres is advised.

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