Terms of Reference- Sample Community Hospital 4

**[Hospital Name – Hospital ID#]**

**Advisory Committee on Transfusion Medicine Services**

**Terms of Reference**

**Introduction**

The Advisory Committee on Transfusion Medicine Services provides an ongoing objective assessment of the provision and utilization of blood and blood products in the hospital. The Committee makes recommendations on all aspects of Hemotherapy in order to promote and effect the high standards of quality patient care.

**Objectives (CSA standards)**

The purpose of the transfusion committee shall be to:

a. Help define blood transfusion policies as appropriate to the local clinical activities

b. Ensure that regular evaluations of blood transfusion practices are conducted;

c. Set criteria for the evaluation of ordering practices, usage (including discard of blood and blood components), administration policies, and the ability of services to meet recipient needs;

d. Recommend corrective measures, if necessary;

e. Disseminate transfusion medicine information and education;

f. Evaluate reports of adverse transfusion events and all transfusion errors within the facility, as well as relevant federal and provincial or territorial reports on adverse transfusion events; and

g. Review available alternatives to allogeneic blood transfusion and make appropriate recommendations on their use.

**Administrative**

1. The Advisory Committee on the Transfusion Medicine Service is a subcommittee of the Medical Advisory Committees (MAC) and makes recommendations to them.

2. The Chair is nominated and voted in by the Committee members.

3. The Committee meets at least quarterly and at the call of the Chair for urgent matters. For voting purposes, a quorum will consist of a simple majority of members with representation from all hospitals. Advance notice of voting will be given.

4. The Committee documents all activity.

**Composition**

The membership represents those departments of the Medical Staff and other interested departments and services dealing with blood usage. All individuals should be knowledgeable and experienced in one or more aspects of Blood Banking or transfusion therapy.

1. Composition of the Committee is as follows:

* Medical Director of Laboratories or designated General Pathologist
* Internist/Hematologist
* Surgeon
* Pediatrician
* Anesthesiologist
* Obstetrician/Gynecologist
* Emergency Medicine
* Team Lead of Blood Bank
* Administration representative
* Health Records Team Lead
* Nurse representative
* CBS representative
* Representation may include ANY main clinical units with significant transfusion activity.

The committee reserves the right to add membership from any other clinical department as a resource as deemed necessary.

Chair

* Should not be permanently appointed. The rotation of the Chairmanship should not be less than two years and not more than four years.

Secretary:

* To follow up on agenda items
* To set agenda with Chair and send out prior to meetings
* To ensure that minutes are kept for all meetings and distributed

**Function**

* Monitor, review, formulate (define) blood transfusion policies, procedures, clinical practice guidelines, rules, and regulations related to safe and effective use of blood products
* Maintain a manual of blood transfusion practices
* Develop audit criteria
* Conduct evaluations of blood transfusion practices
* Review Blood Bank Annual Reports (statistical reports on usage, turn-around times, utilization of lab services)
* Monitor and review utilization patterns of blood products (appropriateness of product usage, unexpected or anticipated changes in utilization rates, problems and issues related to the supply of blood products including outdating and wastage)
* Investigate unexpected variances
* Review use of alternatives to homologous blood, including autologous/directed donations, intra-operative red cell salvage, pre-operative erythropoietin, and plasma substitutes
* Monitor Maximum Surgical Blood Order Schedule compliance
* Review ratio of cross-matched blood to transfused units
* Review appropriateness of blood administration devices, such as filters, warmers, blood pumps, intra-operative blood salvaging equipment.
* Specifically review 1-unit transfusions and packed cells
* Maintain records of transfusion, including accurate patient/specimen/transfusion product identification
* Monitor blood product record keeping for capability of look back and traceability
* Review the results of any look back reviews
* Assess QA programs and recommend corrective actions when indicated
* Develop, implement, and monitor a Blood Conservation Program
* Document and review post-transfusion infections and any serious adverse reaction to blood and blood products
* Serve as a resource and make recommendations to medical staff on matters related to Transfusion Medicine (e.g., new legislation, practices or programs that are expected to impact the quality or quantity of transfusions)
* Serve as liaison between laboratory, nursing, and medical professionals pertaining to TM issues
* Continuing review of Krever Recommendations and implementation of them
* Ensure hospital and Transfusion Medicine policies and procedures conform to provincial and national standards
* Report to Medical Advisory Committee and hospital administration and make recommendations for changes in policies, procedures, and programs.
* Review public reports related to blood transfusion
* Assist in patient education (risk information, consent, notification of transfusions)
* Promote continuing education in transfusion practices to medical and hospital staff
* Promote research related to Transfusion Medicine
* Maintain a liaison with the blood product supplier (CBS)
* Assist in blood procurement efforts, when required
* Assess adequacy and safety of the blood supply
* Review Terms of Reference annually
* Review complaints
* Perform other functions associated to being part of a larger committee (e.g., medical records review and tissue audit functions)
* Perform other duties as prescribed by the MAC.