Opportunities For Improvement: Most Frequent Findings From The Joint Commission Laboratory Surveys

Jennifer Rhamy MBA, MA, MT(ASCP)SBB, HP

Executive Director, Laboratory Accreditation



The Joint Commission Overview

- Accredit over 2,700 CLIA certificates
- Survey utilizes Tracers to assess the entire process from lab to bedside
- Professional surveyors experience over 75 laboratories annually, allowing them to be consistent and share best practices
- On-site correction possible during the multiday visit
- Blood administration is observed both as part of the hospital survey and the laboratory



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Tip: Hospital standards related to blood administration

- **EC.02.05.03** Emergency power for blood storage systems
- **►** HR.01.02.01 Special training provided for transfusion administration
- MS.05.01.01 Medical staff involved in PI activities for blood & blood use
- PC.02.01.01 Transfusions administered per law & medical staff policy
- PC.05.01.09 HIV/HCV Notification (Look back) policies
- PC.03.01.01 Transfusion administration equipment is available for operative and other high-risk procedures
- PI.01.01.01 Organization collects data on blood and blood use, and all reported and confirmed transfusion reactions
- ▼ RI.01.03.01 Informed consent process
- **▼** NPSG.01.01.01 Two identifiers used to ID patient for transfusion
- NPSG.01.03.01 Two persons verify patient ID and product for transfusion
- UP.01.01.01 Standardized pre-op verification list, including blood product availability (and other laboratory reports)

Most Common Requirements for Improvement (RFI)

- 6799 total laboratory RFI in 2009
- Approximately 20% of standards resulted in 80% of findings
- 386 RFI in BB specific standards = 5.7% of total lab findings
- Top 10 BB findings represent 63% of all blood bank findings



BB Specific RFI

Top 10:

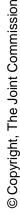
- QSA.5.01.01, EP 1
- QSA.5.15.01, EP2
- QSA.5.13.01, EP1 and 2
- QSA.5.08.01, EP3
- QSA.5.01.01, EP4
- QSA.5.01.01, EP5
- QSA.5.08.01, EP1 and 2
- QSA.5.13.01, EP 6
- QSA .5.13.01, EP1,2, and 7
- QSA.5.13.01, EP4

Note: 2009 RFIs used different numbering scheme which has been translated into 2010 taxonomy.



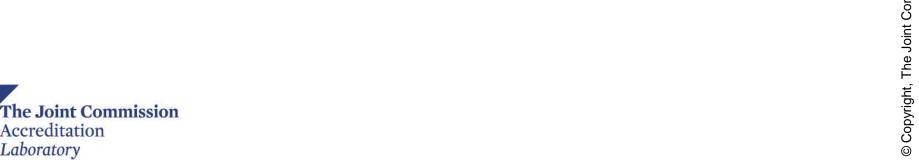
Top 10 RFIs continued

- 1. Written policies and procedures for the blood transfusion service are consistent with current American Association of Blood Banks' (AABB) standards.
- 2. The written interpretation is made a permanent part of the patient's clinical record.
- 3. In all instances, the laboratory is notified immediately of suspected transfusion reactions whether the physician responsible for the patient deems it necessary.
- 4. The organization documents all transfusion-related activities.
- 5. The blood transfusion service director conducts and documents an annual review of policies and procedures.
- 6. The written policies and procedures are followed.



Top RFIs, continued

- Written policies and procedures are followed for transfusion protocol (including using filters and warming).
- Evidence exists that transfusion staff have been trained and are competent in the procedure.
- The written policies include detailed criteria for recognizing a suspected transfusion reaction.
- 10. The monitoring of patients receiving blood is documented.



Tips for Survey

- Staff follows all procedures as written for testing and hanging blood.
- Be in compliance with the AABB technical regulations
- Ensure documentation is complete
- Review transfusion reaction management for protocols from bedside into the laboratory and back
- Blood administration will be observed as part of the hospital survey as well

