

Quality Guide

to the Administrative and Clinical Standards for
Patient Blood Management Programs

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**SOCIETY FOR THE ADVANCEMENT
OF BLOOD MANAGEMENT®**

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Standard # 1 -LEADERSHIP AND PROGRAM STRUCTURE

There is an effective organization-wide, patient-centered, blood management program. The program has a physician medical director to provide clinical leadership and oversight and a program manager to provide operational leadership. The program has a defined scope of service, mission, vision and values, policies and procedures, clinical protocols, educational programs for health care providers, and a required review of patient outcomes.

INDICATOR	EVIDENCE OF COMPLIANCE/ ELEMENTS OF PERFORMANCE	POTENTIAL ASSESSMENT QUESTIONS	COMPLIANCE YES [CITE POLICY/PROCEDURE] NO [TASK ASSIGNED TO:]
1.1 There is a written mission, vision and values statement that describes the purpose of the program and how it fits the institution's mission and values.	<p>Written document that describes the purpose, leadership, mission, scope, of the program.</p> <p>Documents, minutes, correspondence that demonstrate alignment and integration of the program with the institution's mission .</p>	<p>1. How does the program interact with other departments on an organization-wide level?</p> <p>2. How does the program functionality align with core institution mission and values?</p> <p>3. Where does the program and program leadership fit into the institution's organizational chart?</p>	<p><input type="checkbox"/> YES _____</p> <p><input type="checkbox"/> NO _____</p>
1.2 The scope of service defines the clinical areas affected by the program.	<p>Written description of the scope of service.</p>	<p>1. What is the program's scope of service?</p> <p>2. Is the scope restricted to one or more service lines or specialties or is it the standard of care?</p>	<p><input type="checkbox"/> YES _____</p> <p><input type="checkbox"/> NO _____</p>
1.3 Job descriptions are maintained for the physician medical director, program coordinator and any additional staff.	<p>Written job descriptions for :</p> <ul style="list-style-type: none"> a. Medical Director b. Program Coordinator c. Transfusion Safety Officer if separate from Program Coordinator d. Administrative Director if separate from the Program Coordinator e. Any other program personnel <p>Management and reporting structure is defined including to whom the medical director reports in administration and the medical staff.</p>	<p>1. What are the day-to-day functions of the Medical Director and Program Coordinator?</p> <p>2. Do the job descriptions accurately reflect functions performed?</p> <p>3. Are there any personnel without a written job description?</p> <p>4. To whom does the Medical Director report?</p>	<p><input type="checkbox"/> YES _____</p> <p><input type="checkbox"/> NO _____</p>

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1.4 Written interdepartmental policies and procedures guide practice and process.	<p>Written policies and procedures describe the structure of the program.</p> <p>Policies and procedures apply to the full spectrum of PBM activities and are followed.</p> <p>Major deviations from policies and procedures are documented.</p> <p>Document control process.</p>	<ol style="list-style-type: none"> Who is responsible for creating, reviewing and revising the policies and procedures? Is there evidence of at least annual review? Do policies demonstrate commitment to the program by the institution's senior leadership? Are major deviations documented with reason for deviation and follow-up? 	<input type="checkbox"/> YES <input type="checkbox"/> NO
1.5 Clinical protocols and guidelines approved by the medical director and program manager are written, followed and available to the staff at all times.	<p>Written clinical protocols and guidelines.</p> <p>Interdepartmental policies that address PBM where appropriate.</p> <p>Clinical protocols and guidelines easily found and available in all areas where care is delivered.</p> <p>Protocols and guidelines show medical director review and approval.</p> <p>Records demonstrate clinical practice follows protocols and guidelines.</p>	<ol style="list-style-type: none"> Who is responsible for creating, reviewing and revising clinical protocols and guidelines? Is there evidence of at least annual review? When there are interdepartmental policies, are they reviewed by a representative from the affected department? Is staff able to readily locate the documents and is there evidence that they are followed by staff? 	<input type="checkbox"/> YES <input type="checkbox"/> NO

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<p>5 There is a comprehensive education program targeting physicians, mid-level providers, nurses, pharmacists and other ancillary health care staff regarding the blood management program's goals, structure, and scope.</p> <p>Educational activities occur at least annually.</p>	<p>History of educational programs or distribution of new materials at least yearly educational materials such as:</p> <ul style="list-style-type: none"> a. Presentations b. Program agendas c. Needs assessment d. Program evaluations e. Hand-outs f. Attendance, sign-in sheets g. Clinical decision support in the hospital information system 	<ol style="list-style-type: none"> 1. How do you determine the educational needs and frequency of programs for staff? 2. How do you document the effectiveness of educational efforts? 3. Is there a PBM orientation/education for new personnel including physicians? 	<p><input type="checkbox"/> YES _____</p> <p><input type="checkbox"/> NO _____</p>

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