

| Item | Responsibility | Activity Level 1 | Activity Level 2 | Activity Level 3 |
|------|--|------------------|------------------|------------------|
| 22 | Program to care for patients who decline use of blood or blood-derived components. | X | N/A | N/A |
| 23 | Identification and management of presurgical anemia before elective procedures for which type and screen or type and cross-match is recommended. | X | N/A | N/A |
| 24 | Use of perioperative techniques consistent with current AABB <i>Standards for Perioperative Autologous Blood Collection and Administration</i> . | X | N/A | N/A |

1.1.3 Program Coordinator

The program shall have a program coordinator who is responsible for the operational aspects of the program.

1.1.4 Program Members

The program shall include representatives from administration, transfusion medicine, informatics, quality assurance, pharmacy, nursing, laboratory, and other departments that regularly transfuse, recommend, and/or have programmatic responsibility for the oversight of the transfusion of blood components and the management of anemic and bleeding patients.

1.2 Quality Plan

A patient-centered quality plan shall be defined, documented, implemented, and maintained in order to ensure reliability and reproducibility, and to optimize patient outcomes. All program member representatives shall be aware of its content. The program medical director will review the quality plan biennially and when updates are made.

1.2.1 Scope

The quality plan shall encompass all of the relevant policies, processes, procedures, protocols, and other work documents related to the treatment of patients who may receive a blood transfusion, decline blood transfusion, or are managed in accordance with the activity level. Standard 1.1.2.1 applies.

1.2.2 Quality Representative

The quality plan shall be under the supervision of a designated person who reports to the medical director.



1.2.3 Executive Management Reviews

Executive management shall assess effectiveness of the quality plan through scheduled reviews with the medical director.

1.3 Policies, Processes, and Procedures

Quality and operational policies, processes, and procedures shall be developed and implemented to ensure that these *PBM Standards* are satisfied and that patient outcomes are optimized. All such policies, processes, and procedures shall be in writing or captured electronically and shall be followed.

1.3.1 Any exceptions to policies, processes, and procedures warranted by clinical situations shall require justification and prior approval by the medical director or medical director designee on a case-by-case basis.

1.4 Disaster Preparedness

The program shall have emergency operation policies, processes, and procedures for all blood components to respond to the effects of internal, external disasters, and massive casualty events. These emergency operation policies, processes, and procedures shall address all blood components.



1.4.1 The emergency management plan, including emergency communication systems, shall be tested at defined intervals.

1.5 Operational Continuity

Executive management shall ensure that the facility has policies, processes, and procedures that address continuity for potential events that put operations at risk.

1.6 Communication of Concerns

The program shall have a process for personnel to anonymously communicate concerns about quality or safety. Personnel shall be given the option to communicate such concerns either to their facility's executive management, AABB, or both. AABB's contact information shall be readily available to all personnel.