Self-Audit of Policies

Key Words: gap analysis, process, documentation, audit, self audit, policies

Expected Blood Management Deliverable

Identification of opportunities for blood management projects through self audit

Introduction

Most hospitals have at least some elements of a blood management program in place, even if they are not identified as such. Elements of blood management are often incorporated in the practices, policies, processes, and procedures relating to transfusion. Once the components of a cohesive blood management program have been identified, a systematic evaluation of "current" practices with their associated policies, processes and procedures compared to "ideal" blood management practices will identify the pieces that are already in place and the gaps that may need to be addressed. While it is probably prudent to start within the laboratory, policies and procedures across the hospital system should eventually be considered.

Objectives of Module

1. Define gap analysis.
2. Explain how a gap analysis can be used in implementing a blood management initiative.
3. List the steps needed to perform a gap analysis.

What is Known

The idea of creating a formal blood management program may appear to be a daunting proposition, if one thinks it must be started "from scratch". However, almost all hospitals have at least some of the elements already in place (for example: transfusion guidelines, blood administration audits, point-of-care testing). The challenge is to determine what currently exists, define what the final product should look like, and identify gaps.

Gap analysis is a systematic approach that can be used to identify the gap between the current state (random practices, policies, processes, and procedures) and the future state (a cohesive blood management program). It is an aid to determining the steps that will need to be taken to move from the present to a future identified goal.

Best Practices, Guidelines, and Recommendations

Gap analysis should not be used to develop an entire blood management program. Rather, once a particular component of the program has been identified, a gap analysis will help to identify the efforts that must be made to put that component in place.

The gap analysis should consist of both a process analysis (what processes need to be performed and how) and a document analysis (what policies and procedures need to exist).

Gap analyses are most successful when all stakeholders are involved, they can be performed internally with or without outside help.

Discussion Points

Many initiatives will make up a blood management program. It is important to prioritize these initiatives so that the most important elements are addressed first.

Once a decision has been made to implement a blood management initiative, the gap analysis can begin:

Step 1: Invite the right people.

Because most blood management measures are multi-disciplinary, it is important to identify all the individuals who must be involved for successful implementation. Ensure that the team has representation from all stakeholder groups.

Step 2: Map out the processes.

Define all the processes that must be in place in order to implement the measure. For each process, identify all the steps that must be taken. Consider such questions as:

- Where does the process begin?
- What comes next?
- Where are there decision points?
- Where are the handoffs?
- How do processes interact?

Flow charts are ideal for defining and understanding processes.

Step 3: Identify the procedures that will be needed.

Whereas a process is an interconnected series of activities (hosting a party for my son's graduation), a procedure is the step-by-step work instructions for each activity (baking the graduation cake). Identify all the procedures that must be in writing for each process.

Step 4: Review relevant regulations and requirements.

Determine if regulations and/or accreditation requirements impact any of the processes. Consider how these requirements will be met, and identify any policies that will need to be in place to ensure all components of the process are compliant.

Step 5: Review current processes and their documentation.

Identify those processes already in place and the documentation that supports them. This is the current state ("what is").

Step 6: List the ideal set of processes

Determine what would be the best (ideal) set of processes to optimize patient care, improve patient safety and reduce related costs.

Step 6: Compare the current and the ideal processes and list the processes that should be added, modified or improved and their associated documentation. (the GAP analysis)

Identify those processes that are not currently in place and the documentation that must be developed to support them. This is "the gap" that needs to be filled.

Step 7: Classify the needed documents.

To avoid confusion, be sure that all involved understand what documentation should be in a policy, a process, and a procedure.

Step 8: Identify a champion for the initiative.

Someone has to be in charge! A champion is someone who has the willingness and influence to spearhead the initiative and convince others of its importance.

Step 9: List the barriers to success.

Identify those barriers that may prevent the initiative from succeeding and develop strategies for overcoming the barriers.

Steps to take

See Appendix B for an example that involves implementation of Optimum Tx

Additional Resources

If you have questions, or if you need additional guidance, please contact your Blood System's team.

Several Optimum TX modules might interest the reader:

1. Project Management

See Appendix: Gap Analysis Flowchart

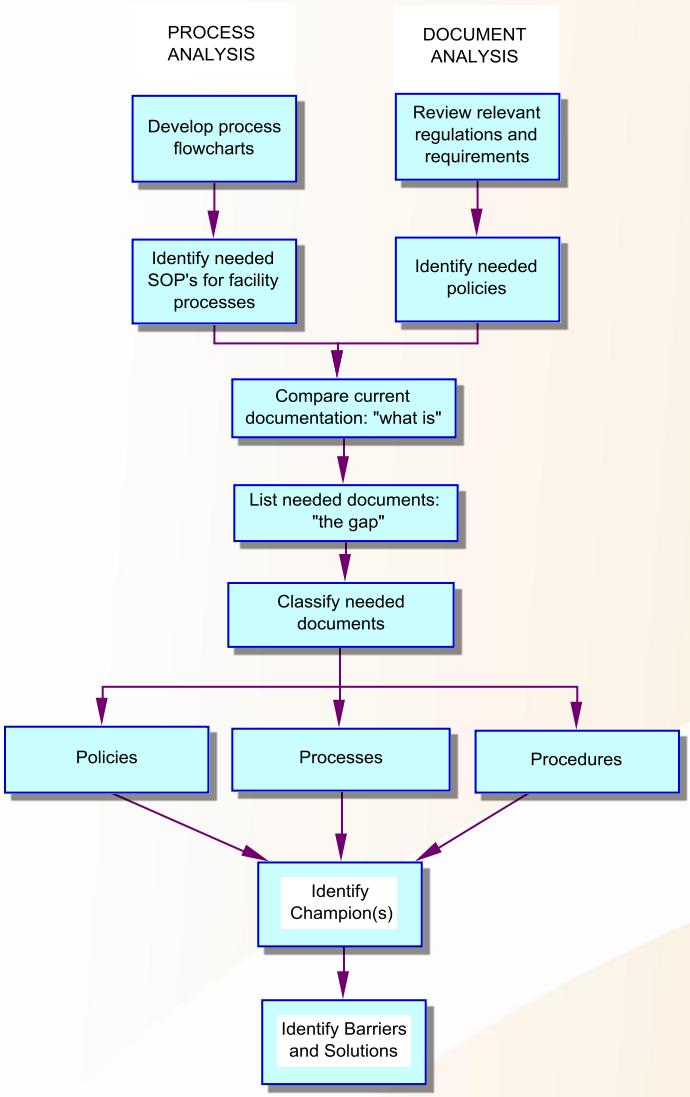
References

Nevalainen DE, Berte LM, Callery MF (1998). Quality Systems in the Blood Bank Environment, AABB.

Tague NR (1995). The Quality Toolbox, ASQ.

Appendix A

GAP ANALYSIS



Adapted from Nevalainen, 1998.

United Blood Services

Blood Centers of the Pacific

Inland Northwest Blood Center

Appendix B

Optimum Tx: Pre- Implementation Gap Analysis

FOR EACH PROJECT:

1. Prioritize the importance.
2. Identify all stakeholders and involve them in the project.
3. Define the process(es) involved.
4. Are the processes in place?
5. Do procedures or other documentation support the process(es)?
    a. If no, define.
    b. If yes, determine if they will need to be revised.
6. Define the current state.
7. Define the future state.
8. What actions will need to be taken to achieve the future state?
9. Who is the champion?
10. What barriers might there be to successful implementation?

Project	Current State (What is currently in place?)	Future State (What needs to be in place?)	Action Items to close the gap
Transfusion Committee • Members • Organizational structure • Meeting frequency • Current projects			Priority: Actions: Champion: Barriers:
Order Set • Transfusion guidelines • CPOE			Priority: Actions: Champion: Barriers:
TYPE and SCREEN process			Priority: Actions: Champion: Barriers:
MSBOS process			Priority: Actions: Champion: Barriers:
Electronic Crossmatch			Priority: Actions: Champion: Barriers:
Pre-admission Testing Sample Hold			Priority: Actions: Champion: Barriers:

Iatrogenic blood loss sample • Volume • Frequency			Priority: Actions: Champion: Barriers:
Massive transfusion protocols • System-wide • Laboratory only • Department only			Priority: Actions: Champion: Barriers:
Emergency release protocol			Priority: Actions: Champion: Barriers:
Hospital communication /meeting mechanisms • Hospital wide • Departmental • MD • RN • Perfusionists • Laboratory CLS • Quality involvement • CEO/COO/Admin			Priority: Actions: Champion: Barriers:
Current Hospital Initiatives • Approval process • Progress status • Key contributors • Process for project management			Priority: Actions: Champion: Barrier