**For use in organizations not accredited by AABB for Blood Banks and Transfusion Services**

| **Time** | **Activity & Topics** | **Suggested Organization Participants** |
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| 8:00 – 8:10 | **Opening Conference** * Introductions
* Brief review of agenda
 | * Program administrative and clinical leadership
* Others at program’s discretion
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| 8:10 – 9:00 | **Orientation to the Program** * Program scope
* Program mission, goals, and objectives
* Program structure, and program relationship to the organization structure
* Program leadership and executive management responsibilities
* Interdisciplinary team members, including roles and responsibilities
* Organizational supports for the patient blood management program
* Development and implementation of the program (for example, timeline, successes and opportunities, challenges and barriers)
* Patient blood management program activities
* Identify the program level designation
* Any unique program communication regarding patient rights and responsibilities and their right of refusal of care, treatment, and services offered
* Assessing practitioner and staff competence in patient blood management
* Organizational support for patient blood management program practitioners and staff education and specialized training
* Processes supporting credentialing, privileging, and licensure/ registration/certification, education, and experience verifications
* Evaluating and improving the program’s performance
 | * Program administrative and clinical leadership
* Others at program’s discretion
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| 9:00 – 9:30 | **System Tracer – Data Use** * Program performance measurement and improvement activities
* Performance improvement plan review including priority setting
* Data collection and data quality monitoring
* Data analysis and dissemination
* Program data available for, and used in decision-making
* Program evaluation by leaders and staff
* Recently implemented program improvement
 | * Program leaders, clinical leaders
* Others at program’s discretion
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| 9:30 – 10:00 | **Reviewer Planning Session*** Individual patient tracer selection
* Personnel and credentials files

Note: Tracer selection requires a list, census report or other summary of patients currently receiving blood transfusions or who may likely receive a blood transfusion. | * Organization’s review coordinator
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| 10:00 – 12:00 | **Reviewer 1:****Individual Tracer Activity*** Tracer activity begins where the patient is currently receiving care, treatment and services
* Interactive review of patient record(s) with team member or organization staff actively working with the patient—map patient’s course of care, treatment, and services up to the present and anticipated for the future
* May include a patient and family interview if they are willing to participate
 | **Reviewer 2:****Blood Bank Review*** Equipment
* Pre-transfusion testing
* Records
* Nonconformance
 | * Staff, program representatives, and management involved in the patient’s care, treatment, or services
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| 12:00 – 12:30 | **Lunch** |  |
| 12:30 – 2:30 | **Reviewer 1:****Individual Tracer Activity – continued*** Additional tracer activity
 | **Reviewer 2:****Perioperative Services Review*** Equipment
* Records
* Nonconformance
 | * Staff, program representatives, and management involved in the patient’s care, treatment, or services
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| 2:30 – 3:00 | **Competence Assessment and Credentialing Process**Discussion during this session will focus on:* Processes for obtaining team member credentials information
* Orientation and training process for program team
* Methods for assessing competence of practitioners and team members
* In-service and other ongoing education activities available to program team members

Note: The reviewer will request personnel records and credentials files to review based on team members and staff encountered or referred to throughout the day. Program staff should inform the reviewer of how much time is needed to retrieve personnel and credentials files. | * Individual with authorized access to personnel and credentials files
* Individual familiar with program-specific requirements for team members
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| 3:00 – 4:00 | **Issue Resolution and Reviewer Report Preparation** | * As requested by reviewer depending on the issue
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| 4:00 – 4:30 | **Program Exit Conference** | * Program administrative and clinical leadership
* Others at program’s discretion
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