


<p>Name of Policy: <u>Laboratory utilization review committee</u></p> <p>Policy Number: 3364-87-08</p> <p>Approving Officer: Chief of Staff</p> <p>Responsible Agent: Chief Medical Officer</p> <p>Scope: All University of Toledo Campuses</p>	 <p>Effective Date: 09/01/2023</p> <p>Original Effective Date: 03/14/01</p>
<input type="checkbox"/> New policy proposal	<input type="checkbox"/> Minor/technical revision of existing policy
<input type="checkbox"/> Major revision of existing policy	<input checked="" type="checkbox"/> Reaffirmation of existing policy

(A) Policy statement

It is the policy of the University of Toledo Medical Center and its Medical Staff to ensure the highest level of patient safety and quality of care with regards to utilization of blood and blood components. It is also the policy to encourage appropriate use of laboratory resources.

(B) Purpose of policy

To ensure patient safety in the use of blood and blood components. To promote efficient and effective use of laboratory resources.

(C) Procedure

It shall be the responsibility of the Laboratory Utilization Review Committee to:

- Assure that the appropriate review of utilization of blood and blood components takes place at least on a quarterly basis. This review will be documented; and may be performed, as is appropriate, through a retrospective patient care evaluation mechanism, medical record review, or any other patient specific reviews.
- Review the investigation of actual or suspected infectious or noninfectious adverse events.
- Review patient identification, specimen collection and labeling, blood administration practices and near-miss events.
- Review the monthly and quarterly statistics on blood component usage, wastage and ordering practices.
- Review reports from other transfusion-related activities as applicable.
- Review laboratory test utilization, including high volume tests and low volume costly tests.
- Recommend measures to implement more cost effective and efficient use of laboratory resources.

These data are systematically aggregated and analyzed on an ongoing basis with the focus on identifying opportunities for performance/process improvement, to evaluate the ability of the service to meet patient needs and to monitor compliance with peer review recommendations.

The Committee shall include a chairperson, secretary, physician membership representative of the Hospitals Clinical Services with high blood component usage and/or laboratory usage (such as anesthesiology, surgery, and medicine), and the physician director of transfusion services.

The Laboratory Utilization Review Committee is a peer review committee as defined by section 2305.25 of the Ohio Revised Code. As such, the committee's proceedings and records are held in confidence.

<p>Approved by:</p> <p><u>/s/</u> Puneet Sindhwani, M.D. Chief of Staff</p> <p><u>09/06/2023</u> Date</p> <p><u>/s/</u> Michael Ellis, M.D. Chief Medical Officer</p> <p><u>09/06/2023</u> Date</p> <p><i>Review/Revision Completed by: Laboratory Utilization Review Committee Medical Executive Committee</i></p>	<p>Policies Superseded by This Policy:</p> <ul style="list-style-type: none"> • <i>MS-008 Blood Utilization Review Committee</i> • <i>3364-87-08 Blood Utilization Review Committee</i> <p>Review/Revision Date: 11/19/03 09/13/06 11/25/09 02/27/13 04/24/13 07/01/2016 08/28/2019 01/10/2023</p> <p>Next review date: 09/01/2026</p>
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