

YEAR : 2020

SHORTFALL IN QUALITY – REPORTING FORMAT

DISCIPLINE :

LABORATORY : **Blood Bank**

HOSPITAL :

INDICATOR :

Standard :

Actual performance achieved :

Reason for shortfall in Quality :

Any ACTION STRATEGIES for implementation to improved the situation? **Yes/No**
If No, why not ?

IF YES, why not ?

1. Policy changes
2. Procedural changes
3. Equipment (changes in type of equipment used, installation of additional facilities.
4. Staffing – training, education, number, reemployment, credentialing
5. Development of new systems of care
6. Development of department specific clinical indicators
7. Reengineering of the process
8. Review of test methods
9. Introduction of procedures, work instruction
10. Communication with customers – clinician, nurses etc
11. Developing guidelines on usage of laboratory services
12. Initiation of awareness programs
13. Process of receiving of specimens, dispatch of results etc reviewed
14. Others (Please state)

a. **Actions taken**

CLOSING THE QA CYCLE

Level of implementation

No .	ACTION STRATEGY	IMPLEMENTATION YES/NO If No, why not?
1.		
2.		
3.		

Any re audit performed AFTER IMPLEMENTATION OF CHANGES?
WHEN?