

**Committee on Accreditation of Specialist in Blood Bank Technology Schools
Assessment Summary and Corrective Action Report**

Name of SBBT Program: _____

Program # _____

Date of Assessment: _____

Assessment Summary Report
— CONFIDENTIAL —

Type of Assessment:

- Initial
- Continuing
- Re-assessment
- Re-accreditation
- Other _____

Date of Report _____

Objective To verify conformance with stated SBBT Standards

Assessment Team Those who conducted the assessment

SBBT-CoA Assessor	
CAAHEP Generalist	
Other Assessment Participants	

Verification of Factuality

The SBBT Program was evaluated by the Assessment Team with the current edition of SBBT Standards. The findings of the assessment were shared with the SBBT Program during the closing session. The SBBT Program is asked to verify the factuality of the findings based on the Site Visit Report closing session (verbal) and Site Visit Report (see attached).

If	Then
The SBBT Program agrees with the factuality accuracy,	Continue to the Outcome of the SBBT-CoA Review section of this report. Completion and return of this report confirms the factual accuracy of the report.
The SBBT Program <u>does not</u> agree with the factuality accuracy,	Stop and do not complete or respond to this report. <ul style="list-style-type: none"> • Identify specific factual errors and documentation to support your position. • Submit this documentation by email to the chair of the SBBT-CoA (email listed below) within 10 business days. • The SBBT-CoA will review the response of the SBBT Program and repeat this assessment step.

Outcome of the SBBT-CoA Review

The Site Visit Report was reviewed and an accreditation recommendation has been made and summarized in this document by the SBBT-Committee on Accreditation (SBBT-CoA).

Recommendation	Summary	Action Required by SBBT Program	Action Required by SBBT-CoA
	Accreditation (Initial or Continuing) <ul style="list-style-type: none"> • All Standards were met and SBBT-Program is in good standing. 	<ul style="list-style-type: none"> • Sign this document and return to SBBT-CoA Chair. 	<ul style="list-style-type: none"> • Forward an accreditation recommendation to CAAHEP.
	Accredit upon receipt and review of acceptable corrective action plan <ul style="list-style-type: none"> • Failure to meet Standards were observed. • Response required to items indicated on Site Visit Report. 	<ul style="list-style-type: none"> • Sign this document and return to SBBT-CoA Chair. • Complete the Corrective Action Plan(s) and return to SBBT-CoA Chair. 	<ul style="list-style-type: none"> • After review, the CoA will approve or ask for clarification prior to accreditation recommendation to CAAHEP.
	Re-assess SBBT Program and accredit upon receipt and review of acceptable corrective action plan <ul style="list-style-type: none"> • Failure to meet Standards were observed. • Response required to items indicated on the Site Visit Report. 	<ul style="list-style-type: none"> • Sign this document and return to SBBT-CoA Chair. • Complete the Corrective Action Plan(s) and return to SBBT-CoA Chair. 	<ul style="list-style-type: none"> • After review, the CoA will approve or ask for clarification prior to accreditation recommendation to CAAHEP.

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Due Date **Within 30 days of receiving this notification**

The facility response is due to the SBBT-CoA.

Return via email to current SBBT-CoA Chair: Laurie Gillard, Laurie_Gillard@rush.edu

SBBT-Program Acknowledgment

Authorized Facility Representative: _____ **Date:** _____
Signed Electronically or Physical Signature

Receipt of Response Acknowledged by SBBT-CoA Chair (or designee)

Signature: _____ **Date:** _____
Signed Electronically or Physical Signature

Next steps for CAAHEP Accreditation

- SBBT-CoA forwards recommendation for accreditation to the CAAHEP Board of Directors
- The CAAHEP Board of Directors reviews the SBBT-CoA recommendations.
- The SBBT-CoA and SBBT-Program will receive notification from CAAHEP with final accreditation decision.

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Corrective Action Plan

Each "Standard Not Met" from the Site Visit Report requires a separate Corrective Action Plan

In Response to SBBT-CoA Assessment		
SBBT Standard:		
Rationale/Objective Evidence:		
Suggested Documentation:		
SBBT Program Response - Root Cause Analysis		
SBBT Program Response - Statement of Remedial (Immediate) Actions		
Statement of Corrective (Long-term) Actions and System Improvements		
<u>Action</u>	<u>Timeline</u>	<u>Responsible Party</u>
Process Control Check(s) for On-going Monitoring of Corrective Actions		

Submit this form to SBBT-CoA Chair: Laurie Gillard, Laurie_Gillard@rush.edu