



Hemovigilance Module - Annual Facility Survey Non-Acute Care Facility

*Required for saving

*Facility ID#: _____

*Survey Year: _____

For all questions, use information from previous full calendar year.

Facility Characteristics

*1. Ownership: (check one)

Government

Military

Not for profit, including church

For profit

Veteran's Affairs

Physician-owned

*2. Community setting of facility: Urban Suburban Rural

*3. Total number of operating rooms at time of survey completion: _____

*4. Total number of procedure rooms at time of survey completion: _____

*5. Total number of patient admissions in this survey year: _____

*6. Check all the specialty(ies) currently performed in your facility:

Bariatrics

General surgery

Gastroenterology

Gynecology

Neurology

Orthopedic

Plastic surgery

Spine

Urology

Other (specify) _____

Transfusion Service Characteristics

*7. Does your facility provide all of its own transfusion services, including all laboratory functions?

Yes

No, we contract with a blood center for some transfusion service functions.

No, we contract with another healthcare facility for some transfusion service functions.

No, we contract with another blood center for all transfusion service functions.

No, we contract with another healthcare facility for all transfusion service functions.

*8. How many dedicated transfusion service staff members are there? (Count full-time equivalents; include supervisors.)

Physicians: _____ Medical Technologists: _____ Medical Laboratory Technicians: _____

*9. Does your facility have a dedicated position or FTE in a quality or patient safety function (e.g., TSO) for investigation of transfusion-related adverse reactions? Yes No

*10. Does your facility have a dedicated position or FTE in a quality or patient safety function (e.g., TSO) for investigation of transfusion errors (i.e., incidents)? Yes No

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Transfusion Service Characteristics (continued)

- *11. Does your facility have a committee that reviews blood utilization? Yes No
- *12. Total number of patient samples collected for type and screen or crossmatch: _____
- *13. Does your facility perform point-of-issue bacterial testing on platelets prior to transfusion? Yes No

Transfusion Service Computerization

- *14. Is the transfusion service computerized? Yes No (If No, skip to question 17)
- If Yes, select system(s) used: (check all that apply) BBCS® BloodTrack Tx® (Haemonetics)
 Cerner Classic® Cerner Millennium® HCLL® Horizon BB® Hemocare®
 Lifeline® Meditech® Misys® Safetrace Tx® (Haemonetics) Softbank®
 Western Star® Other (specify) _____
- *15. Is the system ISBT-128 compliant? Yes No
- *16. Does the transfusion service system interface with the patient registration system? Yes No
- *17. Does your facility use positive patient ID technology for transfusion?
 Yes, facility wide Yes, certain areas Not used
- If Yes, select purpose(s): (check all that apply) Specimen collection Product administration
- If Yes, select system(s) used: (check all that apply)
 Mechanical barrier system (e.g., Bloodloc®)
 Separate transfusion ID wristband system (e.g., Typenex®)
 Radio frequency identification (RFID) Bedside ID band barcode scanning
 Other (specify) _____

Transfusion Service Specimen Handling and Testing

- *18. Are transfusion service specimens drawn by a dedicated phlebotomy team?
 Always Sometimes, approximately _____% of the time Never
- *19. What specimen labels are used at your facility? (check all that apply)
 Handwritten Addressograph Computer generated from laboratory test request
 Computer generated by bedside device Other (specify) _____
- *20. Are phlebotomy staff members allowed to correct patient identification errors on pre-transfusion specimen labels?
 Yes No
- *21. What items can be used to verify patient identification during specimen collection and prior to product administration at your facility? (check all that apply)
 Medical record (or other unique patient ID) number Date of birth Gender
 Patient first name Patient last name Transfusion specimen ID system (e.g., Typenex®)



Patient verbal confirmation of name or date of birth

Other (specify) _____