**Hemovigilance Module - Annual Facility Survey**

**Non-Acute Care Facility**

**\*Required for saving**

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| \*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) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
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| **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 |
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| **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) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| **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 | [ ]  Gender identity | [ ]  Sex at birth |  |
| [ ]  Patient first name | [ ]  Patient last name | [ ]  Transfusion specimen ID system (e.g., Typenex®) |
| [ ]  Patient verbal confirmation of name or date of birth | [ ]  Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |