

## 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)

- |                                     |  |   |
|-------------------------------------|--|---|
| <input type="checkbox"/> Government | <input type="checkbox"/> Military          | <input type="checkbox"/> Not for profit, including church |
| <input type="checkbox"/> For profit | <input type="checkbox"/> Veteran's Affairs | <input type="checkbox"/> 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:

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Bariatrics            | <input type="checkbox"/> General surgery | <input type="checkbox"/> Gastroenterology |
| <input type="checkbox"/> Gynecology            | <input type="checkbox"/> Neurology       | <input type="checkbox"/> Orthopedic       |
| <input type="checkbox"/> Plastic surgery       | <input type="checkbox"/> Spine           | <input type="checkbox"/> Urology          |
| <input type="checkbox"/> 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  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) \_\_\_\_\_

