

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) _____

