

## 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  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) \_\_\_\_\_

