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