

## 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

Assurance of Confidentiality: The voluntarily provided information obtained in this surveillance system that would permit identification of any individual or institution is collected with a guarantee that it will be held in strict confidence, will be used only for the purposes stated, and will not otherwise be disclosed or released without the consent of the individual, or the institution in accordance with Sections 304, 306 and 308(d) of the Public Health Service Act (42 USC 242b, 242k, and 242m(d)).

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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 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) \_\_\_\_\_