NHSN
NATIONAL HEALTHCARE
SAFETY NETWORK

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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

CDC 57.306 v1, R8.6

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

    ☐ Patient first name   ☐ Patient last name   ☐ Transfusion specimen ID system (e.g., Typenex®)

    ☐ Patient verbal confirmation of name or date of birth   ☐ Other (specify) _____