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
   ☐ Patient first name ☐ Patient last name ☐ Transfusion specimen ID system (e.g., Typenex®)
   ☐ Patient verbal confirmation of name or date of birth ☐ Other (specify) ________________________________