National Safety and Quality Health Service Standards
Standard 7 Blood and Blood Products - Measurement Plan

Note: The measurement plan details the criteria / action and those question/s / responses that correspond to the action. Some questions may be used by the facility to demonstrate evidence for other actions, in addition to the action it has been aligned with.

Criteria	Rationale	This criterion will be achieved by:	Actions required	Audit Tool	Goal	Indicator	Question on Audit Tool	Response options	Numerator	Denominator	Exclusions
Governance and systems for blood and blood product prescribing and clinical use	Health service organisations have systems in place for the safe and appropriate prescribing and clinical use of blood and blood products.	7.1 Developing governance systems for safe and appropriate prescription, administration and management of blood and blood products	7.1.1 Blood and blood product policies, procedures and/or protocols are consistent with national evidence-based guidelines for pre-transfusion practices, prescribing and clinical use of blood and blood products	Facility	Identify if the facility has policies, procedures and/or protocols on blood and blood products that adhere to national guidelines	Evidence of policies, procedures and/or protocols on blood and blood products that adhere to national guidelines	1.0 Is there evidence that the facility (or at service level) has policies, procedures and/or protocols on blood and blood products that adhere to national guidelines? 1.1 If yes: Is there evidence that they include: • safe and appropriate prescription, administration and management of blood and blood products? • pre-transfusion and sampling practices such as specimen collection? • processes that relate to laboratory-hospital interface? • consent procedures? • tools for transfusion that are available? • storage and transportation of blood and blood products? 1.2 If yes to 1.0: Is there evidence of a Massive Transfusion Protocol (MTP) in place for areas such as Emergency/Theatre? 1.3 If yes to 1.2: Is there evidence of clear documentation to support implementation and cessation of a Massive Transfusion Protocol? 1.4 If yes to 1.0: Is there an Emergency Donor Panel (EDP) policy in place? 1.5 If yes to 1.0: Is there evidence that: • they are accessible to the clinical workforce, managers and the senior executive? • there are processes for the implementation and distribution throughout the facility? • they define the audit process to be undertaken to assess against them? • they reference the consultation processes or collaborative group/s involved in their development? • they detail the date they became effective? • they specify the date of the next revision? • they reference the source documents (if applic) particularly where they are represented as best practice? 1.6 If yes to 1.0: Outline the policy owner and file location of the documents and any other comments.	Yes ; No Yes ; No Yes ; No Yes ; No Yes ; No Yes ; No Yes ; No Yes ; No Yes ; No Yes ; No Yes ; No Yes ; No Yes ; No Yes ; No Yes ; No Yes ; No text box			
				Facility	Identify if the facility provides orientation and ongoing training for the clinical workforce relating to blood and blood products management	Evidence the facility provides orientation and ongoing training for the clinical workforce relating to blood and blood products management	2.0 Is there evidence that the facility (or at service level) provides orientation and ongoing training for the clinical workforce relating to blood and blood products management (in line with the policies, procedures and/or protocols)? 2.1 If yes: Is there evidence that: • staff attendance at the education/training sessions is recorded? • the competency-based training needs of staff are evaluated? • staff feedback reports of the sessions are evaluated and incorporated into the next revision? 2.2 If yes to 2.0: Is there evidence that the facility (or at service level) mandates the BloodSafe eLearning Australia transfusion training program for all staff involved in transfusion protocols? 2.3 If yes to 2.2: Is there evidence that staff are required to complete all BloodSafe eLearning modules on a yearly basis? 2.4 If yes to 2.0: Provide comments on the education provided and when.	Yes ; No Yes ; No Yes ; No Yes ; No Yes ; No Yes ; No text box			
			7.1.2 The use of policies, procedures and/or protocols is regularly monitored	Facility	Identify if the facility has a committee that oversees blood and blood product management	Evidence of a committee that oversees blood and blood product management	3.0 Is there evidence that the facility (or at service level) has a committee such as a blood management committee or blood transfusion advisory committee that oversees blood and blood products management? 3.1 If yes: Is there evidence of: • Terms of Reference? • strategic plans that relate to blood and blood products? • risk register or log that includes actions to address identified risks? • documentation on consultation processes in the development and review of policies, procedures and protocols? • a clinicians' checklist for prescribing blood components to ensure blood products are only released for transfusion when guidelines have been satisfied? • documentation such as request forms or blood administration forms for ordering or administering blood components that adhere to national guidelines? • audit of the use of forms and tools for prescription, request and administration of blood products? • reports on transfusions provided to clinical units, senior executive and relevant committees? • reports of vetting of transfusion requests? • reports of adverse blood and blood product incidents? • observational audit clinical guidelines accessible to the clinical workforce? • quality improvement plans that outline designated responsibilities and timeframes for completion of improvement actions? • use of a standardised transfusion 'prescription' which incorporates requests and clinical information (such as haemoglobin level) to support appropriate assessments? 3.2 If yes to 3.0: Outline details of the committee/s, when they meet, who the members are etc. and any other comments.	Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No text box			
			7.1.3 Action is taken to increase the safety and appropriateness of prescribing and clinically using blood and blood products	AS PER 7.1.1 and 7.1.2							
	7.2 Undertaking a regular, comprehensive assessment of blood and blood product systems to identify risks to patient safety and taking action to reduce risks	7.2.1 The risks associated with transfusion practices and clinical use of blood and blood products are regularly assessed		Facility	Identify if the facility undertakes risk assessments on blood and blood product systems	Evidence the facility undertakes risk assessments on blood and blood product systems	4.0 Is there evidence that the facility (or at service level) undertakes risk assessments of: • systems for blood and blood products? • processes for addressing pathology laboratory documentation that identifies patient safety risks from the use of blood and blood products? 4.1 If yes to 4.0: Is there evidence of a consistently applied scale to rate risks? 4.2 If yes to 4.0: Is there evidence the risks are reviewed on a regular basis? 4.3 If yes to 4.0: Provide details on the risk assessments undertaken. 4.4 Is there evidence that the facility (or at service level) has: • audit of compliance with policies, procedures and/or protocols on blood and blood product systems? 4.5 If yes: Provide details on how, when etc. performed.	Yes ; No Yes ; No Yes ; No Yes ; No text box Yes ; No text box			
		7.2.2 Action is taken to reduce the risks associated with transfusion practices and the clinical use of blood and blood products		Facility	Action to reduce the risks associated with transfusion practices and the clinical use of blood and blood products is undertaken	Evidence the facility provides the most appropriate blood products for individual patients	5.0 Is there evidence that the facility (or at service level) supports prescription of blood products with patient-specific special requirements such as Irradiated, Washed, Phenotyped, CMV Negative? 5.1 Is there evidence that transfusions are undertaken during routine shifts (ie. between 07:00 - 22:00 when staffing levels are at full capacity), unless urgent?	Yes ; No Yes ; No			

Criteria	Rationale	This criterion will be achieved by:	Actions required	Audit Tool	Goal	Indicator	Question on Audit Tool	Response options	Numerator	Denominator	Exclusions
		7.3 Ensuring blood and blood product adverse events are included in the incidents management and investigation system	7.3.1 Reporting on blood and blood product incidents is included in regular incident reports	Facility	Identify if the facility has a system for reporting, investigating and analysing incidents relating to use of blood and blood products	Evidence the facility has a system for reporting, investigating and analysing incidents relating to use of blood and blood products	6.0 Is there evidence that the facility (or at service level) has a system for reporting, investigating and analysing incidents relating to use of blood and blood products? 6.1 If yes: Is there evidence of: • a register of reported incidents, adverse events and near misses related to transfusion of blood or blood components that includes actions to address identified risks? • records of healthcare blood product adverse events? • use of an incident reporting management system that documents analysis and review of incidents, adverse events and near misses relating to use of blood and blood products eg. PRIME? • agenda papers, meetings minutes and/or reports that demonstrate the routine review of incidents relating to blood and blood product use and trends in incidents? • root cause analysis of breaches of policies, procedures or protocols resulting in a serious breach or sentinel event? • audit of patient clinical records that demonstrate reporting and investigation of incidents relating to use of blood and blood products? 6.2 If yes: Provide comments to support any of the above.	Yes ; No Yes ; No Yes ; No Yes ; No Yes ; No Yes ; No Yes ; No text box			
				Facility	Identify if the facility has evaluation and feedback processes relating to use of blood and blood products	Evidence the facility has evaluation and feedback processes relating to use of blood and blood products	7.0 Is there evidence that the facility (or at service level) has evaluation and feedback processes relating to use of blood and blood products? 7.1 If yes: Is there evidence of: • regular reporting and evaluation of performance measures? • information relating to use of blood and blood products presented to the senior executive and/or relevant committees? • an annual report describing trends in incidents related to the use of blood and blood products? • peer review processes for transfusion practice such as quality assurance meetings? 7.2 If yes to an annual report: Is the data presented in the report meaningful and relevant? 7.3 If yes to 7.0: Outline the processes, where the reports are filed and where/who/how often they are reported to.	Yes ; No Yes ; No Yes ; No Yes ; No Yes ; No Yes ; No text box			
			7.3.2 Adverse blood and blood product incidents are reported to and reviewed by the highest level of governance in the health service organisation	AS PER 7.1.2							
			7.3.3 Health service organisations participate in relevant haemovigilance activities conducted by the organisation or at state or national level	Facility	Identify if the facility participates in relevant haemovigilance activities	Evidence the facility participates in relevant haemovigilance activities	8.0 Is there evidence that the facility (or at service level) participates in relevant haemovigilance activities? 8.1 If yes: Is there evidence of: • Schedules of haemovigilance reporting? • Reports of haemovigilance monitoring, such as Queensland incidents in Transfusion (QiiT) to national collation agencies such as National Blood Authority? 8.2 If yes to 8.0: Provide comments or details on when these have been undertaken, by whom etc.	Yes ; No Yes ; No Yes ; No text box			
		7.4 Undertaking quality improvement activities to improve the safe management of blood and blood products	7.4.1 Quality improvement activities are undertaken to reduce the risks of patient harm from transfusion practices and the clinical use of blood and blood products	Ward	Identify if the ward/unit undertakes quality improvement activities to reduce the risks of patient harm from transfusion practices and the clinical use of blood and blood products	Evidence the ward/unit undertakes quality improvement activities to reduce the risks of patient harm from transfusion practices and the clinical use of blood and blood products	1.0 Is there evidence that the ward/unit undertakes quality improvement activities to reduce the risk of patient harm from transfusion practices and the clinical use of blood and blood products? 1.1 If yes: Provide examples of the quality improvement activities implemented.	Yes; No text box			
				Facility		% of wards/units that undertake quality improvement activities to reduce the risks of patient harm from transfusion practices and the clinical use of blood and blood products	12.0 What is the number of wards/units that undertake quality improvement activities to reduce the risks of patient harm from transfusion practices and the clinical use of blood and blood products? (BBP_Ward_Q1.0) 12.1 Collate information on the improvement activities undertaken and the wards/units who implemented the activities.(BBP_Ward_Q1.1)		Number of wards/units that undertake quality improvement activities to reduce the risks of patient harm from transfusion practices and the clinical use of blood and blood products	Total number of wards/units audited	
Documenting patient information	The clinical workforce accurately records a patient's blood and blood product transfusion history and indications for use of blood and blood products.	7.5 As part of the patient treatment plan, the clinical workforce accurately documenting: • relevant medical conditions • indications for transfusion • any special product or transfusion requirements • known patient transfusion history • type and volume of product transfusion • patient response to transfusion	7.5.1 A best possible history of blood product usage and relevant clinical and product information is documented in the patient clinical record	Patient	Identify patients in the ward/unit who had relevant product information documented on the crossmatch report	% of patients who had relevant product information documented on the crossmatch report	1.0 Has the patient received a blood or blood product transfusion in the current admission? 1.1 If yes: What was the documented indication for the transfusion? 1.2 If yes to 1.0: Is there evidence of a Crossmatch Report? 1.3 If yes to 1.2: Is there documented evidence that the: • product type is complete? • product number is complete? • group is complete? • patient/product/label checks have been undertaken and signed by TWO clinical staff? • commenced time and date is complete?	Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No	Number of patients who had relevant product information documented on the crossmatch report	Total number of patients audited who received a blood or blood product transfusion in the current admission	
				Ward			2.0 What is the number of patients who received a blood or blood product transfusion in the current admission who had a Crossmatch Report? (BBP_Patient_Q1.0 & Q1.2) 2.1 Provide a breakdown of the documented indications for the transfusion. (BBP_Patient_Q1.1) 2.2 What is the number of patients who had a Crossmatch Report where the information was complete in ALL the areas being reviewed? (BBP_Patient_Q1.3) 2.3 Provide a summary of the areas that were not complete. (BBP_Patient_Q1.3)		Number of patients who had relevant product information documented on the crossmatch report	Total number of patients audited who received a blood or blood product transfusion in the current admission	
				Patient	Identify patients who had a blood prescription order where the information was complete in ALL the areas being reviewed	% of patients who had a blood prescription order where the information was complete in ALL the areas being reviewed	6.0 Is there evidence of a blood prescription order? (Note: can be found on the fluid prescription chart or IV & SC fluid order form) 6.1 If yes: Is there documented evidence (on blood prescription order or progress notes) that the following were completed? • Date for transfusion? • Type of blood product? • Volume/quantity/number to be given? • Special requirements listed? If yes to special requirements listed: what were they? • Rate of transfusion? • Doctor's signature? • Doctor's printed name? • Fluid order form signed and name printed by TWO nurses?	Yes; No Yes; No Yes; No Yes; No Frusemide; Irradiated; CMV requirement; Warmer; Premeds; N/A Yes; No Yes; No Yes; No Yes; No	Number of patients who had a blood prescription order where the information was complete in ALL the areas being reviewed	Total number of patients audited who received a blood or blood product transfusion in the current admission	

Criteria	Rationale	This criterion will be achieved by:	Actions required	Audit Tool	Goal	Indicator	Question on Audit Tool	Response options	Numerator	Denominator	Exclusions
				Ward			6.0 What is the number of patients who have evidence of a blood prescription order? (BBP_Patient_Q6.0) 6.1 What is the number of patients who had a blood prescription order where the information was complete in ALL the areas being reviewed? (BBP_Patient_Q6.1) 6.2 Provide a summary of the areas that were not complete. (BBP_Patient_Q6.1)		Number of patients who had a blood prescription order where the information was complete in ALL the areas being reviewed	Total number of patients audited who received a blood or blood product transfusion in the current admission	
				Patient	Identify patients who have Full name, DOB and MRN confirmed against the transfusion department report and patient's arm band	% of patients who have Full name, DOB and MRN confirmed against the transfusion department report and patient's arm band	7.0 Is there documented evidence that the patient's Full name, DOB and MRN was confirmed against the transfusion department report and patient's arm band?	Yes; No	Number of patients who have Full name, DOB and MRN confirmed against the transfusion department report and patient's arm band	Total number of patients audited who received a blood or blood product transfusion in the current admission	
				Ward			7.0 What is the number of patients who have Full name, DOB and MRN confirmed against the transfusion department report and patient's arm band? (BBP_Patient_Q7.0)		Number of patients who have Full name, DOB and MRN confirmed against the transfusion department report and patient's arm band	Total number of patients audited who received a blood or blood product transfusion in the current admission	
				Patient	Identify patients who have the product type checked against the fluid order, transfusion department report and compatibility label	% of patients who have the product type checked against the fluid order, transfusion department report and compatibility label	8.0 Is there documented evidence that the product type was checked against the fluid order, transfusion department report and compatibility label?	Yes; No	Number of patients who have the product type checked against the fluid order, transfusion department report and compatibility label	Total number of patients audited who received a blood or blood product transfusion in the current admission	
				Ward			8.0 What is the number of patients who have the product type checked against the fluid order, transfusion department report and compatibility label? (BBP_Patient_Q8.0)		Number of patients who have the product type checked against the fluid order, transfusion department report and compatibility label	Total number of patients audited who received a blood or blood product transfusion in the current admission	
				Patient	Identify patients who have a product bag that is intact, no signs of deterioration, contamination, clots or discolouration	% of patients who have a product bag that is intact, no signs of deterioration, contamination, clots or discolouration	9.0 Is there documented evidence that the product bag is intact, no signs of deterioration, contamination, clots or discolouration?	Yes; No	Number of patients who have a product bag that is intact, no signs of deterioration, contamination, clots or discolouration	Total number of patients audited who received a blood or blood product transfusion in the current admission	
				Ward			9.0 What is the number of patients who have a product bag that is intact, no signs of deterioration, contamination, clots or discolouration? (BBP_Patient_Q9.0)		Number of patients who have a product bag that is intact, no signs of deterioration, contamination, clots or discolouration	Total number of patients audited who received a blood or blood product transfusion in the current admission	
				Patient	Identify patients who have confirmation that the blood product will not expire before transfusion is complete	% of patients who have confirmation that the blood product will not expire before transfusion is complete	10.0 Is there documented evidence of confirmation the blood product will not expire before transfusion is complete?	Yes; No	number of patients who have confirmation that the blood product will not expire before transfusion is complete	Total number of patients audited who received a blood or blood product transfusion in the current admission	
				Ward			10.0 What is the number of patients who have confirmation that the blood product will not expire before transfusion is complete? (BBP_Patient_Q10.0)		number of patients who have confirmation that the blood product will not expire before transfusion is complete	Total number of patients audited who received a blood or blood product transfusion in the current admission	
			7.5.2 The patient clinical records of transfused patients are periodically reviewed to assess the proportion of records completed	Patient	Identify patients who have transfusion start time, transfusion stop time, volume infused and non-urgent blood documented	% of patients who have transfusion start time, transfusion stop time, volume infused and non-urgent blood documented	11.0 Is there documented evidence that the following were completed? • Transfusion start time? • Transfusion stop time? • Volume infused? • Non-urgent blood been given out of hours (20:00 to 07:00)?	 Yes; No Yes; No Yes; No Yes; No	Number of patients who have transfusion start time, transfusion stop time, volume infused and non-urgent blood documented	Total number of patients audited who received a blood or blood product transfusion in the current admission	
				Ward			11.0 What is the number of patients who have transfusion start time, transfusion stop time, volume infused and non-urgent blood documented? (BBP_Patient_Q11.0)		Number of patients who have transfusion start time, transfusion stop time, volume infused and non-urgent blood documented	Total number of patients audited who received a blood or blood product transfusion in the current admission	
				Patient	Identify patients who had ALL vitals complete prior to transfusion	% of patients who had ALL vitals complete prior to transfusion	12.0 Is there documented evidence of baseline observations completed prior to transfusion? (i.e. within 60 mins of commencement of transfusion) 12.1 If yes: Is there documented evidence that the following vitals were completed? • Pulse? • Temperature? • Respirations? • Blood Pressure? • Oxygen saturation?	Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No; N/A	Number of patients who had ALL vitals complete prior to transfusion	Total number of patients audited who received a blood or blood product transfusion in the current admission	
				Ward			12.0 What is the number of patients who have baseline observations completed prior to transfusion? (i.e. within 60 mins of commencement of transfusion) (BBP_Patient_Q12.0) 12.1 What is the number of patients who had ALL vitals complete? (BBP_Patient_Q12.1) 12.2 Provide a summary of the areas that were not complete. (BBP_Patient_Q12.1)		Number of patients who had ALL vitals complete prior to transfusion	Total number of patients audited who received a blood or blood product transfusion in the current admission	
				Patient	Identify patients who had ALL vitals complete within 15min of commencement of transfusion	% of patients who had ALL vitals complete within 15min of commencement of transfusion	13.0 Is there documented evidence that commencement observations were completed? (i.e. within 15 mins of commencement of transfusion) 13.1 If yes: Is there documented evidence that the following vitals were completed? • Pulse? • Temperature? • Respirations? • Blood Pressure? • Oxygen saturation?	Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No; N/A	Number of patients who had ALL vitals complete within 15min of commencement of transfusion	Total number of patients audited who received a blood or blood product transfusion in the current admission	

Criteria	Rationale	This criterion will be achieved by:	Actions required	Audit Tool	Goal	Indicator	Question on Audit Tool	Response options	Numerator	Denominator	Exclusions
				Ward			13.0 What is the number of patients who have commencement observations completed? (i.e. within 15 mins of commencement of transfusion) (BBP_Patient_Q13.0) 13.1 What is the number of patients who had ALL vitals complete? (BBP_Patient_Q13.1) 13.2 Provide a summary of the areas that were not complete. (BBP_Patient_Q13.1)		Number of patients who had ALL vitals complete within 15min of commencement of transfusion	Total number of patients audited who received a blood or blood product transfusion in the current admission	
				Patient	Identify patients who had ALL vitals completed hourly during transfusion	% of patients who had ALL vitals completed hourly during transfusion	14.0 Is there documented evidence that hourly observations during transfusion were completed? 14.1 If yes: Is there documented evidence that the following vitals were completed? • Pulse? • Temperature? • Respirations? • Blood Pressure? • Oxygen saturation?	Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No; N/A			
				Ward			14.0 What is the number of patients who have hourly observations during transfusion completed? (BBP_Patient_Q14.0) 14.1 What is the number of patients who had ALL vitals complete? (BBP_Patient_Q14.1) 14.2 Provide a summary of the areas that were not complete. (BBP_Patient_Q14.1)		Number of patients who had ALL vitals completed hourly during transfusion	Total number of patients audited who received a blood or blood product transfusion in the current admission	
				Patient	Identify patients who had ALL vitals complete on completion of transfusion	% of patients who had ALL vitals complete on completion of transfusion	15.0 Is there documented evidence that observations were completed post transfusion? (i.e. within 2 hrs of completion of transfusion) 15.1If yes: Is there documented evidence that the following vitals were completed? • Pulse? • Temperature? • Respirations? • Blood Pressure? • Oxygen saturation?	Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No; N/A	Number of patients who had ALL vitals complete on completion of transfusion	Total number of patients audited who received a blood or blood product transfusion in the current admission	
				Ward			15.0 What is the number of patients who have observations completed post transfusion? (i.e. within 2hrs of completion of transfusion) (BBP_Patient_Q15.0) 15.1 What is the number of patients who had ALL vitals complete? (BBP_Patient_Q15.1) 15.2 Provide a summary of the areas that were not complete. (BBP_Patient_Q15.1)		Number of patients who had ALL vitals complete on completion of transfusion	Total number of patients audited who received a blood or blood product transfusion in the current admission	
				Patient	Identify patients where blood was infused within four (4) hours	% of patients where blood was infused within four (4) hours	16.0 Was the blood infused within four (4) hours? 16.1 If no, please state why.	Yes; No	Number of patients where blood was infused within four (4) hours	Total number of patients audited who received a blood or blood product transfusion in the current admission	
				Ward			16.0 What is the number of patients where blood was infused within four (4) hours? (BBP_Patient_Q16.0) 16.1 For those patients where blood was NOT infused within four (4) hours provide a summary of why not. (BBP_Patient_Q16.0 &Q16.1)		Number of patients where blood was infused within four (4) hours	Total number of patients audited who received a blood or blood product transfusion in the current admission	
				Patient	Identify patients who had an adverse reaction to the blood transfusion, where the medical officer was notified and the adverse reaction was recorded in the facility incident management system	% of patients who had an adverse reaction to the blood transfusion, where the medical officer was notified and the adverse reaction was recorded in the facility incident management system	17.0 Is there documented evidence that the patient has an adverse reaction to the blood transfusion? (e.g. Symptoms include: fever >1º C above baseline, rigors, chest or abdominal pain, hypotension tachycardia, rash/itching) 17.1 If yes: Is there documented evidence the medical officer was notified? 17.2 If yes to 17.0: Is there documented evidence the adverse reaction was recorded in the facility incident management system (e.g. PRIME)?	Yes; No Yes; No Yes; No	Number of patients who had an adverse reaction to the blood transfusion, where the medical officer was notified and the adverse reaction was recorded in the facility incident management system	Total number of patients audited who received a blood or blood product transfusion in the current admission	
				Ward			17.0 What is the number of patients who have an adverse reaction to the blood transfusion? (BBP_Patient_Q17.0) 17.1 For those patients who had an adverse reaction to the blood transfusion, what is the number of patients where the medical officer was notified? (BBP_Patient_Q17.1) 17.2 For those patients who had an adverse reaction to the blood transfusion, what is the number of patients where the adverse reaction was recorded in the facility incident management system? (BBP_Patient_Q17.2)		Number of patients who had an adverse reaction to the blood transfusion, where the medical officer was notified and the adverse reaction was recorded in the facility incident management system	Total number of patients audited who received a blood or blood product transfusion in the current admission	
				Patient	Identify patients who have the transfusion outcome documented in the chart	% of patients who have the transfusion outcome documented in the chart	18.0 Is there documented evidence of the transfusion outcome in the chart?	Yes; No	Number of patients who have the transfusion outcome documented in the chart	Total number of patients audited who received a blood or blood product transfusion in the current admission	
				Ward			18.0 What is the number of patients who have the transfusion outcome in the chart? (BBP_Patient_Q18.0)		Number of patients who have the transfusion outcome documented in the chart	Total number of patients audited who received a blood or blood product transfusion in the current admission	

Criteria	Rationale	This criterion will be achieved by:	Actions required	Audit Tool	Goal	Indicator	Question on Audit Tool	Response options	Numerator	Denominator	Exclusions
			7.5.3 Action is taken to increase the proportion of patient clinical records of transfused patients with a complete patient clinical record	AS PER 7.5.1 and 7.5.2							
		7.6 The clinical workforce documenting any adverse reactions to blood or blood products	7.6.1 Adverse reactions to blood or blood products are documented in the patient clinical record	Patient	Identify patients in the ward/unit who had a previous adverse reaction to a blood product transfusion that has been documented in the patient's notes	% of patients who had a previous adverse reaction to a blood product transfusion that has been documented in the patient's notes	1.0 Has the patient received a blood or blood product transfusion in the current admission? 2.0 If yes to 1.0 (i.e.: the patient has received a blood or blood product transfusion in the current admission): Ask the patient 'Have you had a previous reaction to a blood transfusion?' 2.1 If yes to 2.0: Is there documented evidence of the patient's previous adverse reaction to a blood or blood product transfusion? (Note: can be found on the fluid prescription chart or observation record)	Yes; No Yes; No Yes; No			
				Ward			3.0 What is the number of patients who received a blood or blood product transfusion in the current admission who had a previous adverse reaction to a blood product transfusion that has been documented in the patient's notes? (BBP_Patient_Q1.0. Q2.0 & Q2.1)		Number of patients who had a previous adverse reaction to a blood product transfusion that has been documented in the patient's notes	Total number of patients audited who received a blood or blood product transfusion in the current admission	
			7.6.2 Action is taken to reduce the risk of adverse events from administering blood or blood products	AS PER 7.2.1 and 7.2.2							
			7.6.3 Adverse events are reported internally to the appropriate governance level and externally to the pathology service provider, blood service or product manufacturer whenever appropriate	AS PER 7.1.2							
Managing blood and blood product safety	Health services organisations have systems to receive, store, transport and monitor wastage of blood and blood products safely and efficiently.	7.7 Ensuring the receipt, storage, collection and transport of blood and blood products within the organisation are consistent with best practice and/or guidelines	7.7.1 Regular review of the risks associated with receipt, storage, collection and transport of blood and blood products is undertaken	Facility	Identify if the facility regularly reviews the receipt, storage, collection and transport of blood and blood products	Evidence the facility regularly reviews the receipt, storage, collection and transport of blood and blood products	9.0 Is there evidence that the facility (or at service level) regularly reviews the receipt, storage, collection and transport of blood and blood products? 9.1 If yes: Is there evidence of: • delegation documentation for access to the secure blood fridge? • review of access to secure blood fridge where 24 hour on-site pathology service is not available? (N/A where a 24 hour service is available) • a register of current blood components? • audit of documentation accompanying blood components? • maintenance records and performance testing of refrigerators and freezers used for storing blood and blood products? • delegation documentation for responding to storage alarms and taking corrective action? • position descriptions, staff duty statements, employment contracts or policies, procedures and/or protocols specify blood related delegations? • observational audits of the use of checking processes for labels and dates when blood or blood products are handled? • records of disposal rates of blood products? 9.2 If yes: Provide comments to support any of the above.	Yes; No Yes; No Yes; No; N/A Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No text box			
			7.7.2 Action is taken to reduce the risk of incidents arising from the use of blood and blood product control systems	AS PER 7.7.1							
		7.8 Minimising unnecessary wastage of blood and blood products	7.8.1 Blood and blood product wastage is regularly monitored	Facility	Identify if the facility regularly monitors blood and blood product wastage	Evidence the facility regularly monitors blood and blood product wastage	10.0 Is there evidence that the facility (or at service level) regularly monitors blood and blood product wastage? 10.1 If yes: Is there evidence of: • reconciled reports from pathology laboratories completed by relevant clinical teams? • audit of compliance of usage and disposal of blood and blood products against policy? 10.2 If yes: Provide comments to support any of the above.	Yes; No Yes; No Yes; No text box			
			7.8.2 Action is taken to minimise wastage of blood and blood products	AS PER 7.8.1							
Communicating with patients and carers	Patients and carers are informed about the risks and benefits of using blood and blood products and about the available alternatives when a plan for treatment is developed.	7.9 The clinical workforce informing patients and carers about blood and blood product treatment options, and the associated risks and benefits	7.9.1 Patient information relating to blood and blood products, including risks, benefits and alternatives, is available for distribution by the clinical workforce	Facility	Identify if the facility has patient information relating to blood and blood products, including risks, benefits and alternatives available to patients	Evidence the facility has patient information relating to blood and blood products, including risks, benefits and alternatives available to patients	11.0 Is there evidence that the facility (or at service level) has patient information relating to blood and blood products, including risks, benefits and alternatives available to patients? 11.1 If yes: Which patient information is available? 11.2 If yes to 11.0: Is there evidence: • the workforce is aware of the information material/s? • of processes in place for routinely distributing the material? · that the needs of culturally and linguistically diverse patients are taken into consideration? · the communication strategies are evaluated and modified accordingly? (Blood and blood products transfusion consent; Blood who needs it? A consumer brochure; Blood transfusion - questions to ask your doctor; Blood components: a guide for patients; Blood transfusion - answers to some common questions for you and your family; Information for patients needing irradiated blood; Other (specify))	Yes; No Select Yes; No Yes; No Yes; No Yes; No			
			7.9.2 Plans for care that include the use of blood and blood products are developed in partnership with patients and carers *(Developmental action)*	AS PER 7.9.1 & 7.10.1							
		7.10 Providing information to patients about blood and blood product use and possible alternatives in a format that can be understood by patients and carers	7.10.1 Information on blood and blood products is provided to patients and their carers in a format that is understood and meaningful *(Developmental action)*	Patient	Identify patients in the ward/unit who received a patient information sheet/s on blood transfusions or blood components	% of patients who received a patient information sheet/s on blood transfusions or blood components	1.0 Has the patient received a blood or blood product transfusion in the current admission? 3.0 If yes: Ask the patient 'Have you received a patient information sheet/s on blood transfusions or blood components?' 3.1 If yes to 3.0: Which one/s? (Blood and blood products transfusion consent; Blood who needs it? A consumer brochure; Blood transfusion - questions to ask your doctor; Blood components: a guide for patients; Blood transfusion - answers to some common questions for you and your family; Information for patients needing irradiated blood; Other (specify)) 3.2 If yes to 3.0: Did you feel the information provided was clear and you were able to understand it? 4.2 If the patient received any of the following four information sheets as per question 3.1 ie: Blood and blood products transfusion consent; Blood who needs it? A consumer brochure; Blood transfusion - questions to ask your doctor; Blood components: a guide for patients: Is there documented evidence on the Blood and Blood Products Transfusion Consent that they were given to the patient? (Note: they were all check boxed on Page 2)	Yes; No Yes; No Select all that apply Yes; No Yes; No	Number of patients who received a patient information sheet/s on blood transfusions or blood components	Total number of patients audited who received a blood or blood product transfusion in the current admission	

Criteria	Rationale	This criterion will be achieved by:	Actions required	Audit Tool	Goal	Indicator	Question on Audit Tool	Response options	Numerator	Denominator	Exclusions
				Ward			4.0 What is the number of patients who received a blood or blood product transfusion in the current admission who received a patient information sheet/s on blood transfusions or blood components? (BBP_Patient_Q1.0 & Q3.0) 4.1 Provide a summary of the information sheets patients received. (BBP_Patient_Q3.1) 4.2 What is the number of patients who felt the information provided was clear and understandable? (BBP_Patient_Q3.2) 4.3 What is the number of patients who received any of the following four information sheets ie: Blood and blood products transfusion consent; Blood who needs it? A consumer brochure; Blood transfusion - questions to ask your doctor; Blood components: a guide for patients, who had a Blood and Blood Products Transfusion Consent, where they were ALL confirmed on the Consent? (BBP_Patient_Q4.2)		Number of patients who received a patient information sheet/s on blood transfusions or blood components	Total number of patients audited who received a blood or blood product transfusion in the current admission	
		7.11 Implementing an informed consent process for all blood and blood product use	7.11.1 Informed consent is undertaken and documented for all transfusions of blood or blood products in accordance with the informed consent policy of the health service organisation *(Developmental action)*	Patient	Identify patients in the ward/unit who had a Blood and Blood Products Transfusion Consent where the information was complete	% of patients who had a Blood and Blood Products Transfusion Consent where the information was complete	1.0 Has the patient received a blood or blood product transfusion in the current admission? 4.0 If yes: Is there evidence of a Blood and Blood Products Transfusion Consent? 4.1 If yes to 4.0: Is there evidence that the: · blood product/s accepted have been documented on the first page? · patient's name, signature and date are complete OR · Advance Health Directive (AHD) is complete OR · substitute name, signature, relationship, date and source are complete? · doctor's/delegate's name, designation, signature and date are complete? 5.0 If there is an AHD: • Has this been sighted? • Is there an ALERT flag displayed in the patients HBCIS record? (ie: 'ALERT' in red letters flashes in the top left hand side of the patients HBCIS record)	Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No			
				Ward			5.0 What is the number of patients who received a blood or blood product transfusion in the current admission who had a Blood and Blood Products Transfusion Consent? (BBP_Patient_Q1.0 & Q4.0) 5.1 What is the number of patients who had a Blood and Blood Products Transfusion Consent where the information was complete in ALL the areas being reviewed? (BBP_Patient_Q4.1) 5.2 Provide a summary of the areas that were not complete. (BBP_Patient_Q4.1) 5.3 What is the number of patients who had an AHD which had been sighted? (BBP_Patient_Q5.0) 5.4 What is the number of patients who had the ALERT flag displayed in the HBCIS record? (BBP_Patient_Q5.0)		Number of patients who had a Blood and Blood Products Transfusion Consent where the information was complete	Total number of patients audited who received a blood or blood product transfusion in the current admission	
				Patient	Identify patients in the ward/unit who had an informed consent form for the surgical procedure where the information was complete	% of patients who had an informed consent form for the surgical procedure where the information was complete	19.0 Has the patient undergone a surgical procedure in the current admission? 19.1 If yes: Is there evidence of an informed consent form for the surgical procedure? 19.2 If yes to 19.1: Is there evidence that the: • consent includes the patient being aware that the procedure may include a blood transfusion? • patient has been given the Blood and Blood Products Transfusion Information Sheet? 19.3 If yes to 19.1: Is there evidence that the: • patient's name, signature and date are complete OR • Advance Health Directive (AHD) is complete OR • substitute name, signature, relationship, date and source are complete? • doctor's/delegate's name, designation, signature and date are complete? If there is an AHD, complete Question 5.0 If it is applicable that a blood and blood product transfusion consent is required, complete Questions 4.0, 4.1 & 4.2.	Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No Yes; No	Number of patients who had an informed consent form for the surgical procedure where the information was complete	Total number of patients audited who have undergone a surgical procedure	
				Ward			19.0 What is the number of patients who have undergone a surgical procedure in the current admission who had an informed consent form for the surgical procedure? (BBP_Patient_Q19.0 & Q19.1) 19.1 What is the number of patients who had an informed consent form for the surgical procedure where the information was complete in ALL the areas being reviewed? (BBP_Patient_Q19.2 & Q19.3) 19.2 Provide a summary of the areas that were not complete. (BBP_Patient_Q19.2 & Q19.3) 19.3 What is the number of patients who had an AHD which had been sighted? (BBP_Patient_Q5.0) 19.4 What is the number of patients who had the ALERT flag displayed in the HBCIS record? (BBP_Patient_Q5.0) 19.5 What is the number of patients who received a blood or blood product transfusion in the current admission who had a Blood and Blood Products Transfusion Consent? (BBP_Patient_Q4.0) 19.6 What is the number of patients who had a Blood and Blood Products Transfusion Consent where the information was complete in ALL the areas being reviewed? (BBP_Patient_Q4.1) 19.7 Provide a summary of the areas that were not complete. (BBP_Patient_Q4.1)		Number of patients who had an informed consent form for the surgical procedure where the information was complete	Total number of patients audited who have undergone a surgical procedure	
				Patient	Identify patients in the ward/unit who declined a Blood and Blood Products Transfusion where the refusal form information was complete or the AHD was sighted	% of patients who declined a Blood and Blood Products Transfusion where the refusal form information was complete or the AHD was sighted	20.0 Has the patient declined a blood or blood product transfusion in the current admission? 20.1 If yes: Is there evidence of a refusal form (if facility has one) AND/OR an Advance Health Directive (AHD)? If there is an AHD, complete Question 5.0. 20.2 If yes to refusal form: Is there evidence that the: • patient's/substitute's name, signature and date are complete? • doctor's/delegate's name, designation, signature and date are complete?	Yes; No Yes; No Yes; No Yes; No	Number of patients who declined a Blood and Blood Products Transfusion where the refusal form information was complete or the AHD was sighted	Total number of patients audited who declined a blood or blood product transfusion in the current admission	

Criteria	Rationale	This criterion will be achieved by:	Actions required	Audit Tool	Goal	Indicator	Question on Audit Tool	Response options	Numerator	Denominator	Exclusions
				Ward			20.0 What is the number of patients who declined a blood or blood product transfusion in the current admission who had a refusal form AND/OR an AHD? (BBP_Patient_Q7.0 &Q7.1) 20.1 What is the number of patients who had a refusal form where the information was complete in ALL the areas being reviewed? (BBP_Patient_Q7.2) 20.2 Provide a summary of the areas that were not complete. (BBP_Patient_Q7.2) 20.3 What is the number of patients who had an AHD which had been sighted? (BBP_Patient_Q5.0) 20.4 What is the number of patients who had the ALERT flag displayed in the HBCIS record? (BBP_Patient_Q5.0)		Number of patients who declined a Blood and Blood Products Transfusion where the refusal form information was complete or the AHD was sighted	Total number of patients audited who declined a blood or blood product transfusion in the current admission	
				Patient	Identify patients in the ward/unit who declined specified blood or blood products to be transfused in the current admission who had complete information in the consent or refusal form	% of patients who declined specified blood or blood products to be transfused in the current admission who had complete information in the consent or refusal form	21.0 Has the patient declined specified blood or blood products to be transfused in the current admission? 21.1 If yes to 21.0: Is there evidence of a refusal form (if facility has one)? 21.2 If yes to 21.1: Is there evidence that the: · blood product/s accepted have been documented on the form? · patient's/substitute's name, signature and date are complete? · doctor's/delegate's name, designation, signature and date are complete? 21.3 Complete Questions 4.0, 4.1 & 4.2 - Blood and Blood Products Transfusion Consent as this IS required. Complete Question 5.0 if there is an AHD.	Yes; No Yes; No Yes; No Yes; No Yes; No	Number of patients who had complete information in the consent or refusal form	Total number of patients audited who declined specified blood or blood products to be transfused in the current admission	
				Ward			21.0 What is the number of patients who declined specified blood or blood products to be transfused in the current admission who had a Blood and Blood Products Transfusion Consent? (BBP_Patient_Q8.0 & Q4.0) 21.1 What is the number of patients who had a Blood and Blood Products Transfusion Consent where the information was complete in ALL the areas being reviewed? (BBP_Patient_Q4.1) 21.2 What is the number of patients who had an AHD which had been sighted? (BBP_Patient_Q5.0) 21.3 What is the number of patients who had the ALERT flag displayed in the HBCIS record? (BBP_Patient_Q5.0) 21.4 What is the number of patients who had a refusal form where the information was complete in ALL the areas being reviewed? (BBP_Patient_Q21.1 &Q21.2) 21.5 Provide a summary of the areas that were not complete in both the consent and refusal forms. (BBP_Patient_Q4.1 & Q21.2)		Number of patients who had complete information in the consent or refusal form	Total number of patients audited who declined specified blood or blood products to be transfused in the current admission	

We recognise and appreciate that there may be gaps in the scope and questions included in these tools, however, as this is a **'Work in Progress'**, future versions will build upon the existing scope and questions, and incorporate staff feedback and suggestions for improvement.

The Patient Safety and Quality Improvement Service, Clinical Excellence Division, welcomes feedback on the audit tools and the measurement plans, to ensure the tools meet the needs of Hospital and Health Services. We appreciate any feedback you can provide for the next version.

Please email Patient Safety and Quality Improvement Service on PSQIS_Comms@health.qld.gov.au for feedback or comments.