



Memo

To: Indiana Blood Bank Supervisors and Medical Directors
From: Jayanna Slayten, MS, MT(ASCP)SBB
Education Committee Member, Indiana State Association of Blood Banks
Date: 8/9/2007
Re: 2007 ISABB Survey

Since 2001, the Indiana State Association of Blood Banks has conducted a survey of blood transfusion practice. The results of the 2007 survey will be compared with the 01-06 survey results to analyze any trends in transfusion medicine practice in the state. This survey has allowed for benchmarking of transfusion medicine practice in the state and region.

Attached to the memo

1. A summary of the 2006 ISABB Survey Findings
2. The 6-page, 2007 Survey.

The results of the 2007 Survey will be available for review at the 2007 ISABB Annual Meeting to take place September 19-20th, 2007 in Indianapolis, Indiana at the Marten House. Go to www.isabb.org for more annual meeting information.

Fax or email the completed survey to

Jayanna Slayten at the Indiana Blood Center Reference Lab

Fax # 317-916-5189

or email: jslayten@indianablood.org

DEADLINE: FRIDAY, SEPTEMBER 7th, 2007

Please contact Jayanna Slayten at 317-916-5186 or jslayten@indianablood.org:

- For any questions, comments or survey questions you would like to add to the 2008 Survey.

Thank you in advance for your participation.

2007 Survey of Blood Transfusion Practice in the State of Indiana

Demographics of Survey Participant:

Name of Facility: _____

Name of the Person completing this survey: _____

Fax Number to return survey results to: _____

Email Address of Individual to receive survey results:

Hospital/Laboratory Description

Are you responding from a hospital-owned lab? Yes No

Are you a responding as an independent lab that is contracted by a hospital or hospital group for lab services Yes No

Blood Product Usage

Platelets (Repeat Question from 2006)

1. Does your facility only order Apheresis Platelet Products?

Circle one Yes No

Plasma and Plasma Products

2. What is most commonly ordered plasma product?

- a. Fresh Frozen Plasma (single whole blood donation)
- b. Jumbo Fresh Frozen Plasma (single apheresis donation – twice the volume of single)
- c. Cryo-poor Plasma

3. Many blood centers have implemented the use of “male only” plasma products. It is believed that this may reduce the chance of transfusion related acute lung injury (TRALI) transfusion reactions from HLA antibodies more often found in female donations.

Where you aware of this initiative? (Circle one) YES NO

If YES, where did you hear this information? _____

3. ISBT 128 (Repeat question from 2006)

ISBT 128 Blood Product Labeling is being developed at area blood centers.

Have you been adequately informed about the current stage of the implementation process by your blood supplier concerning this change in blood product labeling?

Circle one Yes No

At what point in preparation is your facility for this change?

- a. Aware of the ISBT but have not made any changes.
- b. Aware of ISBT and have started looking at computer updates.
- c. Have completed an implementation plan as required by AABB in November, 2006?
- d. Aware of ISBT, have begun performing implementation plan, and computer updates

Comments: _____

2007 Survey of Blood Transfusion Practice in the State of Indiana

Serologic Protocols

1. What is your **primary method** of antibody screening?
The primary method is the technique used for routine antibody screen.
- | | | |
|-----------------|-------------------|-----------------------|
| TUBE | CIRCLE ONE | AUTOMATION |
| LISS-AHG | TUBELESS | Automated Gel |
| PEG-AHG | Gel | Automated Solid Phase |
| 37-AHG (saline) | Solid Phase | |
| Albumin- AHG | | |
2. What type of AHG reagent does your facility use for Antibody Screen and AHG Crossmatch Testing?
CIRCLE ONE Polyspecific-AHG reagent IgG Monospecific reagent (Tube or Gel Card)
3. According to the 24th Ed of the AABB Standards (5.13.2), weak D testing is unnecessary for patient testing. Does your facility complete the weak D test on all D-negative recipients / patients?
(circle one) Yes No
Comments: _____

If No, indicate when your facility will complete weak D testing (Circle all that apply)

- a. Prenatal Samples
- b. Cord Cell Testing
- c. Labor and Delivery
- d. Per physician request
- e. Other: _____

4. Labor and Delivery
- If a patient has delivered and is currently in post-partum relaxing with new infant:
- Has received Rh immune globulin
 - The antibody screen is positive consistent with Anti-D
 - No order to transfuse
- What would be your next step for resolution?
- a. Complete ABID (in house or send out)
 - b. Documented as "consistent with Rh immune globulin, no blood required."
 - c. Other: _____
- Comments: _____

2007 Survey of Blood Transfusion Practice in the State of Indiana

Transfusion Service Protocols

1. Pre-surgical testing

What is the timeframe that patients have pre-surgical Type and Screens or Type and Crossmatches completed at your facility?

- a. No later than three days before scheduled surgery (To allow for provision of blood)
- b. No later than one week before surgery (Second Sample drawn day of surgery for blood)
- c. Any time before surgery (Second Sample drawn day of surgery for blood)
- d. Day of surgery (within 24-48 hours of procedure)
- e. Other: _____

When does your facility "band" (uniquely identify) the patient for provision of blood?

- a. When the pre-surgical sample is drawn. The patient is asked not to remove band.
- b. The day of the surgery at the time when the crossmatch sample is tested.
- c. Other _____

What type of "band" does your facility utilize for surgery patients? _____

2. Use of Reference Lab

From previous surveys we have documented many hospitals have merged laboratory services and decided utilize a regional reference lab for antibody identification.

What percentage of the time does your facility send positive antibody screens to regional reference labs for antibody identification?

Circle one <5% 5-10% 10-25% 25-50% 50-75% 75-90% 90-100%

Do you anticipate that the volume of reference lab service will increase, decrease or remain the same?

Circle one Increased Decreased Remained the Same

Comments: _____

2007 Survey of Blood Transfusion Practice in the State of Indiana

TRANFUSION REACTIONS

Please complete the table below.

Indicate the total number of each type of reaction by product type *within the most recent full-year: (200*

Type of Reaction	Plasma	Platelet Pheresis	Pooled Platelet	Cryo	Autologous Red Blood Cells	Leukoreduced Red Blood Cells	Red Blood Cells (Not Leuko'd)
Delayed							
Hemolytic **	**	**	**	**	**	**	**
Febrile							
Urticarial							
Anaphylactoid							
Bacterial ?	?	?	?	?	?	?	?
TRALI							
Other							

**Any Clinically Significant Hemolytic Transfusion Reaction, please indicate the antibody and/or cause of the reaction below: _____

? Any Bacterial Reaction: Please indicate the causative agent: _____

2007 Survey of Blood Transfusion Practice in the State of Indiana

Lab Management

The 2005 and 2006 Survey indicates that the majority of survey respondents staff the day shift of their blood bank with generalists. This year, the survey questions the credentials of the lab professionals that work in the Blood Bank.

1. Does your laboratory allow MLT and MT credentialed lab professionals to work in the blood bank?

Circle one Yes No

- If Yes** Is there a difference in the blood bank tasks which MLT vs. MT lab professionals are able to perform in the blood bank? **Circle one** Yes No

- If Yes** What is the difference in the tasks between an MLT and MT?
-

2. Is there a difference in pay between an MLT and MT credentialed lab professional in your laboratory?

Circle one Yes No

If yes, what is the difference in pay based on (circle all that apply)

- a. Education
- b. Years of experience
- c. Job Description responsibilities
- d. Other: _____

3. What is the average salary per hour (without other differentials) for a **new (just graduated) medical technologist** in your laboratory? **CIRCLE ONE**

- a. \$15.00/ hour – \$17.00/ hour
- b. \$17.00-\$19.00/ hour
- c. \$19.00/hour - \$20.00/ hour
- d. >\$20.00/ hour

Comments: _____

4. What was the average annual salary percentage increase (raise) in your laboratory for 2006? **CIRCLE ONE**

No increase 1% 2% 3% 4% 5% >5%

5. Since 2004, ASCP credentialed lab professionals are required to complete continuing education. Has your lab offered structured continuing education to aid in the completion of this requirement for these technologists?

Circle one Yes No **If Yes, Please indicate what type of program your lab has implemented :**

Thank you in advance for your participation in this year's survey!