Tri-regional shared care document



1. Does your hospital use the tri-regional Shared Care Document to communicate information on patients who require special blood components to other hospitals?

	Response Percent	Response Count
Yes	42.3%	11
No	57.7%	15
	answered question	26
	skipped question	0

2. If no, why not?

	Response Percent	Response Count
Another system in place	35.7%	5
Not necessary	64.3%	9
	answered question	14
	skipped question	12

3. If yes, or if there is another system in place, what patient population is this used for?

	Response Percent	Response Count
Haematology	66.7%	8
Oncology	50.0%	6
Patients with Antibodies	33.3%	4
Surgical Patients	16.7%	2
Renal Medicine	0.0%	0
Critical/ Intensive care	16.7%	2
Cardiology	16.7%	2
Gastrointestinal Medicine	0.0%	0
Neurology	0.0%	0
Respiratory Medicine	0.0%	0
ALL Specialities	25.0%	3
	Other (please specify)	1
	answered question	12
	skipped question	14

4. If you have another system in place, what type of system is it? (Please indicate any formal or informal processes your hospital uses)

	Response Count
	7
answered question	7
skipped question	19

5. Who completes the Shared Care Document or other system in place, to communicate the need for special blood components?

	Response Percent	Response Count
Nurses	50.0%	8
Doctors	43.8%	7
Blood Transfusion Lab	81.3%	13
	answered question	16
	skipped question	10

6. What system does your hospital have for internal notification of special blood requirements from clinical area to lab?

Response Count					
25					
25	answered question				
1	skipped question				

7. If you are not currently using the tri-regional Shared Care Document, would you find a generic RTC special requirements template that you can adapt useful?

	Response Percent	Response Count
Yes	53.3%	8
No Section 1	46.7%	7
answer	red question	15
skipp	ed question	11

8. If no, please specify why

Response Count				
9				
9	answered question	M Tare		
17	skipped question			

9. Do you have a formal process for actions to take when a tri-regionally developed Shared Care Document is received in the transfusion laboratory?

	Response Percent	Response Count
Yes	50.0%	11
No	50.0%	11
	answered question	22
	skipped question	4

		Response
		Count
		11
	answered question	11
	skipped question	15

11. How does the clinical area identify if a patient is from another Trust?

		Response Count
		21
	answered question	21
	skipped question	
2. How	is this information communicated to the laboratory?	
		Response
		Count
		19
	answered question	19
	skipped question	
	Shipped question	7
. Pleas	se state which hospital you are responding for.	7
3. Pleas		Response Count
3. Pleas		
. Pleas		Response Count

14. Would you like to join a Working Group for improving the shared care of patients with special blood requirements?

	Response	Response
	Percent	Count
Yes	31.8%	7
No	68.2%	15
	answered question	22
	skipped question	4

	Response Count
	7
answered question	7
skipped question	19

Page 1, Q3. If yes, or if there is another system in place, what patient population is this used for?

1 Patient Alert card.

Aug 31, 2011 8:09 AM

1	informal process, of enquirying on patients history and follow up from information provided and results available.	Sep 8, 2011 5:41 AM
2	We assume that the referring doctor will outline the transfusion requirements on the referring history	Sep 6, 2011 7:48 AM
3	Blood Transfusion/Pathology not normally involved in patient teransfers, and/or not normally informed of patient movement between hospitals.	Sep 5, 2011 9:21 AM
4	informal process on an individual patient need basis	Sep 1, 2011 8:06 AM
5	Internal form for transfer of blood with patient to another hospital	Sep 1, 2011 4:47 AM
6	All pertinent information are highlighted in hospital PAS, as well as in patient's notes. It is the consultant's responsibility to pass on relevant information in the referral letter.	Sep 1, 2011 1:37 AM
7	We use a version of the form that has been modified by the Specialist Medicine care group	Sep 1, 2011 12:21 AM

8 of 19

1	Request Form	0-14 0044 0 40 4
		Oct 4, 2011 2:16 A
2	Boxes on transfusion request template	Sep 19, 2011 6:28 /
3	A special requirements notification form which is completed by Clinical team and sent to the lab . The infornation is then transcribed into the patient's file/notes	Sep 15, 2011 2:08 /
4	specific notification form on line requesting	Sep 14, 2011 9:04 A
5	Blood Transfusion Special Requirements Notification Form (e.g CMV neg, Irradiated) one copy filed in the patients notes the other form is sent to the lab and details updated on clinical notepad then filed. The Doctors are responsible for sending a new updated form should the patients requirements change.	Sep 13, 2011 4:55 A
6	email/fax system from clinical team to laboratory	Sep 8, 2011 5:42 A
7	a special requirement form	Sep 7, 2011 4:36 A
8	A form (e.g. for irradiated products)	Sep 6, 2011 7:50 A
9	Hospital orders special requirements when requesting blood products and call Transfusion Department to confirm - Detail of requirements are entered as markers against Patient's History in LIS&PAS	Sep 6, 2011 3:54 A
10	manual system- from pharmacy or wards - than information is stored in the blood transfusion lab computer	Sep 6, 2011 12:37 A
1	telephone	Sep 5, 2011 9:23 A
2	A form that is available on the Trust intranet is completed by the clinicians and faxed to the laboratory for the LIMS to be updated with the patient's requirements.	Sep 5, 2011 5:20 A
3	e-mail to key staff	Sep 1, 2011 8:59 Al
4	electronic on the LIMS	Sep 1, 2011 8:06 Al
5	Blood transfusion request form and particular Consultant requirements.	Sep 1, 2011 5:17 Al
6	Blood transfusion request form plus once special requirements are requested for specific patients laboratory computer system is flagged so that all additional requests for blood products are highlighted as needing special requirements	Sep 1, 2011 4:49 AM
7	verbal system. Doctors/ specialist nurses are required to telephone the laboratory to inform them if the patient has special requirements. A information box reminding staff of this requirement is printed on the request form and is displayed on the computer when the doctors precribe the blood to the patient using e-prescribing. Due to incidents where this has not been done as change is being made to the blood requesting fields on the current IT system which requires the mandatory recording of whether a patient has special requirements for all red cell requests made. This addition is currently being tested and is due to go live at the end of september.	Sep 1, 2011 3:40 AM

18	Information are notified from clinical area to lab following these routes: 1. Via the	Sep 1, 2011 2:03 AM
	transfusion team by e- mail, then updated LIMS 2. Information are PAS- linked 3. Information are put on prominant position on patient's notes 4. Rule- based special requirement linked to diagnosis, sex, age etc during request entry 5. Put onus on physicians who prescribe blood products to patients	
19	blood transfusion request form. We rarely receive patients from other trusts therefore do not have medical records sent with patient that would include shared care document unless it is a spinal injury	Sep 1, 2011 12:43 AM
20	Blanket policy- all haem-onc patients receive CMV- Irradiated products	Sep 1, 2011 12:22 AM
21	no formal system, rely on patient notes/clinical info on request form	Aug 31, 2011 8:47 AM
22	Haem Oncology Status Forms in ward area faxed to lab to generate flags on system.	Aug 31, 2011 8:11 AM
23	We have a form to be completed by team looking afer patient and sections for completion by lab to confirm that special requirements, patient flag etc fields have been updated	Aug 31, 2011 7:53 AM
24	There is a special area on the form for special requirements	Aug 31, 2011 7:39 AM
25	Competion of template letter by the Haematology Registrar. Letter brought to blood transfusion where it is documented on our LIMS. The form is photocopied and a copy does to the patient's notes and the original stays in blood transfusion.	Aug 31, 2011 7:38 AM

1	These questions are too black and white to answer easily. We do very	Sep 19, 2011 6:28 AM
	occasionally use the tri-regional form, mostly when blood being transferred with	COP 10, 2011 0.20 AIV
	patient. Our main problem is that we may suspect di George syndrome on clinical grounds, but we seldom know the results of genetic tests, so can't be	
	definitive in filling out the form, as need for special requirements not confirmed.	
	We continue to flag up the issue on our BT system and keep special	
	requirements until consultant decision that this is not necessary.	
2	We already have developed a special requirements template for use within our Trust.	Sep 13, 2011 4:55 AM
3	we already have one in use that fits our needs.	Sep 7, 2011 4:36 AM
4	I believe centralised NBS system will be way forward	Sep 6, 2011 12:37 AM
5	N/A	Sep 5, 2011 9:23 AM
6	not required - private patients	Sep 1, 2011 5:17 AM
7	This is a thorough document but rather cumbersome. It would not be easy to	Sep 1, 2011 2:03 AM
	enforce. We normally don't know the patient has been transferred. As from the	00p 1, 2011 2.00 AW
	laboratory prospective, I need to know what special requirement(s) and from which hospital the patient comes from. As long as information are correct in the	
	hospital LIMS then a simple call could confirm.	
8	may be able to use it in conjunction with request form or includie information on	Sep 1, 2011 12:43 AM
	the request form	3-5-1, 2011 12.107
9	Far more complex than our form as it covers BM transplant pts etc which we don't see here.	Aug 31, 2011 7:53 AM

4		Burney Section (Section)
1	Information is entered into the Hospital Computer System. Shared Care Form is photocopied, a copy sent to the patient's clinical team and a copy is kept in the Transfusion Laboratory.	Oct 4, 2011 2:20 AM
2	requirements noted on blood bank computer system	Sep 19, 2011 6:28 AM
3	A computer record is generated if not known to us and information received is added to the record. Hard copies are filed in a marked folder	Sep 15, 2011 2:12 AM
4	BMS updates notes/flag section of patient record on LIMS	Sep 14, 2011 9:05 AM
5	the patients specail requirements are added to our LIMS in the same way as they are with our own internal form	Sep 7, 2011 4:38 AM
6	The form is reviewed and the details entered into the laboratory IT system. The data entry is then checked by another BMS and the form signed and filed.	Sep 1, 2011 3:41 AM
7	Update information in the LIMS	Sep 1, 2011 2:07 AM
8	Form is faxed to BTL at time of BMT decision. LIMS checked and updated and information is transcribed onto document. This is faxed or emailed to referring centre and filed pending confirmation receipt. If no receipt in 7 days form is chased up- although very time consuming as only get about 15% returns	Sep 1, 2011 12:27 AM
9	place flags onto system to ensure correct components given.	Aug 31, 2011 8:13 AM
10	OUR COMPUTER SYSTEM HAS A NOTE PAD FOR ALL PATIENTS WHERE ANY REQUIREMENTS ARE NOTED	Aug 31, 2011 7:42 AM
11	Recorded on LIMS. Discussed at morning handover if out-of-hours. Form retained in special requirements folder.	Aug 31, 2011 7:40 AM

1	Referral letters	Oct 4, 2011 2:20 AM
2	unclear what this means	Sep 19, 2011 6:28 AM
3	Not sure , but request form asks for previous history of transfusion etc. Based on results obtained, LAB will ask clinical area	Sep 15, 2011 2:12 AM
4	referral letter	Sep 14, 2011 9:05 AM
5	clinical history by patient/family and referal notes from other trust	Sep 8, 2011 5:44 AM
6	GOS use their own paperwork which is received in our paeds. We do not regularly take transfers from elsewhere	Sep 7, 2011 4:38 AM
7	verbal information form the patient or special product patient info card	Sep 6, 2011 12:39 AM
8	We are a private hospital and patients are normally booked in under a Consultant	Sep 5, 2011 9:24 AM
9	Unsure about this process	Sep 5, 2011 5:23 AM
10	They are usually aware of their "shared care" patients	Sep 1, 2011 9:02 AM
11	patient informs clinician, clinicain and/or blood transfusion lab discuss with other trust requirments, confirmed by fax	Sep 1, 2011 8:09 AM
12	referral to Consultant	Sep 1, 2011 5:19 AM
13	By case notes when patient referred or by referral letter to Consultant.	Sep 1, 2011 4:52 AM
14	unknown	Sep 1, 2011 3:41 AM
15	I don't know. By way of referral letter	Sep 1, 2011 2:07 AM
16	patients are generally not refered from other trusts but have indepth pre admission assessment including blood transfusion history by the consultant	Sep 1, 2011 12:43 AM
17	Most patients are! BMT happens here and blanket policy CMV- Irradiated (until CMV status established).	Sep 1, 2011 12:27 AM
18	Crossmatch requests for components has a drop down menu on both CMV and Irradiated and requestor selects appropriately from prescription.	Aug 31, 2011 8:13 AM
19	I imagine they would ask them	Aug 31, 2011 7:54 AM
20	NOT SURE	Aug 31, 2011 7:42 AM
21	They rarely seem to be aware of this information.	Aug 31, 2011 7:40 AM

1	No formol notification. Transfusion Laboratory has access to patients electronic records which includes referral hospital information.	Oct 4, 2011 2:20 AM
2	See above	Sep 15, 2011 2:12 AM
3	telephone call (but not always!)	Sep 14, 2011 9:05 AM
4	by phone, email, fax when requested	Sep 8, 2011 5:44 AM
5	specail requirement form sent to us	Sep 7, 2011 4:38 AM
6	by phone or email	Sep 6, 2011 12:39 AM
7	N/A	Sep 5, 2011 9:24 AM
8	Top sections of tri-regional shared care form completed and sent to lab.	Sep 5, 2011 5:23 AM
9	e-mail to key staff	Sep 1, 2011 9:02 AM
10	clinician brings to lab evidence of patient special requirements	Sep 1, 2011 8:09 AM
11	Blood transfusion request form special requirements are then flagged.	Sep 1, 2011 5:19 AM
12	Copy of referral letter attached to BT request form.	Sep 1, 2011 4:52 AM
13	Verbally	Sep 1, 2011 3:41 AM
14	By way of request form Once we know patient is referred from other hospital we call to obtain transfusion history.	Sep 1, 2011 2:07 AM
15	via telephone or letter depending on source of information	Sep 1, 2011 12:43 AM
16	See above. Occasional referals have information emailed to BTL BMS3 and 2s to update LIMS by the Haem Cons.	Sep 1, 2011 12:27 AM
17	Through the transfusion request form.	Aug 31, 2011 8:13 AM
18	Departments receiving 'shared care' patients have a supply of our internal forms	Aug 31, 2011 7:54 AM
19	We have not received this notification from the ward.	Aug 31, 2011 7:40 AM