

HOW TO CONDUCT AN AUDIT

Undertaking transfusion practice audits will provide valuable information on where training and education should be targeted. The following information is to assist you set up and conduct an audit.

1. Decide what clinical area/speciality is to be audited and the reason for auditing.
2. Establish working group/ team include colleagues with experience of audit.
3. Identify leader.
4. Identify and allocate roles within the team.
5. Identify resources required e.g.
 - secretarial
 - statistical
 - IT support personal
 - travel expenses
6. Decide on numbers to be audited e.g.
 - number of patients
 - number case-notes
 - transfusion episodes
7. Decide on time period for audit.
8. Decide on format of audit:
 - Identify audit data
 - Design audit forms with input from colleagues (IT/statistician) with experience of audit and speciality to be audited.
9. Write to Medical Director and consultants to obtain permission for conducting audit in their speciality. Explain why the audit is being conducted. Discuss who can help you find out names and titles.
10. Ensure patient confidentiality is maintained.
11. Once permission is obtained, inform other medical staff and nursing staff involved in helping/co-operating with the audit e.g.
 - house officers
 - registrars
 - clinical nurse managers
 - charge nurses.
12. Offer to give an oral presentation about the audit to staff, if appropriate.
13. Inform other relevant parties e.g.
 - hospital transfusion committee
 - hospital transfusion laboratory staff
 - medical records supervisor.
14. Keep copies of all letters sent and take notes of any meetings or phone calls.

15. Publicity for the audit may be required e.g.
 - posters
 - information packs
16. Decide the most efficient and appropriate way to collect the data e.g.
 - how to fit into the ward schedule
 - medical records schedule
 - data collectors schedule
17. Set up database.
18. Pilot data collection tools and database.
19. Evaluate pilot and make changes if required.
20. Maintain good communication with all staff involved to remind them that the audit is continuing. Be available as much as possible to help with any problems or queries staff may have.
21. Complete data collection.
22. Enter data either in batches or at end of audit. Conduct Quality assurance check.
23. Analyse data and evaluate results.
24. Identify practice changes required.
25. Prepare report.
26. Disseminate findings to relevant parties as appropriate e.g.
 - circulate report
 - oral presentation
 - poster presentation
27. Implement practice changes
28. Re-audit

AUDIT OF TRANSFUSION POLICY/GUIDELINE PROFORMA

Study Number.....

Hospital.....

1. Does your hospital have written policies on blood transfusion practice?	Yes	No
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If **YES** please continue below

2. Does the policy specify details of author, date of issue and date of review	Yes	No
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3. Do the staff know where to find the policy	Yes	No
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4. Within the document is there a written policy statement on the labeling of blood samples for blood grouping and cross matching?	Yes	No
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5. Is there a written policy statement on which staff can take samples for blood grouping and cross matching?	Yes	No
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6. Is there a written policy statement on what training should be given to staff who can take samples for blood grouping and cross-matching?	Yes	No
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7. Is there a written policy statement stating that wristbands should	Yes	No
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8. be worn during transfusion by: a) All patients?	Yes	No
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b) All patients unless a specified alternative method is used (i.e. where an emergency number has been allocated to an unknown patient in the emergency department)	Yes	No
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9. Is there a written policy statement on who is authorised to collect blood components and products?	Yes	No
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10. Does the policy state what patient identification details are when collecting blood components and products	Yes	No
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11. Within the document is there a policy statement about the in administration of blood?	Yes	No
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12. Is there a policy statement on how the identity of the patient is verified prior to transfusion?	Yes	No
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a) If YES does it contain the following for <u>conscious</u> patients?		
i) Ask the patients to state forename and surname and DOB	Yes	No
ii) Check the patient's wristband?	Yes	No

b) If YES does it contain the following for <u>unconscious</u> patients?		
i) Check the patients wristband for forename and surname	Yes	No
ii) Check the patients wristband for DOB and hospital number	Yes	No

13. Is there a policy statement that the following should be checked:	Yes	No
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	i) The expiry date on the unit	Yes	No
	ii) Discoloration/haemolysis of the unit	Yes	No
14	a) Is there a policy statement that pre-transfusion observations should be made?	Yes	No
	If YES does it include: i) Pulse	Yes	No
	ii) Temperature	Yes	No
	iii) BP	Yes	No
	iv) Respirations	Yes	No
15	b) Is there a policy statement that post-transfusion observations should be made?	Yes	No
	If YES does it include: i) Pulse	Yes	No
	ii) Temperature	Yes	No
	iii) BP		
	Yes No		
	iv) Respirations	Yes	No
16	Is there a policy statement that specifies what to do in the event of a transfusion reaction?	Yes	No
	If YES does it include: i) Stop transfusion	Yes	No
	ii) Contact the hospital blood bank	Yes	No
	iii) Seek advice from medical staff	Yes	No
17	Is there a policy statement on the documentation required	Yes	No
18	Within the document is there a policy statement about providing information to patients about transfusion before the blood transfusion?	Yes	No

