Case Study: "Point of care" Blood Banking

Question to ponder: In the absence of a licensed laboratory at hospital A, which facility should be held responsible for ensuring that appropriate transfusion policies are in place at hospital A?

Response:
In Canada, there are two sets of standards in place to guide transfusion practice: the Canadian Standards Association Standards for Blood and Blood Components (CSA Z902-10) and the Canadian Society for Transfusion Medicine Standards for Hospital Transfusion Services (Version 3, Feb 2011). All health care facilities, including hospitals, long term care facilities and clinics that perform any transfusion activities should be meeting these standards in order to ensure patient safety and the appropriate use of blood and blood components.

In Ontario, hospitals with licensed laboratories are accredited to these standards through the Quality Management Program for Laboratory Services (QMPLS), Ontario Laboratory Accreditation (OLA) division. This is a mandatory accreditation program that includes re-accreditation every four years.

Currently, there is no over sight for the transfusion standards in health care facilities that do not have licensed laboratories. This has been identified by QMPLS and the Ontario Ministry of Health and Long- Term Care (MOHLTC) as a gap, with potential risk to patient safety for reasons illustrated so clearly in the newsletter case. A working group comprised of representatives from the MOHLTC, ORBCoN, QMPLS – OLA division and Accreditation Canada (AC) has been struck to develop a strategy to address this issue.

In answer to the question about which facility should be held responsible for ensuring that appropriate transfusion practices are in place, there has to be joint responsibility. As the hospital that receives the blood and blood components from Canadian Blood Services, hospital B is responsible for being able to track the blood from receipt to final disposition as well as to ensure its appropriate storage, handling and transportation. In order to ensure these standards are being met, hospital B would need to know that hospital A has the appropriate policies in place. This may be accomplished by a formal agreement between the two facilities that clearly outlines the responsibilities of each party. Hospital B would also be responsible for ensuring that any communication related to the blood and blood components, either from CBS or the manufacturer, would be shared with hospital A.

Hospital B is performing pre-transfusion testing for patients from hospital A and hospital B is therefore responsible to ensure that appropriate processes are in place at hospital A

for patient identification, sample collection, labeling and the requisitioning of blood and blood components. Standards related to staff training and competency would also apply.

Hospital A is responsible for all of the standards related to the transfusion activities being performed including, but not necessarily limited to:

- receipt, handling, storage and transport
- equipment
- records
- informed consent
- patient identification
- sample collection, labeling, requisitioning
- blood administration and documentation
- recognition and management of adverse reactions
- training/competency for all staff involved in any transfusion activity

Access to transfusion expertise would be limited at hospital A, so it behooves hospital B to provide support and guidance to hospital A in order to make certain that the transfusion standards are being met. By working collaboratively, both facilities can ensure that patients being transfused within Ontario will safely receive: the right product for the right patient, in the right amount, at the right rate, at the right time.