



Provincial AB Plasma Utilization Audit

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You will find all the information needed to conduct your audit within this package.
If you require additional information or have any questions, please contact:

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On behalf of,

Ontario Regional Blood Coordinating Network

Provincial AB Plasma Audit

Background

The Provincial Agencies Trillium Gift of Life Network/Blood and Specialized Program (PATB, formerly the Blood Programs Coordinating Office) of the Ministry of Health and Long-Term Care was established in 2005. One of the PATB mandates is to lead the implementation of a provincial blood utilization strategy and monitor and make recommendations for initiatives related to blood and blood components. The Ontario Regional Blood Coordinating Network (ORBCoN) was established by the PATB in 2006 to provide an organized and integrated approach to blood management.

The Provincial AB Plasma Audit project is a key activity of the provincial blood utilization strategy. Nationally there has been a downward trend of plasma utilization, however, at the same time there has been an increase in AB plasma utilization. This will be the first time AB Plasma utilization has been audited province-wide in Ontario.

Purpose and Rationale

The goal of this AB Plasma audit is to determine: the disposition of AB plasma in Ontario, AB to AB recipients, AB to non AB recipients and the reason for the mismatch of group. As a requirement of the Canadian Standards Association (CSA), annual audits shall be conducted by each facility. Participating in this audit will satisfy the requirement for this standard. To facilitate ease of data collection, a data collection sheet will be provided and monthly a link to LimeSurvey™ for data entry.

Population to be studied

This data collection project will focus on all AB plasma transfusions and inventory management at the participating sites over a 3 month period (January 2018-March 2018). There will be no interaction with patients to collect these data. The data elements required are as listed below:

- Hospital site
- Green level of AB plasma inventory
- AB plasma to AB recipient
- AB plasma to non-AB recipient
 - due to MHP with no blood group on file
 - thawed for another patient and/or MHP -to avoid outdating
 - frozen product near expiry -to avoid outdating
 - due to only plasma group available in stock at the time of transfusion
 - for plasma exchange
 - with ABO incompatible renal transplant
 - who is a neonate
 - other reasons not listed

- AB Plasma redistributed
- AB Plasma transferred with patient to another site
- AB Plasma frozen and outdated
- AB Plasma thawed for MHP, not used and outdated
- AB Plasma ordered, thawed, not used and outdated
- AB Plasma discarded, not outdated

Please note: Ethics approval may be required depending on each facilities protocol for this type of activity however most REB would consider this a quality improvement initiative.

Sample size

The data collection period will occur for 3 months January 1, 2018 to March 31, 2018. All Ontario hospitals will be invited to participate in the provincial audit, regardless of hospital classification.

Method

All participating hospitals will be asked to collect monthly AB plasma disposition data commencing on the first to the last day of the month for three consecutive months.

The data may be collected monthly on the manual data collection form prior to entry into the LimeSurvey™. (A fillable PDF of the manual data collection form is included on page 6)

The monthly link for LimeSurvey™ will be provided by Ontario Regional Blood Coordinating Network (ORBCoN) at the end of each audit month.

All hospitals are asked to verify that the additions are correct i.e. the total of the numbers of AB units issued to non-AB recipients for various reasons is the same as the total number of AB units issued to non-AB recipients prior to entry in LimeSurvey™.

The audit data will be exported from the web-based LimeSurvey™ for analysis by ORBCoN.

Definition of end-point

Successful data collection and LimeSurvey™ data entry for a 3 month period at all participating sites signals the end-point of the data collection period.

Outcome

Following audit completion, all data will be validated and an analysis of the data will be conducted to determine overall disposition of AB plasma due to transfusion, transfer, redistribution and expiry.

A provincial audit report will be created using aggregate data that is anonymized.

The final provincial audit report will be provided to all Ontario hospitals as well sites will receive their site specific report.

AB Plasma Inventory /Monthly Utilization

# AB Plasma units transfused to AB recipient <input type="text"/> # AB Plasma units transfused to Non AB recipient <input type="text"/> # AB Plasma units redistributed <input type="text"/> # AB Plasma units transferred with patient <input type="text"/>	# AB Plasma Discarded - Outdated # frozen units that outdated <input type="text"/> # thawed units kept on hand for potential MHP outdated <input type="text"/> # units ordered, thawed but not used that outdated <input type="text"/>	AB Plasma Discarded - Not Outdated # of bags broken in plasma thawer: <input type="text"/> # of units discarded for other reasons (specify): <input type="text"/> <input type="text"/>
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Reason for AB Plasma transfused to Non AB Recipient:

AB Plasma Unit # Transfused to <u>Non AB Recipient</u>	Due to Massive Hemorrhage Protocol (MHP) - no blood group on file	Thawed for another patient/MHP, not used(specify) -To avoid outdated	Frozen plasma nearing expiry - To avoid outdated	Due to only plasma group available in stock at the time	For plasma exchange	With ABO incompatible renal transplant	Is a neonate	For other reasons not listed(specify)
TOTALS								

AB Plasma Inventory /Monthly Utilization

# AB Plasma units transfused to AB recipient <input style="width: 50px;" type="text"/> # AB Plasma units transfused to Non AB recipient <input style="width: 50px;" type="text"/> # AB Plasma units redistributed <input style="width: 50px;" type="text"/> # AB Plasma units transferred with patient <input style="width: 50px;" type="text"/>	# AB Plasma Discarded - Outdated # frozen units that outdated <input style="width: 50px;" type="text"/> # thawed units kept on hand for potential MHP outdated <input style="width: 50px;" type="text"/> # units ordered, thawed but not used that outdated <input style="width: 50px;" type="text"/>	AB Plasma Discarded - Not Outdated # of bags broken in plasma thawer: <input style="width: 50px;" type="text"/> # of units discarded for other reasons (specify): <input style="width: 100%; height: 20px;" type="text"/>
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Reason for AB Plasma transfused to Non AB Recipient:

AB Plasma Unit # Transfused to <u>Non AB Recipient</u>	Due to Massive Hemorrhage Protocol (MHP) - no blood group on file	Thawed for another patient/MHP, not used(specify) -To avoid outdating	Frozen plasma nearing expiry - To avoid outdating	Due to only plasma group available in stock at the time	For plasma exchange	With ABO incompatible renal transplant	Is a neonate	For other reasons not listed(specify)
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