## 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

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

		Yes Yes	No No						
14	a)	Is there a policy stater should be made?	Yes	No					
		If YES does it include:	,	Yes	No				
			ii) Temperature iii) BP iv) Respirations						
15	b)	Is there a policy stater should be made?	Yes	No					
		If YES does it include:		Yes	No				
			ii) Temperature iii) BP	Yes	No				
	Yes	Yes No	iv) Respirations	Yes	No				
16		here a policy statement a transfusion reaction?	t that specifies what to do in the event	Yes	No				
		If YES does it include:		Yes	No				
			<ul><li>ii) Contact the hospital blood bank</li><li>iii) Seek advice from medical staff</li></ul>	Yes Yes	No No				
17	ls t	here a policy statement	t on the documentation required	Yes	No				
18	18 Within the document is there a policy statement about providing information to patients about transfusion before the blood transfusion?								

## PATIENT WRISTBAND AUDIT PROFORMA

This audit will provide you with a snaphot of compliance with the use of a wristband with the essential minimum data set at the time of transfusion within your hospital. Collect data from 10 different transfusion episodes in different clinical areas. Complete each column from the patient's bedside at the time of the transfusion episode. Please write Y for 'Yes' in each column where evidence is found or N for 'No' where there is no evidence present. Date:

					Other	Does the patient have a wristband on		Does the wristband state full name		Does the wristband state DOB		Does the wristband state Hospital Number		Does the wristband state gender	
Patient	Surg	Gynae	Med	ITU		Yes	No	Yes	Νο	Yes	Νο	Yes	Νο	Yes	No
Patient 1															
Patient 2															ļ
Patient 3															<u> </u>
Patient 4															<u> </u>
Patient 5															
Patient 6															ļ
Patient 7															
Patient 8															<u> </u>
Patient 9															<u> </u>
Patient 10															

## PROSPECTIVE AUDIT OF BLOOD SAMPLING FOR TRANSFUSION PROFORMA

This audit will provide you with a snapshot of blood sampling practice within your clinical area. Collect data for 12 sampling episodes. Complete each column from the patient's side at the time of the sampling episode. Please write **Y** for 'Yes' in each column where evidence is found or **N** for 'No' where there is no evidence present, alternatively **N/A** where the statement is not applicable.

AUDIT QUESTIONS	1	2	3	4	5	6	7	8	9	10	11	12
a) Doctor												
b) Nurse												
c) Phlebotomist												
d) Other												
2a. Is the patient conscious?												
<b>2b.</b> If conscious, were they asked to confirm their												
last name, first name and date of birth)?												
3. Concerning the identification wristband	-						_					
a) Is the patient wearing an identification wristband?												
b) If yes, does the wristband contain the patient's												
surname?												
c) If yes, does the wristband contain the patient's first												
name?												
d) If yes, does the wristband contain the patient's gender?												
e) If yes, does the wristband contain the patient's date of												
birth?												<u> </u>
f) If yes, does the wristband contain the Patient Hospital												
Identification Number?						_		_				
g) If NO to any of the above, did the patient come in as an												
Unknown patient via the Accident and Emergency												
Department?												<u> </u>
a) Were the samples tubes prelabelled		_	_			_						<u> </u>
b) Were the sample tubes labeled beside the patient		_										───
c) Were the sample tubes labelled elsewhere	ļ	_										<u> </u>
d) Were the samples labeled by <b>hand</b> according to local												
policy	ļ											<u> </u>
d) Were the samples labeled with an <b>addressograph label</b>												
according to local policy												<u> </u>

## PROSPECTIVE AUDIT OF BLOOD TRANSFUSION ADMINISTRATION PRACTICE PROFORMA

This audit will provide you with a snapshot of transfusion practice within your clinical area. Collect data for 12 different transfusion episodes. Complete each column from the patient's bedside at the time of the transfusion episode. Please write  $\mathbf{Y}$  for 'Yes' in each column where evidence is found or  $\mathbf{N}$  for 'No' where there is no evidence present, alternatively  $\mathbf{N/A}$  where the statement is not applicable.

AL	DIT QUESTIONS	1	2	3	4	5	6	7	8	9	10	11	12
1.	Is the patient an in-patient (admitted to a clinical area												
	at least as an overnight admission?)		1										
2.	Is the patient having the transfusion in an area where												
	they can easily be visually monitored by staff												
	throughout the transfusion episode?												
3.	Is the patient conscious?												
4.	If conscious, were they asked to confirm their last												
	name, first name and date of birth)?												
Co	ncerning the identification wristband												
1.	Is the patient wearing an identification wristband?												
2.	If yes, does the wristband contain the patient's												
	surname?												
3.	If yes, does the wristband contain the patient's first												
	name?												
	If yes, does the wristband contain the patient's gender?												
5.	If yes, does the wristband contain the patient's date of												
	birth?												
6.	If yes, does the wristband contain the Patient Hospital												
	Identification Number?												
7.	If NO to any of the above, did the patient come in as an												
	Unknown patient via the Accident and Emergency												
	Department?												
ð.	Does the identity of the patient wristband match with												
<b>C</b> -	the details on the blood component being transfused?	£ 4 h a -											
	ncerning the actual unit being transfused at the time of	i the a					- T	- [					-
1.	Is the compatibility report or the prescription sheet											1	
_	signed by the person administering the blood?											_	
2.	Is the date of the transfusion recorded on the											1	
-	compatibility report or the prescription sheet?		_										
3.	Has the commencement time of the unit been recorded											1	
	on the transfusion documentation record?												
4.	Has the stop time of the unit been recorded on the											1	
	transfusion documentation record?												