ALBERTA PRECISION LABORATORIES
Leaders in Laboratory Medicine

Laboratory Bulletin

DATE:	2021 March 25
TO:	Edmonton and North Zone Connect Care live sites- Medical Staff, Nursing Staff, Allied Health
FROM:	Dr. Susan Nahirniak, Associate Medical Director, North Sector; Alberta Precision Labs and Medical Informatics Lead, Lab Medicine & Pathology, AHS
RE:	**Connect Care and Transfusion Medicine – Problem Areas**

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Key Message

This memo is to emphasize a few points regarding changes seen with Connect Care specific to Transfusion activities that have been problematic. Individuals are encouraged to access the Blood Administration guide (Search: Blood administration guide | Insite (albertahealthservices.ca) or EPIC-Transfusion Medicine modules in My Learning Link for more detail.

Type and Screen format:
The change to the new Transfusion Medicine laboratory information system, WellSky, has resulted in some changes to the format of the type and screen results. Rather than being reported as a single cumulative report, each aspect of the type and screen will now appear as separate elements in printed reports and on NetCare. A type and screen result is not complete until all three elements are ordered, collected and resulted. These elements are:

a. Type and Screen ABORh
b. Type and Screen Antibody Screen
c. Type and Screen Expiry Date

The Transfusion Safety Identification Number (TSIN) number associated with the collection reported as part of the Type and Screen Expiry Date test. It can also be confirmed by calling the blood bank if required.

For neonates, red cell units transfused should be negative for any clinically significant maternal red cell antibodies. A question regarding the mother's name and ULI has been added to the type and screen questions for patients under the age of 4 months. If the Mom-Baby link is active in the system this will should autopopulate.

Type and screens are valid for 96 hours from the time of collection for patients greater than 4 months of age. The only exception is for preadmission clinic patients with no history of pregnancy or transfusion in the preceding 3 months that could have acted as sensitizing events. The prerequisite history in those patients must be included in the type and screen order prior to collection to allow that information to cross into WellSky. If there is any doubt of the history, the safest approach is to have the type and screen drawn 24-48 hours prior to their procedure.

Patients with valid type and screens who are transferred to other Connect Care live sites will still have valid type and screen testing. However, for any patient that has a positive antibody screen communication with the transfusion service is required to determine whether an additional sample may need to be collected at the receiving site to allow serological crossmatching.

Ordering of Blood Products and Derivatives:
A type and screen request does not place an order for blood. Prepare & Transfuse or Prepare & Dispense orders are required for routine orders. Urgent/emergent requests or massive hemorrhage protocol activations require phone calls to your site's blood bank.

Checking of blood products and Derivatives:
Despite the ability to scan the unit information into Connect Care**, it is still required to visually confirm that the tag matches the patient, the tag matches the bag/vial and the blood groups are appropriate where applicable**.

TSIN numbers are also to be checked between the patient and the tag when available*. The scanning into the Blood Product Administration Module in Connect Care only confirms that the unit was the one electronically issued by blood bank when there is a prepare order. It will not catch errors made by blood bank and will not provide any additional safety when a Transfuse Emergent order is placed. It is **NOT** designed for confirmation of accuracy or crossmatching of the unit being transfused but does facilitate documentation.

*now only required by standards for red cells and granulocytes so may or may not be present for plasma, platelets or derivatives depending on whether or not the patient already has a valid type and screen.

Unmatched Blood and Prescriber Attestations:

It is a medico legal requirement for the prescriber requesting unmatched blood components to attest to the fact that the risk of transfusing units that have not had full testing done is less than the risk waiting for testing to be completed. This attestation request will be sent to the physician's in basket and should be completed within 24 hours. Instructions for how to do this step are located at https://insite.albertahealthservices.ca/Main/assets/cistr/tms-cis-physician-blood-attestation-quick-start.pdf#search=blood%20attestation%20quick%20start

Cord Blood Testing

To allow provincial standardization, an algorithm now exists for cord blood testing. To facilitate this please submit all cord blood specimens in **EDTA** tubes to the laboratory.

Transfusion Tags

All Transfusion tags must be retained following transfusion whether there has been any handwritten documentation on the tag or not. If there is no transfusion reaction, they should be removed from the product bag or derivative box once the transfusion is completed and affixed to the Transfusion Tag Mounting form. This form will then need to be document scanned to the patient's chart using the Media Manager under "Blood Administration Tags".

If there is a transfusion reaction, the tag should be left on the bag/ box and returned to the blood bank along with the transfusion reaction order, the transfusion reaction specimen and a printout of the applicable flowsheets.

Why this is important:

- Awareness of these issues will help to ensure the safest transfusion practice for patients.

Action required:

- Ensure that all involved in transfusion activities are aware of this information.
- For questions not answered by this bulletin or the available Connect Care resources, please feel free to contact me (Susan.Nahirniak@aplabs.ca), Astrid Maguire (Astrid.Maguire@aplabs.ca) Tihiro Rymer (Tihiro.Rymer@aplabs.ca), or Susan Biesbroek (Susan.Biesbroek@albertahealthservices.ca)

This bulletin has been reviewed and approved by:

Dr. Susan Nahirniak, APL Associate Sector Medical Director and AHS Medical Informatics Lead, Laboratory Medicine & Pathology