

**Using Blood Wisely Hospital Designation Application**

 **Hospital Name/Site:** Click or tap here to enter text.

**Contact Name:** Click or tap here to enter text.

**Contact Email:** Click or tap here to enter text.

**Using Blood Wisely Hospital Designation Requirements:**

In order to achieve the Using Blood Wisely Hospital designation requirements, a hospital must 1) sign up for the Using Blood Wisely initiative; 2) enter audit data through the Using Blood Wisely website; and 3) meet the criteria below using the Using Blood Wisely measurement tool.

Hospitals that have not met both benchmark criteria but are able to demonstrate an absolute 20% improvement, as well as those hospitals that have performed less than 50 transfusions in the most recent year, will be eligible for a certificate of recognition.

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| **Section A: For hospitals that do more than 50 red blood cell transfusions per year. Once complete, go to Section C.** |
| **Single-Unit Transfusions** |
| [ ]  | **Benchmark Target Met at Spot Audit**At least **65%** of all red blood cell transfusion episodes are single-unit, and this has been maintained for at least 4 months. This can be retrospective. Note the date the target was reached and the date and data that demonstrate it was maintained for 4 months. *Please ensure these data are submitted into the Canadian Blood Services Disposition report/form* |
| **Target Reached** | **Target Maintained (at least 4 months after target reached)** |
| **Date** | **Percentage Single-Unit Transfusions** | **Date** | **Percentage Single Unit Transfusion** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**OR**

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| --- | --- |
| [ ]  | **Benchmark Target Met** **after Quality Improvement Work** At least **65%** of all red blood cell transfusion episodes are single-unit, and this has been maintained for at least 4 months. |
| **Baseline** | **Target Reached** | **Target Maintained (at least 4 months after target reached)** |
| **Date** | **Percentage Single-Unit Transfusions** | **Date** | **Percentage****Single-UnitTransfusions** | **Date** | **Percentage****Single-Unit Transfusion** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**OR**

|  |  |
| --- | --- |
| [ ]  | **Benchmark Target Not Met:** An absolute improvement of **20%** was achieved in single-unit transfusion episodes. |
| **Baseline** | **20% Improvement Achieved** |
| **Date** | **Percentage Single-Unit Transfusions** | **Date** | **Percentage Single-Unit Transfusions** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**Data Collection Method Used**

[ ]  **Using Blood Wisely simplified method (Preferred):** A single unit transfusion is one RBC unit given on a calendar day
[ ]  **Alternative method:** On a day where more than one RBC unit is given, the subsequent unit may be defined as a single unit transfusion
 where there is a pre-transfusion Hb performed after the last transfusion.

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| **Pre-Transfusion Hemoglobin Threshold** |
| [ ]  | **Benchmark Target Met at Spot Audit**At least **80%** percent of red blood cell transfusions have a pre-transfusion Hb of 80 g/L or less, and this has been maintained for at least 4 months. This can be retrospective. Please note the date the target was reached and date and data that demonstrate it was maintained for 4 months. |
| **Target Reached** | **Target Maintained (at least 4 months after target reached)** |
| **Date** | **Percentage Transfusions Hb 80 g/L or less** | **Date** | **Percentage Transfusions Hb 80 g/L or less** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**OR**

|  |  |
| --- | --- |
| [x]  | **Benchmark Target Met** **after Quality Improvement Work** At least **80%** percent of red blood cell transfusions have a pre-transfusion Hb of 80 g/L or less, and this has been maintained for at least 4 months. |
| **Baseline** | **Target Reached** | **Target Maintained (at least 4 months after target reached)** |
| **Date** | **Percentage Transfusions****Hb 80 g/L or less** | **Date** | **Percentage****Transfusions****Hb 80 g/L or less** | **Date** | **Percentage****Transfusions****Hb 80 g/L or less** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**OR**

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| --- | --- |
| [ ]  | **Benchmark Target Not Met:** An absolute improvement of **20%** was made in pre-transfusion hemoglobin. |
| **Baseline** | **20% Improvement Achieved** |
| **Date** | **Percentage Transfusions Hb 80 g/L or less** | **Date** | **Percentage Transfusions Hb 80 g/L or less** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**Data Collection Method Used**

[ ]  **Using Blood Wisely simplified method (Preferred):** The pre-transfusion Hb is the most recent Hb in the 24 hours prior to transfusion.
[ ]  **Alternative method:** The pre-transfusion Hb is the most recent Hb in the 24 hours prior to transfusion without any intervening RBC units
 transfused.

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| **Section B: For Hospitals that performed less than 50 red blood cell transfusions in the most recent year. Once complete, go to Section C.** |
| [ ]  **My hospital performed less than 50 red blood cell transfusions in the most recent year**  |
| **Baseline** | **Current Status** |
| **Date** | **Percentage Single-Unit Transfusions** | **Date** | **Percentage Single-Unit Transfusions** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

|  |  |
| --- | --- |
| **Baseline** |  **Current Status** |
| **Date** | **Percentage Transfusions Hb 80 g/L or less** | **Date** | **Percentage Transfusions Hb 80 g/L or less** |
| Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

**If you were not able to reach or maintain benchmarks, please explain why:**

Click or tap here to enter text.

**Please proceed to Section C to detail the blood stewardship initiatives your hospital has implemented. You will need to have implemented guidelines and at least one other of the noted interventions. *Note that guidelines and education alone are not sufficient, and at least one other intervention is required.***

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| **Section C: Information about the Interventions Implemented:** |
| **Date Implemented** | **Intervention** | **Details** |
| Click or tap here to enter text. | Guidelines | Click or tap here to enter text. |
| Click or tap here to enter text. | Education | Click or tap here to enter text. |
| Click or tap here to enter text. | Order Sets | Click or tap here to enter text. |
| Click or tap here to enter text. | Technologist Screening | Click or tap here to enter text. |
| Click or tap here to enter text. | Audit and Feedback | Click or tap here to enter text. |
| Click or tap here to enter text. | Alternatives to Blood | Click or tap here to enter text. |
| Click or tap here to enter text. | Other | Click or tap here to enter text. |

 **Detail key ingredients/enablers of the initiative at your hospital.**

1. Click or tap here to enter text.

2. Click or tap here to enter text.

 **Detail key challenges/barriers that were overcome.**

1. Click or tap here to enter text.

2. Click or tap here to enter text.

 **Sign Off**

I hereby submit my hospital’s application to attain the designation of *Using Blood Wisely Hospital* fromChoosing Wisely Canada and Canadian Blood Services, and certify that the information contained in this application is accurate to the best of my knowledge (please use e-signatures).

Should the designation be granted, I understand that in order to maintain our designation, our hospital must remain in good standing with respect to the requirements above, and that Choosing Wisely Canada has the right to request updated or further information at any time, and may revoke the designation if it deems that we no longer meet the requirements.

 Click here to enter a date.

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*[Print name] Date*

*Director of Transfusion Medicine
(or equivalent title)*

 **Email Address:** Click or tap here to enter text.

 Click here to enter a date.

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*[Print name] Date*

*Chief of Staff
(or equivalent title)*

 **Email Address:** Click or tap here to enter text.

 Click here to enter a date.

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

 *[Print name] Date*

*President / Chief Executive Officer*

*(or equivalent title)*

 **Email Address:** Click or tap here to enter text.

**Send completed application to** **blood@choosingwiselycanada.org****.**