

Frequently Asked Questions

**Using
Blood
Wisely.**

An initiative of:
Choosing Wisely Canada
Canadian Blood Services
Héma-Québec

1. Can you clarify the definition of “single unit” for the audit?

For the purpose of Using Blood Wisely, we are counting a single unit transfusion as one RBC unit given on a calendar day. Some hospitals may want to look at data more closely using an alternative method. For the alternative method, for example, if 2 units are given on a single day and there is a hemoglobin check-in between the units, these could be counted as 2 single unit transfusions. We performed a validation of the simplified Using Blood Wisely method with the alternative method and the results were similar. Please ensure that you choose one method throughout your intervention. We will be asking you to report which method you used on your designation form. Remember, single unit transfusions are a surrogate measure of the gold standard chart review for appropriateness and then benchmark is 65% (not 100%).

2. If the hemoglobin is checked in between two units, do you count as one or two?

For the purposes of the simplified Using Blood Wisely audit process if both units occur on the same calendar day, this would be counted as a double unit transfusion (see question 1). If the 2 units spanned midnight with one transfusion occurring before midnight and one after midnight (and no other transfusions were administered on either day), this would count as two single unit transfusions.

3. Are multiple transfusions on a single patient included or excluded?

We are not excluding events based on patients that have had multiple transfusions. If all of the transfusions happened on a single calendar day, this counts as one transfusion episode in the denominator for single unit transfusions.

4. Is there an alternative method for calculating the pre-transfusion Hb 80g/L or less?

The simplified Using Blood Wisely method counts the most recent Hb prior to the transfusion and does not take into account any intervening RBC units. Some hospitals have asked if they can take a closer look at their data since they are collecting the data manually. For example, let's say a pre-transfusion Hb is 83 g/L and then 3 units are transfused before another Hb is done. The simplified Using Blood Wisely method counts a pre-transfusion Hb of 83 g/L for each of these units (3 entries). An alternative method would be that the pre-transfusion Hb is only counted for the first RBC unit and no pre-transfusion Hb is available for the 2nd and 3rd units. We performed a validation of the simplified Using Blood Wisely method with the alternative method and the results were similar. Please ensure that you choose one method throughout your intervention. We will be asking you to report which method you used on your designation form.

5. If a patient does not have an updated hemoglobin within the last 24 hours before the transfusion, are these counted as > 80 g/L?

No, these are not counted. The denominator for this metric is the number of transfusions with a pre-transfusion hemoglobin done.

6. For the data point of Hg 80 g/L or less, do we collect ALL Hgs 80 g/L or less, or just those between 70 and 80 g/L?

Please count all transfusions with Hg 80 g/L or less.

7. What if my hospital does not do 50 transfusions in one month? Can a smaller site report on multiple months for one audit?

We ask that you enter the data by month. It is okay if there are less than 50 transfusions in a month. There may be some data skewing in a site with a smaller number of transfusions so please input your data monthly and that way we can add 2-3 months together at a time if there is a lot of fluctuation. If your site does a very small number of transfusions per month, contact us (blood@choosingwiselycanada.org) and we would be happy to discuss this with you further.

8. What transfusions are excluded?

Transfusions administered in the Emergency Department and outpatient clinics (e.g. transfusion clinics or dialysis) are excluded.

9. If a patient comes into the hospital via the Emergency department, and then ends up admitted and I cannot tell where they received their blood transfusion, do I include this patient in the spot audit?

Yes, you can include this patient in your audit.

10. Are in-patients, including bleeders and OR/recovery included??

Yes.

11. Can we include paediatrics/NICU?

At this time, we will not be including paediatrics and NICU, but we hope to do so soon.

12. Is there direction in terms of how the follow-up audit is to be completed to demonstrate a sustained practice?

Please count all transfusions with Hg 80 g/L or less.

13. I have 3 different labs in the region I am in charge of, in my hospital corporation – Do I include all 3 sites into the audit?

We would like you to audit individual sites separately (similarly to how they would submit their monthly data to Canadian Blood Services). If this causes an issue, let us know (blood@choosingwiselycanada.org) and we will work with you to figure out a solution.

14. How do you manage MTPs that get captured in your spot audit? If we follow the protocol these should be left in.

Correct, we are including these transfusions if they do not occur in the Emergency department. Most MTPs happen in a single day so given our definition, they should not skew the single-unit data. It may skew the hemoglobin data; however, our validation showed that there was not a significant change when considering that these data are for quality improvement purposes.

15. Can hospitals submit more than the equivalent of a 50 chart for the audit if we have the power to automatically pull data?

Yes, of course! That is not a problem.

16. Some services have changed transfusions parameters during COVID-19. Do you think we should be doing the spot audit prior to March 2020?

If you think that after March 2020 your site began improving transfusion practices you may want to pull data prior to March to see if you are further along in this process than you may have been pre-COVID-19.

17. If our hospital already meets benchmarks, can we still apply for Using Blood Wisely designation?

Yes, your hospital can still be designated a Using Blood Wisely Hospital if you already meet benchmarks.

Please note that as part of the designation process, you will need to sign up on the Using Blood Wisely website to tell us about your hospital and enter your audit data on the Using Blood Wisely website using the form under Measurement.

18. If our hospital is already meeting benchmarks, can we pull data retrospectively to demonstrate that benchmarks have been maintained for 4 months?

Yes, you can pull retrospective data to show that you have maintained benchmarks for at least 4 months.