

SHOT recognises that IT systems in hospital transfusion practice improve patient safety and wishes to continue to promote their implementation and use of these systems to their full functionality. SHOT also recognises that there is room for improvement and wishes to encourage transfusion experts to work with IT experts and the manufacturers of these systems to ensure we have the best possible outcomes for our patients. This will include the specification and implementation of IT systems as well promoting interoperability and could also include training transfusion experts in IT and IT experts in transfusion. Please complete this questionnaire so that we can understand how to focus and prioritise this work – we will keep you informed of our plans.

We request that a single response is submitted per transfusion laboratory, on behalf of all the hospitals/facilities that they supply blood to, following discussion of the questions with members of the hospital transfusion team and committee (HTT and HTC) and IT department, to ensure the impacts of transfusion IT throughout the hospital are represented.

Respondents may wish to gather information about the manufacturers and version numbers of their IT systems prior to completing this survey, to enable easy completion. The survey should take approximately 30 minutes to complete once all information is gathered.

* 1. What is the role/job title	of the person completing th	nis survey?	
Transfusion Laboratory Mai	nager	Transfusion Practitioner	
Transfusion and Haematolo	Transfusion and Haematology Lead Pathology IT Manager		
Pathology Quality Manager	Pathology Quality Manager Senior BMS		
Other (please specify)			
* 2. From this years MHRA blo	od bank or blood establishm	nent compliance report, please tell us how many:	
Group and screen samples were processed			
RBC units were issued			

* 3. Please provide the following information about your Laboratory Information Management System (LIMS) – your blood bank computer:	
Software Manufacturer	Software Manufacturer
Name of the system	Name of the system
Version of LIMS system	Version of LIMS system
Year of implementation of the current version	
	Į.



* 4. Do your clinical areas use 'ordercomms' for blood transfusion tests and requests linked to an electronic patient record?
Yes
□ No



* 5. Please provide the	e following information about your 'ordercomms' for blood transfusion tests and requests:
Software manufacturer	
Name of the system	
Version number you are currently running	
Year of implementation of the current version	



* 6. Does your hospital use a electronic blood tracking system? (For example Blood Track or Blood 360)
☐ Yes ☐ No



* 7. Please provide th	ne following information about your el	ectronic blood tracking system:
Software manufacturer		
Name of the system		
* 8. What modules	s does your electronic blood tracking	system have?
Full vein to vein	functionality	Remote electronic issue
Sample taking a	and labelling	Patient identification and administration
Blood refrigerat	or control	
Other (please s	pecify)	



* 9. Were all modules implemented at the same time?	
Yes	
○ No	



* 10. If yes, please pr	ovide the following information about your electronic blood tracking system
Version number you are currently running	
Year of implementation	



If different modules implemented belo	ent times, please list	version numbers and year m	nodule each



* 12. Does your hospital use an electronic temperature monitoring system (for blood refrigerators)?
Yes
No



* 13. Please provide ti	he following information about your blood fridge electronic temperatu	re monitoring
system:		
Software manufacturer		
Name of the system		
Version number you are		
currently running		
Year of implementation of		
the current version		



* 14. Does your transfusion service cover multiple transfusion laboratories in a network supplying blood to multiple sites, or does it cover a single site/transfusion laboratory? Single-site
Network



Yes			
No			



" 16. II mulliple Livi5 a	are used across the transfusion laboratories within the network.
Are the LIMS accessible by other transfusion laboratories within the	
network?	
If they are accessible, how is this achieved?	



	None	1-2	More than 2	We don't have this sys
PR/Order Comms				
IMS		\circ		\circ
lood tracking				
lectronic fridge mperature monitoring			\bigcirc	
edside electronic				\circ
atient identification oer (please specify) 8. Do you take all the u	upgrades offered fo	or:		
er (please specify)	upgrades offered fo	or: No	Not offered	We don't have this sys
er (please specify) 8. Do you take all the u			Not offered	We don't have this sys
er (please specify)			Not offered	We don't have this sys
er (please specify) 8. Do you take all the use PR/Order Comms			Not offered	We don't have this sys
er (please specify) 8. Do you take all the use PR/Order Comms			Not offered	We don't have this sys

19. Are you given release	notes in advance	of the upgrade for:		
	Yes	No	Sometimes	We don't have this system
EPR/Order Comms				0
LIMS	\bigcirc	\bigcirc	\bigcirc	\bigcirc
Blood tracking				
Fridge temperature monitoring	\bigcirc		\bigcirc	
Bedside electronic patient identification	\bigcirc		\circ	0
Other (please specify)				



* 20. Are clinical observations recorded electronically?
Yes
○ No
On't know
If yes, what system is used?
* 21. Are medications prescribed electronically?
Yes
○ No
On't know
If yes, what system is used?
* 22. Is chemotherapy prescribed electronically?
Yes
○ No
On't know
If yes, what system is used? Is this system different to the electronic prescribing system used for general prescribing?

No				
Don't know				
If yes, what system is used?				
* 24. Do you rely on pa	ners or do vou ha	ve a unified commun	ications platform?	
Pagers	gere or do you no	ve a armiea commun	iodiono pidronni.	
Unified communicatio	ns platform			
Oon't know	·			
		uas didan ia saadQ		
If unified communications pla	atform, what system/p	rovider is used?		
Yes No Don't know We don't have a unific	ed communications pla	atform		
○ No		atform		
No Don't know We don't have a unifie		atform		
No Don't know We don't have a unifie Other (please specify))		create alerts/flags in	
No Don't know We don't have a unified Other (please specify) 6. Can data from these stems?	clinical electronic	systems be used to d		
No Don't know We don't have a unified Other (please specify) 6. Can data from these stems?	clinical electronic	systems be used to d		
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No Don't know We don't have a unified Other (please specify) 6. Can data from these	clinical electronic	systems be used to o		other electronic clinical We don't have this syste



Sellous Hazaio	is of Transiusion Information fec	nnology (11) Survey		
* 27. Which aspec	cts of the management of electronic tr	ransfusion systems do you find o	challenging?	
Agreement on	extent of validation/re-validation	Communication with supplier		
Comprehensio	Comprehension of, or access to release notes Understanding of responsibilities for validation/revalidation			
Capacity to per	Capacity to perform validation/revalidation Communication of bugs/failures identified in other sites			
Creating a URS	Creating a URS for new systems			
Other (also as	·······: ()	System interfaces		
Other (please s	specify)			
	p 10 functions you would like you LIM th 1 being the most pressing	IS system to perform that it does	s not currently?	
10				

	ease list top 5 below (1 most problematic, 5 least problematic)
1	
2	
3	
4	
5	
3	
* 30. Do your IT s being the best)	systems have any functionality which you think is excellent? If so please list top 5 below (1
1	
2	
3	
4	
5	
Yes	
No No	
No No	
No	
No	
No	
No	
No	
No	
No	
No	





* 33. Do you have an IT expert for transfusion?	
Yes	
No	



es/job titles of you fusion department plogy department plogy pecify) ets you have listed			e allocation for	
ology department ology pecify)	above, is there	e specific time	e allocation for	
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ts you have listed	above, is there	e specific time	e allocation for	
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* 37. For those specifi	c time allocated:
What is the time allocated per month?	
Is this sufficient?	



38. In regards to training of transfusion IT experts:
There has been no training provided
There has been limited training provided
There has been adequate training provided
Other (please specify)



* 39. Who makes/ at what level are decisions regarding transfusion IT made? Transfusion laboratory manager	
HTT/HTC	
Pathology directorate	
IT department	
Other (please specify)	
* 40. What barriers have you experienced in regards to introducing improved IT systems?	
* 41. What ideas do you have for overcoming these barriers/ what solutions have been found within your Health board?	Trust/
* 42. Do you have anyone in your organisation who would be interested in contributing to the training of in transfusion IT?	of other
Yes	
○ No	
If yes, please state their role/job title below	



* 43. The SHOT IT WEG is planning to work with the IT suppliers to improve patient safety, what would you
most like to see as outcomes from this collaboration?
■
Templates for validation/re-validation requirements, URS
■
Agreement for transparency in IT short falls from the suppliers (plain English field safety notices)
■
Agreement for transparency in the functional aspects of the system prior to purchase
■
Industry standards for transfusion IT suppliers to ensure compliance with national standards
\$
Plain English release notes for upgrades
44. Are there any other outcomes you would like to see?
45. What else could the SHOT IT WEG do to help your department ensure transfusion IT systems are safe?

* 46. Would you like to be involved in the SHOT UK Collaborative Reviewing and reforming IT Processes in Transfusion (SCRIPT) workshop?
Yes
○ No
Maybe
47. Any other comments?
48. If you are happy to be contacted by the SHOT team in regards to your responses, please enter a contact email address below
N.B. The email will be used for no other purposes except that specified above. If you change your mind, please contact the SHOT team to delete your details (shot@nhsbt.nhs.uk):
picase contact the STOT team to defete your details (Shot@misbt.mis.ak).
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