

083: QUALITY ASSURANCE OF TRANSFUSION PRACTICES IN BELGIAN HOSPITALS

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Objective:

To evaluate the situation in Belgian hospitals as to quality assurance of transfusion practices.

Methods:

Because of the evident risks e.g. the transmission of infectious diseases such as AIDS, BSE and hepatitis, assuring patient safety regarding blood transfusion is of utmost importance. Belgian legislation mainly focuses on the quality, safety and efficacy of the blood products used. On the other hand, no quality standards are imposed nor do other regulations exist with regard to transfusion practices in Belgian hospitals. Various studies, national and international, have shown important variations in transfusion practices. Other studies also showed that blood and blood components are often used in an inappropriate way. Several leading organizations such as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the American Association of Blood Banks (AABB) and the College of American Pathologists (CAP) consider that the monitoring and evaluation of hospital transfusion practices should be an integral part of the quality assurance program in every hospital.

A questionnaire was developed and sent to all Belgian hospitals (N = 121). The questions applied to the development and use of transfusion guidelines (criteria) at the hospital; the existence of standard nursing procedures for transfusion; the existence, structure, tasks and function of a transfusion committee; the reporting of adverse events with regard to transfusion; the availability and qualification of the person responsible for the blood bank; and the use of quality assessment methods for transfusion practices.

Results:

95 hospitals returned the completed questionnaire (response rate 78.5%). 5 hospitals located on two separate sites returned two different questionnaires (one per site). Each site was considered a different hospital. Thus, a total number of 100 questionnaires was analysed.

Less than half (41/100) of the hospitals use transfusion guidelines, and these have generally been implemented within the past 3 years (47.5%). The guidelines are usually developed by a transfusion committee (48.8%) and regularly evaluated (73.2%), at least once a year in 44.4%. Most hospitals (71/100) have standard nursing procedures for transfusion.

Less than half of the hospitals (40/100) have a transfusion committee. Most committees were installed within the last 5 years (77.5%), count 5 up to 9 members (87.4%) and meet 1 to 3 times a year (46.2%). They usually report to the head of the medical department (75.7%). The committees were all created for the purpose of quality assurance. 25.6% of the committees also have an economic goal in view. Adverse events are reported in 91/100 hospitals, in most cases (62.6%) systematically.

The head of the blood bank generally is a clinical biologist (87.0%), not exclusively charged with transfusion management at the hospital (96.5%). Only one third (33.7%) of the hospitals declares to assess the quality of transfusion practices. This by means of an information system (N = 2), a reporting system for transfusion related problems and the evaluation of transfusion procedures (N = 6), a monitoring system for the blood consumption (N = 2), the participation in quality projects regarding transfusion practices (N = 4) or not specified (N = 19).

Conclusions:

The majority of Belgian hospitals has no transfusion guidelines (criteria) and does not have a transfusion committee. Quality programs evaluating transfusion practices only exist in some hospitals. These findings are striking as one takes into account the potential risks related to transfusion.

Based on these results we recommend to create a legal framework imposing quality standards for transfusion practices and the installation of a formal transfusion committee with well defined tasks and responsibilities in all Belgian hospitals.