WA Haemovigilance Reporting FAQs

What is haemovigilance?

Haemovigilance is defined by the International Haemovigilance Network as *a set of surveillance procedures covering the whole transfusion chain from the collection of blood and its components to the follow-up of recipients. It is intended to collect and assess information or unexpected or undesirable effects resulting from the therapeutic use of labile blood products and to prevent their occurrence or recurrence*. WA haemovigilance reporting focuses on fresh blood components including red cells, platelets, fresh frozen plasma, cryoprecipitate and cryo-depleted plasma.

Why is haemovigilance important and how will it benefit our practice?

WA Haemovigilance reporting aligns with the National Safety and Quality Health Service (NSQHS) Standard 7 Blood Management which requires health service organisations to participate in haemovigilance activities conducted at a state and national level in accordance with the national framework. Contributing WA data to national haemovigilance reporting helps to improve the effective and appropriate management of blood and blood products, and to ensure the safety of people receiving and donating blood.

What is a 'blood related adverse event'?

Blood Related Adverse Events (BRAE's) can be categorised as (i) transfusion reaction adverse events or (ii) clinical incidents. For the purposes of WA Haemovigilance reporting a blood-related adverse event refers to a transfusion related adverse event defined by the current version of the Australian National Haemovigilance Minimum Data Set (AHMDS).

What is a 'clinical incident'?

A clinical incident refers to an event or circumstance resulting from health care which could have or did lead to unintended and/or unnecessary harm to a patient/consumer. The Department of Health WA Clinical Incident Management Policy 2019 outlines the requirements for management of clinical incidents.

Where are blood and blood product-related clinical incidents reported?

Clinical incidents involving blood or blood products **may** need to be reported in two places depending on the incident type:

1. Datix CIMS for WA Health staff or sent directly to the Patient Safety Surveillance Unit for private Health Service Provider(s) (HSP) (see https://datixcims.hdwa.health.wa.gov.au); **and**
2. The WA Haemovigilance REDCap program.

Are 'near miss' events included in haemovigilance reporting activity?

Near misses are currently not a part of WA Haemovigilance reporting activity.

Is it mandatory to send haemovigilance data to the Department of Health WA?

Provision of haemovigilance data to the Department of Health WA is a voluntary activity for Health Service Providers (HSP's), it is not mandatory. Nevertheless, HSP's are encouraged to take part in haemovigilance reporting activities as these will contribute to national haemovigilance efforts and assist in achieving compliance with NSQHS Standard 7.

Who should be involved in haemovigilance?

Any health care professional (clinical or laboratory) involved in the process of blood product issue handling, delivery, ordering, or transfusion or who assists during product/patient identification checks,

performs phlebotomy for group and screen, monitors patient status during or following the transfusion.

Who is responsible for submitting haemovigilance data to the Department of Health WA?

It is recommended that each HSP determines the key staff member(s) responsible for the collection, entry and validation of haemovigilance data. Data is submitted through a secure web-based program using REDCap™. The WA Haemovigilance REDCap Program is hosted by the Department of Health WA and web-based access is provided through the internet for staff involved in reporting events.

How do I submit my HSP's haemovigilance events through REDCap?

You will require an electronic link to the WA Haemovigilance REDCap Program, please request via email: bloodmanagement@health.wa.gov.au. Instructions for completion are included within the program. It is recommended you submit the haemovigilance event following full investigation and multidisciplinary review to ensure a consensus is reached on the BRAE classification, imputability score, outcome and contributory factors.

How can I access a report summarising my HSP's haemovigilance reporting activity?

The Department of Health WA are able to provide HSP specific reports summarising the BRAE's submitted to the WA Haemovigilance REDCap Program, to authorised users. Please request via email: bloodmanagement@health.wa.gov.au.

Where will I find the tools for WA haemovigilance reporting?

The Department of Health provides HSP with a haemovigilance tool kit. This includes:

- WA Haemovigilance Reporting Guideline
- 'Frequently Asked Questions' document (this sheet)
- Australian National Haemovigilance Minimum Data Set available online (https://www.blood.gov.au/haemovigilance-reporting)
- An electronic Transfusion Reaction Investigation Form (optional)

How is haemovigilance reporting data going to be used and by whom?

Haemovigilance data provided by HSP's to the Department of Health WA will be used to provide summary reports to participating HSP's. The Department of Health will submit aggregated data to the National Blood Authority (NBA) for inclusion in national reporting.

Are patients or staff identified in the information that will be sent to the NBA?

No patient or staff member will be identified in the data sent by HSP to the National Blood Authority.

Who can I contact for more information?

For more information contact the Office of the Chief Medical Officer, Department of Health WA (email: bloodmanagement@health.wa.gov.au).

This document can be made available in alternative formats on request for a person with a disability.