Beaumont

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Applicability	Dearborn, FH, Troy

Use of the SoftBank Backup Files During SoftBank Downtime

Document Type: Procedure

I. PURPOSE AND OBJECTIVE:

This document will provide policies and procedures relating to the use of the Soft Bank backup files during Soft Bank downtime.

II. INTRODUCTION:

A. Patient blood types and antibody history, previous comments or problems, and special requirements are normally accessed through the patient history in SoftBank. When Softbank is not operational, it is required that this information be accessibility to the technologist. A combination of a daily comprehensive backup reports along with more frequent incremental back up reports automatically download to select PC workstations in the Blood Bank from the Soft Backup system. These PC workstations are clearly tagged as a Soft Backup workstation.

B. The Soft backups includes a full backup that is run daily at 23:45 daily and incremental backups that run every 30 minutes at the top and bottom of each hour. The backup files are in PDF format, cannot be manipulated by the end user, and are password protected.

C. Information included in a patient's record includes the following:

1. Name
2. Medical record number (MRN)
3. Date of Birth
4. ABO Rh
5. Messages (the Soft Bank message code)
6. Date of last specimen and specimen outdate
7. Date of last transfusion: cellular = C, non-cellular = N
8. Record of any transfusion reactions

9. Antibodies (the Soft Bank antibody code)

III. POLICIES:

A. The Soft backup files must be accessed when processing patient's samples during a Soft Bank computer downtime. For additional information, refer to Transfusion Medicine policy, Manual Operations.

B. The Beaumont Health Information Technology Open System Infrastructure Team (previously known as the UNIX Support) confirms that the downtime files are getting converted to PDF, that the files are password protected, and that the files are sent to the downtime workstations. Unix servers retrieve the SoftBank data for the backup files and transfers the data to the designated downtime PCs in the Blood Bank.

C. The Blood Bank is responsible for making sure the designated Soft Backup computer workstations are turned on and functioning properly. If necessary, these workstations should only be shut down or restarted only at 15 or 45 minutes past the hour (not when the incremental backups normally run at the top and bottom of the hour).

D. If any Soft backup computer (at any of the lab locations) is shut down while backup is running, then the backup process may be affected. In this case, an email notification is automatically sent to select IT representatives and supervisory support staff at all the sites.

E. Each day, a Blood Bank technologist will access the Soft Backup File and verify that the expected files appear on one of the designated PCs: the full backup file should have been created at approximately 23:45 on the previous day, and incremental files should be continuously created every 30 minutes (on the top and bottom of each hour).

F. If expected back up files are not downloaded to the workstation a help desk ticket for the Open System Infrastructure Team should be opened immediately Note: Soft LIS should not be contacted for a problem with the Blood Bank backup file transfer download. The Soft LIS group does not have access to the Unix servers that controls the file transfer system.

IV. PROCEDURE:

A. Access the Soft BB Downtime shortcut icon on the desktop of a designated downtime computer. Double click on the icon to display files.

B. During computer downtimes you must access 3 separate files and search each file for the patient record.

　　1. The most recent full backup file currently set to run at 23:45 daily. This will be an extremely large file.

　　2. The very next incremental file after the full backup.

　　3. The last incremental that ran before the downtime.
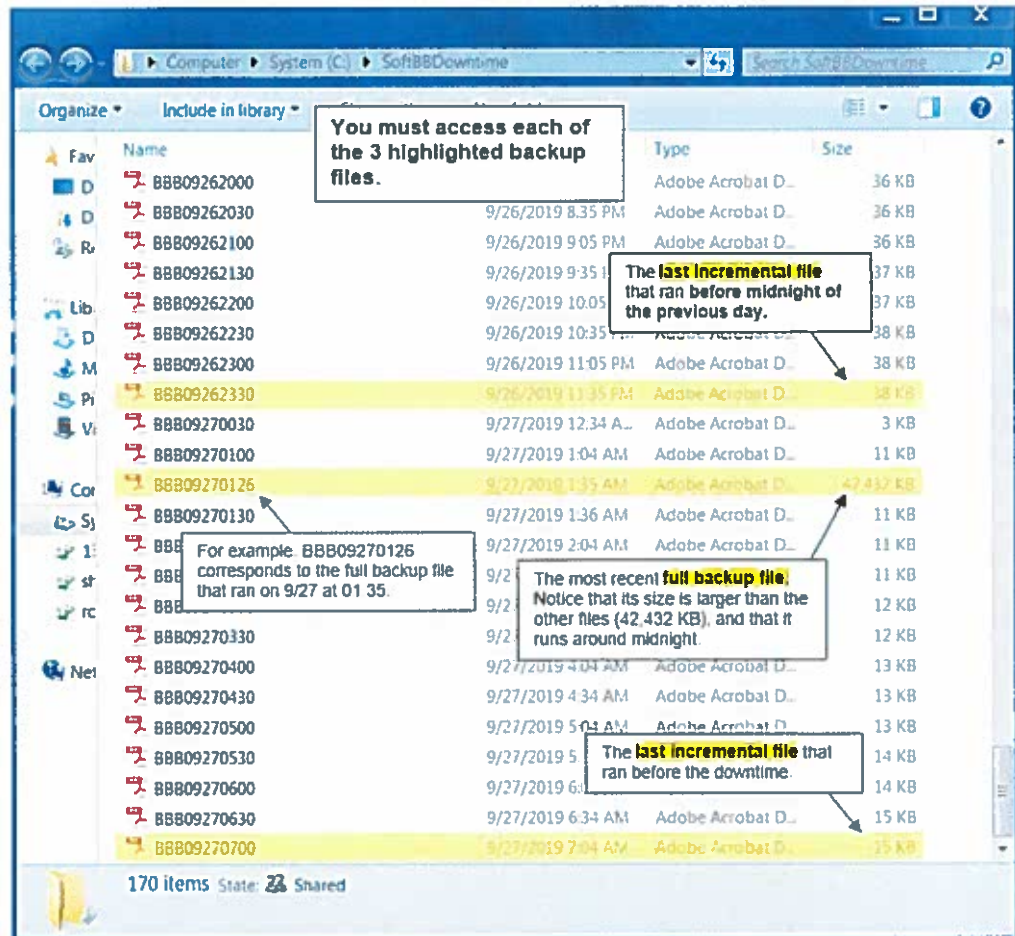
C. The files are in organized in alphabetical order by the patients' last names. Within each of the three separate files, search for the patient's record. Options for searching:

1. Enter a value in the count box. For example, if the patient's last name starts with the letter Z, enter a page number close the end of the alphabetical file (e.g., enter the number 68). This is the fastest search method for a very large file.

2. Search the FIND box for the patient's name or MRN. If the FIND box does not automatically display, then simultaneously press CTRL-F to make it display.

3. Search by scrolling down the file.

Document the ABORh, messages, last specimen date, and antibodies on the patient's downtime
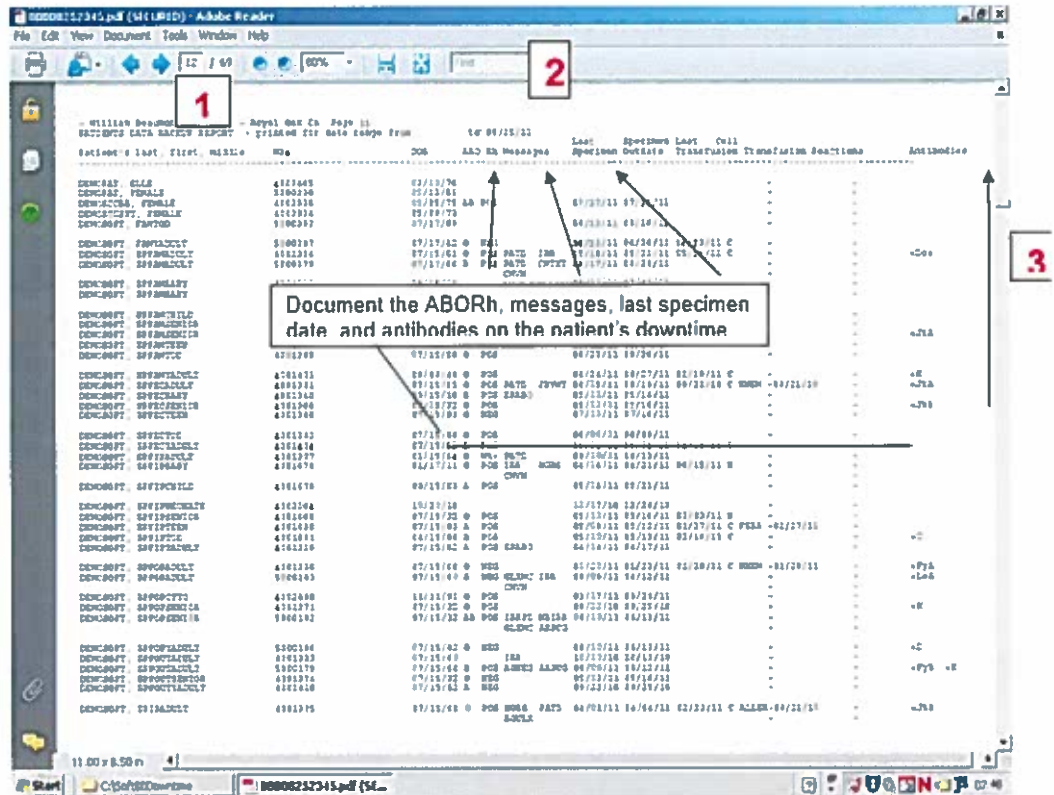
D. Document the ABO/Rh, messages, last specimen date, and antibodies on the patient's downtime worksheet.
Note that transfusion reactions and the last transfusion date (followed by C / cellular or N / non-cellular) also appear.
The messages and antibodies will appear as a code; the description of these codes may be found in the attachments *SoftBank Antibody Codes* and *SoftBank Message Codes*.

Refer to Transfusion Medicine policy, Manual Operations, for additional information.

V. SPECIAL NOTES:

A. The message code CMTXT (comment text) indicates that comments are recorded in Soft for the patient. These comments will not be accessible in the backup file, since the backup is a flat file.

B. Printing of the backup files is not encouraged as the files may be very large, especially the full backup file.

C. It may be difficult to view the information within a backup file, as the font is small. It may be helpful to use a straight edge or a Zoom view.

D. A desktop shortcut was made on each of the designated Soft Backup workstations. If it is deleted in error recreate, as follows:

    1. Go to My Computer on the desktop. Locate "local disk C"

    2. Click on "C" and locate "SoftBBdowntime". Right click and send a shortcut to the desktop.

VI. REFERENCES:

1. College of American Pathologists, Laboratory General Checklist, current edition.
2. AABB Standards for Blood Banks and Transfusion Services, current edition.
3. SoftBank II System Design Manual.

Attachments

SoftBank Antibody Codes

SoftBank Message Codes

Approval Signatures

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SoftBank Antibody Codes

Code	Name
<A1	Anti-A1
<Bg	Anti-Bg
<Bga	Anti-Bga
<Bgb	Anti-Bgb
<C	Anti-C
<CAA	Cold Auto Antibody
<Ce	Anti-Ce
<Cha	Anti-Cha (Chido)
<Coa	Anti-Coa
<Cob	Anti-Cob
<Csa	Anti-Csa
<CW	Anti-CW
<D	Anti-D
<DANT	Anti-Dantu
<Dia	Anti-Dia
<Dib	Anti-Dib
<Doa	Anti-Doa
<Dob	Anti-Dob
<DUNK	Anti-D or RhIG
<E	Anti-E
<f	Anti-f
<Fy3	Anti-Fy3
<FyA	Anti-FyA
<FyB	Anti-FyB
<G	Anti-G
<Ge	Anti-Ge
<GoA	Anti-Gonzales(A)
<Hcd	Anti-H (cold)
<HFA	Antibody to High Frequency Ag
<HTLA	High Titer Low Avidity
<Hy	Anti-Hy
<IA	Anti-I (Auto)
<IAA	Insignificant Antibody Activity
<IAL	Anti-I (Allo)
<iAL	Anti-i (Auto)
<IH	Anti-IH
<Jk3	Anti-Jk3
<JkA	Anti-JkA
<JkB	Anti-JkB
<JMH	Anti-JMH (John-Milton-Hagen)
<Joa	Anti-Joa
<Jsa	Anti-Jsa
<Jsb	Anti-Jsb
<K	Anti-Kell
<Kna	Anti-Kna
<Knb	Anti-Knb
<Kpa	Anti-Kpa
<Kpb	Anti-Kpb
<LC	Anti-c (little)
<LE	Anti-e (little)
<LeA	Anti-LeA

<LeB	Anti-LeB
<LK	Anti-Cellano
<LS	Anti-s (little)
<Lua	Anti-Lua
<Lub	Anti-Lub
<M	Anti-M
<MAA	Anti-M (Auto)
<McC	Anti-McC
<Mur	Anti-Mur
<N	Anti-N
<P1	Anti-P1
<P1CO	P1 Antibody (cold)
<S	Anti-S
<Sc	Anti-Sc
<Sda	Anti-Sda
<U	Anti-U
<UVAR	Anit-U Variant
<V	Anti-V
<Vel	Anti-Vel
<VS	Anti-VS
<Vw	Anti-Vw
<Wra	Anti-Wra
<Wrb	Anti-Wrb
<Xga	Anti-Xga
<Yka	Anti-Yka
<Yta	Anti-Yta
<Ytb	Anti-Ytb
38PAS	Anti-CD38 Passive
ABCM	ANTIBODY COMMENT
ABE	Ab Evaluated for New Workup
ABG	AB RX only in gel media
ABINS	Insignificant Antibody Activity
ABL	Antibody Reaction Only in LISS
ABUR	AB problem not yet resolved
CAA	Cold autoantibody
CRAUS	Cold reacting Antibody
DPASS	Anti-D Passive
ELNR	Eluate non-reactive
GEL	Auto Ab in Gel
IAA	Insignificant Antibody
INS	Clin Insignificant Ab detected
LFA	Antibody to low frequency Ag
MAB	Maternal Ab; use Ag Neg RBC
MAIS	Maternal Ab. - Insignificant
MCOLD	M Antibody (cold)
NCOLD	N Antibody (cold)
NEXM	Not Eligible For Electronic XM
NSWA	Non specific warm antibody
PASAB	Passive AB in serum
PLTHL	PLT. AB in serum
PRES	Reactions to Gel Media
PRESV	Maybe due to reagent preservativ

SoftBank Antibody Codes

RACT	Eluate reacts with all cells
REF	Sample Sent to Ref Lab for ID
RhIGD	RhIG D Ab: Prenatal
RON	Rule Out for New ABs is Neg
SICC	Sickle Patient Issue C Ag Neg
SICE	Sickle Patient Issue E Ag Neg
SICK	Sickle Patient Issue Kell Ag Neg
TWTI	Antibody Too Weak to Identify
WAA	Warm Auto Antibody
WAAe	Warm Auto Antibody (-e like)
WABNS	WARM(IgG) AB; NO SPECIFICITY
WAIgG	Warm IgG Antibody
WRhO	WinRhO/RhIG Given per Pharm

Code	Name
24PLS	Use Plasma Thawed within 24 hour
A1SUB	A1 Subgroup
A2BWK	A2B or Weaker AB Subgroup
A2WKA	A2 or Weaker A Subgroup
AANO	Not African American
AAYES	African American
ABCOM	AB COMMENTS
ABFFP	Use Group AB Plasma
ABNR	AB Problem Not Yet Resolved
ABO	Patient ABO Edited
ABODC	ABO Typing Discrepancy
ABOPL	Issue ABO Specific Platelets
ABPL	Use Group AB Platelets
ABPLP	Use Group AB Platelet and Plasma
ABPLT	Abnormal Platelet Aggregation
ABSCG	Run AB SCN in GEL
ADMRN	Additional MRN (Possible)
AGNEG	Use Antigen Negative RBCs
AHGXM	Use AHG XM
AHHR	Archived HCLL History Review
ALG	Serologic Problem due to ALG
ALMRN	Alias MRN
ANV	Accession Number Verified
APXM	Use All Phase XM
ARHIG	Antepartum Rhig Received
AUTO	Autologous Product(s) Available
AUTOO	Autologous Blood Ordered
AUTOS	Save AUTOs for 2nd Surgery
BIRR	Bill Patient for Irradiation
BLDWM	Use Blood Warmer w/ Transfusion
BMTR	Bone Marrow Transplant Recipient
BRABN	Group AB Neg (BRL MLS sample)
BRABP	Group AB Pos (BRL MLS sample)
BRAN	Group A Neg (BRL MLS sample)
BRAP	Group A Pos (BRL MLS sample)
BRBN	Group B Neg (BRL MLS sample)
BRBP	Group B Pos (BRL MLS sample)
BRLC	BRL canceled order
BRON	Group O Neg (BRL MLS sample)
BROP	Group O Pos (BRL MLS sample)
CAN	Order Canceled by Floor
CHEK	SEE ANTIBODY FOLDER COMMENT
CILL	Critically ill Patient
CMHCL	HCLL Comment Text DataConversion
CMTXT	COMMENT TEXT
CMVN	Issue CMV Negative Products
CMVPD	Use CMV Neg, Review Pending
CMVPO	Use CMV Neg, Post Op
CNCL	CANCELED INSTRUCTIONS
COMMT	SEE COMMENTS
CRYPP	Use Cryopoor Plasma

DCFW	ABO Discrepancy, Forward Typing
DCRV	ABO Discrepancy, Reverse Typing
DCRV4	ABO Discrepancy, Reverse @ 4C
DFDMG	Demographic Discrepancy
DIR	Directed Donor Product Available
DIRPD	Pending Directed Donation Units
DIRSP	Check for Split Directed RBC
DIRST	Standing Order Directed Donation
DR	Call MD for Approval
DUPL	Duplicate
EABO	Patient ABORH edited
EPABO	Patient ABORH edited/testing
FATFR	Use Fat/Fresh Units
FNTSP	May Have FNT Sample Available
FRESH	Use Freshest Blood
GLXMC	Use GEL XM Compatible Units
GND	ABO Group Not Determined
HFAG	Antibody to High Frequency Ag.
HGBS	Issue Hemoglobin S Negative RBCs
HIGH	*** HIGH CONTAINMENT PATIENT ***
HISCK	Old SoftBank/BSA History Checked
HISD	Demographic Discrepancy, HIS
HLA	HLA matched products ONLY
HOLDP	Hold Product Available
HXPNH	Clinical History of PNH
IGA	Issue IgA Deficient Products
IGADF	IgA Deficient; Consult MD
INCD	Inconclusive D Test @ AHG
INSAB	Insignificant Antibody Activity
IRR	ISSUE IRRADIATED PRODUCTS
IRRE	Irradiation Indication EPIC Ordr
IRRPD	Irradiate Product Pending Review
IRRRO	Irradiated Products -RO Policy
ISXM	IS XM Due to Large Test History
IVIG	Receiving IVIG/Pharmacy
JHVWT	Jehovah's Witness
LR	Leukopoor Products ONLY
LRPLT	Use Leuko Reduced Platelets
LSINC	Issue Least Incompatible RBCs
MAB	Maternal Antibody
MOMAB	Maternal AB; Use AG Neg RBCs
MOMIN	Maternal AB, Clin Insignificant
MOMNG	Maternal Last AB Screen = Neg
MRG	Patient Merged
MRHAR	MRN- HAR Dissimilar Due to Merge
MRN	Patient MRN edited
NACTV	Inactive Code
NBIRR	DO NOT Bill for Irradiation
NEW	Patient New to Hosptial
NIRR	Neonatal Irradiation Products
NOCMV	No CMV Neg Products as per MD
NOEXM	Not Eligible for Electronic XM

NOGAL	Do Not Run Type on Galileo
NOIRR	No Irradiation Per MD
NOLIS	XM/AB Screen Without LISS
NORCR	No Retype for CRYO
NORPH	No Retype for Plasma Pheresis
NORPL	No Retype for Platelets
NORPS	No Retype for Plasma
Note	Note to Tech
NOTRP	No Trans or Preg in past 90 days
NOWSH	No Wash Component as per MD
NOXMH	XM/HLA Platelets NOT Required
ORBC	Issue Group O RBCs
PANAG	Panagglutination Present
PASAB	Passive AB in Serum
PASS	Patient Needs Assistance
PAT	Patient Care Reviewd
PATD	Patient Demographic(s) changed
PATH	Consult Pathologist before Issue
PEXP	Patient Expired
PHENM	Use Phenotypically Matched RBCs
PHLAB	Platelet/HLA ABs in Serum
PLA1	Anti-PLA1 (HPA-1a)
PRG	Pregnancy < or = 12 weeks
PRG12	Pregnancy > 12 weeks
PRWXM	Use Prewarm XM
PSDAT	Positive DAT
PUNIT	Partial Unit Available
Q14	Submit Sample Q14 Days
RCALQ	Issue RBCs in Aliquots
RESRV	Reserved Products Assigned
REVE	Rev. Gp may require 4C inc.
REVPB	Reverse Typing Problem
RHGC	RhIG Candidate
RHNEG	Rh Neg Thru AHG Phase
RHNRC	Issue Rh Negative RBCs
RHNRG	PT Rh Neg for Rhig & TXN/MD
RND	Rh Not Determined
RNPLC	Use Random Platelet Concentrates
ROULX	Rouleaux Formation Present
RXGEL	Patient Reacts in Gel Media only
RXLIS	Patient Reacts to LISS Reagent
SPHEN	Sample may be in phenotype rack
SUNIT	Specified Units Ordered
SVRXN	Severe Transfusion Reaction
THALA	Thalassemia Major
TISCM	TISSUE COMMENT
TR4MO	Transfusion OK if age is <4MO
TRABN	AB Neg (Troy Record Card)
TRABP	AB Pos (Troy Record Card)
TRAN	A Neg (Troy Record Card)
TRAP	A Pos (Troy Record Card)
TRBN	B Neg (Troy Record Card)

TRBP	B Pos (Troy Record Card)
TRON	O Neg (Troy Record Card)
TROP	O Pos (Troy Record Card)
TRV	Troy Record Verified
TTPPT	TTP Patient; Consult MD for PLTs
TWTI	AB RXN too Weak to Identify
UNAG	Unable to Antigen Type
UNM	U Negative Molecular
UVM	U Variant Molecular
VMV	Patient stay moved
WAAB	Warm (IgG) AB; No Specificity
WASH	Issue Washed RBCs
WASHP	Washed Component Pending Review
WEAKA	Weak ABO Subgroup
WEAKD	Weak D; AHG Phase Required
WEAKR	Weak Reverse Type
WEIGH	Weigh RBC, Give Specified Amount
WINRO	Passive Antibody due to WinRho
XMPLT	Use Crossmatched Platelets
XWASH	Use Extra Washed Blood