Current Status: *Active*	**PolicyStat ID:** *9608906*

Beaumont

Origination:	*8/9/2021*
Effective:	*8/9/2021*
Last Approved:	*8/9/2021*
Last Revised:	*8/9/2021*
Next Review:	*8/9/2023*
Document Contact:	*Billie Ketelsen: Mgr Laboratory*
Area:	*Laboratory-Blood Bank*
Key Words:	
Applicability:	*All Beaumont Hospitals*

Historical Blood Bank Record Check

Document Type: Policy

I. PURPOSE AND OBJECTIVE:

The purpose of this document is to provide instructions relating to historical record checks on patient samples.

II. POLICY STATEMENT:

COPY

A historical record check must be performed to compare current test results against results of the same tests recorded previously. Available laboratory records for each patient must be routinely searched whenever compatibility testing is performed. This allows for the detection of discrepancies, and for the identification of patients with historical antibody records and special transfusion requirements.

This historical record check includes the following components:

A. Comparing the sample label to the demographic information in the Blood Bank computer system during sample triage and before testing.

B. Documentation in the Blood Bank computer system and on the patient's shingle that the historical antibodies, ABO/Rh, patient messages, etc. have been reviewed.

C. Comparison of the ABO/Rh from the current sample with a historical sample, or comparison of two ABO/Rh types performed on the current sample.

D. Searching the Blood Bank computer system by name for multiple medical record numbers (MRNs).

E. Appropriate investigation when inconsistencies with the historical record are found.

III. DEFINITIONS / ACRONYMS:

A. **HIS:** Hospital information system.

B. **Shingle:** A physical printout that is generated when a Blood Bank test is ordered on a patient in the HIS.

C. **Current Sample:** The patient sample that is currently undergoing Blood Bank testing.

D. **In-Date:** A patient sample is considered in-date for three days following the collection date. The sample collection date is considered day zero.

E. **Caution Window:** A window in the Blood Bank computer system that displays important and relevant information on the patient.

F. **WBIT Event:** Wrong blood in tube event; occurs when the patient indicated on the sample label does not match the actual patient of whom it was collected.

IV. INSTRUCTIONS:

A. **Comparison of the Sample Label to the Blood Bank Computer System.**

1. Before each stage of compatibility testing, the technologists must compare the following information on the sample label to the data in the computer; e.g., this comparison must be performed during sample triage and before a Type & Screen, serologic crossmatch, or antibody studies. Note that only the information below in bold is required to be on the sample label for pre-transfusion patients, however any additional information on the sample label must be accurate. Any discrepancies must be investigated and corrected.

    a. **Medical record number**

    b. **Name (spelled correctly)**

    c. **Wristband #**

    d. Birthdate

    e. Collection date (sample must be in-date)

B. **Documentation in the Blood Bank Computer System that the Historical Record has been Reviewed.**

1. The Blood Bank computer system is designed to display the patient's history in the caution window and demographic screen. The patient's caution window displays any special messages; antibodies; linked patients; previous transfusion reactions; ABO difficulties; or autologous, directed, or hold units. The patient's historical ABO/Rh (if applicable) is indicated on the demographic screen. The caution window and demographic screen must be reviewed by each employee upon entering the patient's computer record for a particular visit (if the function being entered allows a change to be made to the record). This review is documented in the computer at the time of sample triage with the employee's name, date, and time of review.

C. **Comparison of the ABO/Rh.**

1. The ABO/Rh of the current sample must match the historical sample, or two ABO/Rh types performed on the current sample must match. The computer system is built to warn the user if a discrepancy exists. See also section IV letter G, *Investigation of Inconsistencies with the Historical Record*.

D. **Searching by Name for Multiple Medical Record Numbers.**

1. Occasionally, patients are inadvertently assigned two or more medical record numbers (MRNs) at the time of registration. These records are subsequently merged. Searching by only one of these MRN's in cases in which the merge has not yet been performed could result in an incomplete or inaccurate historical record check. Therefore, as part of the historical record check all patients are searched by both MRN and name. This name search is the responsibility of the technologist or lab assistant who triages the sample. The employee that does the name search will document their initials on the shingle to document that this name search has been performed.

2. If multiple records / MRN's are observed by the Blood Bank for the same patient, then the records have not yet been merged. In this case, the employee will document and attach a *Multiple Medical Record Numbers* sticker to the shingle.

COPY

E. **Documentation of the *Multiple Medical Record Numbers* Sticker.**

1. If multiple MRN's are observed, the employee will document this sticker for each record (two records per sticker). If more than two records appear, multiple stickers will be required. The sticker will be documented for each record as follows:
    a. Name (complete name as it appears in the record).
    b. MRN.
    c. Date of birth.
    d. “Yes” or “No” to indicate whether the record includes any antibodies, antigens, special messages; or autologous, directed, or held units in the record.
    e. ABO/Rh.
    f. Technologists’ initials, to indicate that appropriate actions have been performed, as described below.
    g. Date.

F. **Appropriate Actions of the Medical Technologist Documenting the *Multiple Medical Record Numbers* Sticker.**

1. If any of the multiple records include any antibodies, antigens, special messages; or autologous, directed, or held units then the technologist will provide blood products that meet these requirements. These special requirements should be put into the caution window and demographics of all MRN's for the patient in question.
2. The technologist will compare the ABO/Rh of each multiple record for the patient. If there is an ABO or Rh(D) discrepancy among the records, the technologist will proceed as described section IV letter G, *Investigation of Inconsistencies with the Historical Record*, below.
3. The technologist should submit the shingle with the attached *Multiple Medical Record Numbers* sticker to the Pending Merges bin. An employee that has been trained and signed off on performing merges will then take these shingles and perform the merges. This information should be submitted to an employee with merge capabilities immediately in the following cases:
    a. If there is an ABO or Rh(D) discrepancy among any of the records.
    b. If the patient has any antibodies, antigens, special messages, or autologous / directed / held units that are not included in all of the multiple records.

G. **Investigation of Inconsistencies with the Historical Record.**

1. Quality management records must include an investigation of all cases in which an ABO or Rh(D) discrepancy is observed when comparing the historical record with the current sample.
    a. If an ABO or Rh(D) discrepancy is observed:
        i. Investigate the discrepancy as described in *Resolution of ABO and Rh(D) Discrepancies.*
        ii. Consider a potential WBIT event. Consider collecting a new sample, if applicable.
        iii. If the ABO or Rh(D) discrepancy remains unresolved and transfusion is required, determine the appropriate blood products to use based on *Resolution of ABO and Rh(D) Discrepancies.*

H. **Computer Downtimes.**

COPY

1. Refer to *Manual Blood Bank Operations* for information relating to the historical record check during a computer downtime.

V. REFERENCES:

A. AABB. (2020) *Standards for Blood Banks and Transfusion Services*, 5.13.5, *Comparison with Previous Records.* (32nd ed). AABB.

B. College of American Pathologists. Transfusion Medicine TRM.40300 Historical Record Check, 2020.

C. College of American Pathologists. Transfusion Medicine TRM.40350Typing Discrepancies - Investigation/ Reconciliation, 2020.

Attachments

Multiple Medical Record Numbers Stickers (02/11/2021)

Approval Signatures

Step Description	Approver	Date
	Vaishali Pansare: Chief, Pathology	8/9/2021
	Jeremy Powers: Chief, Pathology	8/3/2021
	John Pui: Chief, Pathology	8/2/2021
	Muhammad Arshad: Chief, Pathology	7/30/2021
	Ryan Johnson: OUWB Clinical Faculty	7/30/2021
	Ann Marie Blenc: System Med Dir, Hematopath	7/30/2021
Policy and Forms Steering Committe (if needed)	Gail Juleff: Project Mgr Policy	7/30/2021
Policy and Forms Steering Committe (if needed)	Billie Ketelsen: Mgr Laboratory	7/29/2021
	Craig Fletcher: System Med Dir, Blood Bank	7/29/2021
	Michael Rasmussen: Supv, Laboratory	7/29/2021
	Karrie Torgerson: Supv, Laboratory	4/27/2021
	Anji Miri: Supv, Laboratory	4/23/2021
	Kelly Sartor: Supv, Laboratory	4/20/2021
	Teresa Lovins: Supv, Laboratory	4/12/2021
	Billie Ketelsen: Mgr Laboratory	4/9/2021
	Billie Ketelsen: Mgr Laboratory	4/9/2021

COPY

Applicability

Dearborn, Farmington Hills, Grosse Pointe, Royal Oak, Taylor, Trenton, Troy, Wayne

COPY