

Beaumont

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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:

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 Medical Record Number (MRN), and by patient name for patients in Partial Status.
- E. Appropriate investigation when inconsistencies with the historical record are found.
- F. Searching Epic by MRN to view prior registered alias name(s) and view outside history

III. DEFINITIONS / ACRONYMS:

- A. **HIS:** Hospital information system.
- B. **BBIS:** Blood Bank Information System
- C. **Shingle:** A physical printout that is generated when a Blood Bank test is ordered on a patient in the HIS.
- D. **Current Sample:** The patient sample that is currently undergoing Blood Bank testing.
- E. **In-Date:** A patient sample is considered in-date for three days following the collection date. The sample collection date is considered day zero.
- F. **Patient-At-Glance® Bar:** Section in the patient profile in the Blood Bank computer system that highlights important and relevant information on the patient.
- G. **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. See Transfusion Medicine Policy [Triaging And Identifying Acceptable Samples For Testing- Blood Bank](#) for more information on specimen labeling requirements.
 - a. **Medical record number**
 - b. **Name (spelled correctly)**
 - c. **Wristband #**
 - d. **Date of Birth**
 - 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 highlight important patient history in the Patient-At-Glance® Bar. The Patient-At-Glance® Bar can be viewed in the BBIS during specimen receipt and in the Patient Details page. The Patient-At-Glance® Bar consists of the patient's demographic information and highlighted buttons that indicate applicable messages for special requirements; antibodies; previous transfusion reactions; historical ABO/Rh; autologous, directed, or held units, current electronic crossmatch eligibility, current specimen availability, and issued

blood products. The patient's historical ABO/Rh (if applicable) is indicated in the Patient-At-Glance® Bar. The presence of an asterisk (*) indicates a blood type change or unresolved blood type. The Patient-At-Glance® Bar must be reviewed by each employee completing work on the patient for a particular visit. Completion of the Historical Record check is documented in the BBIS by the technologist resulting the HxCheck Test ID. For specimens that do not include a HxCheck Test, completion of the Historical Record check is documented by the receipt of the specimen in the BBIS.

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 in the following ways: during test resulting with the Test History Mismatch screen, and with an asterisk (*) in the Blood Type display in the Patient-At-Glance® Bar. Blood type history can be viewed from the Blood Type button in the Patient-At-Glance® Bar or in the Extended Typings tab history button. See also section IV letter I, *Investigation of Inconsistencies with the Historical Record*.

D. Searching by Name for Patient's with Partial Status in BBIS.

1. Occasionally, patients are inadvertently assigned two or more medical record numbers (MRNs) at the time of registration. These records are subsequently merged.
2. During the patient import process from the HIS to the BBIS, the BBIS software performs checks to ensure that there is not already a record for the patient in the system. If a potential duplicate patient is found, the patient record in the BBIS is given a status of Partial. Therefore, as part of the historical record check all patients are searched by MRN in the BBIS. If the patient has a Partial status, the patient search is repeated by searching the patient's name. This name search is the responsibility of the technologist or lab assistant who triages the sample.
 - a. If no duplicate records are found during the name search the patient status will be changed to active by completing the Partial Patient workflow:
 - i. Go to **Patient/Order -> Duplicate Patients**
 - ii. Click **Search Duplicate**
 - iii. Enter the MRN of the patient and click **Search**
 - iv. Confirm the patient and click **Select**
 - v. Enter free text comment "Not a duplicate"
 - vi. Click **Not Duplicate**
 - b. 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 and follow the instructions found below in section IV.E, *Documentation of the Multiple Medical Record Numbers Sticker AND*

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

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 (Special Requirements and/or Notes); or A/D/H autologous, directed, or held (linked) 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 requirements, notes; or autologous, directed, or held units then the technologist will provide blood products that meet these requirements. These messages should be immediately added to the patient profiles 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 I, *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 once testing is completed. 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 Requirements, or autologous, directed, linked units that are not included in all of the multiple records.

G. Search for Blood Bank Records in Epic

1. In some instances patients may have laboratory results in Epic Care Everywhere from external encounters outside Corewell Health. The technologist should review these results for any blood bank testing to ensure complete history is available for patient.

H. **Reviewing Alias Information in Epic**

1. Occasionally patients experience name changes or are provided alias encounters in Epic with a different MRN. These names appear on the bottom of Shingle reports as well as in the Epic Patient Station search screen prior to opening the chart. Alias names should also be searched in the BBIS to ensure there are no previous blood bank records.

I. **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 Transfusion Medicine policy, [Resolution of ABO and Rh Discrepancies - Blood Bank](#).
 - 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](#).

J. **Computer Downtimes.**

1. Refer to Transfusion Medicine Policy [Blood Bank Computer Downtime Procedure](#) for information relating to the historical record check during a computer downtime.

V. REFERENCES:

- A. AABB, *Standards for Blood Banks and Transfusion Services*, current edition.
- B. College of American Pathologists, *Transfusion Medicine Checklist*, current edition.

Attachments

[Multiple Medical Record Numbers Stickers \(02/11/2021\)](#)

Approval Signatures

Step Description

Approver

Date

Kristina Davis: Staff Physician

10/17/2024

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Applicability

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