|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Enable if catnum = 53 or 55. If PRINPX is in Joint Commission Appendix A, Table (2.2, 5.01, 5.02, 5.08, or 5.11 AND DESCSURG = 1) or PRINPX is in (Table 5.22, 5.23, 9.1, or 9.2), go to TSTCORDR; else go to PREHBHCT as applicable** | | | | |
| 1 | tstcordr | Was a type and screen (T&S) or a type and crossmatch (T&C) ordered prior to anesthesia start time?  1. Yes  2. No or unable to determine | 1,2  If 2, go to prehbhct as applicable | For purposes of abstraction, the T&S or T&C must be associated with the selected surgical procedure and be documented as ordered prior to the *Anesthesia Start Time/Date.*  If more than one T&S is required per hospital policy, select "1" if there is documentation that one of the specimens was ordered prior to *Anesthesia Start Time* for the selected surgery. |
| 2 | typescrn | During the 30 days prior to surgery, does the record document the results of a pre-operative type and screen?  1. Yes  2. No or unable to determine | 1,2  If 2, auto-fill typscrdt as 99/99/9999, and go to typecros | **A type and screen performed on the day of surgery must be done prior to the start of surgery.**  Blood typing is a laboratory test that identifies blood group antigens (substances that stimulate an immune response) belonging to the ABO blood group system. The test classifies blood into four groups designated A, B, AB, and O. The type and screen (T&S) is performed on persons who may need a transfusion of blood products.  Suggested data source: laboratory reports |
| 3 | typscrdt | Enter the date the results of the pre-operative type and screen were documented. | mm/dd/yyyy  Will be auto-filled as 99/99/9999 if  typescrn = 2   |  | | --- | | < = 30 days prior to or = incizedt | | Enter the exact date. The use of 01 to indicate missing month and day is not acceptable. |
| 4 | typecros | During the 4 days prior to the surgery, does the record document the results of a pre-operative type and cross?  1. Yes  2. No or unable to determine | 1,2  If 2, auto-fill crossdt as 99/99/9999 and go to prehbhct | **A type and cross performed on the day of surgery must be done prior to the start of surgery.**  Type and screen tests may be followed by the blood compatibility test (cross-match). Crossmatch insures that no antibodies are detected in the recipient's serum that will react with the donor's red blood cells.  Suggested data source: laboratory reports |
| 5 | crossdt | Enter the date the results of the pre-operative type and cross were documented. | mm/dd/yyyy  Will be auto-filled as 99/99/9999 if  typecros = 2   |  | | --- | | < = 4 days prior to or = incizedt | | Enter the exact date. The use of 01 to indicate missing month and day is not acceptable. |
| **If PRINPX is ICD-9 code in Joint Commission Appendix A, Table 5.22, 5.23 or 9.2, go to PREHBHCT; else go to RECVPRBC** | | | | |
| 6 | prehbhct | Was there documentation of a hemoglobin or hematocrit result during the 45 days prior to Anesthesia Start Date?  1. Yes  2. No or unable to determine | 1,2  If 2, auto-fill prehgbdt as 99/99/9999 and go to noanescr | To select “1”, there must be documentation that a hemoglobin or hematocrit result was completed during the 45 days prior to surgery.  Suggested data source: laboratory reports |
| 7 | prehgbdt | Enter the date of the most recent hemoglobin or hematocrit performed during the 45 days prior to Anesthesia Start Date. | mm/dd/yyyy  Will be auto-filled as 99/99/9999 if  prehbhct = 2  If anebegdt – prehbgdt < 14 days, go to noanescr   |  | | --- | | <= 45 days prior to or = anebegdt and  < = dtofdc | | Enter the exact date. |
| 8 | noanescr | Was there physician/APN/PA/CRNA documentation of a reason why the patient was not screened for preoperative anemia 14 to 45 days prior to Anesthesia Start Date?  1. Yes  2. No or unable to determine | 1,2 | In order to select “1” there must be physician/APN/PA, CRNA documentation of a reason the patient was not screened for preoperative anemia within 14 to 45 days prior to Anesthesia Start Date.  If the procedure was scheduled and performed 14 days or less from the anesthesia start date due to patient preference or medical reason, select “1”.  If there is documentation the patient was bleeding and the procedure was performed 14 days or less from the anesthesia start date, select “1.” |
| 9 | recvprbc | Does the record document the patient received a blood (red blood cell) transfusion during this episode of care?  1. Yes  2. No  99. Unable to determine | 1,\*2, \*99  **\*If 2 or 99, go to end** | Blood is transfused either as whole blood (with all its parts) or, more often, as individual parts. Red blood cells (RBC) are the component of whole blood most commonly transfused.  Blood transfusion may be coded using procedure codes 99.02, 99.03 or 99.04.  Suggested data sources: Blood transfusion summary, blood transfusion record, nursing note, nursing operative notes |
| 10 | rbcevent | Enter the number of RBC events that occurred during this episode of care. | \_\_ \_\_   |  | | --- | | > 0 and < 30 | | **A RBC event is determined by the transfusion order associated with the administration of the RBCs.** For example, an order by the surgeon to “give 2 units PRBCs today” would count as one event. RBC transfusions administered during surgery would be considered one event. |
| 11 | rbcexclu | Were ALL of the RBC unit(s) transfused for one or more of the RBC exclusions?   * Massive transfusion protocol * Hemorrhagic shock * Acute bleeding * Uncrossmatched transfusion   1. Yes  2. No or unable to determine | 1,2 | All of the RBC units transfused = the number of RBC events entered in RBCEVENT.  In order to answer “1” the documentation must clearly indicate that ALL RBC transfusions given during this hospitalization were for one or more of the RBC exclusions. |
| 12 | signcons | Was there documentation of a signed consent prior to the initial blood transfusion?   1. There was documentation of a signed consent prior to the initial blood transfusion 2. The initial blood transfusion was deemed a medical emergency   99. No documentation of a blood transfusion consent prior to the initial blood transfusion or unable to determine | 1,2,99  If 2 or 99 and rbcexclu = 2, go to prehgb1as applicable; else if 2 or 99 and rbcexclu = 1, go to end | * **The consent may be signed by either the patient or caregiver.** The caregiver is defined as the patient’s family or any other person (e.g., guardian, prison official or other law enforcement personnel) who will be responsible for care of the patient. * If organizations required consent prior to every transfusion, then review the record for the first transfusion event to answer this data element. * For hospitals that use a general consent for treatment that includes transfusions, select “yes.” * If a patient receives chronic transfusions and a previous consent is acceptable for a defined timeframe within the organization, select “1” if the consent is valid. * To select "2", there must be documentation of a physician note stating there was no time to obtain consent prior to the initial blood transfusion. |
| 13 | ictrans | Was there documentation that information regarding risks, benefits, and alternatives to transfusion was given to the patient/caregiver prior to the initial blood transfusion event?  1. Yes  2. No or unable to determine | 1,2  If 1 or 2 and rbcexclu = 2, go to prehgb1as applicable; else if rbcexclu = 1, go to end | * Use only documentation provided in the medical record. * Documentation that information about the risks, benefits and   alternatives to transfusion must be provided to select, "1". For  example, if the documentation included information only about the risks and benefits of transfusion, select "2".   * If the patient refused information about the risks, benefits, and alternatives to transfusion, select “1.” * The caregiver is defined as the patient’s family or any other person (e.g. guardian) who will be responsible for care of the patient.   Suggested data sources: consent form, blood infusion record, progress note |
| 14 | prehgb1 | For RBC event 1, enter the pre-transfusion hemoglobin result completed within 12 hours prior to start of the RBC transfusion. | \_\_ \_\_. \_\_  Abstractor can enter zz.z  If <> zz.z, auto-fill prehct1 as zz, and go to clinindi1   |  | | --- | | **Warning if < 5**  **or > 25** | | The hemoglobin result must be completed within 12 hours prior to the start of the RBC transfusion event 1.  Hemoglobin (Hb), the main component of red blood cells, is a protein that carries oxygen away from the lungs and carbon dioxide back to the lungs.  Normal values are between 11.5 to 15.5 mg/dL, but vary by age, gender, and testing laboratory.  **If a hemoglobin was not obtained or was not obtained within 12 hours prior to the RBC transfusion, enter default zz.z.** |
| 15 | prehct1 | For RBC event 1, enter the pre-transfusion hematocrit result completed within 12 hours prior to start of the RBC transfusion. | \_\_ \_\_  Abstractor can enter zz  Will be auto-filled as zz if prehgb1 <> zz.z  If zz and prehgb1 = zz.z and rbcevent > 1, go to prehgb2   |  | | --- | | **Warning if < 35**  **or > 60** | | The hematocrit result must be completed within 12 hours prior to the start of the RBC transfusion event 1.  When recording the allowable value, enter 18 if the patient’s  hematocrit is 18%.  **If a hematocrit was not obtained or was not obtained within 12 hours prior to the RBC transfusion, enter default zz.** |
| 16 | clinindi1 | For RBC event 1, was the clinical indication documented by the physician/APN/PA/CRNA for the RBC transfusion event?  1. Yes  2. No or unable to determine | 1,2  If 1 or 2 and rbcevent > 1, go to prehgb2; else go to nonorbc | **The clinical indication for the transfusion must be documented within 24 hours prior to or after the start of the first RBC transfusion event.**  If the physician/APN/PA/CRNA documents bleeding with additional documentation about the need for the transfusion, select "1".  For example, physician notes, “Acute GI bleed with decreased Hgb; transfuse 2 PRBCs today.”  **Examples of unacceptable documentation of clinical indication:**   * Documentation of "low hemoglobin" or “acute blood loss” for the RBC unit in the absence of bleeding without additional documentation about the need for the transfusion * Documentation of "symptomatic anemia" for the RBC unit in the absence of bleeding without additional information (e.g., tachycardia, change in mental status, cardiac ischemia or shortness of breath preferably with a fluid challenge) prior to the transfusion   **Exclude:** Estimated blood loss without additional documentation of a clinical indication; “symptomatic anemia” without additional information; any pre-transfusion laboratory result without additional documentation of a clinical indication  Suggested data sources: anesthesia record, consultation notes, ED record, operative notes, physician orders, progress notes, procedure |
| 17 | prehgb2 | For RBC event 2, enter the pre-transfusion hemoglobin result completed within 12 hours prior to start of the RBC transfusion. | \_\_ \_\_. \_\_  Abstractor can enter zz.z  If <> zz.z, auto-fill prehct2 as zz, and go to clinindi2   |  | | --- | | **Warning if < 5**  **or > 25** | | The hemoglobin result must be completed within 12 hours prior to the start of the RBC transfusion event 2.  Hemoglobin (Hb), the main component of red blood cells, is a protein that carries oxygen away from the lungs and carbon dioxide back to the lungs.  Normal values are between 11.5 to 15.5 mg/dL, but vary by age, gender, and testing laboratory.  **If a hemoglobin was not obtained or was not obtained within 12 hours prior to the RBC transfusion, enter default zz.z.** |  |
| 18 | prehct2 | For RBC event 2, enter the pre-transfusion hematocrit result completed within 12 hours prior to start of the RBC transfusion. | \_\_ \_\_  Abstractor can enter zz  Will be auto-filled as zz if prehgb2 <> zz.z  If zz and prehgb2 = zz.z and rbcevent > 2, go to prehgb3   |  | | --- | | **Warning if < 35**  **or > 60** | | The result must be completed within 12 hours prior to the start of the  RBC transfusion event 2.  When recording the allowable value, enter 18 if the patient’s  hematocrit is 18%.  **If a hematocrit was not obtained or was not obtained within 12 hours prior to the RBC transfusion, enter default zz.** |
| 19 | clinindi2 | For RBC event 2, was the clinical indication documented by the physician/APN/PA/CRNA for the RBC transfusion event?  1. Yes  2. No or unable to determine | 1,2  If 1 or 2 and rbcevent > 2, go to prehgb3; else go to nonorbc | **The clinical indication for the transfusion must be documented within 24 hours prior to or after the start of the second RBC transfusion event.**  If the physician/APN/PA/CRNA documents bleeding with additional documentation about the need for the transfusion, select "1".  For example, physician notes, “Acute GI bleed with decreased Hgb; transfuse 2 PRBCs today.”  **Examples of unacceptable documentation of clinical indication:**   * Documentation of "low hemoglobin" or “acute blood loss” for the RBC unit in the absence of bleeding without additional documentation about the need for the transfusion * Documentation of "symptomatic anemia" for the RBC unit in the absence of bleeding without additional information (e.g., tachycardia, change in mental status, cardiac ischemia or shortness of breath preferably with a fluid challenge) prior to the transfusion   **Exclude:** Estimated blood loss without additional documentation of a clinical indication; “symptomatic anemia” without additional information; any pre-transfusion laboratory result without additional documentation of a clinical indication  Suggested data sources: anesthesia record, consultation notes, ED record, operative notes, physician orders, progress notes, procedure |
| 20 | prehgb3 | For RBC event 3, enter the pre-transfusion hemoglobin result completed within 12 hours prior to start of the RBC transfusion. | \_\_ \_\_. \_\_  Abstractor can enter zz.z  If <> zz.z, auto-fill prehct2 as zz, and go to clinindi3   |  | | --- | | **Warning if < 5**  **or > 25** | | The hemoglobin result must be completed within 12 hours prior to the start of the RBC transfusion event 3.  Hemoglobin (Hb), the main component of red blood cells, is a protein that carries oxygen away from the lungs and carbon dioxide back to the lungs.  Normal values are between 11.5 to 15.5 mg/dL, but vary by age, gender, and testing laboratory.  **If a hemoglobin was not obtained or was not obtained within 12 hours prior to the RBC transfusion, enter default zz.z.** |
| 21 | prehct3 | For RBC event 3, enter the pre-transfusion hematocrit result completed within 12 hours prior to start of the RBC transfusion. | \_\_ \_\_  Abstractor can enter zz  Will be auto-filled as zz if prehgb3 <> zz.z  If zz and prehgb3 = zz.z go to nonorbc   |  | | --- | | **Warning if < 35**  **or > 60** | | The result must be completed within 12 hours prior to the start of the RBC transfusion event 3.  When recording the allowable value, enter 18 if the patient’s  hematocrit is 18%.  **If a hematocrit was not obtained or was not obtained within 12 hours prior to the RBC transfusion, enter default zz.** |  |
| 22 | clinindi3 | For RBC event 3 what was the clinical indication documented by the physician/APN/PA/CRNA for the RBC transfusion event?  1. Yes  2. No or unable to determine | 1,2 | **The clinical indication for the transfusion must be documented within 24 hours prior to or after the start of the third RBC transfusion event.**  If the physician/APN/PA/CRNA documents bleeding with additional documentation about the need for the transfusion, select "1".  For example, physician notes, “Acute GI bleed with decreased Hgb; transfuse 2 PRBCs today.”  **Examples of unacceptable documentation of clinical indication:**   * Documentation of "low hemoglobin" or “acute blood loss” for the RBC unit in the absence of bleeding without additional documentation about the need for the transfusion * Documentation of "symptomatic anemia" for the RBC unit in the absence of bleeding without additional information (e.g., tachycardia, change in mental status, cardiac ischemia or shortness of breath preferably with a fluid challenge) prior to the transfusion   **Exclude:** Estimated blood loss without additional documentation of a clinical indication; “symptomatic anemia” without additional information; any pre-transfusion laboratory result without additional documentation of a clinical indication  Suggested data sources: anesthesia record, consultation notes, ED record, operative notes, physician orders, progress notes, procedure |
| 23 | nonorbc | Was any RBC unit transfused prior to Anesthesia Start Time or after Anesthesia End Time?  1. Yes  2. No or unable to determine | 1,\*2  **\*If 2, go to end** | **For the purposes of this pilot, RBC unit level data will not be collected for RBC transfusion during the intraoperative period (from Anesthesia Start Time through Anesthesia End Time).**  **If any RBC unit was transfused prior to Anesthesia Start Time or after Anesthesia End Time, answer “1.”** |
|  |  | **The next series of questions ask for unit level information for the first unit of RBCs transfused prior to Anesthesia Start Time or after Anesthesia End Time.** |  |  |
| 24  25 | rbcdt1  rbctm1 | Enter the transfusion start date and time for the first RBC unit administered. | mm/dd/yyyy   |  | | --- | | > = arivldt and < = dtofdc |   \_\_\_\_\_\_  UMT  Abstractor can enter 99:99 | Abstract the Transfusion Start Date associated with the Transfusion  Start Time of the unit/dose (bag) from the first blood product ID selected for abstraction.  The medical record must be abstracted as documented (taken at  “face value”). When the date or time documented is obviously in error (not a valid date/format) and no other documentation is found that provides this information, the abstractor should enter default 99/99/9999 or 99:99 as applicable.  Example: Documentation indicates the Transfusion Start Date was 03-42-20XX. No other documentation in the medical record provides a valid date. Since the Transfusion Start Date is outside of the range listed in the Allowable Values for “Day,” it is not a valid date and the abstractor should enter 99/99/9999. |
| 26 | rbcordr1 | Was there documentation of an order to transfuse the first RBC unit prior to the transfusion?  1. Yes  2. No or unable to determine | 1,2 | **Transfusion order = An order to transfuse was written by the physician/advance practice nurse/physician assistant/certified registered nurse anesthetist (physician/APN/PA/CRNA) prior to the initiation of the transfusion**.  **A transfusion order from a physician/APN/PA/CRNA documented as verbal, phone or fax can be written by a nurse.**  **Note**: The data element *Transfusion Order* may apply to more than  one unit/dose (bag). For example: An order written to "Transfuse two units RBCs" would apply to both units that were administered, so select "1"..  Select “no” if there is only an order to T & C or T & S. |
| 27 | rbcid1 | Was there documentation that patient’s ID was checked by two staff or automated identification was used during the verification process prior to the administration of the blood transfusion?  1. Yes  2. No or unable to determine | 1,2 | * *Patient ID Verification* can be documented by the signature of two persons that attest that two unique patient identifiers were checked to verify the identification of the patient prior to the transfusion OR the signature of one person and documentation that an automated identification device was used. * **Patient identifiers that could be used include: name, date of birth, patient identification number or unique identifier given at the time the crossmatch was drawn.** * The patient room number should not be used to identify the patient. |
| 28 | rbcbp1 | Was the BP monitored pre-transfusion, within 15 minutes of the initiation of the transfusion, and within one hour of transfusion completion?  1. Yes  2. No or unable to determine | 1,2 | **Blood pressure must be recorded at the following times: pre-transfusion, within 15 minutes of the initiation of the transfusion and within one hour of transfusion completion.**  To select "1", all BP recordings must be documented.   * The pre-transfusion BP must be within one hour prior to Transfusion Start Time. * Vitals documented at the start of the transfusion are considered “within one hour of transfusion initiation". * If blood is transfused within 15 minutes, confirm that vitals were taken within one hour post transfusion to select "1". * Vitals documented at the completion of the transfusion are   considered “within one hour of transfusion completion". |
| 29 | rbctemp1 | Was the temperature monitored pre-transfusion, during the transfusion, within one hour of transfusion completion?  1. Yes  2. No or unable to determine | 1,2 | **Temperature must be recorded at all of the following times: pre-transfusion, within 15 minutes after the initiation of the transfusion and within one hour of transfusion completion. To select "1", all temperature recordings must be documented.**   * The pre-transfusion temperature must be within one hour prior to the Transfusion Start Time. * Vitals documented at the start of the transfusion are considered “within one hour of transfusion initiation". * If blood is transfused within 15 minutes, confirm that vitals were taken within one hour post transfusion to select "1".   Vitals documented at the completion of the transfusion are considered “within one hour of transfusion completion". |
| 30 | rbcpuls1 | Was the pulse monitored pre-transfusion, within 15 minutes of the initiation of the transfusion, and within one hour of transfusion completion?  1. Yes  2. No or unable to determine | 1,2 | **Pulse must be recorded at the following times:** **pre-transfusion, within 15 minutes of the initiation of the transfusion and within one hour of transfusion completion.**  To select "1", all pulse recordings must be documented.   * The pre-transfusion pulse must be within one hour prior to Transfusion Start Time. * Vitals documented at the start of the transfusion are considered “within one hour of transfusion initiation". * If blood is transfused within 15 minutes, confirm that vitals were taken within one hour post transfusion to select "1". * Vitals documented at the completion of the transfusion are   considered “within one hour of transfusion completion". |