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 Standard 7 on Blood and Blood Products which requires health service organisations to participate in haemovigilance activities conducted at an organisational, state or national level. Contributing WA data to national haemovigilance reporting will also provide the opportunity to improve upon clinical practice and blood product safety.

What is a ‘blood related adverse event’?
Blood related adverse events can be categorised as (i) transfusion reaction adverse events or (ii) clinical incidents. For the purposes of WA Haemovigilance reporting (at a state level) a blood-related adverse event refers to a transfusion related adverse event as defined by the Australian Haemovigilance Minimum Data Set (Version 1).

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 WA Health Clinical Incident Management Policy 2015 outlines the requirements for management of clinical incidents. Reporting of clinical incidents into Datix CIMS does include reporting of incidents involving manufactured plasma products (e.g., albumin, immunoglobulin and clotting factor products).

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 licensed health care facilities (see https://datixcims.hdwa.health.wa.gov.au); and
2. The WA Haemovigilance template reporting spreadsheet.

Are ‘near miss’ events included in haemovigilance reporting activity?
Near misses are currently not a part of WA Haemovigilance reporting activity (at a state-level).

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 hospitals, it is not mandatory. Nevertheless, hospitals are encouraged to take part in haemovigilance reporting activities as these will contribute to national haemovigilance efforts and assist hospitals and health services in achieving compliance with NSQHS Standard 7.
Who should be involved in haemovigilance?
Any health care professional involved in the process of blood product handling, ordering, or transfusion or who assists during product/patient identification checks, performs phlebotomy for group and screen, monitors patient status during product transfusion or processes product in laboratory for product delivery.

Who is responsible for completing the template reporting spreadsheet?
It is recommended that each hospital determines the key staff member(s) responsible for the collection, entry and validation of haemovigilance data into the template reporting spreadsheet.

How do I complete the WA Haemovigilance template reporting spreadsheet?
Instructions are included in the template reporting spreadsheet.

Where will I find the tools for WA Haemovigilance reporting?
The Department of Health WA provides hospitals with a haemovigilance tool kit. This includes:
- Template reporting spreadsheet (for submission of data to the Department of Health WA)
- WA Haemovigilance Reporting Guideline
- ‘Frequently Asked Questions’ document (this sheet)
- Australian Haemovigilance Minimum Data Set (Version 1) (also available online at the National Blood Authority website (www.blood.gov.au)
- An electronic Transfusion Reaction Investigation Form (optional)
- Template PowerPoint slides to assist with education of hospital staff (optional)

How is this WA haemovigilance reporting data going to be used and by whom?
Haemovigilance data provided by hospitals to the Department of Health WA will be used to provide summary reports to participating WA hospitals. The Department of Health WA will submit aggregated data to the National Blood Authority for inclusion in national haemovigilance reporting.

Are patients or staff identified in the haemovigilance information that will be sent to the Department of Health WA or the National Blood Authority?
No patient or staff member will be identified in the data sent by hospitals to the Department of Health WA. No hospitals will be identified in the data sent to the National Blood Authority.

Why can’t I change parts of the template reporting spreadsheet?
The column headings and options within the dropdown menus in the template reporting spreadsheet have been locked to standardise the data entered in accordance with the Australian National Haemovigilance Data Dictionary (Version 4).

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).