## Haematology audit template

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| --- | --- |
| Date of completion | (To be inserted when completed) |
| Name of lead author/ participants | (To be inserted) |
| Specialty | Haematology |
| Title | **An audit of compliance with the British Society for Haematology guideline for the use of predeposit autologous donation** |
| Background | The British Society for Haematology (BSH) has published guidance on the use of predeposit autologous donation (PAD).1 This audit will review compliance with some of the main recommendations made. |
| Aim & objectives | To review whether:  PAD is only being used where recommended  when a request for PAD has been considered, the following criteria were met:   * the hospital has the recommended procedures and documentation * the referral to the blood service meets the criteria for a PAD request. |
| Standards & criteria | **Criteria range:** 100%, or if not achieved, there is documentation in the case notes that explains the variance.  Key recommendation:   * PAD is only recommended for patients with rare blood groups or who have multiple blood group antibodies, which make compatible allogeneic (donor) blood difficult to obtain. |
| Method | **Sample selection**   * All patients for whom PAD has been considered in the past 12 months and who were discussed with the blood service, up to a maximum of 20 consecutive patients.   **Data to be collected on proforma (see below)** |
| Results | (To be completed by the author)  The results of this audit show the following compliance with the standards.   |  |  |  |  | | --- | --- | --- | --- | | **Investigation** | **No. audited** | **No. compliant** | **% compliance** | | Key recommendation | | | | | PAD was only used for patients with rare blood groups or who had multiple blood group antibodies, which made compatible allogeneic (donor) blood difficult to obtain.  Where a patient had a PAD request:  the patient had a rare blood group or an antibody profile that meant allogenic blood could not be provided  intraoperative cell salvage was not appropriate or could not be used for any reason  haematinics had been checked and deficiencies corrected, where appropriate  the surgery had a predicted blood loss  the hospital had the necessary procedures in place to handle, store, issue and transfuse autologous red cells. |  |  |  |   **Commentary:** |
| Conclusion | (To be completed by the author) |
| Recommend- ations for improvement | Review the results for any non-compliance either in available procedures and criteria for PAD referrals or adherence to existing criteria for referral. |
| Action plan | (To be completed by the author – see attached action plan proforma) |
| Re-audit date | (To be completed by the author) |
| Reference | 1. McSporran W, Anand R, Bolton-Maggs P, Madgwick K, McLintock L, Nwankiti K. The use of predeposit autologous donation: Guideline prepared by the BSH Blood Transfusion Task Force. *Br J Haematol* 2024;204:2210–2216. |

## Data collection proforma for patients (Guideline for the use of predeposit autologous donation)

## Audit reviewing practice

Patient name:

Hospital number:

Date of birth:

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| Standard | **1**  **Yes** | **2**  **No** | **3** If shaded box not ticked, was there documentation to explain the variance? **Yes/No** plus free-text comment | **4** Compliant with guideline if shaded box ticked or an appropriate explanation from column 3. **Yes/No** (Record if standard not applicable) |
| **Key recommendation** | | | | |
| **1**PAD was only used for patients with rare blood groups or who had multiple blood group antibodies, which made compatible allogeneic (donor) blood difficult to obtain  Where a patient had a PAD request:   * 1. the patient had a rare blood group or an antibody profile that meant allogenic blood could not be provided   2. intraoperative cell salvage was not appropriate or could not be used for any reason   3. haematinics had been checked and deficiencies corrected where appropriate   4. the surgery had a predicted blood loss   5. the hospital had the necessary procedures in place to handle, store, issue and transfuse autologous red cells. |  |  |  |  |

**List of investigations**

(To be completed by the author)

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|  | **Yes** | **No** |
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| **Audit action plan**  An audit of compliance with the BSH guideline for the use of predeposit autologous donation | | | | | | |
| Audit recommendation | Objective | Action | Timescale | Barriers and constraints | Outcome | Monitoring |
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