



## Department of Health

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# **Hospital Assessment Checklist**

**For**

## **Blood Transfusion Services**

**In a**

### **Level 5 Health Facility**

**ASSESSMENT OF HEALTH SERVICE:**

**Assessment: NATIONAL BLOOD TRANSFUSION SERVICE**

## LEVEL 5 PHA HOSPITAL

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**CLINICAL ASSESSMENT** is best completed by a health clinician and conducted by interview. Interviews should be with 'Clinical Teams' with representation from SMOs, Medical Officers, HEOs, Nursing, etc. Some questions can be completed by observing clinical practice, status of medical equipment, infection control procedures, out-patient/client and ante-natal records, immunization register and general overview of the health services provided.

### A: PROVINCIAL HEALTH HOSPITAL Details:

1. Name of HOSPITAL: \_\_\_\_\_ PHA: \_\_\_\_\_ Level \_\_\_\_\_
2. Name of Assessor and Position: \_\_\_\_\_ -
3. Person interviewed and Position: \_\_\_\_\_
4. Date of Assessment: \_\_\_\_\_
5. Provincial Population: \_\_\_\_\_
6. Bed Capacity \_\_\_\_\_
7. Number of ICU and acute care beds? \_\_\_\_\_

### Manpower

Workforce	Number
SMO	
Registrar	
Laboratory Scientific Officer In-charge	
HEO	
Nurse	
CHW	
Quality Safety Officer	
Blood Advocacy Officer	
Donor Attendant Officer	
Support staff	

### B: PART A: DONOR SERVICES

#### 1. Blood Bank Building

- Do you have a clear signage directing visitors to the blood bank? Yes/No
- Do you have a proper room for blood donor interview and bleeding? Yes/No
- If none, where do you interview your donors? \_\_\_\_\_
- Where do you bleed your donors? \_\_\_\_\_

	Assessment Questions	Yes	Partly	No
1.1	Do you have a clear signage directing visitors to the blood bank?			

1.2	Do you have a proper room for blood donor interview and bleeding?			
1.3	If none, where do you interview your donors?			
1.4	Where do you bleed your donors? _____			
	<b>Workforce:</b>			
2.1	Do you have the qualified staff in-charge of this unit? Yes/No			
2.2	Do you have a NBTS-certified staff managing this unit?			
2.3	Are you adequately staffed?			
2.4	Do you have a blood advocacy officer?			
2.5	Do you have a blood donor counsellor?			
	<b>CME and ICT Materials</b>			
3.1	Do you have information posters and materials relaying clear messages about the importance of blood donations?			
3.2	Do you have other blood donation information materials?			
3.3	Do you have a standard blood donor questionnaire?			
3.4				
4.0	<b>Blood Donor Assessment</b>			
4.1	Do you have a weighing scale?			
4.2	Do you have a Blood pressure machine?			
4.3	Do you have an hemoglobinometer (Hemocue)?			
4.4	If no, how do you check the hemoglobin ?			
5.0	<b>Blood Donor Incentives</b>			
5.1	Do you give donors incentives?			
5.2	Do you celebrate the World Blood Donor Day annually?			
6.0	<b>Outreach</b>			
6.1	Did you conduct blood advocacy/awareness drives?			
6.2	If yes how many _____			
6.3	Who supports you to do your awareness campaigns? _____			
	<b>PART B: BLOOD BANK BENCH</b>			
7	<b>Preanalytical</b>			
7.1	Are the requests for blood sent using the right forms and specimen bottles?			
7.2	Are the donor samples correctly identified with the donor bags?			
7.3	How many patients' samples have you rejected in the last 12 months? _____ -			
7.4	What was the main reason for rejects?			
8.0	<b>Blood Screening Grouping and Cross-match</b>			
8.1	Is this facility using semi-automated methods of screening and crossmatching?			
8.2	Have you run out of screening tests in the last 2 months?			

9.0	<b>Blood Products</b>			
9.1	Do you have the right equipment for preparing the blood products?			
9.2	If yes, is this facility providing blood products for patients?			
9.3	Do you have trained personnel to prepare blood products?			
9.4	Do you provide Emergency O blood when needed?			
9.5	If yes, how many Emergency O blood were requested in the last 12months? _____			
10				
10.1	Does the facility have a temperature regulated blood fridge?			
10.2	Is there a daily temperature monitor on the blood fridge?			
10.3	Is there a temperature regulated reagent fridge?			
10.4	Are the fridges regularly serviced with date of last service and future service clearly recorded?			
10.5	Was there any stock-outs of reagents and blood bags experienced in the last 6 month?			
10.6	If any please indicate the consumables: _____			
12.0	<b>Quality and Safety</b>			
12.1	Do you participate in an internal or and external quality assurance program?			
12.2	Do you have a quality and safety officer?			
12.3	If yes, does this officer meet regularly with you?			
12.4	Do you have a manual for quality and safety? If yes, please provided			
12.5	Is this document readily available for reading?			
12.6	Did all the staff members read through this document?			
12.7	Do you have Standard operating procedure manuals (SOPs) and other relevant documents and guidelines available on in your unit?			
12.8	Did your staff read through this document?			
12.9	Do you have a rinse /shower head in the lab in case of spills?			
13.0	<b>Top Seven Measurable Indicators</b>			
13.1	Total # of Voluntary Blood Donations			
13.2	Total # of Rejected specimen			
13.3	Total # of TTIs			
13.4	Total # of cross-matches			
13.5	Total # of transfusions due to trauma			
13.6	Total # of transfusions due to cancer			
14.0				
14.1	Do you have staff trained blood donor counsellors in you facility?			

14.2	Do you provide some counselling to blood donors?			
13.3	Is there a referral pathway in place to manage donors with TTIs?			
14.4	If not, how are these donors managed?			
<b>15.0</b>	<b>Clinical Governance</b>			
15.1	Do you have a Hospital Blood Transfusion Committee?			
15.2	Does the HTC meet regularly?			
15.3	Do you participate in a Patient care review committee?			
15.4	Are you involved in any other committees (IPC) in the hospital?			
15.5	Do you have any Guidelines/Manuals/SOP for Blood Bank?			
15.6	Are the books/manuals available or sighted?			
15.7	Do you have a transfusion reaction investigation form?			
15.8	If yes a copy provided?			
<b>16.0</b>	<b>Health Information</b>			
16.1	Do you record your daily data?			
16.2	Do you have a standard reporting template for recording data?			
16.3	How often do you report these data (daily, weekly, monthly , quarterly)?			
16.4	How do you keep the donor records (archives, storage boxes, cupboards, computerized) ?			
16.5	How do you keep the donor records (archives, storage boxes, cupboards, computerized) ?			
16.6	Who do you report to (NHIS, NBTS, PHA)? _____			
16.7	Do you get feed-back of your reports?			
<b>17.0</b>	<b>Training</b>			
17.1	Do you have scheduled CME for staff in your unit?			
17.2	Is there any in-services done for the staff of the section over the last 12 months?			
17.3	If yes how many and who attended? _____			
	<b>PART C: ADMINISTRATION AND MANAGEMENT</b>			
<b>18.0</b>	<b>Meetings and Audits</b>			
18.1	Do you have regular meetings			
18.2	Are there any records of these meetings?			
18.3	If yes, are these meetings held weekly, monthly or quarterly? _____-			
18.4	Was there audits conducted over the last 12 months?			
18.5	If yes, how many audits conducted?			
18.6	Did you receive feedbacks from the findings?			
<b>19.0</b>	<b>Infection Control</b>			
19.1	Do you have PPEs			
19.2	Availability of sharp boxes			
19.3	Decontamination items			

19.4	Hand washing services			
19.5	Bins			
19.6	Detergents			
20	<b>Funding with Clinical / Clinical Support Divisions</b>			
21	<b>Visitation by NDOH/Partners/NGOs</b>			

## 2. Workforce:

- Do you have the qualified staff in-charge of this unit? Yes/No
- Do you have a NBTS-certified staff managing this unit? Yes/No
- Are you adequately staffed? Yes/No
- Do you have a blood advocacy officer? Yes/No
- Do you have a blood donor counsellor? Yes/No
- 

2.1	Do you have the qualified staff in-charge of this unit? Yes/No			
2.2	Do you have a NBTS-certified staff managing this unit?			
2.3	Are you adequately staffed?			
2.4	Do you have a blood advocacy officer?			
2.5	Do you have a blood donor counsellor?			

## 3. CME and ICT Materials

- Do you have information posters and materials relaying clear messages about the importance of blood donations? Yes/No
- Do you have other blood donation information materials? Yes/No
- Do you have a standard blood donor questionnaire? Yes/No
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3.1	Do you have information posters and materials relaying clear messages about the importance of blood donations?			
3.2	Do you have other blood donation information materials?			
3.3	Do you have a standard blood donor questionnaire?			
3.4				

## 4. Blood Donor Assessment

- Do you have a weighing scale? Yes/No
- Do you have a Blood pressure machine? Yes/No
- Do you have an hemoglobinometer (Hemocue)? Yes/No
- If no, how do you check the hemoglobin ?

4.1	Do you have a weighing scale?			
4.2	Do you have a Blood pressure machine?			
4.3	Do you have an hemoglobinometer (Hemocue)?			
4.4	If no, how do you check the hemoglobin ?			

**5. Blood Donor Incentives**

- Do you give donors incentives? Yes/No
- Do you celebrate the World Blood Donor Day annually?

5.1	Do you give donors incentives?			
5.2	Do you celebrate the World Blood Donor Day annually?			

**6. Outreach**

- Did you conduct blood advocacy/awareness drives? Yes/No
- If yes how many\_\_\_\_\_
- Who supports you to do your awareness campaigns? \_\_\_\_\_

6.1	Did you conduct blood advocacy/awareness drives?			
6.2	If yes how many_____			
6.3	Who supports you to do your awareness campaigns? _____			

**PART B: BLOOD BANK BENCH**

**7. Preanalytical**

Are the requests for blood sent using the right forms and specimen bottles? Yes/No  
 Are the donor samples correctly identified with the donor bags? Yes/No  
 How many samples have you rejected in the last 12 months?  
 What is he main reason for rejects?

7.1	Are the requests for blood sent using the right forms and specimen bottles?			
7.2	Are the donor samples correctly identified with the donor bags?			
7.3	How many patients' samples have you rejected in the last 12 months?_____ -			
7.4	What was the main reason for rejects?			

**8. Blood Screening Grouping and Cross-match?**

Is this facility using semi-automated methods of screening and crossmatching? Yes/No  
 Have you run out of screening tests in the last 2 months?  
 If yes, what was the reason?  
 Does this facility carry out both forward and reverse blood grouping? Yes/No  
 If no, what is the reason? \_

8.1	Is this facility using semi-automated methods of screening and crossmatching?			
8.2	Have you run out of screening tests in the last 2 months?			
8.3	Does this facility carry out both forward and reverse blood grouping?			

	If not, what is the reason?			
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**9. Blood Products**

Do you have the right equipment for preparing the blood products? Yes/No

If yes, is this facility providing blood products for patients? Yes /No

If no, what is your reason?

Do you have trained personnel to prepare blood products?

Do you provide Emergency O blood when needed? Yes/No

If yes, how many Emergency O blood were requested in the last 12months?

9.1	Do you have the right equipment for preparing the blood products?			
9.2	If yes, is this facility providing blood products for patients?			
9.3	Do you have trained personnel to prepare blood products?			
9.4	Do you provide Emergency O blood when needed?			
9.5	If yes, how many Emergency O blood were requested in the last 12months? _____			

**10. Cold Chain/Supplies/Consumables**

Does the facility have a temperature regulated blood fridge? Yes/No

Is there a daily temperature monitor on the blood fridge? Yes/No

Is this fridge regularly serviced with date of last service and future service clearly recorded?  
Yes/No

Was there any stock-outs of reagents and blood bags experienced in the last 6 month?

Yes/No

If any please indicate the consumables: \_\_\_\_\_

10.1	Does the facility have a temperature regulated blood fridge?			
10.2	Is there a daily temperature monitor on the blood fridge?			
10.3	Is there a temperature regulated reagent fridge?			
10.4	Are the fridges regularly serviced with date of last service and future service clearly recorded?			
10.5	Was there any stock-outs of reagents and blood bags experienced in the last 6 month?			
10.6	If any please indicate the consumables: _____			

**11. Clinical Equipment**



Is there any major equipment that is not available in your section? Yes/No  
 Please list: \_\_\_\_\_

**12. Quality and Safety**

- Do you participate in an internal or and external quality assurance program? Yes/No
- Do you have a quality and safety officer? Yes/No
- If yes, does this officer meet regularly with you? Yes/No
- Do you have a manual for quality and safety? Yes/No
- If yes, please provided
- Is this document readily available for reading? Yes/No
- Did all the staff members read through this document? Yes/No
- Do you have Standard operating procedure manuals (SOPs) and other relevant documents and guidelines available on in your unit? Yes/No
- Did your staff read through this document? Yes/No
- 

12.1	Do you participate in an internal or and external quality assurance program?			
12.2	Do you have a quality and safety officer?			
12.3	If yes, does this officer meet regularly with you?			
12.4	Do you have a manual for quality and safety? If yes, please provided			
12.5	Is this document readily available for reading?			
12.6	Did all the staff members read through this document?			
12.7	Do you have Standard operating procedure manuals (SOPs) and other relevant documents and guidelines available on in your unit?			
12.8	Did your staff read through this document?			
12.9				

**13. Key Indicators of Blood Bank services**

**Top seven (7) measurable indicators**

13.1	Total # of Voluntary Blood Donations			
13.2	Total # of Rejected specimen			
13.3	Total # of TTIs			
13.4	Total # of cross-matches			
13.5	Total # of transfusions due to trauma			
13.6	Total # of transfusions due to cancer			
13.7	Total # of Transfusion reactions			

**14. Donor support:**

Do you have staff trained blood donor counsellors in you facility? Yes/No

Do you provide some counseling to blood donors? Yes/No

If yes how often? \_\_\_\_\_

14.1	Do you have staff trained blood donor counsellors in you facility?			
14.2	Do you provide some counselling to blood donors?			
13.3	Is there a referral pathway in place to manage donors with TTIs?			
14.4	If not, how are these donors managed?			

**15. .CLINICAL GOVERNANCE**

Do you have a Hospital Blood Transfusion Committee? Yes/No

Does the HTC Meet regularly? Yes/No

Do you participate in a Patient care review committee? Yes /No

Are you involved in any other committees (IPC) in the hospital? YES/NO

Do you have any Guidelines/Manuals/SOP for Blood Bank? Yes/No

Are the books/manuals available or sighted? Yes/No

Do you have a transfusion reaction investigation form? Yes/No

If yes can you show me the samples?

15.1	Do you have a Hospital Blood Transfusion Committee?			
15.2	Does the HTC meet regularly?			
15.3	Do you participate in a Patient care review committee?			
15.4	Are you involved in any other committees (IPC) in the hospital?			
15.5	Do you have any Guidelines/Manuals/SOP for Blood Bank?			
15.6	Are the books/manuals available or sighted?			
15.7	Do you have a transfusion reaction investigation form?			
15.8	If yes, a copy provided?			

**16 : Health Information**

Do you record your daily data? Yes/No

Do you have a standard reporting template for recording data? Yes/No

How often do you report these data (daily, weekly, monthly , quarterly)?

How do you keep the donor records (archives, storage boxes, cupboards, computerized) ?

Do you analyse your reports manually or using a computer software?

Who do you report to (NHIS, NBTS, PHA)?

Do you get feed-back of your reports? Yes/No

16.1	Do you record your daily data?			
	Do you have a standard reporting template for recording data?			
	How often do you report these data (daily, weekly, monthly , quarterly)?			
	How do you keep the donor records (archives, storage boxes, cupboards, computerized) ?			
	How do you keep the donor records (archives, storage boxes, cupboards, computerized) ?			
	Who do you report to (NHIS, NBTS, PHA)?			
	Do you get feed-back of your reports?			

**17. TRAINING**

Do you have scheduled CME for staff in you unit? Yes/No

Is there any in-services done for the staff of the section over the last 12 months? Yes/No

If yes how many and who attended?

17.1	Do you have scheduled CME for staff in your unit?			
17.2	Is there any in-services done for the staff of the section over the last 12 months?			
17.3	If yes how many and who attended?			

**PART C: ADMINISTRATION AND MANAGEMENT**

**18. MEETINGS AND AUDITS**

Do you have regular meetings? Yes/No

Are there any records of these meetings? \_\_\_\_\_

If yes, are these meetings held weekly, monthly or quarterly? \_\_\_\_\_ -

Was there audits conducted over the last 12 months? Yes/No

If yes, how many audits conducted? \_\_\_\_\_

Did you receive feedbacks from the findings? Yes/No

18.1	Do you have regular meetings			
18.2	Are there any records of these meetings?			
18.3	If yes, are these meetings held weekly, monthly or quarterly? _____ -			
18.4	Was there audits conducted over the last 12 months?			
18.5	If yes, how many audits conducted?			
18.6	Did you receive feedbacks from the findings?			

### 19. Infection Control

19.1	Do you have PPEs			
19.2	Availability of sharp boxes			
19.3	Decontamination items			
19.4	Hand washing services			
19.5	Bins			
19.6	Detergents			

### 20. Funding with Clinical / Clinical Support Divisions

20.1	Do you have adequate funding support for your activities from the PHA or Partners?			
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### 21. Visitation NDoH/Partner/NGOs

- Have you had a supervisory visit this year from other organisations? Yes/No
- If yes; by whom \_\_\_\_\_

### 22. Infrastructure and Vital Services

- Does your facility have continuous power supply? Yes/No
- Does your facility have access to continuous supply of water? Yes/No
- Is the status of your building in good repair? Yes/No
- If NO, can you describe the infrastructure situation of your section \_\_\_\_\_

### 23. Major challenges for your section

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

24.. Are there any issues you would like to discuss in this assessment?

\_\_\_\_\_

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