**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 (BSH) good practice paper on pre-operative patient blood management during the SARS-CoV-2 pandemic** |
| **Background** | The British Society for Haematology (BSH) has published guidance on pre-operative patient blood management during the SARS-CoV-2 pandemic. This audit will review compliance with some of the level 1 recommendations made. |
| **Aim & objectives** | To review whether pre-operative patients are being appropriately: 1. assessed in terms of anaemia and bleeding risk
2. treated if iron deficiency anaemia is found.
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| **Standards & criteria** | If the target (specified as 100% or 0% for each criterion) is not achieved, there should be documentation in the case notes that explains the variance.1. All patients should have blood tests taken as early in the pathway as possible to allow effective intervention; target: 100%.
2. All remote pre-operative assessments should include assessment of bleeding history and drug history for anticoagulant/antiplatelet agents, with their indication for use; target: 100%.
3. No coagulation screen blood tests should be performed unless there is a history suggestive of a bleeding disorder or a comorbidity associated with increased bleeding risk; target: 0%.
4. All patients should have a clear peri-operative patient blood management plan documented, which includes transfusion triggers and whether or not tranexamic acid is to be administered; target: 100%.
5. All patients found to have unexplained iron deficiency should be referred for investigation; target: 100%.
6. All patients with pre-operative anaemia should be treated within a clinical trial when possible; target: 100%.
7. No patients should be offered intravenous iron pre-operatively unless they are confirmed to be iron deficient and are intolerant of oral iron or there is insufficient time for oral iron to be given; target: 0%.
8. All patients diagnosed with absolute iron deficiency anaemia should be treated with iron replacement, with oral therapy offered first line to minimise the need for hospital attendance; target: 100%.
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| **Method** | 1. **Sample selection**
* **Criteria 1–4:** consecutive patients undergoing pre-operative assessment.
* **Criteria 5–8:** all pre-operative patients found to have anaemia or irondeficiency.
1. **Data to be collected on proforma (see below).**
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| **Results** | (To be completed by the author)The results of this audit show the following compliance with the standards.

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| **Investigation** | **% compliance** |
| All patients had blood tests taken as early in the pathway as possible to allow effective intervention |  |
| All remote pre-operative assessments included assessment of bleeding history and drug history for anticoagulant/antiplatelet agents, with their indication for use |  |
| No coagulation screen blood tests were performed, unless there was a history suggestive of a bleeding disorder or a comorbidity associated with increased bleeding risk |  |
| All patients had a clear peri-operative patient blood management plan documented, which included transfusion triggers and whether or not tranexamic acid was to be administered |  |
| All patients found to have unexplained iron deficiency were referred for investigation |  |
| All patients with pre-operative anaemia were treated within a clinical trial when possible |  |
| No patients were offered intravenous iron pre-operatively unless they were confirmed to be iron deficient and were intolerant of oral iron or there was insufficient time for oral iron to be given |  |
| All patients diagnosed with absolute iron deficiency anaemia were treated with iron replacement, with oral therapy offered first line  |  |

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| **Conclusion** | (To be completed by the author) |
| **Recommendations for improvement** | Present the result with recommendations, actions, and responsibilities for action and a timescale for implementation. Assign a person(s) responsible to do the work within a time frame.**Some suggestions:*** highlight areas of practice that are different
* present findings.
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| **Action plan** | (To be completed by the author − attached action plan proforma) |
| **Re-audit date** | (To be completed by the author) |
| **Reference** | Hands K, Taylor C, Kotzé A, Richards T, Narayan S. Preoperative patient blood management during the SARS-CoV-2 pandemic. *Br J Haematol* 2021;193:1087–1092.<https://onlinelibrary.wiley.com/doi/full/10.1111/bjh.17487> |

**Data collection proforma for pre-operative patients including those with anaemia and iron deficiency**

**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) |
| **For patients undergoing (remote) pre-operative assessment**  |
| **1**  Hada blood tests taken as early in the pathway as possible to allow effective intervention |  |  |  |  |
| **2**  Assessment included bleeding history and drug history for anticoagulant/antiplatelet agents, with their indication for use |  |  |  |  |
| **3**  Coagulation screen blood test was performed and patient had no history suggestive of a bleeding disorder or a comorbidity associated with increased bleeding risk |  |  |  |  |
| **4**  A clear peri-operative patient blood management plan was documented, which included transfusion triggers and whether or not tranexamic acid was to be administered |  |  |  |  |
| **For pre-operative patients with anaemia and iron deficiency** |
| **5**  *Patients with unexplained iron deficiency* were referred for investigation |  |  |  |  |
| **6**  *Patients with anaemia* were treated within a clinical trial when possible |  |  |  |  |
| **7**  Patients were offered intravenous iron pre-operatively, and had not been confirmed to be iron deficient and found to be intolerant of oral iron or required surgery so urgently that there was insufficient time for oral iron to be given |  |  |  |  |
| **8***Patients diagnosed with absolute iron deficiency anaemia* were treated with iron replacement, with oral therapy offered first line |  |  |  |  |

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| **Audit action plan**An audit of compliance with the British Society for Haematology (BSH) good practice paper on pre-operative patient blood management during the SARS-CoV-2 pandemic  |
| **Audit recommendation** | **Objective** | **Action** | **Time scale** | **Barriers and constraints** | **Outcome** | **Monitoring** |
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