



Together, we can save a life

American Red Cross
Blood Services, Penn-Jersey Region
700 Spring Garden Street
Philadelphia, PA 19123
215.451.4111

Technical Update 07-11

TO: Blood Bank Managers/Supervisors
Blood Bank Medical Directors

FROM: Susan Wilson, MT(ASCP)SBB *SWW*
Transfusion Services Support Program Manager

DATE: September 14, 2007

RE: *Blood Product Request Form*

BACKGROUND

In the fall of 2005 an “*American Red Cross (ARC) Blood Product Request Form*” [73.HS501.HS/frm3] was implemented for hospital use when submitting supplemental requests for blood products (see Technical Update 05-11). Use of the form was intended to standardize the process for submitting and processing orders, standardize the terminology used for product requests, provide written documentation of product request and delivery expectations, provide a mechanism for the hospital to retain a copy of the written request submitted and minimize the need for phone calls and transcribing information.

As part of the Penn-Jersey Region on-going quality assurance program, the order receipt, order entry and delivery systems are routinely assessed. Evaluation of these outcomes through our process improvement program substantiated the intent for the use of a standardized, written form and also identified opportunities for further improvement. A team consisting of representatives from the American Red Cross (ARC) and a multi-site hospital system analyzed the process and identified modifications to the form design which would enhance the usability for the hospital as well as the ARC. The team re-formatted the form and conducted a two (2) month pilot using the modified form. The results of the trial supported the form re-design as a significant process improvement as well as an enhancement to the ARC commitment to meeting hospital needs for blood products—the right product at the right time.

WHAT'S CHANGING

The “*Penn-Jersey Region Blood Product Request Form*” [W2022 21.4.frm012 v-1.0] has been revised. The majority of the original content of the form has been retained but the format has been re-designed. Some of the identified enhancements include:

- Larger spaces to record requests wherever possible
 - Light shading of header rows to provide visual separation of sections
- Attributes moved to the beginning of the row and placed in a standardized format
 - Section added to Leukoreduced Red Blood Cells to request multi-packs (4 or 7)

- Different sections for Platelets, Pheresis (“SDPs”, “singles”, “Pheresis”) and Platelets (“RDPs”, “randoms”) to spatially separate and minimize confusion when generating orders
- Order of products listed in the frozen section realigned to provide spatial separation between the more commonly ordered products from the less frequently ordered products
- As a product with limited distributions/applications, Cryo-reduced plasma (18435/PPP) removed from the pre-printed list to avoid confusion with Cryoprecipitate (10100) at either the time of the request and/or when generating the order
- “Other” line added to frozen section to accommodate requests for infrequently requested products, e.g., Cryo-reduced plasma
- Delivery request section re-formatted to separate processing time for request from delivery method of shipment
- Section provided for “Hospital Use Only” if hospital chooses to annotate form for internal tracking purposes
- Instructions for completing the form present on the back of the form

ACTION REQUIRED

1. Continue to use the “*Inventory Report/Order Form*” for requesting products by the scheduled “Fax By” time for scheduled deliveries.
2. Begin using the “*Penn-Jersey Region Blood Product Request Form*” [W2022 21.4.frm012 v-1.0] to submit any product requests for supplemental, unscheduled deliveries.
NOTE: For the rare, urgent, life-threatening requests, a telephone call may be placed to initiate the request prior to submitting the request form, but a completed request form will be needed for confirmation prior to processing the request.
3. An initial supply of the new “*Penn-Jersey Region Blood Product Request Form*” [W2022 21.4.frm012 v-1.0] as well as a supply customized with your hospital code, name, telephone and fax number are enclosed. Please maintain a “master form” to be used for making additional copies as needed.
4. Contact your Customer Service Representative (CSR) at 215-451-4111 or send an e-mail request to Penn-Jersey Customer Service at PJCustomerService@usa.redcross.org to request an electronic version of the customized form in an Adobe Portable Document (.pdf) read/print-only format.
5. Remove the “*American Red Cross (ARC) Blood Product Request Form*” [73.HS501.HS/frm3] and Technical Update 05-11: *Blood Product Request Form* from use as of October 1, 2007.
6. Review and, if necessary, update any references maintained at your facility for requesting blood products. Manage and archive the obsolete materials according to the policies and procedures of your facility.

EFFECTIVE DATE

The “*Penn-Jersey Region Blood Product Request Form*” [W2022 21.4.frm012 v-1.0] can be placed into use upon receipt. Routine use of the form is requested as of October 1, 2007.

QUESTIONS

The American Red Cross Blood Services aims for the highest level of customer satisfaction. Enhancement of the process for written documentation and confirmation of product requests supports The Joint Commission National Patient Safety Goals and continuous improvement processes for the quality of American Red Cross products and services. Additional information or general questions concerning the “*Penn-Jersey Region Blood Product Request Form*” [W2022 21.4.frm012 v-1.0] can be directed to:

- Sandra Rambo, Customer Service Manager, at 215-451-4297.
- Hospital Services Customer Service Representatives at 215-451-4111.
- Medical and technical consultation is available 24 hours a day/7 days a week to respond to your questions and support your transfusion needs. Hospital Services staff, at 215-451-4111, will facilitate this contact.

Enclosures

Product Request Checklist

“*Penn-Jersey Region Blood Product Request Form*” [W2022 21.4.frm012 v-1.0]

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**Penn-Jersey Region Blood Product Request Form
PRODUCT REQUEST CHECKLIST**

1. Obtain a *Penn-Jersey Region Blood Product Request Form*
[W2022 21.4.frm012 v-1.0]

2. Complete applicable sections of the *Penn-Jersey Region Blood Product Request Form*
 - Facility Information of Requesting Hospital
 - American Red Cross (ARC) Hospital Code
 - Hospital Name
 - Name of Blood Bank staff person completing request form
 - Date and Time request being completed/submitted
 - Telephone number to receive confirmation of request receipt
 - Blood Bank Fax number

 - Products Requested Section(s)
 - Specify attributes requested (if applicable)
 - Indicate number of each product type requested

 - Delivery Section
 - Indicate priority of request: scheduled, unscheduled (including date and time) or urgent delivery
 - Indicate party responsible for transportation arrangements

3. FAX completed *Penn-Jersey Region Blood Product Request Form* to:

215-451-2585

4. Receive verbal/fax confirmation of ARC order receipt and processing