



MAKING TRANSFUSION MEDICINE INFORMATION ACCESSIBLE FOR ALL

MLO and Northern Illinois University (NIU), DeKalb, IL, are co-sponsors in offering continuing education units (CEUs) for this issue's article on **MAKING TRANSFUSION MEDICINE INFORMATION ACCESSIBLE FOR ALL** and **STEWARDSHIP OF THE BLOODLINE: DRIVING SAFETY AND EFFICIENCY ALONG THE TRANSFUSION CONTINUUM**. CEUs or contact hours are granted by the College of Health and Human Sciences at NIU, which has been approved as a provider of continuing education programs in the clinical laboratory sciences by the ASCLS P.A.C.E.[®] program (Provider No. 0001) and by the American Medical Technologists Institute for Education (Provider No. 121019; Registry No. 0061). Approval as a provider of continuing education programs has been granted by the state of Florida (Provider No. JP0000496). Continuing education credits awarded for successful completion of this test are acceptable for the ASCP Board of Registry Continuing Competence Recognition Program. After reading the articles in the cover story section, answer the following test questions and send your completed test form to NIU along with the nominal fee of \$20. Readers who pass the test successfully (scoring 70% or higher) will receive a certificate for 1 contact hour of P.A.C.E.[®] credit. Participants should allow four to six weeks for receipt of certificates.

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This CE test covers all articles in the cover story section. The Cover Story and Clinical Issues published in this month's *MLO* are peer-reviewed.

CE learning objectives and CE questions prepared by Carol A. Genis, MS, MT(ASCP)SB, Assistant Technical Director, Heartland Blood Centers, Aurora IL.

CE QUESTIONS

1. **A common problem in accessing transfusion medicine information is**
 - a. that it is difficult to get correct information over the phone.
 - b. that information can only be released to the clinician.
 - c. locating historical information.
 - d. interpreting type and screen results.
2. **Lack of transfusion medicine information can cause**
 - a. delays in transfusion.
 - b. an increase in transfusion risk.
 - c. incorrect surgical procedures to be performed.
 - d. a and b.
3. **A committee designing a new system to access transfusion medicine should seek input from**
 - a. clinicians.
 - b. blood bank staff.
 - c. anesthesiologists.
 - d. all of the above.
4. **Which of the following statements is true?**
 - a. The VCUMC blood bank QuickView system was designed and implemented in two days by blood bank personnel.
 - b. The design of the VCUMC blood bank QuickView system required a collaborative effort between the blood bank and the CIS analyst.
 - c. The VCUMC blood bank QuickView system was designed by the CIS analyst for blood bank use.
 - d. Patient input was critical to the process.
5. **A widget is**
 - a. a blood bank ID system.
 - b. a system for ordering blood tests.
 - c. a customized bit of information that is linked to the LIS.
 - d. a specific piece of information required by the clinician.
6. **The Transfusion Requirements widget displays**
 - a. specific transfusion requirements accessible to the blood bank but not the clinician.
 - b. additional transfusion attributes such as irradiation, leukoreduction, CMV negative.
 - c. specific transfusion requests that are entered by the physician through the widget.
 - d. orders for blood products placed within the previous 24 hours.
7. **Prior to implementing a system similar to the QuickView System**
 - a. the system must be properly validated in a test environment.
 - b. the system must be made available to all hospital staff.
 - c. the system must be tested in more than one laboratory.
 - d. the system must be approved by the hospital COO.
8. **While teaching hospital staff to use the VCUMC system, it was found that**
 - a. training was not required.
 - b. staff were resistant and found it difficult to use.
 - c. blood bank staff were uncomfortable sharing this information with the organization.
 - d. training was successful by utilizing a variety of methods.
9. **The end result of the VCUMC blood bank QuickView page was that**
 - a. the system allows for critical information to be utilized by clinicians.
 - b. the organization found the program to be insufficiently reliable.
 - c. blood bank staff had more phone calls and increased workload.
 - d. a new committee was formed to re-evaluate the system.
10. **The problem(s) with previous work-arounds had been**
 - a. that the blood bank received 85 calls per hour.
 - b. that they were labor-intensive and mostly ineffective.
 - c. that nurses would not draw blood samples.
 - d. all of the above.
11. **Important information that is made available to clinicians through the widgets in the VCUMC blood bank QuickView page include(s)**
 - a. the patient's antibodies.
 - b. available products.
 - c. the type of surgery the patient is having.
 - d. a and b.
12. **The benefit(s) of implementing automation in the blood bank is/are that**
 - a. it reduces staff.
 - b. it increases safety and efficiency.
 - c. it allows a skilled technologist to focus on more critical work.
 - d. b and c.

- 13. The ultimate goal in transfusion medicine is to**
- provide a safe, compatible product for patients who need transfusion.
 - reduce cost.
 - eliminate the need to crossmatch.
 - streamline all processes along the transfusion continuum.
- 14. Healthcare institutions around the world are attempting to enhance the safety of the blood supply by**
- reducing the risk of infection.
 - using synthetic blood.
 - tracking adverse reactions.
 - a and c.
- 15. The majority of blood banks around the world are using _____ methods.**
- manual
 - automatic
 - both manual and automatic
 - the least time-intensive
- 16. Among the advantages of automation are**
- that it is less labor-intensive.
 - that it is less time-consuming.
 - that it does not require as much staff with specialized skills.
 - all of the above.
- 17. Column Agglutination is a technology that can be opposed to**
- automation.
 - manual tube testing.
 - difficult patient work-ups.
 - objective, consistent results.
- 18. How many patients need blood in the United States every year?**
- 1 million
 - 2.5 million
 - 4.5 million
 - 10 million
- 19. With which U.S. government agency is AABB collaborating on biovigilance activities?**
- The Centers for Disease Control and Prevention
 - The Department of Health and Human Services
 - The Federal Emergency Management Administration
 - The National Healthcare Safety Network
- 20. What new position is emerging in some healthcare organizations to facilitate universal performance standards?**
- Hemovigilance Officer
 - Blood Bank Director
 - Bloodlines Coordinator
 - Transfusion Safety Officer

TEST ANSWER FORM

CE Test on MAKING TRANSFUSION MEDICINE INFORMATION ACCESSIBLE FOR ALL

PLUS Stewardship of the bloodline: driving safety and efficiency along the transfusion continuum

January 2012

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A B C D

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