



Advancing Transfusion and
Cellular Therapies Worldwide

Introducing a Cloud-Based Hemovigilance System for Data Collection and Analysis: Lessons Learned from the Hemovigilance Program in Ghana

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Disclosure

- I have no conflicts of interest to disclose
- This project was funded and supported by the Japan International Cooperation Agency (JICA) through its program to disseminate Japanese private technologies for economic, infrastructural, healthcare, scientific, and environmental development in developing countries by collaborating with private companies
- Terumo BCT, Inc. (TBCT) received the JICA grant for this project.

Project Goals

- Improve current transfusion practices by training local medical staff on Hemovigilance (HV)
- To develop a user-friendly data entry application with following capabilities:
 - Capture the paper based transfusion reaction form
 - Provide basic reports for timely analysis and evaluation
 - Centralize data from different hospitals with the aim to develop a national hemovigilance system
- Compare transfusion-related adverse reactions (TRAR) in patients who are transfused whole blood (WB) treated using TBCT's Mirasol Pathogen Reduction Technology (PRT) System and patients who received conventional WB transfusions.

Project Partners

TERUMOBCT
Unlocking the Potential of Blood



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How did the project develop?

AABB Global Services +TERUMO

- AABB Consulting Services (AABBCS) has provided Technical Assistance to over 10 countries in Africa since 2004
- AABBCS and TBCT partnered with a plan to support convalescent plasma during the Ebola crisis – no funding could be attained
- The Ghana Hemovigilance project concept was initiated in the summer of 2016, after the JICA grant was awarded to TBCT

Assessment and Training

- April 2017- AABBCS conducted assessment of existing practices of National Blood Service, Ghana (NBSG)
- May 2017- Gaps were identified and the HV training was developed
- May 2017- 11-day training program conducted, incorporating lectures and practice sessions to teach NBSG and hospital staff about transfusion medicine and hemovigilance

HV Infrastructure

- AABB Department of Research and AABBCS reviewed and enhanced NBSG's existing transfusion reaction form
- February 2017- AABB engaged Dovel Technologies, LLC to develop the HV infrastructure — a cloud-based data repository (portal) for electronic data capture, management, and analysis of transfusions and TRAR
- April 2017 -Training on the web-portal conducted through webinars
- June 2017- Reporting began

Project concept

Develop Local Partnerships



Transfusion Reaction Form A (ver. 3)
(Final ver. April 06 2017)

Please complete ALL sections of this form fully. If not applicable, write N/A in the relevant section.

Patient Information

Name: _____
Age: _____ Sex: _____
Date of Birth: _____
Blood Group: _____
Transfusion: _____
Product: _____

Transfusion Details

Indication for Transfusion: _____
Product: _____
Volume: _____
Date: _____
Time: _____
Site: _____

Transfusion Reaction Details

Onset of Reaction: _____
Symptoms: _____
Signs: _____
Vital Signs: _____
Treatment: _____
Outcome: _____

Reporting Physician

Name: _____
Signature: _____
Date: _____

Transfusion Reaction Form B (ver. 3)
(Final ver. April 06 2017)

Please complete ALL sections of this form fully. If not applicable, write N/A in the relevant section.

Patient Information

Name: _____
Age: _____ Sex: _____
Date of Birth: _____
Blood Group: _____
Transfusion: _____
Product: _____

Transfusion Details

Indication for Transfusion: _____
Product: _____
Volume: _____
Date: _____
Time: _____
Site: _____

Transfusion Reaction Details

Onset of Reaction: _____
Symptoms: _____
Signs: _____
Vital Signs: _____
Treatment: _____
Outcome: _____

Reporting Physician

Name: _____
Signature: _____
Date: _____

- Train local staff - “Train trainers”
 - empowerment + sustainability
- Enhance the existing transfusion reaction form
 - don't reinvent the wheel

Provide Sustainable Infrastructure

Ghana Haemovigilance Database



The focus of Ghana Haemovigilance (GHV) for Patient is to capture and analyze transfusion reaction information from hospitals that receive blood and other blood products from Blood Centres of the National Blood Service of Ghana (NBSG). Haemovigilance includes the monitoring, gathering and analyzing of information to identify and prevent the occurrence/ recurrence of transfusion related unwanted events. GHV aims to increase the safety, efficacy and efficiency of blood transfusions.

[Sign In](#)

Patient Information
 Monitor Patient
 Collect HV Data
 Follow Up
 Feedback

“Haemovigilance is a continuous process of data collection and analysis of transfusion-related adverse events and reactions (AR/AE) in order to investigate their causes and outcomes...A haemovigilance system is an integral part of quality management in a blood system and is required for the continual improvement of the quality and safety of blood products and the transfusion process...”

— WHO Global Consultation on Haemovigilance (Dubai, United Arab Emirates, November 2012)

- Develop a user-friendly hemovigilance infrastructure
- Long Term Goal
 - hand over the infrastructure to NBSG



Cloud Based Hemovigilance System



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**Picture Source: July 2018, AABB NEWS*

Basic Features

- 2 Participating hospitals
 - Korle Bu Teaching Hospital (Accra)
 - Komfo Anokye Teaching Hospital (Kumasi)
- 2 parallel sites
 - Staging Test site
 - Live site
- 4 levels of access

Role	Access	Availability
System Admin	View, edit and download entire database, all reports and forms from 2 hospitals + Control all user accounts	NBSG staff, AABB staff and vendor only
Site Admin	View, edit and download database, reports and forms from individual hospital + Control individual hospital user accounts	Hospital staff
Data Manager	View, edit and download database, reports and forms from individual hospital	Hospital staff
Data Reviewer	View reports and forms from individual hospital	Hospital staff + TBCT staff

Ghana Haemovigilance Database



The focus of Ghana Haemovigilance (GHV) for Patient is to capture and analyze transfusion reaction information from hospitals that receive blood and other blood products from Blood Centres of the National Blood Service of Ghana (NBSG). Haemovigilance includes the monitoring, gathering and analyzing of information to identify and prevent the occurrence/ recurrence of transfusion related unwanted events. GHV aims to increase the safety, efficacy and efficiency of blood transfusions.

Sign In



Patient
Information



Monitor
Patient



Collect HV
Data



Follow Up



Feedback

"Haemovigilance is a continuous process of data collection and analysis of transfusion-related adverse events and reactions (AR/AE) in order to investigate their causes and outcomes...A haemovigilance system is an integral part of quality management in a blood system and is required for the continual improvement of the quality and safety of blood products and the transfusion process..."

— WHO Global Consultation on Haemovigilance (Dubai, United Arab Emirates, November 2012)

Funded by



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Home



Transfusion Forms



Forms with Reaction



Incomplete Forms



Add New Form



Reports



Change Password



User Accounts



Add New User



Activity Log



Data Export



Welcome, AABB Administrator !

AABB



	All Transfusion Forms	Forms with Reaction	Incomplete Forms
Hospital Totals:	0	0	0
Your Totals:	0	0	0

Haemovigilance Questions? Contact

✉ Email: Marcia.Cardoso@terumobct.com or✉ Email: Shilo.Wilkinson@terumobct.com

Mirasol Questions? Contact Mr. Daniel Owusu, ARCOA Ghana Ltd

☎ Tel: 0302-782203

✉ Email: daniel.larcoa@gmail.com

Ghana Haemovigilance Database User Manual

This User Manual provides step-by-step instructions on maintaining and managing the various functions of the database.

AABB Ghana HV Database
User ManualSubmitted:
June 26, 2017Prepared For:
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Senior Director, Research
AABBPrepared by:
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Paper Data Entry Form (A &B)

(Final ver. April 06 2017)



Transfusion Reaction Form A (ver. 1)
Please complete ALL sections of this form fully. If Not Applicable, write N/A in the relevant section.

NBS Use Only
☐ Pending ☐ Completed ☐ GMP

SECTION I - PATIENT INFORMATION

Surrogate: _____ First Name: _____
 Patient ID/HAIS: _____ Date: _____
 Hospital: _____ Ward: _____
 Gender: ☐ Male ☐ Female ☐ Not stated ☐ Transfusion: _____
 Patient's ABO/Rh Group: ☐ A ☐ B ☐ AB ☐ Unknown
 Rh Factor (Rf): ☐ + Rf ☐ - Rf ☐ Unknown
 Diagnosis: _____

Indication for Transfusion: _____

SECTION II - DETAILS OF TRANSFUSION

Transfusion Type: ☐ Whole Blood ☐ Red Blood Cells ☐ Platelets ☐ Cryoprecipitate ☐ Plasma ☐ FFP ☐ Others: _____
 Donor Lot or Batch No.: _____ Expiry date of unit: _____
 Transfused Unit ABO/Rh Group: ☐ A ☐ B ☐ AB ☐ Unknown
 Rh Factor (Rf): ☐ + Rf ☐ - Rf ☐ Unknown
 Any previous transfusion? ☐ Yes ☐ No ☐ N/A
 If yes, number of units/donations transfused within current admission: _____
 Transfusion if cross-checked pre-transfusion? ☐ Yes ☐ No

SECTION III - VITALS

Time	Pulse	Temp	Respiratory Rate	Blood Pressure	Oxygen Saturation (SpO2)
Pre-Transfusion (Start)					
15-30 minutes					
30-60 minutes					
Post-Transfusion					

SECTION IV - TRANSFUSION REACTION INVESTIGATION FORM

Investigation of Transfusion Reaction
 SECTION IV - TRANSFUSION REACTION INVESTIGATION FORM

Surrogate: _____ First Name: _____
 Patient ID/HAIS: _____ Date: _____
 Hospital: _____ Ward: _____
 Gender: ☐ Male ☐ Female ☐ Not stated ☐ Transfusion: _____
 Patient's ABO/Rh Group: ☐ A ☐ B ☐ AB ☐ Unknown
 Rh Factor (Rf): ☐ + Rf ☐ - Rf ☐ Unknown
 Expiry date of unit/Age of blood: _____
 Initials of Person Performing Test: _____ Date: _____

Clinical Checks

	Haemolysis	ABO	RHD	DAT	Antibody Screen	Antibody Identified	Anti-A, anti-B titre
Pre-Transfusion Sample							
Post-Transfusion Sample							

or Batch No.:

ABO and Haemolysis Testing				Cross-match PRE-Transfusion Sample				Cross-match POST-Transfusion Sample			
Haemolysis	ABO	RHD	DAT	S	37	IAT	Result	S	37	IAT	Result

Visual Signs of Reaction

<input type="checkbox"/> Unchecked blood component transfused (UBCT) <input type="checkbox"/> Acute haemolytic transfusion reaction (immediate) <input type="checkbox"/> Delayed haemolysis <input type="checkbox"/> Delayed serologic reaction (DSR) <input type="checkbox"/> Febrile non-haemolytic transfusion reactions (FNHTR) <input type="checkbox"/> Allergic reactions <input type="checkbox"/> Septic shock <input type="checkbox"/> Transfusion related acute lung injury (TRALI)	<input type="checkbox"/> Transfusion -Associated Circulatory Overload (TACO) <input type="checkbox"/> Transfusion associated graft versus host disease (GVHD) <input type="checkbox"/> Post-Transfusion Purpura (PTP) <input type="checkbox"/> Transfusion associated dyspnea (TAD) <input type="checkbox"/> Hypotensive transfusion reaction <input type="checkbox"/> Haemolysis <input type="checkbox"/> Hypertension <input type="checkbox"/> Unexplained Complication of Transfusions (UCT)
---	--

Visual Signs of Reaction

<input type="checkbox"/> Grade 1 (non-severe) <input type="checkbox"/> Grade 2 (severe) <input type="checkbox"/> Grade 3 (life-threatening) <input type="checkbox"/> Grade 4 (death)	<input type="checkbox"/> Definite <input type="checkbox"/> Probable <input type="checkbox"/> Possible <input type="checkbox"/> Unlikely <input type="checkbox"/> Excluded <small>*Only positive, probable and definite cases should be used for international comparison</small>
---	---

Transfusion Reaction Outcome: ☐ Complete Recovery ☐ Recovered with Complication ☐ Death

Comments: _____

Reporting Nurse: _____ Contact Number: _____ Date: _____
 Reporting Physician: _____ Contact Number: _____ Date: _____

(Final ver. April 06 2017)



Transfusion Reaction Form B (ver. 1)
Please complete ALL sections of this form fully. If Not Applicable, write N/A in the relevant section.

NBS Use Only
☐ Pending ☐ Completed ☐ GMP

SECTION I - PATIENT INFORMATION

Surrogate: _____ First Name: _____
 Patient ID/HAIS: _____ Date: _____
 Hospital: _____ Ward: _____
 Gender: ☐ Male ☐ Female ☐ Not stated ☐ Transfusion: _____
 Patient's ABO/Rh Group: ☐ A ☐ B ☐ AB ☐ Unknown
 Rh Factor (Rf): ☐ + Rf ☐ - Rf ☐ Unknown
 Expiry date of unit/Age of blood: _____
 Initials of Person Performing Test: _____ Date: _____

Clinical Checks

	Haemolysis	ABO	RHD	DAT	Antibody Screen	Antibody Identified	Anti-A, anti-B titre
Pre-Transfusion Sample							
Post-Transfusion Sample							

or Batch No.:

ABO and Haemolysis Testing				Cross-match PRE-Transfusion Sample				Cross-match POST-Transfusion Sample			
Haemolysis	ABO	RHD	DAT	S	37	IAT	Result	S	37	IAT	Result

Visual Signs of Reaction

<input type="checkbox"/> Unchecked blood component transfused (UBCT) <input type="checkbox"/> Acute haemolytic transfusion reaction (immediate) <input type="checkbox"/> Delayed haemolysis <input type="checkbox"/> Delayed serologic reaction (DSR) <input type="checkbox"/> Febrile non-haemolytic transfusion reactions (FNHTR) <input type="checkbox"/> Allergic reactions <input type="checkbox"/> Septic shock <input type="checkbox"/> Transfusion related acute lung injury (TRALI)	<input type="checkbox"/> Transfusion -Associated Circulatory Overload (TACO) <input type="checkbox"/> Transfusion associated graft versus host disease (GVHD) <input type="checkbox"/> Post-Transfusion Purpura (PTP) <input type="checkbox"/> Transfusion associated dyspnea (TAD) <input type="checkbox"/> Hypotensive transfusion reaction <input type="checkbox"/> Haemolysis <input type="checkbox"/> Hypertension <input type="checkbox"/> Unexplained Complication of Transfusions (UCT)
---	--

Visual Signs of Reaction

<input type="checkbox"/> Grade 1 (non-severe) <input type="checkbox"/> Grade 2 (severe) <input type="checkbox"/> Grade 3 (life-threatening) <input type="checkbox"/> Grade 4 (death)	<input type="checkbox"/> Definite <input type="checkbox"/> Probable <input type="checkbox"/> Possible <input type="checkbox"/> Unlikely <input type="checkbox"/> Excluded <small>*Only positive, probable and definite cases should be used for international comparison</small>
---	---

Transfusion Reaction Outcome: ☐ Complete Recovery ☐ Recovered with Complication ☐ Death

Comments: _____

Reporting Nurse: _____ Contact Number: _____ Date: _____
 Reporting Physician: _____ Contact Number: _____ Date: _____

Electronic Data Entry Form (1)

Home

Transfusion Forms1440

Forms with Reaction71

Incomplete Forms4

Add New Form

Reports

Change Password

User Accounts17

Add New User

Activity Log

Data Export

Transfusion Reaction Form A Add

SECTION I: PATIENT INFORMATION

Patient ID/NHIS: *
Enter Patient ID/NHIS

Date of Transfusion: *

Gender: *
☐ Male ☐ Female

Age of Patient: **

☐ not stated

Hospital:
All Hospitals

Ward:
Enter Ward Name

Pre-Transfusion

Hemoglobin (Hb) Level:
0.0 to 20.0

Platelet Count:

Patient's ABO/Rh

ABO Group: *
☐ O ☐ A ☐ B ☐ AB ☐ Unknown

Rhesus Factor (Rh): *
☐ +Rh ☐ -Rh ☐ Unknown

Diagnosis:

Indication for Transfusion:

SECTION II: RECORD OF TRANSFUSION

Component Type: *
☐ Whole Blood ☐ CRC ☐ Platelet-Random ☐ Platelet-Apheresis ☐ FFP ☐ CRYO ☐ Other

☐ Mirasol PRT

Electronic Data Entry Form (2)

Transfusion Reaction Form B

SECTION IV: TRANSFUSION REACTION INVESTIGATION FORM

Patient ID/NHIS:
Donation No:
Hospital: ALL

Transfusion Date:
Expiry Date of Unit:
Ward:

Patient Gender:
Patient Age:
Patient ABO/Rh:
Transfused Unit ABO/Rh:

Time Component Issued: --:-- -- hh:mm am/pm

Transfusion No.:

Verified Adverse Reaction: **

- | | |
|---|--|
| <input type="checkbox"/> Incorrect blood component transfused (IBCT) | <input type="checkbox"/> Transfusion -Associated Circulatory Overload (TACO) |
| <input type="checkbox"/> Acute Haemolytic transfusion reaction (Immediate) | <input type="checkbox"/> Transfusion associated Graft versus Host disease (TAGvHD) |
| <input type="checkbox"/> Delayed Haemolysis | <input type="checkbox"/> Post- Transfusion Purpura (PTP) |
| <input type="checkbox"/> Delayed serologic reaction (DSTR) | <input type="checkbox"/> Transfusion associated dyspnea (TAD) |
| <input type="checkbox"/> Febrile non-haemolytic transfusion reactions (FNHTR) | <input type="checkbox"/> Hypotensive transfusion reaction |
| <input type="checkbox"/> Allergic reactions | <input type="checkbox"/> Haemosiderosis |
| <input type="checkbox"/> Septic Shock | <input type="checkbox"/> Hyperkalemia |
| <input type="checkbox"/> Transfusion related acute lung injury (TRALI) | <input type="checkbox"/> Unclassifiable Complication of Transfusions (UCT) |
| <input type="checkbox"/> NONE | |

Verified Severity:

- ☐ Grade 1 (non-severe) ☐ Grade 2 (severe) ☐ Grade 3 (life-threatening) ☐ Grade 4 (death)

Imputability:



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☐ Transfusion related acute lung injury (TRALI)

☐ Unclassifiable Complication of Transfusions (UCT)

☐ None

Verified Severity: *

☐ Grade 1 (non-

Imputability: *

☐ Definite ☒

Transfusion Reaction

☒ Complete Reaction

Comments:

Was lab verification

☒ Yes ☐ No

ed and dated by Haemovigilance Officer? *

☒ Yes ☐ No

☒ Mark this Form complete and submit it.

Save Only

Save & Submit

Cancel

Reset



Validation Failed

Donation/Batch No: is required
Rhesus Factor (Rh): is required
Rhesus Factor (Rh): is required
Was the whole unit transfused uneventfully: is required

OK



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Incomplete Forms 13

Add New Form

Reports

Show 10 entries

Search:

Status	Transfusion Date	Patient ID/NHIS	Donation No.	PRT	Component Type
⚠	01 Feb 2018	3130/99520001	ST6587/59		FFP
✓	30 Jan 2018	1592/99460000	XY1018/51		FFP
✓			91		Platelet-Apheresis
✓			67		Platelet-Apheresis
✓			64		CRYO
✓			55		CRYO
⚠			58		Platelet-Apheresis
✓			71		CRC
✓			64		FFP
✓	15 Jan 2018	4665/9948/000	ST7868/12		CRC

Showing 1 to 10 of 346 entries

Previous

1

2

3


4

5

...

35

Next



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Verified Severity:

☒ Grade 1 (non-severe) ☐ Grade 2 (severe) ☐ Grade 3 (life-threatening) ☐ Grade 4 (death)

Imputability:

☐ Definite ☐ Probable ☒ Possible ☐ Unlikely ☐ Excluded

Transfusion Reaction Outcome:

☐ Complete Recovery ☒ Recovered with Complication ☐ Death

Comments:

Was lab verification complete? **

☒ Yes ☐ No ☐ N/A

Is Form B signed and dated by Haemovigilance Officer? **

☒ Yes ☐ No

☒ Mark this Form complete and submit it.

Save Only

Save & Submit

Cancel

Delete

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Add New Form

Reports

Show10▼entries

Search:

Status	Transfusion Date	Patient ID/NHIS	Donation No.	PRT	Component Type
⚠	01 Feb 2018	3130/99520001	ST6587/59		FFP
✓	30 Jan 2018	1592/99460000	XY1018/51		FFP
✓			91		Platelet-Apheresis
✓			67		Platelet-Apheresis
✓			64		CRYO
✓			55		CRYO
⚠			68		Platelet-Apheresis
✓			71		CRC
✓			64		FFP
✓			2		CRC


Showing 1 to 10 of 346 entries

Previous12345...35Next

Submitted

The Transfusion form for patient ABC/001 is marked complete and submitted.

OK



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Form List

Ghana Haemovigilance Database

STAGING TEST SITE

Korle Bu Teaching Hospital (KBTH) : Data Manager (Data Manager) Sign Out

Home

Transfusion Forms 454

Forms with Reaction 68

Incomplete Forms 79

Add New Form

Reports

Change Password

Transfusion Reaction Forms for Korle Bu Teaching Hospital (KBTH)

+ Add New Form

List of all Transfusion Forms

Highlighted rows mark your Forms. Submitted | Incomplete | Forms with Reactions | Mirasol PRT

Show 10 entries

Search:

Status	Transfusion Date	Patient ID/NHIS	Donation No.	PRT	Component Type
	12 Jun 2017	TEST CASE 003/12/06	June		FFP
	12 Jun 2017	TEST CASE 004/12/06	JUNE		Platelet-Apheresis
	30 Jan 2017	6611/99353300	AB3945/45		Whole Blood
	29 Jan 2017	1806/99887200	ST7226/42		Whole Blood
	27 Jan 2017	6180/99679400	MB4101/12		Whole Blood
	26 Jan 2017	5518/99524300	LT8508/81		Whole Blood
	26 Jan 2017	8205/99710200	PP7261/19		CRYO
	26 Jan 2017	3197/99597300	GH3754/49		Whole Blood
	25 Jan 2017	5856/99712600	GH1022/73		CRYO
	25 Jan 2017	9864/99860800	GH5357/87		FFP

Showing 1 to 10 of 454 entries

Previous 1 2 3 4 5 ... 46 Next



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Reports (1)

Home



Transfusion Forms

1440

Forms with Reaction

71

Incomplete Forms

4

Add New Form



Reports



Change Password



User Accounts

17

Add New User



Activity Log



Data Export



Transfusion Reaction Severity Report

Data refreshed 2018-06-30 at 03:29:08



100%

search report



Start Date

2017-06-30

End Date

2018-06-30

Hospital

all

Apply

Reset

Transfusion Reaction Severity Report

Report Date Range: 30 Jun 2017 - 30 Jun 2018 and Hospital : all

Verified Reaction Type	Grade 1 (non-severe)	Grade 2 (severe)	Total
Acute Haemolytic transfusion reaction (immediate)	0	1	1
Allergic reactions	11	1	12
Febrile non-haemolytic transfusion reactions (FNHTR)	31	0	31
Transfusion-Associated Circulatory Overload (TACO)	1	3	4
Unclassifiable Complication of Transfusions (UCT)	16	3	19
Total	59	8	67

Reports (2)

Ghana Haemovigilance Database

STAGING TEST SITE

Komfo Anokye Teaching Hospital (KATH) : Herrod Guthrie (Data Manager) Sign Out

Home

Transfusion Forms 346

Forms with Reaction 58

Incomplete Forms 69

Add New Form

Reports

Change Password

Transfusion Reaction Component Report

Data refreshed 2017-06-14 at 19:55:29

search report

Start Date

2016-06-14

End Date

2017-06-11

Hospital

Komfo Anokye Teaching Hc

Apply

Reset

Transfusion Reaction Component Report

Report Date Range: 14 Jun 2016 - 11 Jun 2017 and Hospital: Komfo Anokye Teaching Hospital (KATH)

Note: The PRT for all components is calculated. At time of implementation, PRT for component types other than WB should have a 0.

Verified Reaction Type	Whole Blood			Platelet-Random		Platelet-Apheresis		FFP		CRYO		CRC		Total Component Type
	NoPRT	+PRT	Total	NoPRT	Total	NoPRT	Total	NoPRT	Total	NoPRT	Total	NoPRT	Total	
Acute Haemolytic transfusion reaction (Immediate)	0	0	0	0	0	1	1	0	0	0	0	0	0	1
Allergic reactions	1	1	2	0	0	0	0	0	0	0	0	0	0	2
Delayed serologic reaction (DSR)	0	0	0	1	1	0	0	0	0	0	0	1	1	2
Febrile non-haemolytic transfusion reactions (FNHTR)	0	1	1	0	0	0	0	0	0	0	0	0	0	1
Haemosiderosis	0	0	0	0	0	0	0	0	0	1	1	0	0	1
Hyperkalemia	0	0	0	1	1	0	0	1	1	0	0	0	0	2
Hypotensive transfusion reaction	0	1	1	0	0	1	1	0	0	0	0	0	0	2
Incorrect blood component	0	1	1	0	0	0	0	1	1	0	0	0	0	2



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Reports (3)

Ghana Haemovigilance Database
STAGING TEST SITE
Korle Bu Teaching Hospital (KBTH) : Data Manager (Data Manager) Sign Out

Home
Transfusion Forms 455
Forms with Reaction 69
Incomplete Forms 79
Add New Form
Reports
Change Password

Sign and Symptoms Report


Data refreshed 2017-06-14 at 19:16:35

P_START_DATE: 2016-06-14
P_END_DATE: 2017-06-14
P_HOSPITAL: Korle Bu Teaching Hospital

Apply
Reset

Report Date Range: 14 Jun 2016 - 14 Jun 2017 and Hospital: Korle Bu Teaching Hospital (KBTH)

Date of Transfusion	Patient ID/MS	Donation No or (Batch No)	Suspected Reaction Type	Verified Reaction Type	Itching/Pruritus	Chills/Rigors	Fever	Nausea	Rash/Urticaria	Flushing and sweating	Dyspnoea	Chest pain / Tight chest	Anxiety	Restlessness	Palpitations	Hypertension	Hypotension	Back pain/Flank pain/Head pain	Oliguria	Dark urine	Unexplained bleeding	Respiratory distress (wheezes/crackles)	Fever (°C)	Palpitations (bpm)	Hypotension (mm Hg)	Hypertension (mm Hg)	Other (Text)	Other (Text)
20 Jun 2016	921 097 000 0	PP70 25/ 50	Transfusion related acute lung injury TRA	Transfusion associated circulatory overload							Yes																	


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Version: 1.0.1 (June, 2017)

Reports (4)

Ghana Haemovigilance Database
STAGING TEST SITE
Korle Bu Teaching Hospital (KBTH) : Data Manager (Data Manager) Sign Out

Home
Transfusion Forms 433
Forms with Reaction 69
Incomplete Forms 79
Add New Form
Reports
Change Password

Line Listing Report

Data refreshed 2017-06-14 at 19:17:18


P_START_DATE: 2016-06-14
P_END_DATE: 2017-06-14
P_HOSPITAL: Korle Bu Teaching Hospital

Apply
Reset

Line Listing Report

Report Date Range: 14 Jun 2016 - 14 Jun 2017 and Hospital : Korle Bu Teaching Hospital (KBTH)

Incomplete?	Transfusion Date	Patient ID	Gender	Age at Transfusion	Patient Unit ABO/Rh	Hospital	Ward	Indication for Transfusion	Component Type	PRT	Transfused Unit ABO/Rh	Onset of Reaction	Adverse Reaction's Suspected	Adverse Reaction's Verified	Severity of Reaction Suspected	Severity of Reaction Verified	Impairability of Reaction	Reaction Outcome
	14 Jun 2016	1455/99879100	Female	59	AB +	Korle Bu Teaching Hospital (KBTH)		Leukemia	Platelets-Random	No	U +							
Yes	15 Jun 2016	7704/99930700	Female	25	AB +	Korle Bu Teaching Hospital		N/A	Whole Blood	Yes	U +							


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Data Centralization

- Currently data from 2 hospitals are being reported
- Site coordinators responsible for data transfer from paper form to the web portal
- Individual hospital data available to
 - Site Admin
 - Data Manager
 - Data reviewer
- Data from both hospitals available to System Admin only

Preliminary Results

Category	Number reported
Total complete forms recorded	1,436
Forms with verified reactions	71
Febrile non-hemolytic transfusion reactions (FNHTR)	34
Unclassifiable Complication of Transfusions (UCT)	20
Allergic reactions	12
Transfusion –Associated Circulatory Overload (TACO)	4
Acute Hemolytic transfusion reaction (Immediate)	1

* Reaction rate /1,000 WB transfusion: Overall rate(49.4/1,000), FNHTR rate (23.7/1,000), UCT rate (13.9/1,000) , Allergic rate (8.4/1,000), TACO rate (2.8/1,000), AHTR rate (0.7/1,000)



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Lessons Learned

- Don't reinvent the wheel, simplify the wheel
- ISBT working definitions invaluable
- HV training and introduction of the hemovigilance system has improved monitoring and evaluation
- Easier to train on a simple system
- Completion of the data base earlier in the project would have been an advantage
- It is possible to use a simple cloud-based web portal to centralize hemovigilance data from different hospitals
- Training the trainers (local medical staff) is the key to sustainability
- Easily accessible & timely reports help in real-time analysis and evaluation
- Reports from the system can be used for educational purposes

Future...

- Capture 3,200 transfusion records within the funded project period
- NBSG oversee the cloud-based hemovigilance infrastructure, after the funded period ends
- Similar programs can be expanded to other sites to establish user-friendly national hemovigilance systems

THANK YOU!!

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