

EVALUATION OF QUALITY INDICATORS AT BLOOD CENTRE IN A TERTIARY CARE CENTRE IN KERALA

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BACKGROUND & OBJECTIVES

The therapeutic outcome in blood transfusion is directly related to the quality of blood transfusion services. QMS can be monitored with the help of performance measures- **Quality indicators**. NABH has defined 10 quality indicators, of which 5 are mandatory.

This study is aimed to assess the mandatory quality indicators at the blood centre in a tertiary care centre in Kerala.

METHODS

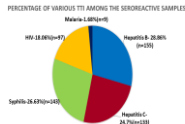
A Prospective Observational Study was done at the department of Transfusion Medicine, Government Medical College, Thiruvananthapuram, Kerala, during the study period of one year (December 2022-November 2023)

- The Five mandatory Quality Indicators (NABH) were assessed.

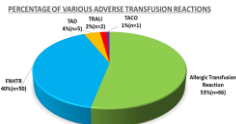
QUALITY INDICATOR	
1. PERCENTAGE OF TRANSFUSION TRANSMITTED INFECTION	$\frac{\text{Combined TTI cases: HIV + HBV + Syphilis + Malaria}}{\text{Total number of donors}} \times 100$
2. ADVERSE TRANSFUSION REACTION RATE	$\frac{\text{Number of adverse transfusion reaction}}{\text{Total number of blood components issued}} \times 100$
3. WASTAGE RATE (Excluding discards due to TTI reactivity)	$\frac{\text{Number of blood components discarded}}{\text{Total number of blood components}} \times 100$
4. TURN AROUND TIME	$\frac{\text{Sum of Time taken for crossmatch}}{\text{Total number of crossmatches}}$
5. COMPONENT Qc FAILURE (For each component)	$\frac{\text{Number of component Qc failures}}{\text{Total number of components tested}} \times 100$

RESULTS

Percentage of TTI reactivity- 1.81%
(Meets the benchmark)



Adverse Transfusion reaction rate- 0.45%



No cases of hemolytic transfusion reaction were reported during the period.

Wastage Rate- 6.17% (PRC- 2.47%, PC- 13.56%, FFP- 2.47%)

Turn around time- For elective cases- 80minutes, For emergency cases- 35minutes.

Component Qc failures:

PRC- All passed, PC- 93.62% passed, FFP-92% passed, Cryoprecipitate- 60% passed (Does not meet the benchmark)

CONCLUSION

This study helped us in assessing the quality and to identify the flaws in our blood centre. By using this data, one can analyze the root cause and can implement CAPA in order to sustain quality.