

The turnaround time (TAT) for blood transfusion (BT) is an important quality indicator for the health-care institutions undertaking this procedure” Agnihotri and Agnihotri (2018).

Abstract:

BACKGROUND AND AIM: The turnaround time (TAT) for blood transfusion (BT) is an important quality indicator for the health-care institutions undertaking this procedure. There is no established national or international benchmark for this TAT due to the dearth of a published literature. We thus studied the TAT and the contributory procedures leading to delay in commencing a red blood cell transfusion in the hospitalized patient.

MATERIALS AND METHODS: Delay was captured for the blood order transcription, requisitioning and sampling by the nurse, blood bank (BB) processing, blood issue, and the transfusion commencement in the hospitalized patients. The study was done prospectively over a 1-year period and involved all the patient locations spread over six floors in a tertiary care accredited hospital.

RESULTS: A total of 2022 blood requests were analyzed during the study period. Most (73%) of the blood requests were marked as urgent by the treating unit. The average time from ordering to initiation of BT was 135 min in our study. BB processes (compatibility testing and issue) comprised approximately 47% of this delay (63 min), while rest of the delay happened in the processes (ordering 13 min, sample transport 34 min, and BT commencement 25 min) outside the BB (72 min).

CONCLUSION: Majority of the delay for blood transfusion happens due to the processes outside blood bank premises. Understanding the steps where delay happens has the potential to reduce the turnaround time for lifesaving procedures such as blood transfusion in the hospitalized patients.

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Reference:

Agnihotri, N. and Agnihotri, A. (2018) Turnaround Time for Red Blood Cell Transfusion in the Hospitalized Patient: A Single-Center “Blood Ordering, Requisitioning, Blood Bank, Issue (of Blood), and Transfusion Delay” Study. *Indian Journal of Critical Care Medicine*. 22(12), p.825-830.

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