

# Electronic "on-screen" questionnaire

**Riin Kullaste** 

21.02.2013



# **Background**



Estonian Blood Bank Information System was established at the Northern Estonia Blood Centre in Tallinn in 1996.

In 1999 all blood centres were connected.

Information system uses ISBT-128 coding and consist of following parts:

- Donor registry
- Invitation system
- Collection
- Production
- Product management
- Process administration

#### e - Donor



Founded in 2009 as Estonian Blood Bank Information System's portal for blood donors on website

### **Functions:**

- Electronic questionnaire
- Test results from previous donations
- History of donations
- Suggested time for the next visit
- Possibility to correct contact data

### Limited access:

Only after third donation



### Objectives of electronic questionnaire



Reliable data collection is one of the key elements of the hemovigilance system.

Information given by donor has to be reproducible in the fastest and easiest way

Group analyses and summation have to be available.

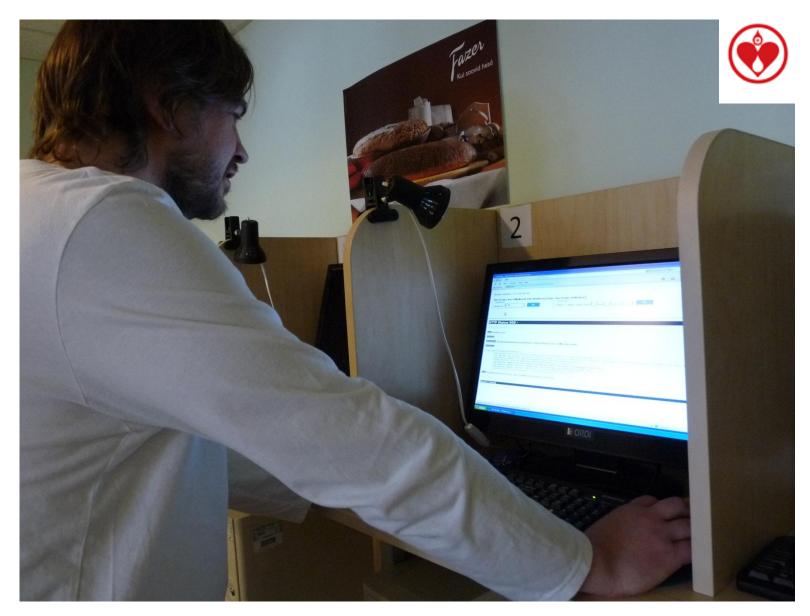
# Regionaalhaigla



# **Electronic questionnaire on site**



# **Electronic questionnaire on site**



# Webpage www.verekeskus.ee

f Liitu meiega Facebookis

est rus







Kõik uudised 🔊 Liitu uudisvooga

#### Verekeskus üllatab sõbrakuul

Verekeskus pakub sõbrakuul veebruaris doonoritele mitmeid toredaid üllatusi.Terve veebruarikuu jooksul saavad doonorid nii... » »

#### Eelmisel aastal kasvas vereloovutuste arv

Põhja-Eesti Regionaalhaigla verekeskust külastas eelmisel aastal ligi 20 300 doonorit, kes tegid kokku üle 32 500... » » »

#### Verekeskuse kommentaar täna sotsiaalmeedias levinud üleskutsele

Täna levis sotsiaalvõrgustikus Facebook üleskutse tulla loovutama 0negatiivset verd, et aidata hädas olevat väikelast.... » »

#### Vene Teater toetab doonoreid teatripiletitega

Vene Teater ja Põhja-Eesti Regionaalhaigla verekeskus alustasid koostööd, mille käigus Vene Teater kingib aeg-ajalt... » » »

Hetke verevarud \*\*\*\*\* 0 Rh positiivne 6666 0 Rh negatiivne \*\*\* A Rh positiivne \*\*\* A Rh negatiivne \*\*\*\* B Rh positiivne B Rh negatiivne \*\*\*\* \*\*\*\* AB Rh positiivne \*\*\*\* AB Rh negatiivne DoonoriFoorum (Narva mnt 5, Foorumi keskus E-N 11-19

e-Doonor Vaata oma andmeid

Doonorivere kasutamine



#### Doonorile

Legendi järgi oli pelikan maailma esimene doonor. Verekeskused Eestis

R 9-14



# Donor identification by ID chip card and donor code





Joonis 2. Isikutuvastus

Seejärel toimub lisakontroll doonori koodi jaoks:



Joonis 3. Doonori koodi kontroll



# Tere tulemast SA Põhja-Eesti Regionaalhaigla verekeskuse doonorite andmebaasi e-Doonor!



Isikukood: Doonori kood:	47701012222 123456	Viimane vereloovutus või külastus: Järgmine vereloovutus on soovitavalt:	07.03.2006, SISEKAITSEAKADEEMIA 06.04.2006		ovutusi kokku: ovutusi jooksval	4 Sulge
		Uuringud		Doonori andme	te kontroll	Küsitlusleht
Teie veregr Vereloovuti Uuringute t NAHK + kon	ras	Kõik vereloovutused	Soovitused	Doonon isikuand Perekonnanimi: Eesnimi: Sünniaasta: Kodune aadress:	Testija Mai 25.08.1977	
VEENID + k HB (doonon	orras iveri) 135 korras			Maakond:	LÄÄNEMAA	~
				Vald:	TAEBLA vald	~
				Linn/küla/asula:	LEEDIKÜLA	~
				Aadress:	LAURI TALU	
				Postiindeks:		
				Tel:		
				Mobiil:		
				E-post:		
				Töökoht:	SISEKAITSEAK	AD.
				Töökoha aadress:		

# Donor questionnaire

# Regionaalhaigla

12. Have you travelled outside Estonia within last 12 months?	Yes WO
13. Within last 28 days, have you travelled to regions where the West-Nile virus is endemic?	○ Yes ○ No
14. Have you lived in Great Britain for 6 months or longer during years 1980–1996?	○ Yes ○ No
15. Has anyone in your family had Creutzfeldt-Jacob disease?	○ <u>Yes</u> ○ <u>No</u>
16. Have you ever been treated with human growth hormone preparations?Have you ever received transplanted tissues/organs?	C Yes C No
17. Have you ever received medication containing isotretinoin (e.g.Accutane), etretinate (e.g.Tegison), finasteride (e.g.Proscar), a	C Yes C No
18. HAVE YOU OR YOUR SEXUAL PARTNER HAD OR HAVE NOW: Hepatitis, or tested positive for hepatitis, HIV antibodies or had AIDS?	© <u>Yes</u> © <u>No</u>
19. Experienced unexplained weight loss, fever, swollen lymph nodes, or repeated diarrhoea?	Yes
20. Have you used or do you know if your sexual partner has ever used (even once) injected drugs?	C Yes C No
21. Multiple sexual partners or received payment (in money or drugs) in exchange for sex?	© <u>Yes</u> © <u>No</u>
22. Male donors: have you ever had sex with men?	Yes  No
22. Male donors: have you ever had sex with men?  23. DURING PAST TWELVE MONTHS, HAVE YOU OR YOUR SEXUAL PARTNER: received transfusion of blood/blood components or clotting factor	C Yes C No
23. DURING PAST TWELVE MONTHS, HAVE YOU OR YOUR SEXUAL PARTNER: received	
23. DURING PAST TWELVE MONTHS, HAVE YOU OR YOUR SEXUAL PARTNER: received transfusion of blood/blood components or clotting factor 24. DURING PAST TWELVE MONTHS, HAVE YOU: been ill, attended medicl help,received medical check-ups of medical treatment, inoculatio	C Yes C No
23. DURING PAST TWELVE MONTHS, HAVE YOU OR YOUR SEXUAL PARTNER: received transfusion of blood/blood components or clotting factor 24. DURING PAST TWELVE MONTHS, HAVE YOU: been ill, attended medicl help,received medical	C Yes C No
23. DURING PAST TWELVE MONTHS, HAVE YOU OR YOUR SEXUAL PARTNER: received transfusion of blood/blood components or clotting factor 24. DURING PAST TWELVE MONTHS, HAVE YOU: been ill, attended medicl help,received medical check-ups of medical treatment, inoculatio  25. Are you currently on medication or have you used medication in the past four weeks?	Yes No Yes No
23. DURING PAST TWELVE MONTHS, HAVE YOU OR YOUR SEXUAL PARTNER: received transfusion of blood/blood components or clotting factor 24. DURING PAST TWELVE MONTHS, HAVE YOU: been ill, attended medicl help,received medical check-ups of medical treatment, inoculatio  25. Are you currently on medication or have you used medication in the past four weeks?  26. Are you currently on sick leave?	Yes No Yes No Yes No Yes No
23. DURING PAST TWELVE MONTHS, HAVE YOU OR YOUR SEXUAL PARTNER: received transfusion of blood/blood components or clotting factor 24. DURING PAST TWELVE MONTHS, HAVE YOU: been ill, attended medicl help,received medical check-ups of medical treatment, inoculatio  25. Are you currently on medication or have you used medication in the past four weeks?  26. Are you currently on sick leave?  27. I CONFIRM THAT I AM A VOLUNTARY BLOOD DONOR AND I FEEL HEALTHY.	Yes No Yes No Yes No Yes No Yes No
23. DURING PAST TWELVE MONTHS, HAVE YOU OR YOUR SEXUAL PARTNER: received transfusion of blood/blood components or clotting factor 24. DURING PAST TWELVE MONTHS, HAVE YOU: been ill, attended medicI help,received medical check-ups of medical treatment, inoculatio  25. Are you currently on medication or have you used medication in the past four weeks?  26. Are you currently on sick leave?  27. I CONFIRM THAT I AM A VOLUNTARY BLOOD DONOR AND I FEEL HEALTHY.  28. I CONSIDER MY BLOOD TO BE SAFE FOR DONATION TO PATIENTS NEEDING TRANSFUSION.	Yes No



# **Electronic questionnaire**



Donor's answers from website are valid for 7 days (whole blood donation) or 5 days (apheresis donation)

Donor's answers will be overviewed and confirmed during the medical examination and saved to the database.

Deferral reason will be determined and saved

The electronic questionnaire **is not** tool for self - deferral





# Deferrals in 2012 (visitors 38 570)

Reason	Permanent	<b>Temporary</b>
Medical reason	148	1032
Allergy	2	22
High Hgb	0	25
Low Hgb	1	2189
Low weight	0	35
Piercing and		
tattoos	0	124
Menstruation	0	107
Risk for		
infection	12	486
Vaccination	0	6
Tired	1	97



# **Electronic questionnaire (summary)**



### Benefits for donors:

- Time saving
- High confidentiality
- Convenient

# Benefits as regards blood safety:

- Reports of donor deferral different reasons
- Reports on different detailed data
- Tracebility to single answer. Access is easy and quick



Thank you for your attention!