

Blood Disorders and Blood Safety

Number Objective Short Title

Hemoglobinopathies

- BDBS-1 Vaccinations of persons with hemoglobinopathies
- BDBS-2 Patient and family referral for hemoglobinopathies
- BDBS-3 Hemoglobinopathies care in a medical home
- BDBS-4 Screening for complications of hemoglobinopathies
- BDBS-5 Disease-modifying therapies for hemoglobinopathies
- BDBS-6 Penicillin prophylaxis for sickle cell disease
- BDBS-7 Hospitalizations for sickle cell disease
- BDBS-8 High school completion among persons with hemoglobinopathies
- BDBS-9 Community-based organizations campaigns for hemoglobinopathies
- BDBS-10 Awareness of hemoglobinopathy carrier status

Bleeding and Clotting

- BDBS-11 Vaccinations of persons with bleeding disorders
- BDBS-12 Venous thromboembolism
- BDBS-13 Venous thromboembolism during hospitalization
- BDBS-14 Provider referrals for inherited bleeding disorders in women
- BDBS-15 Diagnosis of von Willebrand Disease (vWD) in women
- BDBS-16 Reduced joint mobility among persons with hemophilia

Blood Safety

- BDBS-17 Blood donations
- BDBS-18 Adverse events related to blood and blood products
- BDBS-19 Blood product shortage

Topic Area: Blood Disorders and Blood Safety

Hemoglobinopathies

BDBS–1: (Developmental) Increase the proportion of persons with hemoglobinopathies who receive recommended vaccinations.

Potential data source: Registries and Surveillance in Hemoglobinopathies (RuSH), NIH and CDC.

BDBS–2: (Developmental) Increase the proportion of persons with a diagnosis of hemoglobinopathies and their families who are referred for evaluation and treatment.

Potential data source: Registries and Surveillance in Hemoglobinopathies (RuSH), NIH and CDC.

BDBS–3: (Developmental) Increase the proportion of persons with hemoglobinopathies who receive care in a patient/family-centered medical home.

Potential data source: Registries and Surveillance in Hemoglobinopathies (RuSH), NIH and CDC.

BDBS–4: (Developmental) Increase the proportion of persons with a diagnosis of hemoglobinopathies who receive early and continuous screening for complications.

Potential data source: Registries and Surveillance in Hemoglobinopathies (RuSH), NIH and CDC.

BDBS–5: (Developmental) Increase the proportion of persons with hemoglobinopathies who receive disease-modifying therapies.

Potential data source: Registries and Surveillance in Hemoglobinopathies (RuSH), NIH and CDC.

BDBS–6: (Developmental) Increase the proportion of children with sickle cell disease who receive penicillin prophylaxis from 4 months to 5 years of age.

Potential data source: Registries and Surveillance in Hemoglobinopathies (RuSH), NIH and CDC.

BDBS–7: (Developmental) Reduce hospitalizations due to preventable complications of sickle cell disease among children aged 9 years and under.

Potential data sources: Sickle Cell Disease Treatment Demonstration Program (SCDTDP), HRSA; Registries and Surveillance in Hemoglobinopathies (RuSH), NIH and CDC.

BDBS–8: (Developmental) Increase the proportion of persons with a diagnosis of hemoglobinopathies who complete high school education or a General Education or Equivalency Diploma (GED) by 25 years of age.

Potential data source: Registries and Surveillance in Hemoglobinopathies (RuSH), NIH and CDC.

BDBS–9: (Developmental) Increase the proportion of community-based organizations (CBOs) that provide outreach and awareness campaigns for hemoglobinopathies.

Potential data source: Registries and Surveillance in Hemoglobinopathies (RuSH), NIH and CDC.

BDBS–10: (Developmental) Increase the proportion of hemoglobinopathy carriers who know their own carrier status.

Potential data source: Registries and Surveillance in Hemoglobinopathies (RuSH), NIH and CDC.

Bleeding and Clotting

BDBS–11: (Developmental) Increase the proportion of persons with bleeding disorders who receive recommended vaccinations.

Potential data source: Universal Data Collection Project (UDC), CDC.

BDBS–12 Reduce the number of persons who develop venous thromboembolism (VTE).

Target: 48.9 per 10,000 population.

Baseline: 54.3 per 10,000 population aged 18 years and older developed venous thromboembolism (VTE) in 2007 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data sources: National Ambulatory Medical Care Survey (NAMCS), CDC, NCHS; National Hospital Ambulatory Medical Care Survey (NHAMCS), CDC, NCHS.

BDBS–13: (Developmental) Reduce the number of adults who develop venous thromboembolism (VTE) during hospitalization.

BDBS–13.1 (Developmental) VTE among adult medical inpatients.

Potential data source: National Hospital Discharge Survey (NHDS), CDC, NCHS.

BDBS–13.2 (Developmental) VTE among adult surgical patients.

Potential data sources: National Hospital Discharge Survey (NHDS), CDC, NCHS; Joint Commission on Accreditation of Health Care Organizations (JCAHO) survey.

BDBS–14: (Developmental) Increase the proportion of providers who refer women with symptoms suggestive of inherited bleeding disorders for diagnosis and treatment.

Potential data source: American College of Obstetricians and Gynecologists (ACOG) Survey.

BDBS–15: Increase the proportion of women with von Willebrand disease (vWD) who are timely and accurately diagnosed.

Target: 31.2 percent.

Baseline: 28.4 percent of females with von Willebrand disease (vWD) were timely and accurately diagnosed in 2008.

Target setting method: 10 percent improvement.

Data source: Universal Data Collection Project (UDC), CDC.

BDBS–16: Reduce the proportion of persons with hemophilia who develop reduced joint mobility due to bleeding into joints.

Target: 74.6 percent.

Baseline: 82.9 percent of persons with hemophilia developed reduced joint mobility due to bleeding into joints in 2008.

Target setting method: 10 percent improvement.

Data source: Universal Data Collection Project (UDC), CDC.

Blood Safety

BDBS–17: Increase the proportion of persons who donate blood.

Target: 6.7 percent.

Baseline: 6.1 percent of the population aged 18 years and older reported donating blood within the past year in 2008 (age adjusted to the year 2000 standard population).

Target setting method: 10 percent improvement.

Data source: National Health Interview Survey (NHIS), CDC, NCHS.

BDBS–18: (Developmental) Reduce the proportion of persons who develop adverse events resulting from the use of blood and blood products.

BDBS–18.1 Due to transfusion-related acute lung injury (TRALI).

Potential data sources: National Healthcare Safety Network (NHSN) Hemovigilance Module, CDC; National Blood Collection and Utilization Survey (NBCUS), HHS.

BDBS–18.2 Due to blood incompatibility.

Potential data sources: National Healthcare Safety Network (NHSN) Hemovigilance Module, CDC; National Blood Collection and Utilization Survey (NBCUS), HHS.

BDBS–18.3 Due to transfusion-transmitted infections.

Potential data sources: National Healthcare Safety Network (NHSN) Hemovigilance Module, CDC; National Blood Collection and Utilization Survey (NBCUS), HHS.

BDBS–18.4 Due to alloimmunization among persons with hemoglobinopathies.

Potential data sources: National Healthcare Safety Network (NHSN) Hemovigilance Module, CDC; Registries and Surveillance in Hemoglobinopathies (RuSH), NIH and CDC

BDBS–19: (Developmental) Reduce the proportion of persons who did not receive a transfusion due to a blood product shortage.

BDBS–19.1 Persons who did not receive red blood cells.

Potential data sources: National Blood Collection and Utilization Survey (NBCUS), HHS

BDBS–19.2 Persons who did not receive platelets.

Potential data sources: National Blood Collection and Utilization Survey (NBCUS), HHS

BDBS–19.3 Persons who did not receive plasma derivatives.

Potential data sources: National Blood Collection and Utilization Survey (NBCUS), HHS