American Red Cross

For questions: ISBT128@usa.redcross.org

Planning for Hospital Conversion to ISBT 128 Labeling for Blood Products

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The American Red Cross plans to convert its regional blood centers to ISBT 128 bar code labeling for all blood products. AABB published an association bulletin for its members that will require all AABB-accredited blood banks and transfusion services to convert to the new standard blood product code labeling by May 2008.[1] In addition, each blood bank or transfusion service must have a written plan for conversion to ISBT 128 by November 2006. In accordance with this timeline, the American Red Cross is planning to implement ISBT 128 bar code labeling concurrently with the deployment of a new manufacturing operating system called BioArch. The conversion to ISBT 128 bar code labeling in each of the American Red Cross regional blood centers is targeted for the May 2008 deadline.

Key Steps for Conversion

There are multiple activities that hospital transfusion services need to complete in advance of converting to the new labeling system. Even hospital transfusion services that do not have computer systems for managing blood inventory or patient records must modify their forms and procedures to accommodate the ISBT 128 labeling system for product codes and donation identification numbers (DIN). Every hospital needs to have a plan to work with their blood suppliers, as well as their computer and equipment vendors, to ensure a smooth transition to the ISBT 128 labeling system. Hospitals should contact their American Red Cross representative to receive specific information on when their local blood center will be converting to ISBT 128 bar code labeling. The American Red Cross is committed to working with the hospitals to ensure that the transition is as smooth as possible.

For hospitals, some of the key steps to prepare for the conversion are

- Establish a committee of hospital stakeholders to include blood bank, information technology, administration, finance/ reimbursement, and patient care
- Develop a budget and a list of items that need to be addressed, including updating procedures, computer software, and staff training; ensure all stakeholders are aware of this conversion plan
- Work with an American Red Cross representative to determine the approximate date of the anticipated conversion to ISBT 128
- Work backward from the anticipated conversion date to develop a timeline for completing all necessary conversion plan items
- Identify the key items in the conversion plan that will be affected, including equipment, software, procedures, forms, and training

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[1] AABB. *ISBT 128 Implementation.* Bethesda, MD: AABB; 12 October 2005. Association bulletin #05-12.

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ICCBBA and New Product Codes

There will be a new method for naming blood products under ISBT 128. The assignment of new product codes will be under the direction of the International Council for Commonality in Blood Bank Automation (ICCBBA). ICCBBA is responsible for providing the standards and coordinating decisions regarding the use of ISBT 128 labeling. ICCBBA also maintains the list of collection facilities and assigns four-digit numbers for traceability to the collection facilities through the DIN, a unique number for each donation in the world. For more information about the services they provide, visit www.iccbba.com.

The American Red Cross will conform to the most recent version of the labeling consensus standard.[2] In the future, the American Red Cross will provide information on its plan for conversion, examples of the new product numbering system, and proposed product label design. Please contact an American Red Cross representative for document availability.

ISBT 128 Lessons Learned

The Community Blood Center of Kansas City, Missouri, was the first US blood bank to transition to the ICCBBA standardized labeling requirements. This blood bank instituted the new bar code symbology on July 1, 2003. They reported the result of a postimplementation survey that hospitals in their service area spent a mean of 18 hours (range, 2 to 200 hours) preparing for the changes and 4 hours (range, 1 to 20 hours) on documentation and procedure writing. The average cost for hospitals implementing ISBT 128 was $1,032 per facility and the most expensive hospital conversion was $25,000 for the purchase of a new software package.[3]

Additional Resources

There will be many opportunities for hospital staff to become familiar with the issues surrounding conversion to ISBT 128. The AABB offers educational resources regarding implementation. Other professional organizations and state societies also offer materials to help hospitals prepare for the conversion. For AABB members, there is a model implementation plan to assist hospitals in creating their own plan to convert to ISBT 128 labeling.[4] This plan may be found on www.aabb.org. (You must be an AABB member to access the plan.)

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[2] International Council for Commonality in Blood Bank Automation. *United States Industry Consensus Standard for the Uniform Labeling of Blood and Blood Components Using ISBT 128*. York, PA: ICCBBA, Inc.; 1999.

[3] Peck KB, Sher LD, Parton PA, Wright JF, Menitove JE. ISBT Code 128 implementation at a regional blood center. *Transfusion.* 2005;45:1111-1117.

[4] AABB. *ISBT 128 Implementation Plan.* Bethesda, MD: AABB; 1997.

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