PATIENT BLOOD MANAGEMENT

THE VALUE OF AUDIT IN INFLUENCING CLINICAL PRACTICE

Dr Megan Rowley
Clinical audit measures quality

- We need to know what we are doing so that we can work out how to improve
- We can use existing transfusion networks to measure transfusion practice in hospitals against standards taken from national guidelines
- Understanding reasons for variation and learning from best practice leads to improvement in quality of care to patients

NCABT is a joint programme between NHSBT and Royal College of Physicians Clinical Effectiveness and Evaluation Unit (CEEU) and covers transfusion practice in the UK
Why national audits are effective

NCABT Project Group
- Consult with all relevant professional groups when designing and piloting the audit
- Analyses the data, makes recommendations and writes the reports and slideshow
- Ongoing work with support of steering group, better blood transfusion team and project team

Documentation and Audit Toolkit
- Planning, piloting and funding
- Registration, audit protocol and on-line data collection tool
- Interim report (2 weeks) Your-site report & regional slide show (3 months)
- Journals articles, regional and national meeting presentations, action plans, implementation tools

Hospital Transfusion Team
- Web-based communication
- Engage with all relevant local clinicians and undertake data collection and return
- Immediately aware of whether practice meets standards
- Share good practice Investigate cause of poor practice Implement quality improvements

NCABT Audit Manager: Mr John Grant-Casey,
Clinical Lead: Dr Megan Rowley,
Steering Group Chair: Professor Mike Murphy
Generalise from high-use areas.

<table>
<thead>
<tr>
<th>Reason for Transfusion</th>
<th>Audited episodes in each category</th>
<th>Appropriate</th>
<th>Indeterminate</th>
<th>Outside guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prophylactic</td>
<td>69%</td>
<td>60%</td>
<td>6%</td>
<td>34%</td>
</tr>
<tr>
<td>Pre-procedure</td>
<td>15%</td>
<td>64%</td>
<td>13%</td>
<td>23%</td>
</tr>
<tr>
<td>Therapeutic</td>
<td>13%</td>
<td>84%</td>
<td>12%</td>
<td>5%</td>
</tr>
<tr>
<td>Unclear</td>
<td>3%</td>
<td>0%</td>
<td>100%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Guidelines are old and do not take into account new diagnostics or new treatments.

Junior doctors prescribe platelets.

Haematology doctors advise non-haematology doctors about platelet use.

BMS are not always empowered to challenge inappropriate requests.

Implementation group

- Target prescribing information at junior doctors
- Use of national indicator codes to justify/challenge platelet requests
- Use of different media – posters, bookmarks, smartphone apps

NCABT Audits of the Use of Platelets in Haematology Patients 2010
Clinical Leads: Drs Lise Estcourt and Janet Birchall
...and concentrate on the ‘big wins’

Demand (8-25% O- issues) is greater than supply (8-12% O- donors)

- Only 5.5% of O- is used in emergency transfusion but often >2 units are given
  - SOLUTION: rapid blood group, give group specific RBC earlier
- Most O negative blood given to non-O negative patients is given because it would be wasted time- expired
  - SOLUTION: Stock less O-
- Patients with RBC antibodies who need phenotyped RBCs often get O- instead of own group
  - SOLUTION: Blood service to phenotype more non-O RBC units

2 national audits of O RhD negative RBC use in 2008 and 2010

London RTC: 2010 comparative audit data on who gets O negative red cells

- Stock Management
- Emergency Use
- Special Requirements

NBTC and NCABT Audits of the Use of O RhD negative Red Cells
Clinical Lead: Dr Dora Foukaneli
Go beyond previous audits……

- Use of blood in anaemic medical patients looked at;
  - Alternative treatment of anaemia (especially iron deficiency)
  - Transfusion above the recommended trigger
  - Over transfusion

- Second part of audit – using local physicians as the final arbiter of whether the transfusion was justified or not

2012 National audit data; patients transfused above or below different Hb thresholds

NCABT Audit of the Use of red cells in medical patients
Clinical Lead: Dr Kate Pendry
Audit feedback: managing change

- How do we ensure that audit recommendations are implemented at a local level?
- Audit is only a snapshot but should be designed to be a representative sample.
- Always room for improvement, even with good audited practice.

Ownership
Of the problem by the HTC, of the solution by the relevant staff group and of the budget!
Inappropriate use = wastage = ££££

Quick Audit
A series of focused audit tools to re-audit after a change in practice.
Immediate results.

Research
The most effective methods of feedback after audit to influence change.
Audit in Patient Blood Management

- Use audit to measure and understand practice so that improvements in patient care can be made.
- Make audit as easy as possible for transfusion teams so participation remains high.
- Provide implementation tools for local use that are effective and sustain improvement.
- Use other methods of continuous data collection to monitor blood usage.
- Involve patients in audit and make patients aware of audit findings as another driver for improvement.