



Blood and Transplant

A thick blue wavy line that starts on the left, dips down, and then rises towards the right.

Component Wastage

Frances Sear

Patient Blood Management Practitioner - East of England

Caring Expert Quality

Component Management

- What it is?
- Why it is important?
- What impact does it have?
- What can you do?
- What is available to help you?
- What is the impact of change?

A balancing act

Stock v supply



Optimising the resources we have to meet all Hospital demand

Optimising the stock you hold to meet your patient demand whilst trying not to waste a precious and costly resource

Not so simple after all...



Considerations



**Limited
supply of
donor blood**



Demand



**Need to
maintain
supply of
right
component
mix**



**Cost of
wastage
to NHS &
Hospitals**

Are these really significant enough
to worry about?



Blood and Transplant

£92,474

EoE Regional red cell
wastage just for Quarter 1
2017

Reduced NHSBT stock
levels this march



O neg

URGENT COMMUNICATION

A copy of this letter can be found at hospital.blood.co.uk/

Date: 5 April 2018

To: Transfusion Laboratory Manager, Transfusion Practitioner, Consultant Haematologist with responsibility for Blood Transfusion

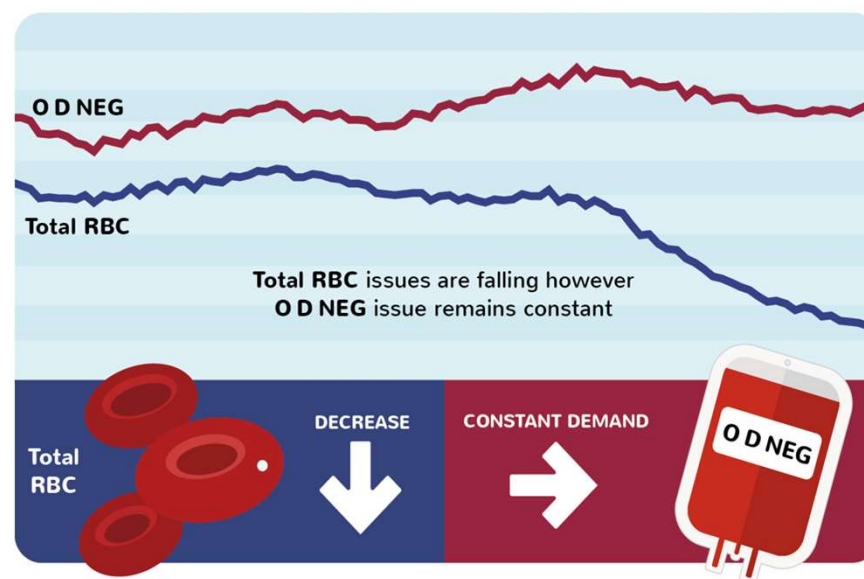
Dear Colleague,

Update on Red Cell Stock Levels – O D negative

Thank you for your help over the Easter period whilst we have rebuilt red cell stocks. Although overall stock levels have improved, including B D negative, we remain challenged with our stock holding for O D negative red cells. Whilst we have had an overwhelming response from donors we still need your support to build our stocks for this particular blood group.

Our ongoing ask is:

1. Please try and reduce your stock levels for O D negative red cells if it is safe to do so. We appreciate that many hospitals have already reduced their stock holding, but further action across more sites would increase NHSBT's central stockholding in the short term.
2. Ensure appropriate use is consistently applied and continue to minimise waste.
3. Consider single-unit red cell transfusion where appropriate - NICE guidelines.
4. Conserve O D negative red cells for group O D negative patients in line with established guidelines.



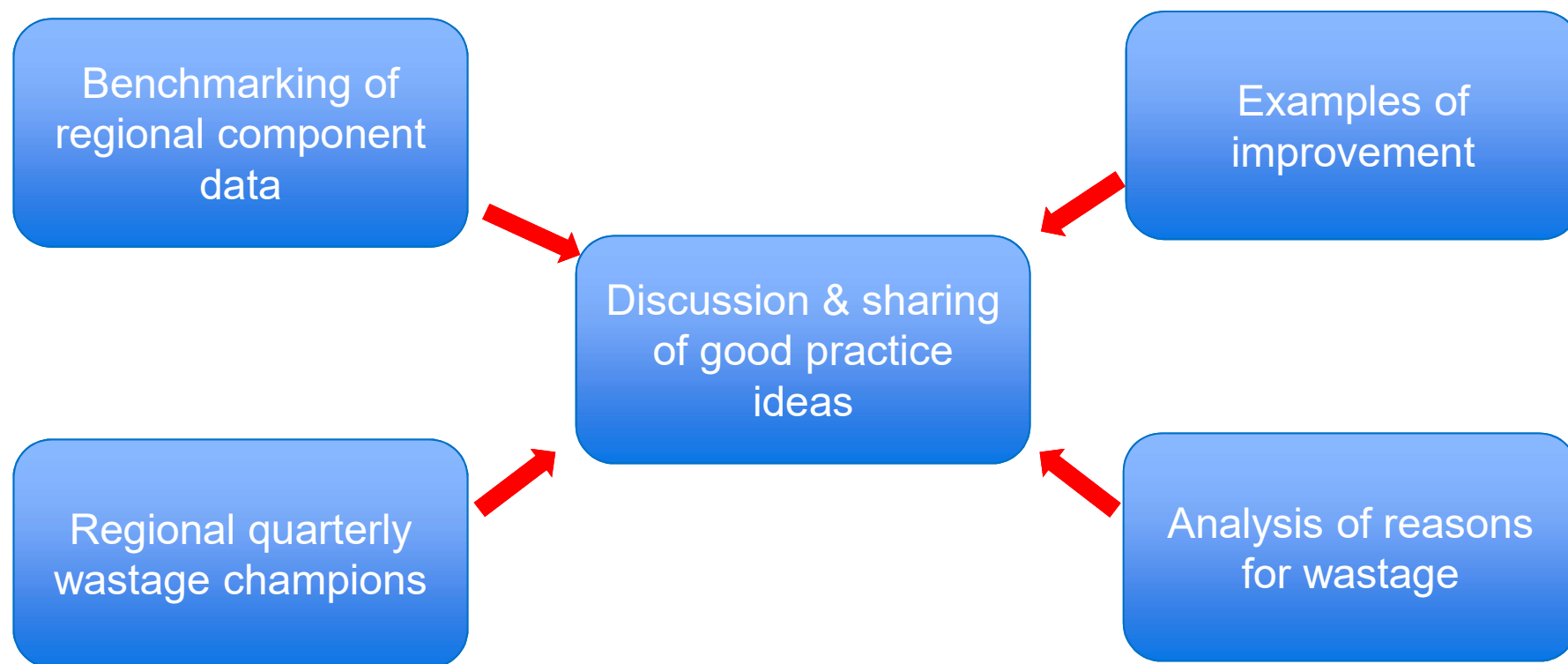
**What is being done to
improve this?**



Regional Component Wastage Reduction Campaign



Regional wastage campaign

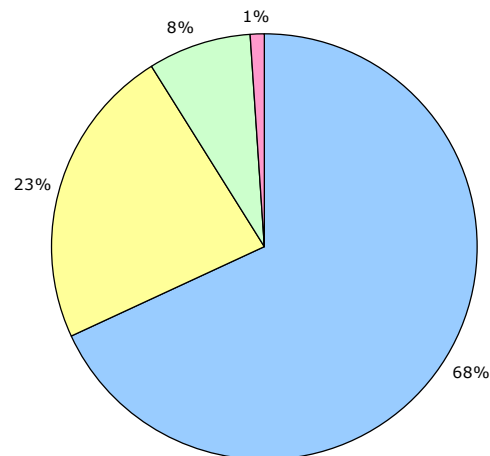


Looking at reasons for wastage



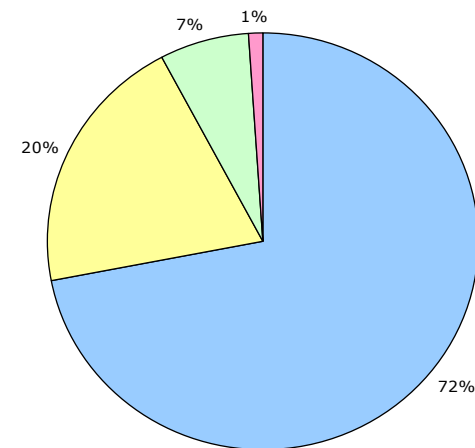
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Group O D negative RBC: reasons for wastage Q1 17-18



TIMEX OTCOL MISC FF

EoE region: total RBC: reasons for wastage Q1 17-18

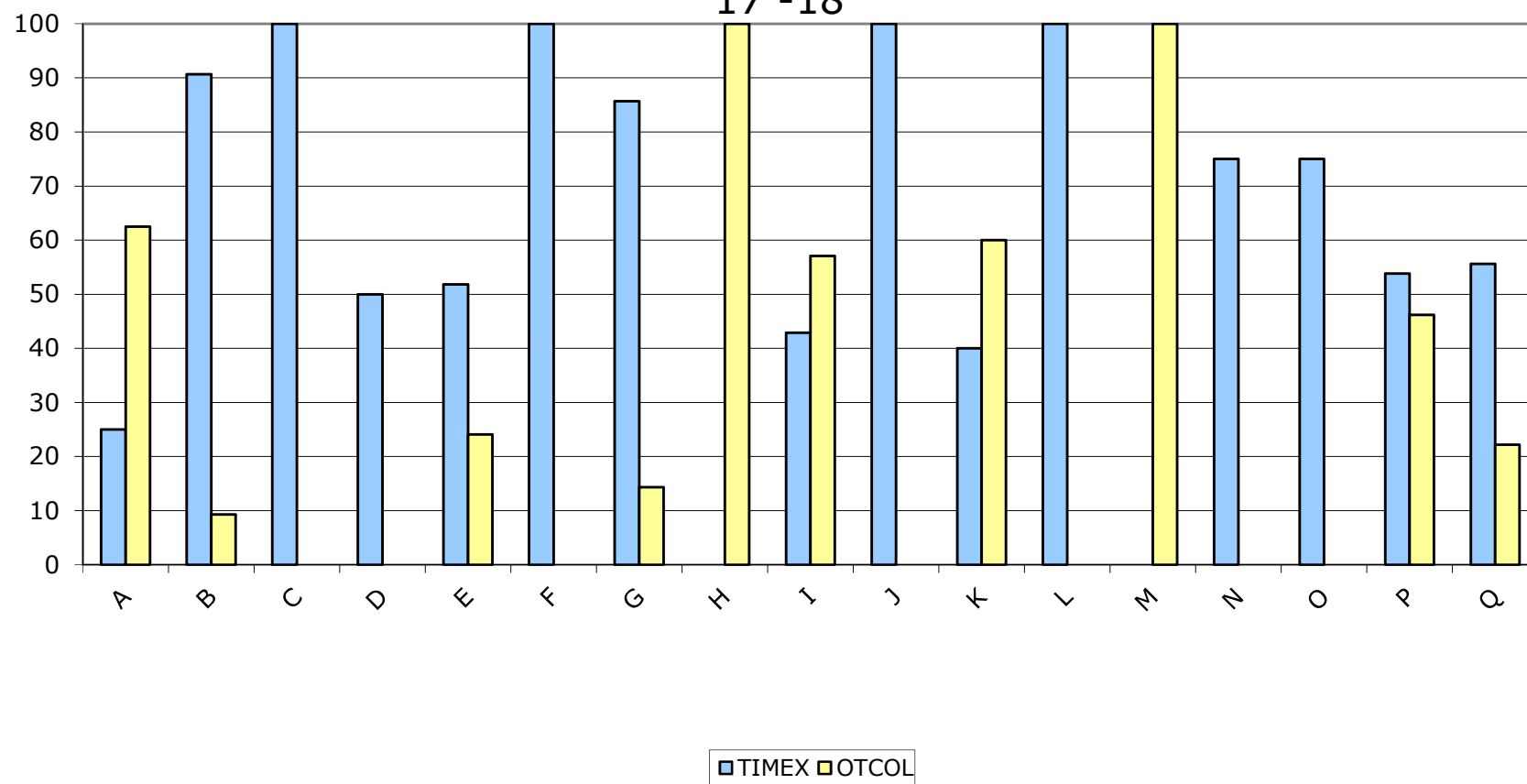


TIMEX OTCOL MISC FF

Comparing & discussing

EoE reporting hospitals Group O D neg reasons for wastage Q1

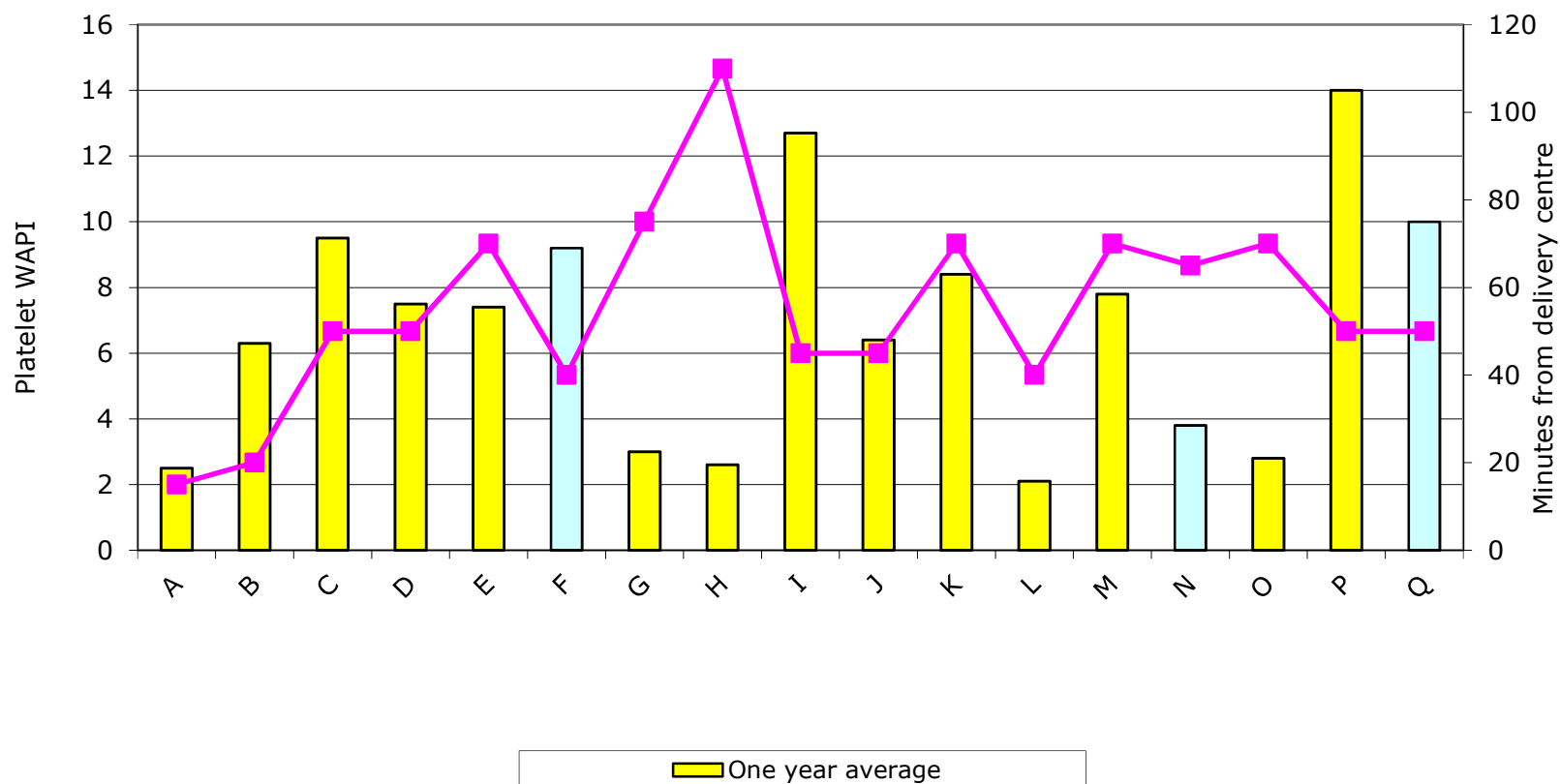
17 -18



Considering all factors

Platelet WAPI Average Q3 16 -17 to Q2 17-18

Hospitals represented in blue do not stock platelets

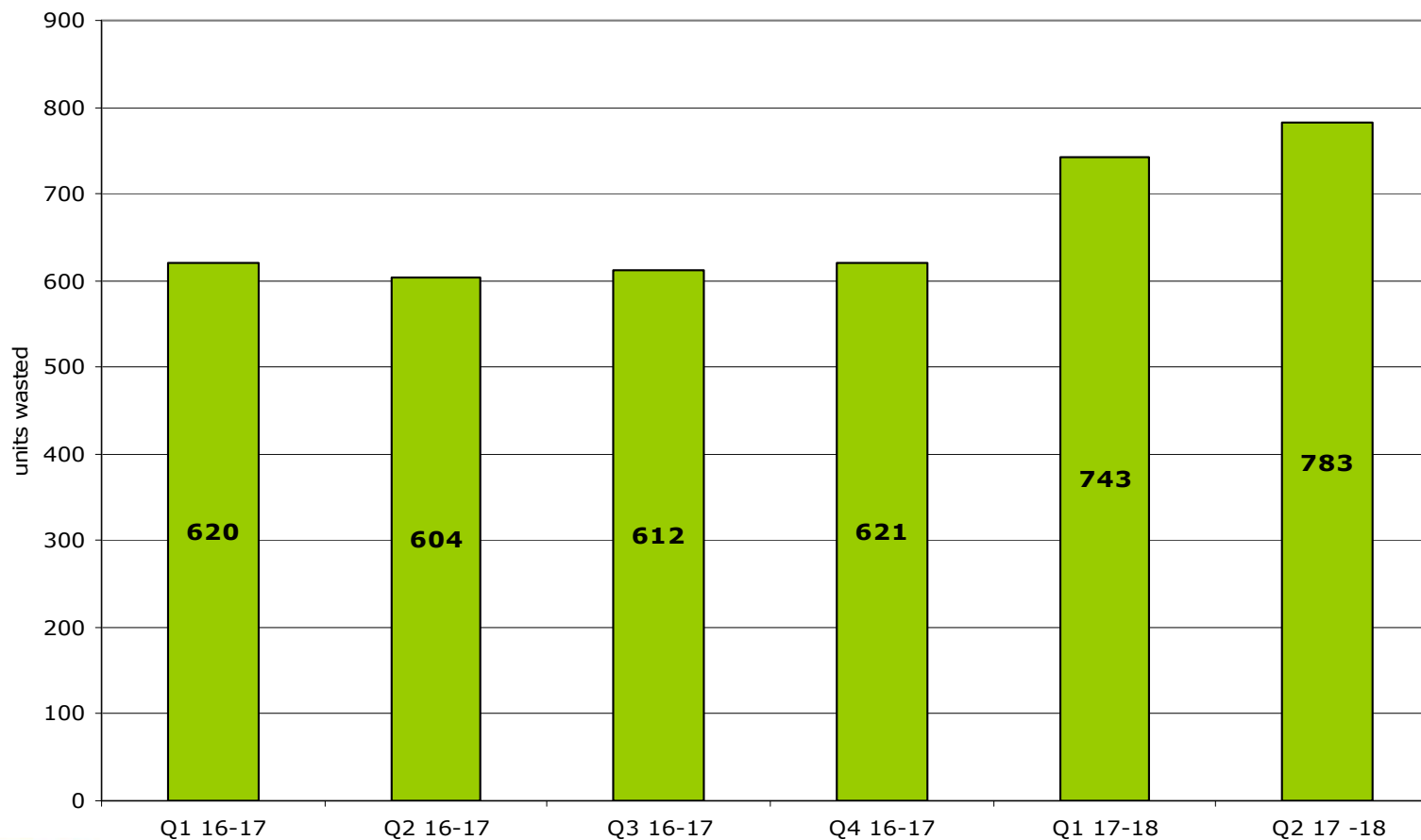


Regional Total RBC WAPI

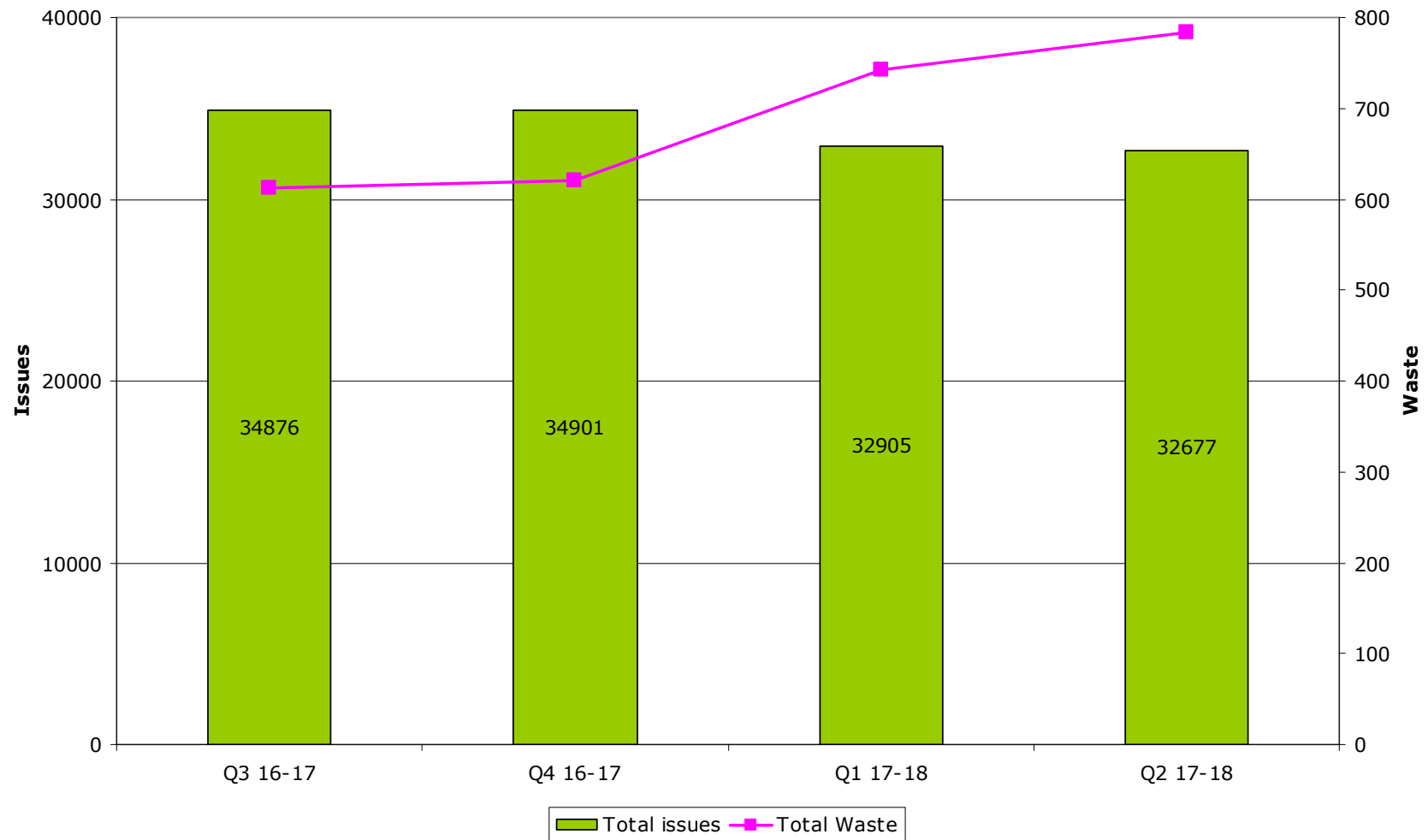


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Total RBC Waste as % of Issue



Total RBC issues cf total RBC waste (BSMS reporting hospitals only)



Good Practice shared

- Examples of Stock share between NHS and private hospital
- Stock share of platelets
- Lab empowerment & support by senior clinical staff
- Re-evaluation of stock levels and adjustments
- Reduced reservation time on stock
- More frequent rotation of emergency stock



- Education
- Audit and review of wasted units
- Trust wide wastage campaigns
- Audit and change to satellite fridge use
- Allocated responsibility for stock rotation and maintenance (and dedicated staff in some case)



So how can you monitor component wastage locally?

- A monthly 'highlight' report of usage and wastage data is sent out monthly by NHSBT
- The monthly BSMS O neg benchmarked report is sent at the same time
- A number of Hospital specific reports are available via VANESA; *(found as options on the E-Reports tab)*
 - Monthly O Neg – Highlight report
 - Quarterly Red Cell – Top Level report
 - Quarterly Red Cell – Wastage report
- Individual reports and charts can be compiled on VANESA



BSMS O neg report



Blood and Transplant

NHSBT East of England RTC

Percentage of population that are O Neg within RTC 8.67%

		Stock and Issue Data from Feb 2018														O Neg WASTAGE FOR Feb 2018
Hospital Details		NHSBT Issues			Hospital Send or Receive Stock	VANESA NET Issues			Hospital Requests		O Neg Issues- Requests	7 days use Excludes Waste	Average Daily Stock Held	7 days use Includes Waste		
Pulse	Hospital Name	O Neg	Total	% O Neg		O Neg	Total	% O Neg	O Neg Requests	O Neg % Req						
P250	Addenbrooke's Hospital	215	1,485	14.5%					199	13.4%	16	48.7	28.6	44.0	20	
P251	Hinchingbrooke Hospital	13	199	6.5%					13	6.5%		5.1	8.0	N/A	No Entries	
P252	Ipswich Hospital	53	581	9.1%					53	9.1%		17.4	19.8	17.0	2	
P253	James Paget University Hospital	38	431	8.8%					38	8.8%		12.6	13.2	12.2	2	
P254	Queen Elizabeth Hospital, (Kings Lynn)	54	305	17.7%					54	17.7%		8.5	13.2	7.8	3	
P255	Norfolk and Norwich University Hospital	79	912	8.7%					79	8.7%		23.7	27.7	22.3	6	
P256	Papworth Hospital	20	439	4.6%					20	4.6%		10.7	10.1	9.8	4	
P257	Peterborough City Hospital	70	558	12.5%					70	12.5%		18.1	13.5	17.4	3	
P258	West Suffolk Hospital	68	310	21.9%					68	21.9%		11.9	9.6	N/A	No Entries	
P265	Basildon Hospital	83	891	9.3%					81	9.1%		22.1	19.2	N/A	No Entries	
P267	Broomfield Hospital	57	387	14.7%					56	14.5%		12.4	14.4	12.2	1	
P268	Colchester General Hospital	60	609	9.9%					60	9.9%		18.1	20.3	16.7	6	
P271	Harlow Princess Alexandra Hospital	25	338	7.4%	MOVE	36	367	9.8%	25	7.4%		11.1	8.0	N/A	No Entries	
P283	Southend Hospital	72	724	9.9%					72	9.9%		14.0	20.9	N/A	No Entries	
P290	Nuffield Health Brentwood Hospital	18	50	36.0%	MOVE	7	21	33.3%	18	36.0%		<1	11.6	<1	No Entries	
P303	SPIRE Hospital Hartswood	6	12	50.0%					6	50.0%		1.2	4.0	N/A	No Entries	
P602	Bedford General Hospital	23	375	6.1%					23	6.1%		8.2	12.0	N/A	No Entries	
P619	Lister Hospital, (Stevenage)	47	700	6.7%					44	6.3%		12.9	15.6	12.7	1	
P622	Luton and Dunstable Hospital	42	572	7.3%					40	7.0%		9.6	11.5	9.2	2	
P637	Watford General Hospital	81	719	11.3%					81	11.3%		14.6	45.6	12.9	7	

Data Supplied by the Blood Stocks Management Scheme

Highlight report



Blood and Transplant

	RBC					Platelets		FFP		Cryo	
	All Issues	RBC vs 12 mth avg	Oneg Issues	Oneg vs 12 mth	Oneg % of issues	Issues	PLT vs 12 mth avg	Issues	FFP vs 12 mth avg	Issues	Cryo v 12 mth avg
East of England	11,527	-0.8%	1,256	0.4%	10.9%	1,606	-3.4%	1,322	15.0%	289	32.3%
National	119,784	0.0%	15,461	0.2%	12.9%	20,748	-2.6%	13,094	1.2%	2,625	-2.0%

Current Month Usage Compared to Average of Previous 12 Months

Month	RBC Issues	Oneg RBC Issues	Oneg % of RBC Issues	Platelet Issues	Aneq Platelet Issues	FFP	Cryo
Mar-18	-13.8%	-1.4%		-35.7%	15.0%	72.4%	-100.0%
Mar-18	674	72	10.7%	74	23	100	0
Feb-18	581	53	9.1%	64	14	37	4
Jan-18	757	98	12.9%	87	23	56	7
Dec-17	812	64	7.9%	149	21	36	4
Nov-17	788	68	8.6%	158	20	54	5
Oct-17	778	70	9.0%	144	19	47	14
Sep-17	892	97	10.9%	124	20	76	12
Aug-17	892	59	6.6%	138	18	52	22
Jul-17	759	62	8.2%	128	25	92	12
Jun-17	833	89	10.7%	81	21	78	10
May-17	770	60	7.8%	97	18	58	24
Apr-17	732	67	9.2%	86	17	46	10
Mar-17	788	84	10.7%	119	23	67	12
12 Mth Avg	782	73	9.3%	115	20	58	11

12 Month Total Cost of Wastage Based on Standard Red Cell & Pooled Platelet Price for Hospitals using apheresis Platelets the actual cost may be higher if those units have been wasted.

Wastage taken from data entered into BSMS

Month	RBC	RBC WAPI	Oneg RBC	Oneg WAPI	PLT	PLT WAPI	Aneq PLT	Aneq WAPI
Feb-18	5	0.9%	2	3.8%	1	1.6%	0	0.0%
Jan-18	5	0.7%	0	0.0%	4	4.6%	1	4.3%
Dec-17	3	0.4%	0	0.0%	4	2.7%	1	4.8%
Nov-17	15	1.9%	1	1.5%	3	1.9%	1	5.0%
Oct-17	4	0.5%	0	0.0%	3	2.1%	0	0.0%
Sep-17	6	0.7%	0	0.0%	3	2.4%	0	0.0%
Aug-17	8	0.9%	1	1.7%	6	4.3%	0	0.0%
Jul-17	9	1.2%	7	11.3%	5	3.9%	1	4.0%
Jun-17	13	1.6%	2	2.2%	3	3.7%	0	0.0%
May-17	11	1.4%	3	5.0%	3	3.1%	1	5.6%
Apr-17	7	1.0%	2	3.0%	2	2.3%	0	0.0%
Mar-17	5	0.6%	0	0.0%	3	2.5%	2	8.7%
12 Mth Total	91		18		40		7	

	RBC	Platelets
Feb-18	£11,303.56	£7,172.48

VANESA Quarterly Red Cell – Top Level Report

Blood and Transplant

Wastage Quartiles show spread of Wastage

Average Hospital Issue Data

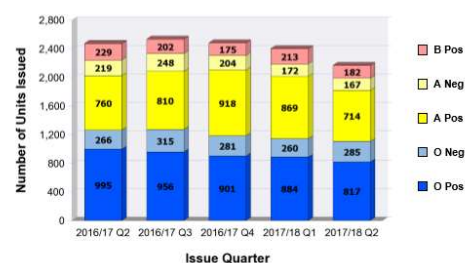
Hospital Quarterly Red Cell Top Level Report (Financial Quarters) for 2017/18 Q2									
Average NHSBT Hospital RBC Usage - Very High (NHSBT)			Wastage Quartiles for RBC Wastage - Very High (NHSBT)			Average NHSBT Hospital RBC Wastage - Very High (NHSBT)			
Current Quarter	2017/18 Q2	% Annual Change	2017/18 Q2	Green	Amber	Red	Wastage Quarter	Wastage Reason	A, B & O
All Red Cells	3,657	-4.1%	ABO Limits	<= 46	>46 <= 139	> 139	2017/18 Q2	Timex	54
O Neg Red Cells	497	-2.0%	ABO WAPI	<= 1.54%	> 1.54% <= 3.70%	> 3.70%		OTCOL	28
% of O Neg RBC	13.6%		O Neg Limits	<= 11	>11 <= 45	> 45		MISC	13
Red Cell Report			O Neg WAPI	<= 2.59%	>2.59% <= 9.18%	> 9.18%	Current Quarter	FF	1
			Number of Hospitals: 40			% Entering Wastage Data: 80.0%	Total Wastage		
						96			29

Average Hospital Wastage Data

Specific Hospital Issue Data

Current Quarter	All Red Cell Groups	RBC % Annual Change	O Neg Red Cells	O Neg % Annual Change	% of O Neg RBC's Issued
2017/18 Q2	2,282	-13.1%	285	7.1%	12.5%

Historical Hospital Red Cell NET Issue Data



Only Wastage data entered before 14/11/2017 is included in report

Wastage Quarter	Reason	ABO Waste	O Neg Waste	ABO WAPI	O Neg WAPI	Wastage Entries
2017/18 Q2	Timex	6	3	0.3%	1.1%	29
	OTCOL	22	4	1.0%	1.4%	
	MISC	3	1	0.1%	0.4%	
	FF	0	0	0.0%	0.0%	
Current Quarter	Total or Avg	31	8	1.4%	2.8%	29

Historical Hospital Red Cell Wastage Data



Specific Hospital Wastage Data

Data Supplied by the Blood Stocks Management Scheme

Blood Stock Management Scheme

VANESA Quarterly Red Cell – Wastage Report

Hospital Quarterly Red Cell Wastage Report (Financial Quarters) for 2017/18 Q2

Peer Group :- Red Cell Usage - Very High

Number of Hospitals		Number Entering Wastage		% Entering Wastage Data	
40		38		95.0%	
Wastage Quarter	Wastage Reason	Total A B & O Wastage	Average A B & O Wastage	Total O Neg Wastage	Average O Neg Wastage
2017/18 Q2	TIMEX	2,047	54	655	17
	OTCOL	1,070	28	286	8
	MISC	497	13	125	3
	FF	49	1	23	1
Total or Average Wastage		3,663	96	1,089	29

NHSBT :- Served Hospitals

Number of Hospitals		Number Entering Wastage		% Entering Wastage Data	
254		212		83.5%	
Wastage Quarter	Wastage Reason	Total A B & O Wastage	% Change from 2016/17 Q2	O Neg Wastage	% Change from 2016/17 Q2
2017/18 Q2	TIMEX	5,371	4.7%	1,655	5.2%
	OTCOL	2,038	-16.7%	499	-23.9%
	MISC	874	11.8%	229	-46.8%
	FF	60	-74.7%	32	-64.0%
Current Quarter Total Wastage		8,343	-3.0%	2,415	-2.4%

al Issues

Wastage

Only Wastage Data entered before 14/11/2017 is included in Report

Wastage Quarter	Wastage Reason	Total A B & O Wastage	O Neg Wastage	Wastage Entries	A B & O WAPI
2017/18 Q2	TIMEX	6	3	29	0.3%
	OTCOL	22	4		1.0%
	MISC	3	1		0.1%
	FF	0	0		0.0%
Current Quarter Total Wastage		31	8	29	1.4%

Hospital Informat

c Hospital



Graph wastage as units

Data Supplied by the Blood Stocks Management Scheme

Blood Stock Management Scheme

VANESA

- A data system where Hospitals usage & wastage data is entered and where data, reports and charts can then be viewed
- Wastage data must be entered by Hospitals
- Hospitals can generate reports & graphs and interrogate data
- Detailed breakdown on data including benchmarking features and reasons for wastage
- Can be used to help determine optimum stock levels

All reports use VANESA data so it is important to complete this or you will have inaccurate reports of wastage



Reports – what to look for in all that data.


- Look for unusual events – what happened to account for this?
 - Trauma
 - Holiday
 - Fridge failure
 - Over ordering
 - Staff shortage
- How & why did this effect it?
- How can you prevent or modify this in future?



- Looks for trends – consider;
 - Has activity changed?
 - Does stock need to be reviewed?
 - Is wastage from a certain area?
 - Timex – is stock too high? Over ordered?
 - OTCOL – is there a particular area regularly involved
 - Emergency stock – does this need rotating more often
 - Platelets – are these ordered then not used?
- (Does anyone chase these to try and reallocate?)




The bigger picture – Understand what influences your stock level?

- Demand;
 - *How many*
 - *What groups*
 - *Does activity differ by day / season*
 - *Speciality demand i.e Haematology / trauma*
 - Logistics – Delivery time, how many deliveries, distance from centre.
 - What should be your optimum stock levels
 - How do you identify these
- 

VANESA for monitoring stock

- **Issuable Stock** - the number of unreserved ADULT units available for cross matching. (This is entered by the laboratory)
- **Ideal Stock** - A Hospitals ideal stock level. (This is set by the Hospital & can be amended)
- **Nominal Stock** - Calculated by BSMS. How much of each group you use a day. The figure is calculated over a rolling 12 month period and includes any units that are wasted.

By looking at the number of days stock and units held on VANESA you will be able to review your current stock levels to see if they are optimum



VANESA – Nominal Stock

Select the date you wish to enter data for

17-01-2018

Stock Available

Used in a day
(including wastage)

Show Yearly Calendar

Blood Group	Ideal stock	Issuable stock	Nominal stock	Issuable Stock Index
O Pos	60	27	9.28	2.91
O Neg	12	13	3.21	4.05
A Pos	60	36	8.06	4.47
A Neg	12	14	1.72	8.13
B Pos	10	12	2.27	5.29
B Neg	6	10	0.4	25.07
AB Pos	4	4	0.51	7.87
AB Neg	4	3	0.23	13.07

How long that stock
will last

Note A Pos ISI
similar to O Neg ISI

Enter a comment

Hospital Red Cell Usage Very High – Adult Major Trauma Centre

Blood Stock
Management
Scheme


What Can you do to make a difference?


Lots!!



Hands on – The every day things that make the difference

Key ways to optimise stock management and reduce component wastage;

- Strict rotation of stock
 - Appropriate prompt de-reservation times
 - Be pro-active - chase requests where possible for platelets and short expiry
 - Good rotation of emergency & satellite blood stock
 - Promoting single unit practice where appropriate
- 

- Regular review of component data and optimum stock levels
 - Wastage champions / dedicated staff
 - Wastage campaigns – utilise posters & resources, get competitive, display & share wastage data internally
 - Lab empowerment and challenging poor practice
 - Audit and review of wasted units – understand where the problem is
 - Audit and review use of satellite fridges
 - Cross charging of waste
- 

- Always check stock levels (including stock out in fridges before re-ordering)
- Consider a stock share agreement for short dated units if appropriate
- Optimal use of electronic issue to avoid reserved blood where not necessary
- Education - target areas with specific issues
- Good system for utilising short dated units – use of white boards?

Share the success – shout about what you are doing well! Internally & externally



Resources to help you

Blood Stocks Management scheme

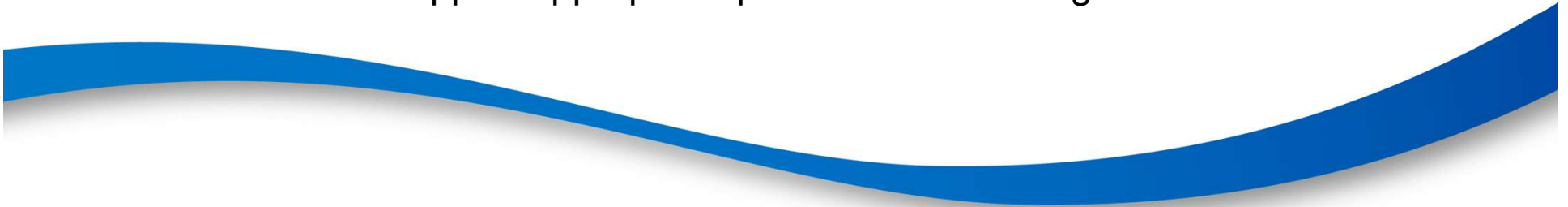
<http://www.bloodstocks.co.uk/>

- Resources, publications and guides
- Link to VANESA

Hospitals & Science website – platelet resources


<http://hospital.blood.co.uk/patient-services/patient-blood-management/platelet-resources/>

- Resources to support appropriate platelet stock management



Hospitals & Science website O neg Toolkit Blood and Transplant

<http://hospital.blood.co.uk/patient-services/patient-blood-management/o-d-negative-red-cell-toolkit/>

- BSMS - Using the Issuable stock index to help you reduce wastage
 - O neg toolkit & Infographics
 - London RTC use and monitoring of O neg stock
 - Examples of sharing good practice section
 - Findings of Audits and surveys
 - NBTC recommendations on the appropriate use of O neg red cells
- 

- Home
- About the Scheme
- Reports and Surveys
- Publications
- Useful Resources
- Blood Group Distribution Survey
- Integrated Blood Shortage Plan
- Fate of Donation Project
- Electronic Dispatch Note
- Blood Stocks for TP's
- Contact Us
- Training Courses
- Open Meetings

Useful Resources

This section provides scheme participants with information about contemporary issues and projects active in the blood supply chain.

Obtaining report from VANESA

Your electronic reports are stored in VANESA.

- Obtaining your reports from VANESA
- Quarterly issues report request
- Quarterly wastage report request
- Quarterly Inventory D - Highlight Request
- Request

Fate of Donation Project

Background

The BSMS collects data from hospitals on stock wastage, and transfused for not only and wastage for patients.

View Section Here

Integrated Blood Shortage Plan

If you wish to know your monthly budget for your emergency blood supply please contact bmsms@nhs.uk

Electronic Dispatch Note

Please contact Customer Service department in Oxford for help.

Blood Group Distribution Survey

Report from the recent survey of the distribution of ABO/RhD blood groups in hospital populations of England, Wales and Northern Ireland.

View Section Here

Search Site

GO

Log in

Log out

A+

O+

O-

If you stock platelets establish a strategy to maximise transfusion of ABO/D compatible units

SAVE 1 A WEEK

OTHER

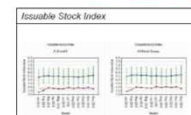
Top Tips when considering O D Negative RBC in Satellite Fridges

- Is the emergency blood being used? Audit the usage of RBC taken from this fridge to see if the demand warrants the stock held. Others should be able to provide emergency O D Negative RBC from the fridge.
- Do the procedures supported from this satellite fridge require emergency blood? Review the type of treatments in operation taking place, are services provided that may not warrant holding O D Negative RBC in the fridge.
- Could red cells be collected from another location to meet the clinical situation? Consider and test procedures to provide RBC from other fridges. If these procedures are provided then it may be for the clinical situation being placed consider removing O D Negative RBC from this fridge.
- Do the patient demographics include adult women under 50? If the blood held in this fridge is for patients of known blood group (e.g. theatre), with known transfusion that are outlined, consider supplying O D Positive or removing O D Negative RBC from the fridge.
- Are the patients of known blood group? If the blood held in this fridge is for patients of known blood group (e.g. theatre), with known transfusion that are outlined, consider supplying O D Positive or removing O D Negative RBC from the fridge.
- How much emergency blood should this satellite fridge hold? Regularly review the stock held in various fridges and adjust stock to meet demand.
- Are stock rotation procedures robust? Use defined stock levels and age of units to rotate blood from the satellite fridge. Return units into the hospital stock with suitable time to expiry so they can be allocated and appropriately used.
- Does everybody help and support the procedures in place? Consider regular training sessions and review of best practice. Perhaps by competitors to see who can save the most O D Negative units.
- Publish and encourage best practice. Publicise and encourage best practice. Publicise and encourage best practice. Perhaps by competitors to see who can save the most O D Negative units.
- Build a culture of positive stock management with a particular focus on reducing the use of O D Negative RBC units to all staff.

Using the Issuable Stock Index (ISI) in Blood Stocks Management Scheme (BSMS) to help reduce wastage of O RhD negative red cells

- It is the responsibility of all blood transfusion laboratories to ensure that donated blood is used efficiently and effectively and to minimise waste while maintaining sufficient stock available to deal with unexpected life-threatening emergencies.
- Blood wastage can be caused by many factors, some of which are out of laboratory control. The largest single reason for wastage in all hospital groups is time expiry in the laboratory.
- There is a strong correlation found between the Issuable Stock Index (ISI) and Wastage as a Percentage of Issue (WAPI), indicating that hospital blood transfusion laboratories may reduce wastage by monitoring and managing the ISI.
- The 2010 NCA Audit highlighted that 10% of O RhD negative red cell units were transfused to non O RhD recipients to prevent time expiry.
- Effective use of the Issuable Stock Index (ISI) within BSMS can help hospital transfusion laboratories to manage their stock levels and turn reduce the wastage and issue to non O RhD patients.

The Issuable Stock Index is the estimation of the number of days stock held in your laboratory based on current usage



There is no target ISI for hospitals to aim for as it should be based on the clinical specialty of the hospital. Having a large obstetrics or trauma unit for example may mean your hospital will have a higher ISI target than other hospitals in your region/ trust.

Reduction and management of ISI - Reduction in wastage due to time expiry

Issuable Stock - Entered by the Hospital

An Issuable stock field is provided for each of the ABO Rh group combinations issued. Issuable Stock is the number of unserved ABO Rh units available for cross matching. This parameter is entered by the laboratory.

Issuable Stock - Determined by the Hospital

A hospital stock level. This was set at the levels given in the registration questionnaire; this can be changed on request, by faxing/ emailing amended details to BSMS.

Nominal Stock - Calculated by BSMS

Approximately one day's worth of hospital stock. It is calculated from the previous 6 months issue data and recalculated every month.

Issuable Stock Index (ISI) - Calculated by BSMS

Derived by dividing the Issuable stock by the nominal stock, for example Issuable stock = 60, nominal stock = 20, ISI = 60/20 = 3.0. This can be seen on the stock entry screen when daily stock levels are entered.

References

- Perera, D et al. Transfusion Medicine, 2009; 19: 99-104.
- Chapman, J. Transfusion, 2007; 47: 1059-1065.
- BSMS Annual Reports. <http://www.bloodstocks.co.uk/report/annualreports>
- Analysis of the use of group O RhD negative red cells, 2010. <http://hospital.blood.co.uk/audit/national-comparative-audit/national-comparative-audit-report>

East of England Regional Transfusion Committee

GROUP O Rh D NEGATIVE RED CELLS

Top Tips to reduce usage and wastage

- Transfuse Group O Rh D positive red cells to male patients, and female patients over 60, of unknown blood group in emergency scenarios.
- In an emergency situation, move to group specific RBC as soon as a second test for ABO compatibility has been performed. If necessary review processes to ensure timely release of group specific RBC. Retrieve unused Group O RhD negative red cells from the clinical area following release of group specific blood.
- Review incidents of Group O RhD negative use in emergency situations and investigate incidents when it's use, or continued use, was inappropriate.
- To reduce wastage due to time expiry, raise staff awareness to ensure RBCs selected are appropriate to the request (e.g. use short dated RBC for immediate issue.)
- If Group O RhD negative RBC units are frequently given to non O RhD negative patients to avoid time expiry, consider reducing Group O RhD negative stock. The stated target is for no more than 10.5% of total RBC stock holding to be Group O RhD negative.
- Empower laboratory staff to query inappropriate requests. Refer to Consultant Haematologist if necessary. In non bleeding patients, transfuse a single unit before conducting clinical review and haemoglobin check.
- Form a review body (or use your HT) to regularly monitor clinical activity, usage and stock holding. Investigate wastage including reason and responsibility (e.g. lab or clinical area).
- Instill a culture of positive stock management to all staff, including out of hours and locum staff, and encourage them to not over order. Delegate responsibility for daily stock rotation and restocking in the blood bank to named members of staff or use a daily checklist.
- Rotate emergency and satellite fridge Group O RhD negative RBC through main stock on a regular basis (at least weekly). Reduce stock of emergency O RhD negative RBC in satellite fridges to no more than 2 units.
- Risk assess the clinical activities served by satellite fridges, together with the distance from the laboratory, to determine if there is a need for Group O RhD negative units to be stored there.

London Regional Transfusion Committee

London Platelet Action Group

Top Tips to reduce platelet usage and wastage

- Should your hospital stock platelets? The BSMS has produced a tool which may help you decide if that is appropriate or not. <http://www.bloodstocks.co.uk/pdf/PlateletStockIndexAlgorithm.pdf>
- Could your hospital share platelets with another local hospital? Some smaller hospitals successfully share with larger hospitals and some Trusts rotate platelet stocks between their hospitals to reduce wastage.
- Could your hospital introduce a locally defined and agreed deservation period for platelets allocated to a named patient? Hospitals where platelets are ordered to cover specific transfusion events have successfully altered clinical practice so platelets are returned to stock after a short period (4-12 hours) if they have not been transfused.
- Consider swapping long-dated platelets for short-dated ones If you know a patient is going to be transfused, give them the shortest dated platelets.
- Consider using different ABO group platelets in adults who are bleeding Although when used prophylactically ABO matched platelets survive longer, in the bleeding patient a different ABO group will be just as effective at stopping the bleeding.
- Consider using RhD positive platelets in adult males who are bleeding Give RhD negative platelets for RhD negative patients where anti-D would be a problem but in adult males who are actively bleeding, use RhD positive platelets if you have them available.
- Introduce the National Blood Transfusion Committee Indication Codes for platelets so that any requests outside the accepted criteria can be reviewed if appropriate This could be done to involve the BSMS staff or used as a way of deciding when to get the haematology medical staff to intervene.
- Double-dose platelets are not necessary in most prophylactic situations - why use two when one will do? The PLADO clinical trial (N Engl J Med 2010; 362:900-913) has shown that standard dose prophylactic platelets are just as effective as high dose prophylactic platelets.
- Review the timeliness of platelet counts or other tests used to inform the decision to prescribe platelets. Often platelet orders are made in anticipation of a low platelet count and sometimes platelets are transfused before the count is available. Where possible use of point of care testing and rapid turnaround of laboratory tests to support active clinical decision making.
- Work at it - share practice with colleagues in other hospitals - and celebrate success!

metromedica - Jun 2012

2

O D NEG

7% UK POPULATION

O D NEG

12.2% CURRENT HOSPITAL DEMAND

**How can a small change can make
a difference?**



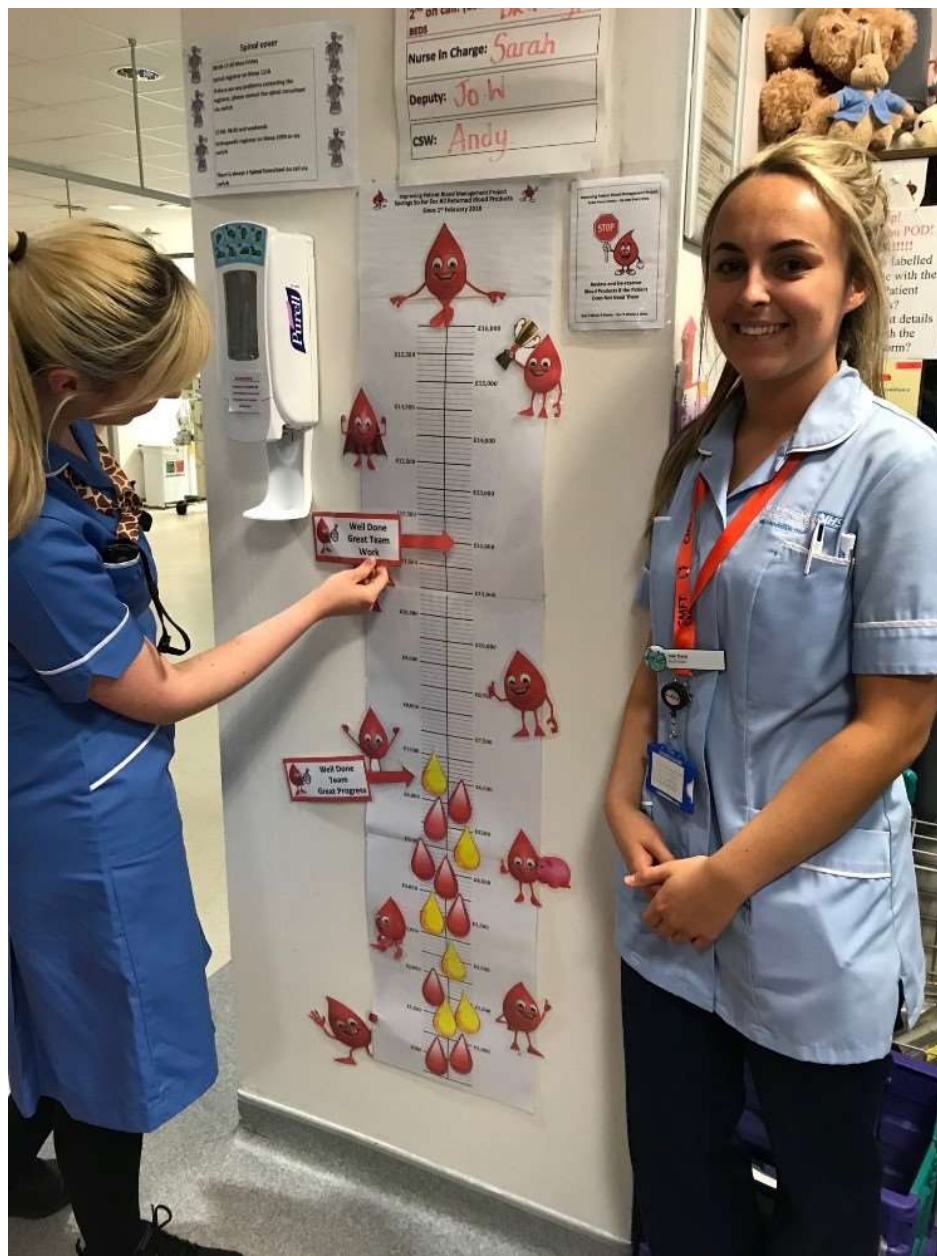
Using the new BSMS categories, the average annual platelet waste for 2016-17 for all high to very high platelet users was **88** units per Trust.

At a cost of £193 per ATD, this equals about **£17,000** – or the cost of an annual salary of a Band 3 ***who could do your BSMS entries and manage your platelet stocks!***



If we look at just very high users, the average annual wasted platelet units per Trust was **135**. This translates to the salary of a ***Band 6 scientist!***





Key messages



**Be alert to
component
management**



**Use data to
monitor usage,
wastage &
stock**



**Rotate
&
Review**



**Share bright
ideas & good
practice**

Champion Challenge – What can you do?



Blood and Transplant



Be our Champion

- Go back & take a fresh look at your lab
- Introduce 1 change to improve component wastage (*however small*)
- Share what changes you have made & what impact they have had