

Electronic Sample labelling

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Electronic sample labelling

• The term is usually used for a system which prints sample labels on demand and at the time of sample collection at the patient's bedside

This is different to the use of an addressograph label – which have traditionally been preprinted and sheets being made available within a patient's papernotes.





Types of electronic sample labelling

- Not all electronic sample labelling is the same
- Not all systems are suitable (own opinion!)
- Its all about how the system is set up and how the staff are trained to use the system
- Like with any system human factors are really important





Principles



All samples <u>must be labelled at the bedside</u> from the wristband details. Unlabelled blood samples MUST NOT leave the SAMPLE CIRCLE.

Unlabelled blood samples outside the circle should be disposed of.



What system?

- You need something portable which can be taken to the bedside and the labels printed immediately
- This can be done in a number of ways
 - Workstations of Wheels
 - Tablets
 - PDAs
 - Mobile phones
- Key is that the printer must be at the bedside





History in Oxford

- We started developing electronic sample labelling in 2001!
- We have primarily used PDAs with portable printers
- We have tried using workstations on wheels
 - Problematic
 - Staff don't like them
 - Space issues in single rooms



Implementation

- Implementation can be difficult
- Need a good project plan
- Need support from the Trust
- Need staff engagement
- The hospital transfusion team must be involved
 - Other departments just don't understand why sample labelling at the bedside is so critical!
- Don't forget to inform NHSBT so they will accept your samples!





Can you go fully electronic?

- Yes!
- It takes some time and patience
- You will at some point need to reject samples which aren't labelled using the electronic system
- Problem areas are those where

Patients don't routinely

get a wristband







Why the electronic sample labelling is better?

- The lab staff are read the details!
 - No more scruffy handwritting trying to work out what the number is
- You know you are getting full patient information and identification of the venesector and date/time sample bled
- Process is more secure
- It's a direct link to the patient's wristband
- Quick and easy access to the information



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1 Sample or 2?

- BSH Pre compatibility guidelines
- KEY RECOMMENDATION: Unless secure electronic patient identification systems are in place, a second sample should be requested for confirmation of the ABO group of a first time patient prior to transfusion, where this does not impede the delivery of urgent red cells or other components.
- The OUH uses a 1 sample rule
- This MEETS the BSH guidelines
- Our WBIT rate for Tx labelled samples 1 in 39,000 samples (4.3 fold reduction compared in our own manual labelled samples)
- Logistically a 2 sample rule would either mean a significant increase in pre-op assessment visits or a delays (transport!)





But – humans are involved!

- Because humans are involved in the process
- Some people don't follow the protocol/training
- So you will encounter some problems
- Examples
 - Label the sample from a wristband not on the patient
 - Borrow someone else's ID
 - 1 person bleed the patient, another label the sample

Electronic patient identification for sample labeling reduces wrong blood in tube errors



- WBIT rates of 1:3,046 for 20 sites using manual identification (>1.6 million samples) and 1:14,606 for 4 sites (>0.5 million samples) using electronic identification (p < 0.0001), with wide variation among individual sites
- WBIT rate among rejected samples was 1:71

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ahead



ANNUAL SHOT REPORT 2017



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Improving safety and efficiency of transfusion systems

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Electronic

Publication type: Quality and productivity example

QIPP Evidence provides users with practical case studies that address the quality and productivity challenge in health and social care. All examples submitted are evaluated by NICE. This evaluation is based on the degree to which the initiative meets the QIPP criteria of savings, quality, evidence and implementability; each criterion is given a score which are then combined to give an overall score. The overall score is used to identify the best examples, which are then shown on NHS Evidence as 'recommended'.

WRONG PATIENT DETAILS ON BLOOD SAMPLE NHS

als

rust

Healthcare Safety Investigation (0019/003

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HSIB

Our assessment of the degree to which this particular case study meets the criteria is represented in the evidence summary graphic below.



Key recommendation NHS X (NHS digital) should take steps to ensure the adoption and ongoing use of electronic systems for identification, blood sample collection and labelling



Thoughts

- Not all electronic systems for sample labelling are the same
- Make sure if your trust is looking to implement that the HTT is involved in the decision!
- Getting the implementation right will help the clinical staff get use to the system and use it correctly
- Be on guard for people using work arounds stop them immediately
- The advantages are many
- Aim high aim for full implementation



Thank you Any questions...?