Every Drop Counts

O D Neg Challenges faced by Hospitals

Kate Potter
empath Blood Transfusion Deputy Service Manager
EM RTC Annual Symposium
20th January 2017
NHSBT Campaign launched in July 2016
But demand is overstretched supplies.

Patients need blood.

Reducing usage and wastage is required.

Things need to change.
Take a Hospital Laboratory

Blood Transfusion at UHL:
- 3 sites = 3 labs = 3 stock supplies
- 7 fridges holding 18 Emergency O D Neg units
- O D Neg given unless 2 samples confirm patient’s ABO type
- Large numbers of ECMO and paediatric cardiac patients
- High stock levels – distance from Sheffield
What were our main challenges?

- Sufficient stock levels
- Meet clinical need
- Reduce stock holding
- Reduce usage & wastage
Routine practices needing improvement

- General rotation of expiring stock
- Earlier return of expiring emergency O D Neg units
- Over ordering stock – ‘safety blanket’
- Full staff engagement to maximise unit usage
- Buy-in from staff to change laboratory practices
- Better stock ‘house-keeping’
How could we do more?

- Consulted the NHSBT recommendations
- Highlighted areas for immediate change
- Made initial in-house project
- Project progressed and expanded
NHSBT recommendations - laboratory

- To identify an ‘O D Neg Champion’ from lab ✓
- Collect and monitor data on O D Neg wastage ✓
- Audit usage of emergency O D Neg units – review stock holding in satellite fridges
- Use O D Pos for men and women > 50 years in MHPs
- Better stock rotation ✓ ✓
- Collaborate with peers for new initiatives ✓ ✓
- Analyse data on % O D Neg given to non O D Neg patients
NHSBT recommendations - clinical areas

- Use O D Pos for men and women > 50 in MHPs
- Raise awareness of importance in preserving O D Negs and avoid wastage ✓
- Review number of units required for patients
- Treatment of pre admission anaemia ✓
- Use educational resources supplied by NHSBT
- Feedback to HTC, RTC and NHBST ✓
NHSBT recommendations - Trust

- Actively promote the ‘Save One O D Neg a Week’ campaign within your Trust ✓
- Raise awareness of importance in preserving O D Negs and avoid wastage ✓
- Review OSBOS ✓
- Use educational resources supplied by NHSBT ✓
- Link with regional PBM Practitioner for help and support through HTC ✓
‘Every Drop Counts Collaboration Event’

I held a pilot participatory ‘innovative’ event using the Appreciative Inquiry tool.

Points raised supporting NHSBT:
- Determine appropriate O Neg usage
- Use O Pos for men and women >50 years
- Better stock rotation between hospital sites
- Laboratory ‘champion’ to lead education and awareness throughout Trust
- Review OSBOS
- Treat pre op anaemias
Additional points raised:
- Inappropriate MHP activation
- Empower lab staff to challenge component requests
- Increased use of cell salvage
- Lower Hb triggers for transfusion
- Take this workshop to clinical areas
- Use of alternative bleeding prevention techniques
- Cross-charging wards for wasted units
- Secure direct support from CQC and DoH to drive strategic changes nationally
- Move laboratories nearer theatres
- Ask clinicians and clinical areas to promote blood donation
Presentation at HTC

- Non-Medical Practitioner/Nurse Specialist Application Form for Blood/Component Authorisation
- Community Transfusion UHL, Leicestershire Alliance – Kate Hodgson, Consultant Haematologist
- Updates on the transfer of routine blood transfusions to communication hospitals.

AUDIT & PRESENTATIONS: 14:20 – 15:35

HTC 14: Community Transfusion/Leicestershire Alliance – Kate Hodgson, Consultant Haematologist
- Updates on the transfer of routine blood transfusions to communication hospitals.

HTC 15: Audit & Research Update
- Regional and National Audits of Blood Transfusion
- Blood Transfusion Audits – Progress report from Clinical Audit Team
- Current Blood Transfusion research projects
- No audit presentations.

HTC 16: 14:20 – Westage Presentation – presented by Kate Potter, Deputy Service Manager.
- 14:35 – Sample labelling Errors Presentation – presented by Kate Potter, Deputy Service Manager.
- 14:50 – Blood Transfusion use of Phlebotomy – Demo by Grogg Byrne, Project Lead for Blood Track

HTC 17: Any Other Business
- AOB 1: Electronic Blood Transfusion request form update
- AOB 2: Update on UHL Blood Track Phlebotomy

BUSINESS MATTERS: 15:40 – 16:30

HTC 18: QAC quality assurance committee EGB HTC Report
- KPIs (key performance indicators)
- HTC Work Programme
- Feedback from East Midlands Regional Transfusion Committee, HTC summary 12.10.16
- NIST Hospital Highlight Report – (Delia Smith/Jo Chesters)
Presentation to Trust
Are ‘alternatives’ worth more attention?

Preventing initial blood loss:
- Tranexamic acid / PCCs
- QuikClot gauzes
- Fibrin tissue adhesives
- Haemostatic agents

Increase use of blood conservation strategies:
- Cell salvage
- Lower transfusion Hb triggers
- EPO and intravenous / oral iron
- Jehovah’s Witnesses practices
- Multimodal patient-based blood management plans
Other points to consider

- Increase engagement with donor populations
- Return expiring blood to NHSBT for research
- Extend research into existing alternative blood conservation management plans
- Encourage further research into blood ‘substitutes’

PLUS
- Financial implications - £81,000 RBCs and £65,500 PLTs in one year – further increases?
- NHSBT faces similar challenges with supplying group A D Neg platelets

THIS PROBLEM IS NOT GOING TO GO AWAY
Population, age, advances, donors …… all impact on our red cell demands
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Collaborate

Don’t disappoint donors

Keep moving forward

Engage those that can influence change

NHSBT recommendations

Use the stats

Be creative

Choose a ‘Champion’

Dont disappoint donors