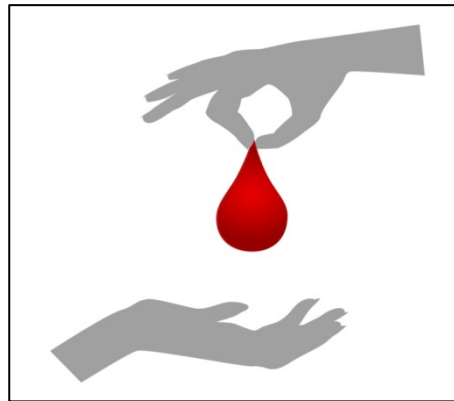


Every Drop Counts



O D Neg Challenges faced by Hospitals

Kate Potter

empath Blood Transfusion Deputy Service Manager

EM RTC Annual Symposium

20th January 2017

NHS
Blood and Transplant

PLAY YOUR PART!

SAVE 1 A WEEK
O D Neg

It only takes one to make a difference

For more information or to access resources from the "Toolkit" visit hospital.blood.co.uk or contact your local Transfusion Team

7% UK POPULATION
O D NEG

12.2% CURRENT HOSPITAL DEMAND
O D NEG

Total RBC
Total RBC issues are falling however O D NEG issue remains constant

DECREASE **CONSTANT DEMAND**
O D NEG

NHSBT Campaign launched in July 2016



Patients need blood

But demand is
overstretching supplies

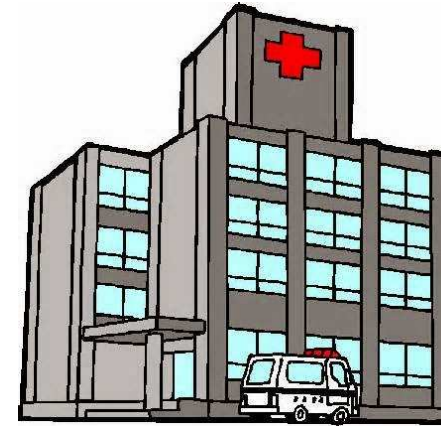


Reducing
usage and
wastage is
required



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

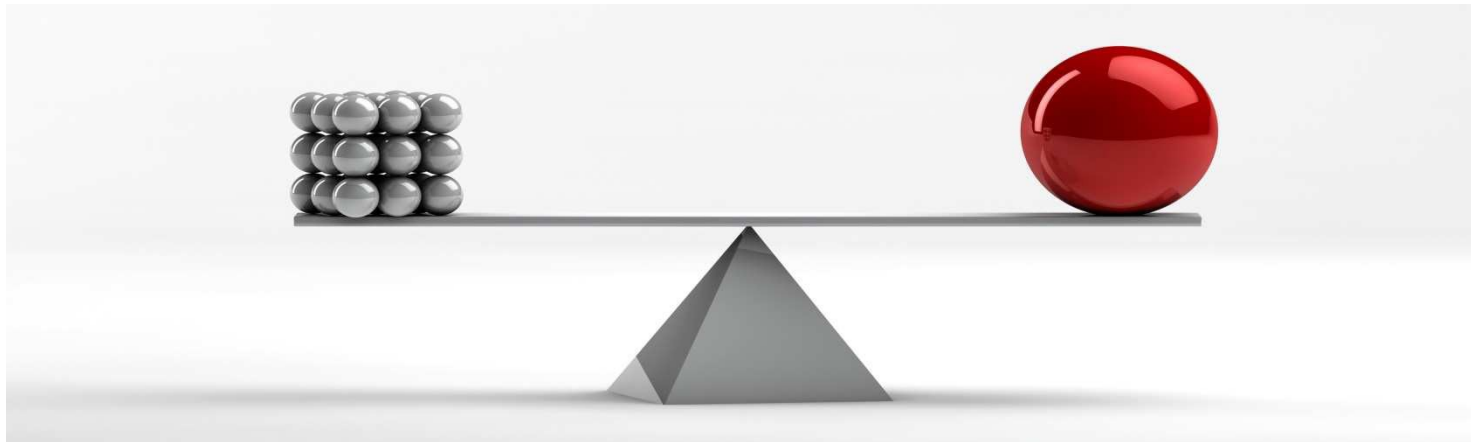
What were our main challenges?

Sufficient stock levels

Reduce stock holding

Meet clinical need

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

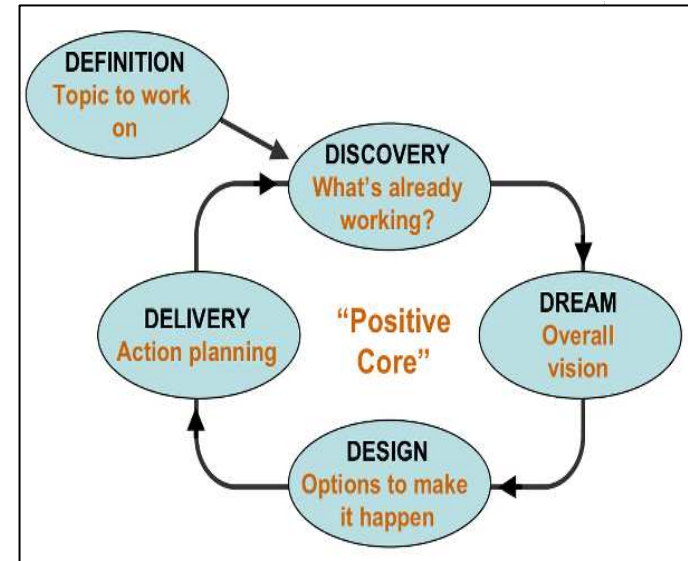
- Actively promote the 'Save One O D Neg a Week' campaign within your Trust ✓
- Raise awareness of importance in preserving O D Negs and avoid wastage ✓
- Review OSBOS
- Use educational resources supplied by NHSBT
- Link with regional PBM Practitioner for help and support through HTC ✓

‘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

Appreciative Inquiry - main points



Discovery – What do we do well already?

- Expiring stock rotation
- Challenging inappropriate requests
- Use of point of care testing
- Trust OSBOS



Dream – What could we do if we had no limitations?

- Treat pre admission anaemia
- Move laboratories nearer theatres
- Have more educational involvement with Clinicians
- Cross-charging wards for wasted units

AI – main points cont'd



Design – How can we create the ideal solution?

- Education and awareness throughout Trust
- Review OSBOS through statistical evidence
- Utilise 'remote issue' fridges
- Data extraction to 'name and shame' worst areas



Delivery – Who can empower and implement new strategies?

- 'Saving Blood' Champions (Internal and External)
- HTC drive increased educational opportunities
- Laboratory staff complete audits to prove 'less is more' for OSBOS
- Get support from CQC and DoH

- 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

HTC 14	<ul style="list-style-type: none">Non-Medical Practitioner / Nurse Specialist Application Form for Blood Component AuthorisationCommunity Transfusion (UHL Leicestershire Alliance) – Kate Hodgson, Consultant Haematologist.Update on the transfer of routine blood transfusions to communication hospitals.										
AUDIT UPDATE & PRESENTATIONS: 14:20 – 15:35											
HTC 15	Audit & Research Update: <ul style="list-style-type: none">a. Regional and National Audits of Blood Transfusion.b. Blood Transfusion Audits – Progress report from Clinical Audit Team.c. Current Blood Transfusion research projects.										
HTC 16	No audit presentations. 14:20 – Wastage Presentation – presented by Kate Potter, Deputy Service Manager. 14:35 – Sample labelling Errors Presentation – presented by Kate Potter, Deputy Service Manager 14:50 – Blood Track: use of Phlebotomy – Demo by Gregg Byrne, Project Lead for Blood Track.										
		(GB)									
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	<ul style="list-style-type: none">QAC quality assurance committee (EQB) HTC ReportKPI's (key performance indicators).HTC Work Programme.										
HTC 19	<ul style="list-style-type: none">Feedback from East Midlands Regional Transfusion Committee, RTC summary 12.10.16NHSBT Hospital Highlight Report – (Delia Smith/Jo										

Verbal Update (HTC Chair)
Verbal Update (HTC Chair)
Verbal Update (HTC Chair)

Paper V (HQ)

Paper W (DS/JS)

Presentation to Trust

accessibility help

text only

sitemap

INsite Clinical

Clinical information and resources from across the Trust

Search:

INsite homepage

Clinical

Clinical Education

Friday Grand Round & Friday Forum

Meeting dates

Friday Grand Round & Friday Forum

The Friday Grand Round organised by Dr Dheya Biswas is a weekly lunchtime meeting for those involved in Medicine within Leicester's Hospitals and has been in existence for over 40 years.

The Friday Forum, organised by Dr Mark Ardron is Multi-disciplinary with a similar format and takes place on the first Friday of the month.

Released on: 22/06/2016

Format:

Sessions commence with an 'Image of the Week' and associated discussion, followed by one or two case presentations and some lively debate. The Friday Grand Round is an essential part of the life of a teaching hospital and offers an

More Information

News Stories

No links available

On the WWW

No links available

Documents

No links available

UHL is not responsible for content on other websites

Royal College of Physicians

Setting higher medical standards

Welcome and thank you for coming to the

Every Drop Counts

Grand Round Presentation

There is a national shortage of O.D. negative blood

NHSBT launched a national campaign in July 2016

It's the common sense way to save lives

Patients need blood, not a test to tell them they need it

NHSBT recommendations for the laboratory

NHSBT recommendations for clinical areas

NHSBT recommendation for the Trust

Is this enough? What else can we do?

"Every Drop Counts" Collaboration Event

Where is the evidence?

How do we compare to other Trusts?

Other points to consider

Every drop counts in another way too

Why are samples rejected?

What does this mean for the patient?

What does this mean for you, the staff?

What does this mean for the laboratory?

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 in to existing alternative blood conservation management plans
- Encourage further research in to 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

RBC	DEC 2015	JAN 2016	FEB 2016	MAR 2016	APR 2016	MAY 2016	JUN 2016	JUL 2016	AUG 2016	SEP 2016	OCT 2016	NOV 2016
Issued	3583	3569	3146	3606	3216	3214	3359	3143	3015	2955	3096	2580
Wasted Time Exp	63	103	62	67	54	57	71	73	22	24	34	45
Wasted Total	271	285	255	229	172	191	258	151	89	65	111	45
Wastage %	7.6	8.0	8.1	6.4	5.4	6.0	7.7	4.8	3.0	2.2	3.6	1.9

PLT	DEC 2015	JAN 2016	FEB 2016	MAR 2016	APR 2016	MAY 2016	JUN 2016	JUL 2016	AUG 2016	SEP 2016	OCT 2016	NOV 2016
Issued	612	563	474	504	471	593	526	522	456	399	420	371
Wasted Time Exp	33	30	45	41	34	13	15	11	22	14	11	28
Wasted Total	70	64	78	75	61	45	59	44	59	31	22	31
Wastage %	11.4	11.4	16.5	14.9	13.0	7.6	11.2	8.4	12.9	7.8	5.2	8.4

NHSBT
recommendations

Collaborate

Use the
stats

Don't
disappoint
donors

Be
creative

Keep
moving
forward

Choose a
'Champion'



Engage those that can
influence change