

LoPAG

Platelet Champions Newsletter

Edition 10 –Autum 2019



Dear Platelet Champions,

Welcome to the 10th Edition of the Platelet Champions News Letter. This issue covers the final **Top Tip No 10: Sharing practice with colleagues in other hospitals and celebrating success!**

Well done to all the hospitals that have taken the Top Ten tips into their laboratories and clinical areas and have made headway in improving platelet stock management. It is clear from the reduction in the number of total platelet issues in London, that the efforts that have been made by hospitals to work on their platelet usage and wastage has seen the overall decrease in platelet issues. This goal was set out by the founding LoPAG group and at the end of our 'TOP TEN' series is a perfect high note to finish this journey!

This last top ten tip recaps and shares parts of the journey that hospitals have been through to achieve this great success.

On behalf of NHSBT and LoPAG, I would like to thank all of our platelet champions and enthusiasts for working so hard to achieve this great milestone!

Kelly Nwankiti – Chair of LoPAG



Over the years hospital transfusion practitioners and laboratory staff have sent us case studies, examples of good practice and changes that they have made to improve the use of platelets – here are just a few of them.

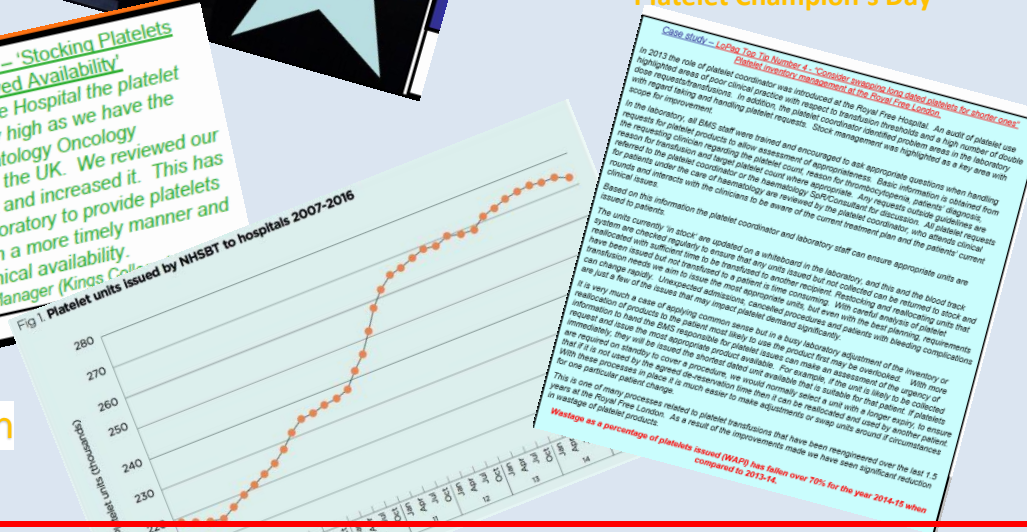
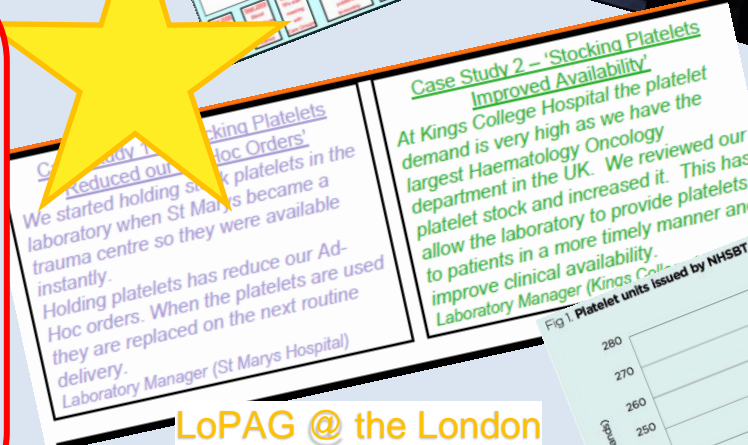
LoPAG is always interested in what hospitals are doing to improve use, reduce waste and better platelet usage.

If you have something that you can share with us, we want to know!

Please send your stories and case studies to

Katharine.Maynard@nhsbt.nhs.uk

or Selma.Turkovic@nhsbt.nhs.uk



LoPAG @ the London Deanery

Top Ten Tips

Sometimes stocking platelets can lead to waste – consider reducing stock levels or sticking different ABO groups too reflect clinical need

Sharing is caring!
Consider sharing platelets within joint organisations – this is now happening at some larger trusts!

Single unit platelet prophylaxis platelet transfusion is well documented in BSH

Timely platelet counts are an essential step in the platelet transfusion process

Top Tips to reduce platelet usage and wastage	
1.	Should your hospital stock platelets? <i>The BSMS has produced a tool which may help you decide if that is appropriate or not.</i> http://www.bloodstocks.co.uk/pdf/PlateletStockholdingAlgorithm.pdf
2.	Could your hospital share platelets with another local hospital? <i>Some smaller hospitals successfully share with larger hospitals and some Trusts rotate platelet stocks between their hospitals to reduce wastage.</i>
3.	Could your hospital introduce a locally defined and agreed dereservation period for platelets allocated to a named patient? <i>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.</i>
4.	Consider swapping long-dated platelets for short-dated ones <i>If you know a patient is going to be transfused, give them the shortest dated platelets.</i>
5.	Consider using different ABO group platelets in adults who are <u>bleeding</u> <i>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.</i>
6.	Consider using RhD positive platelets in adult males who are <u>bleeding</u> <i>Give RhD negative platelets for RhD negative patients where anti-D would be a problem but in males who are bleeding, use RhD positive platelets if you have them available</i>
7.	Introduce the National Blood Transfusion Committee Indication Codes for platelets so that any requests outside the accepted criteria can be reviewed if appropriate <i>This could be done to empower the BMS staff or used as a way of deciding when to get the haematology medical staff to intervene.</i>
8.	Double-dose platelets are not indicated in most prophylactic situations – 'why use two when one will do?' <i>Clinical trials have shown that standard dose prophylactic platelets are just as effective as high dose prophylactic platelets.</i>
9.	Review the timeliness of platelet counts or other tests used to inform the decision to prescribe platelets. <i>Often platelet orders are made in anticipation of a 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.</i>
10.	Work at it – share practice with colleagues in other hospitals – and celebrate success!

GSTT reduced their wastage by shortening the dereservation period of platelets!

King's reported that tips 5 and 6 helped to reduce the amount of A negative stock holding!

Consider building this in to the vetting systems used in the laboratory and making it part of your hospital guidelines.

Celebrate your hard work!



The Top Tips to reduce platelet usage and wastage have been a pivotal part of the LoPAG working group. Please continue to use these to educate staff and users surrounding transfusion and management of platelets. Sharing practice is a pivotal part of the process and we encourage our members to do this wherever possible. Celebrate your successes and do not forget to congratulate each other.



London Platelet Action Group

NHSBT Platelet resources available to you

Always more work to be done!

A word cloud shaped like a heart, containing various medical terms related to blood transfusion. The most prominent words are "AB Negative" in large red font, "Wastage" in large blue font, "HLA Platelets" in large blue font, "Stock Levels" in large orange font, "Dereservation" in large blue font, "Indications" in large blue font, "Prophylaxis" in large blue font, "Single Unit" in large blue font, "Working at it" in large blue font, "Sharing" in large blue font, "Guidance" in large blue font, "D negative" in large blue font, "A Negative" in large blue font, "B Negative" in large blue font, "C Negative" in large blue font, "D Positive" in large blue font, "E Negative" in large blue font, "F Negative" in large blue font, "G Negative" in large blue font, "H Negative" in large blue font, "I Negative" in large blue font, "J Negative" in large blue font, "K Negative" in large blue font, "L Negative" in large blue font, "M Negative" in large blue font, "N Negative" in large blue font, "O Negative" in large blue font, "P Negative" in large blue font, "Q Negative" in large blue font, "R Negative" in large blue font, "S Negative" in large blue font, "T Negative" in large blue font, "U Negative" in large blue font, "V Negative" in large blue font, "W Negative" in large blue font, "X Negative" in large blue font, "Y Negative" in large blue font, "Z Negative" in large blue font.



Please send your thoughts and feedback to:

NHSBT platelet resources are available at: <http://nhsbt-cms-prod.azurewebsites.net/patient-services/patient-blood-management/platelet-resources/>

We will be looking to hold several education events in the coming year. From a platelet education day aimed at clinical staff, to a BMS empowerment session based on platelets there should be something for everyone. Keep an eye out for communications regarding this in the next few months.....

To view all our previous newsletters and find out more details of the top tips please visit:

<https://www.transfusionguidelines.org/uk-transfusion-committees/regional-transfusion-committees/london/rtc-business/rtc-working-groups>