Order comms

- Order comms is known to reduce the burden of laboratory admin of putting what tests are required into the LIMS!

- Blood Sciences have been a priority because of work load
  - Especially from Primary services (GP practices)

- Use in Transfusion has been somewhat limited
  - Some Trusts have only used order comms for group and saves
  - What about requests for blood components/products ?

Oxford Hospitals
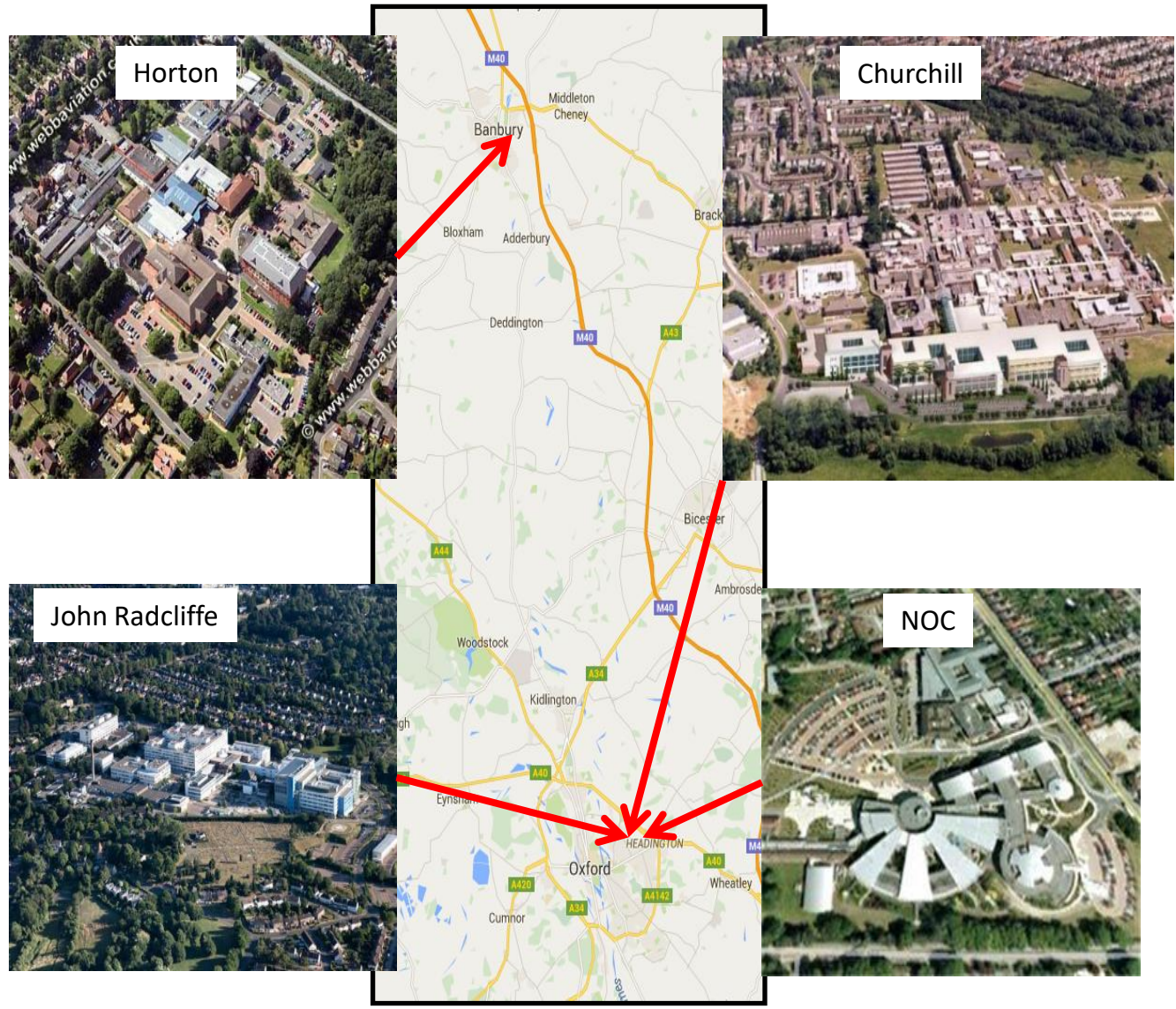
History in Oxford

- 2011 – Trust began to use Cerner Millenium as their Electronic Patient Record
  - Piloted in 1 of the Hospitals (NOC)
- 2012
  - The Transfusion team asked to help develop order comms for group and save samples
  - We insisted that we also wanted to develop order comms for component ordering
- 2013
  - Pilot of order comms on Haem Ward
  - Roll out begins
- 2015
  - Roll out completed

Blood Requested on EPR – 'PowerPlan'

Step 1: Product required selected

Step 2: Order entry form completed with details of transfusion

Step 3: Order and prescription placed and received in laboratory

The order entry form defaults to 1 unit.

Latest Hb is displayed

The diagnostic group and clinical details for the patient are mandatory.

All components and products?

- # YES!

- We wanted order comms to be the standard way to order
- The only way to do this was to include all components and products!

Word of Caution

- Need to agree a process for urgent requests
- Must minimise delays for the provision of products for bleeding patients
- OUH – MHP – only activated by phone. Need to know the request is being dealt with
- Urgent requests are placed on order comms and the lab is then phoned so they are aware

What did we hope to see?

- Reduction in work – requesting

- Reduction in errors made at requesting
  - Better information
  - Patient demographics
  - Clinical information

- Less phone calls

- Streamline lab work flow – The paperless lab ?

NO request card! - controversial!

- Think about what do you use the request card for?
  - Checking sample against
  - When making a work sheet
  - For knowing what you have outstanding
- We went through this
  - We now don't miss request cards!
  - we redesigned your processes to use an electronic record
  - This MUST be led by the laboratory senior staff

Redesign

- **THEN**

- Check sample against request card

- Use request cards to make a worksheet

- Check request cards to know what red cells are needed and when

- Knowing when 'specialist products' are ordered

- **NOW**

- Check sample against electronic order

- Use samples to make the work sheet

- Use outstanding work lists on LIMS

- Introduction of a ordered units 'white board'

Has it been a success?

Yes – all our requests apart from very urgent requests are now via order comms

Whats been good?

- Requesting both group and saves /product issues is quicker

- Much less 'typos' as the orders appear electronically

- Better information!

- Different issue sets for different sites works well (based on the patient location)

- Seeing out standing work is quick and easy

- Less phone calls

Better information!

- Request audit (Jan 2015)
- 100 paper and 100 electronic requests
- Examined to determine what information was available for each request

	Paper requests	Electronic
Name	100%	100%
MRN	99%	100%
DOB	100%	100%
NHS Number	24%	100%
Consultant	22%	100%
Location	69%	100%
Diagnosis	55%	100%
Special Requirements	1% (1/100 expected)	100% (47/47 expected)
Contact number	88%	100%

Other advantages

- We know what is coming in before the sample arrives
  - Allows us to order phenotyped units earlier
  - Allows us to 'spot' when we may need to order additional units
  - Alerts us to HLA matched platelets being required before the clinical team phone us!
- No longer need to scan request cards!
- Less confidential waste

Problems encountered

- Knowing what requests are coming in?

- This refreshes every 5 minutes
- Urgent requests are phoned to be lab

Other problems

- Clinical staff not putting in the correct date:time products are required
  - They tend to just press return and then wonder why there is no product available when they needed it (its been returned!)
- Clinical staff ordering and prescribing different amounts of units!
  - Causes confusion on the ward
  - System currently unable to copy from 1 set to another
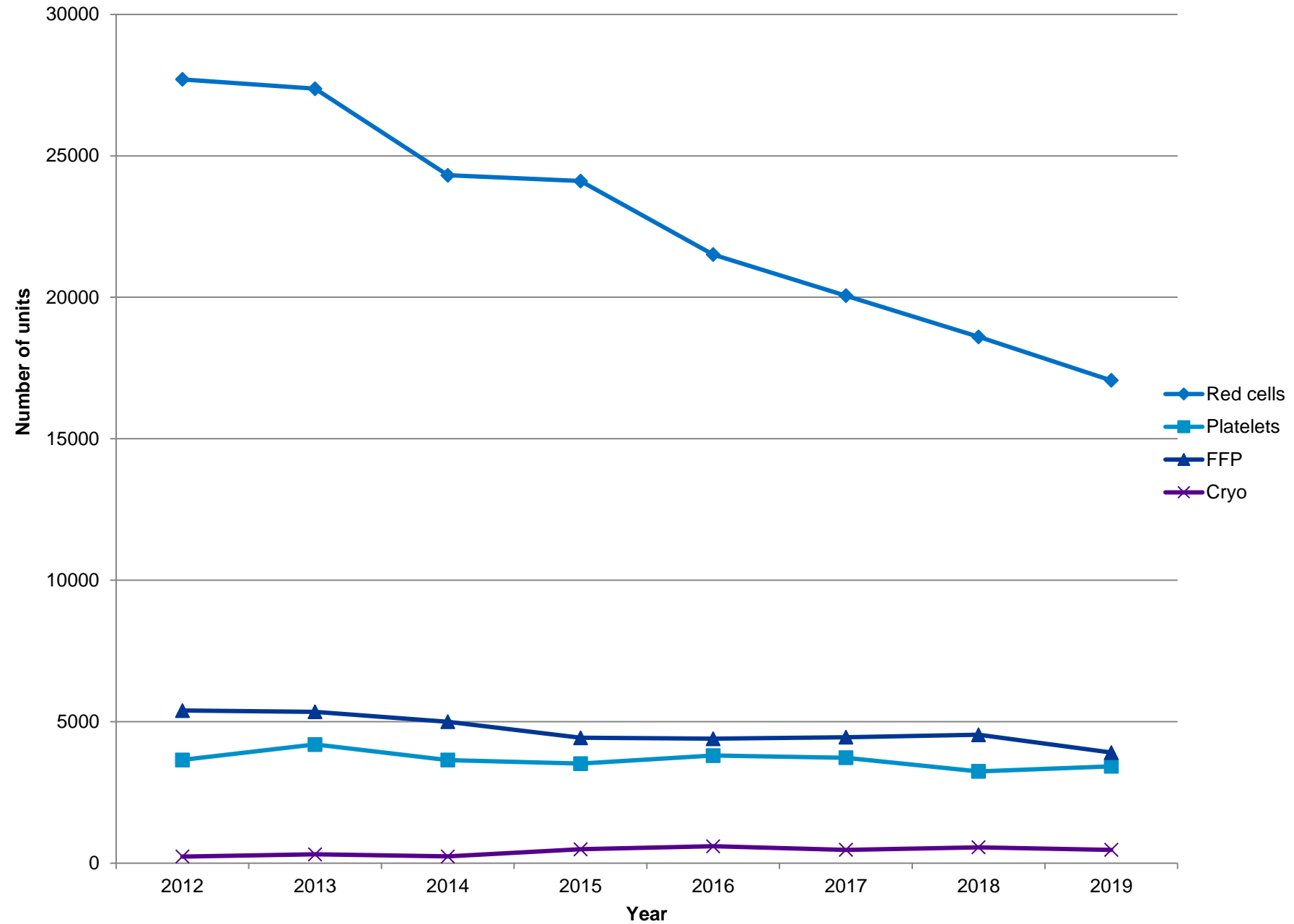
Getting clinical engagement

- Order comms was rolled out through the trust
- Blood product ordering was rolled out with the medicines management – which worked well
- We encouraged initially when people called wanting to order products
- Now we are strict!

Compliance with agreed transfusion triggers in haematology improved from <50% to >90%
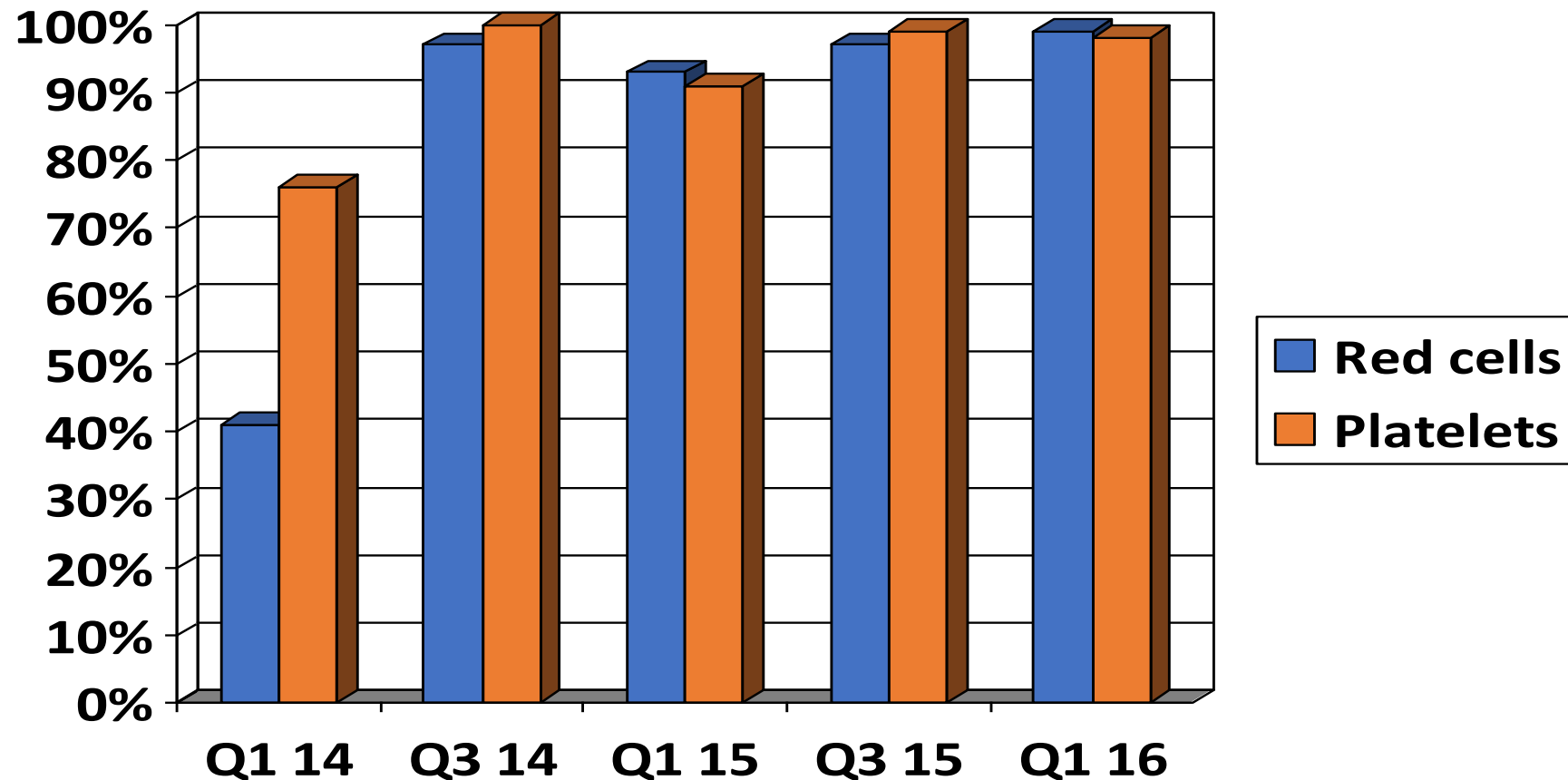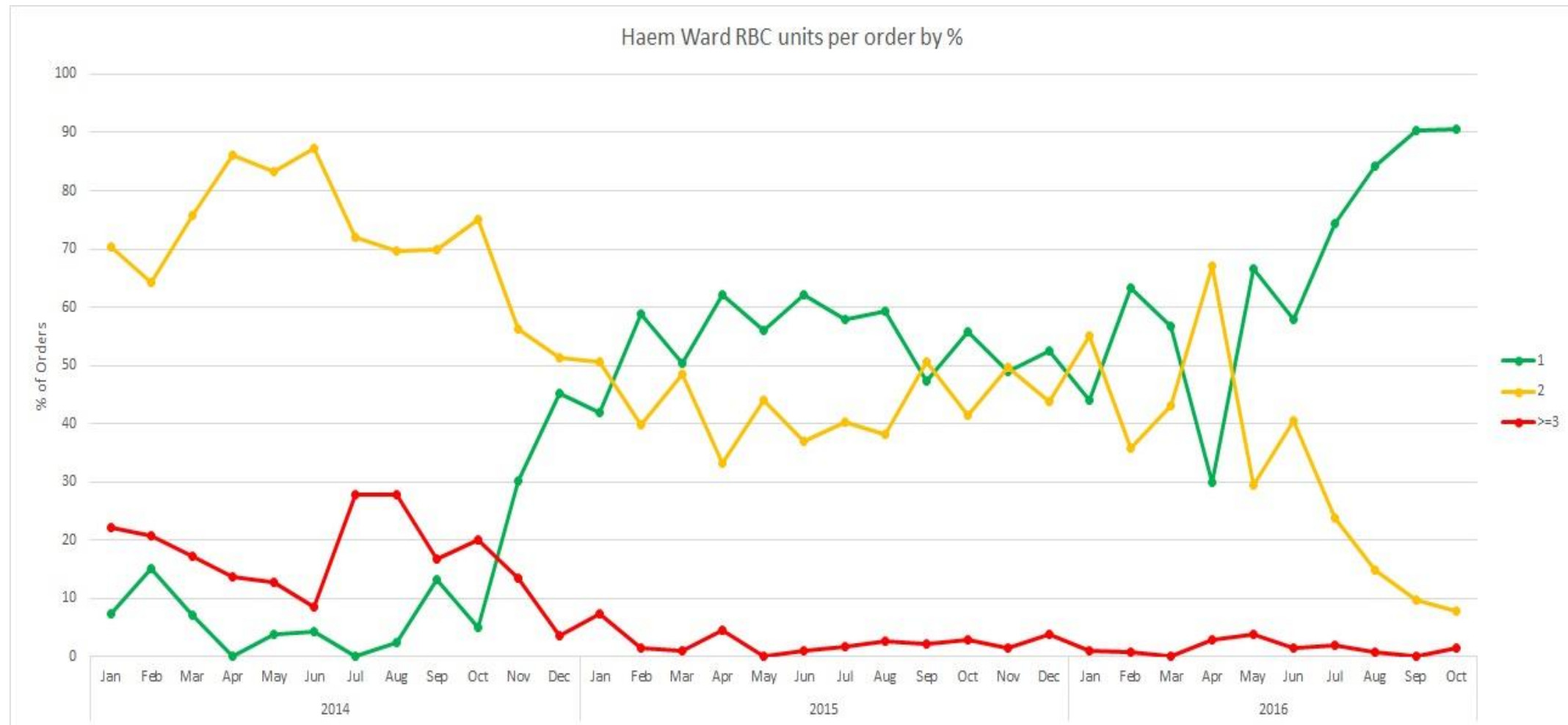
Number of Blood Products

Encourages 1 unit transfusions!

Haem Ward RBC units per order by %

Conclusion

- The advantages of using order comms to order blood components and products are
  - Many and variable
  - Lab advantages are
    - Accuracy of information received on the request
    - Reduces staff time per request
    - Allows you to see requests as soon as they are made not just when it arrives
  - Clinical
    - Everything is done on EPR filling in a paper request feels wrong
    - Helps compliance with clinical guidelines
    - Better PBM!
- It was hard work and time consuming – but it was worth it