

Patient Empowerment

Brian Robertson
Transfusion Practitioner
Guys & St Thomas'

Patient empowerment

Why

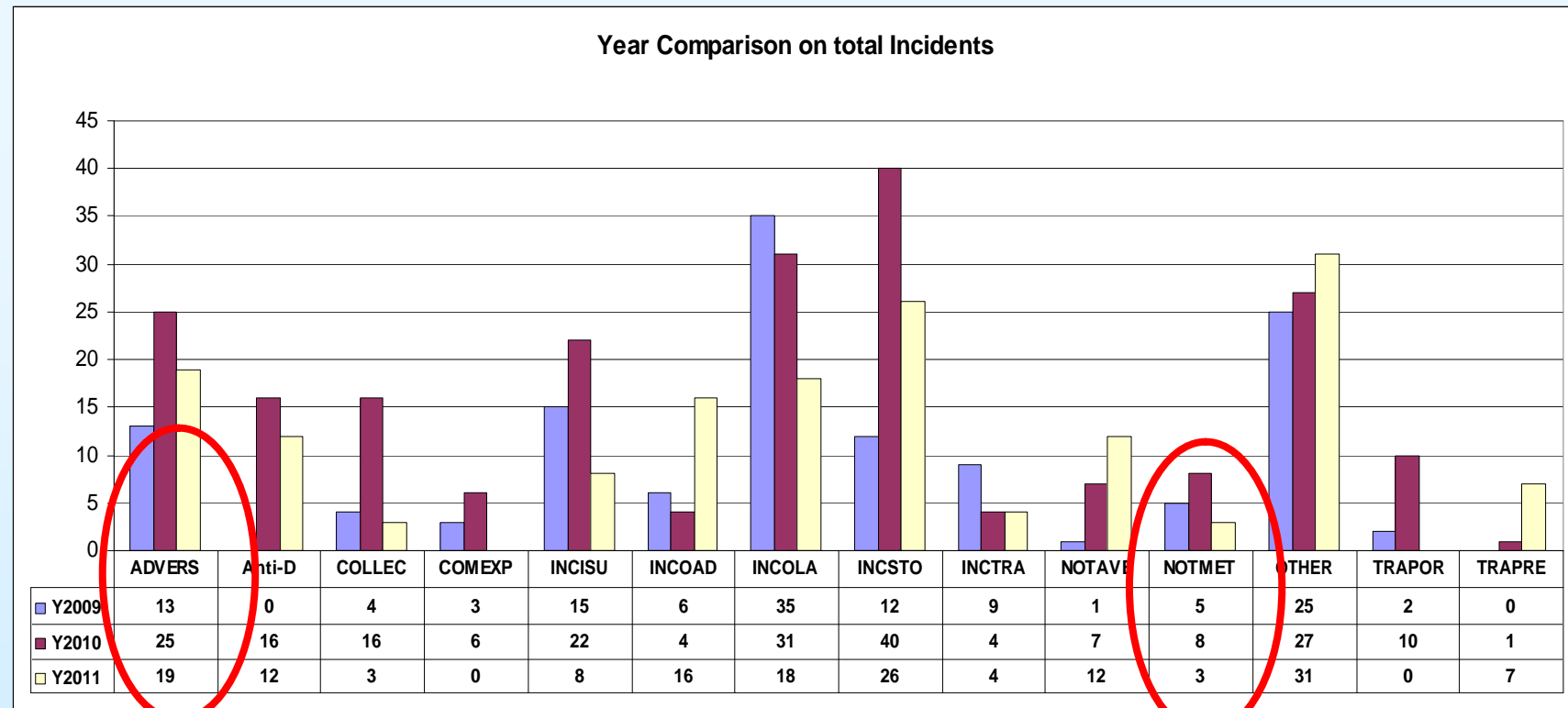
- Identification of error
- Trending example of incidents
- Shared care

How

- Patient involvement
- Tools
- Patient flags: EPR requests and education

Further development of program.....

Patient Empowerment : Trending of incident



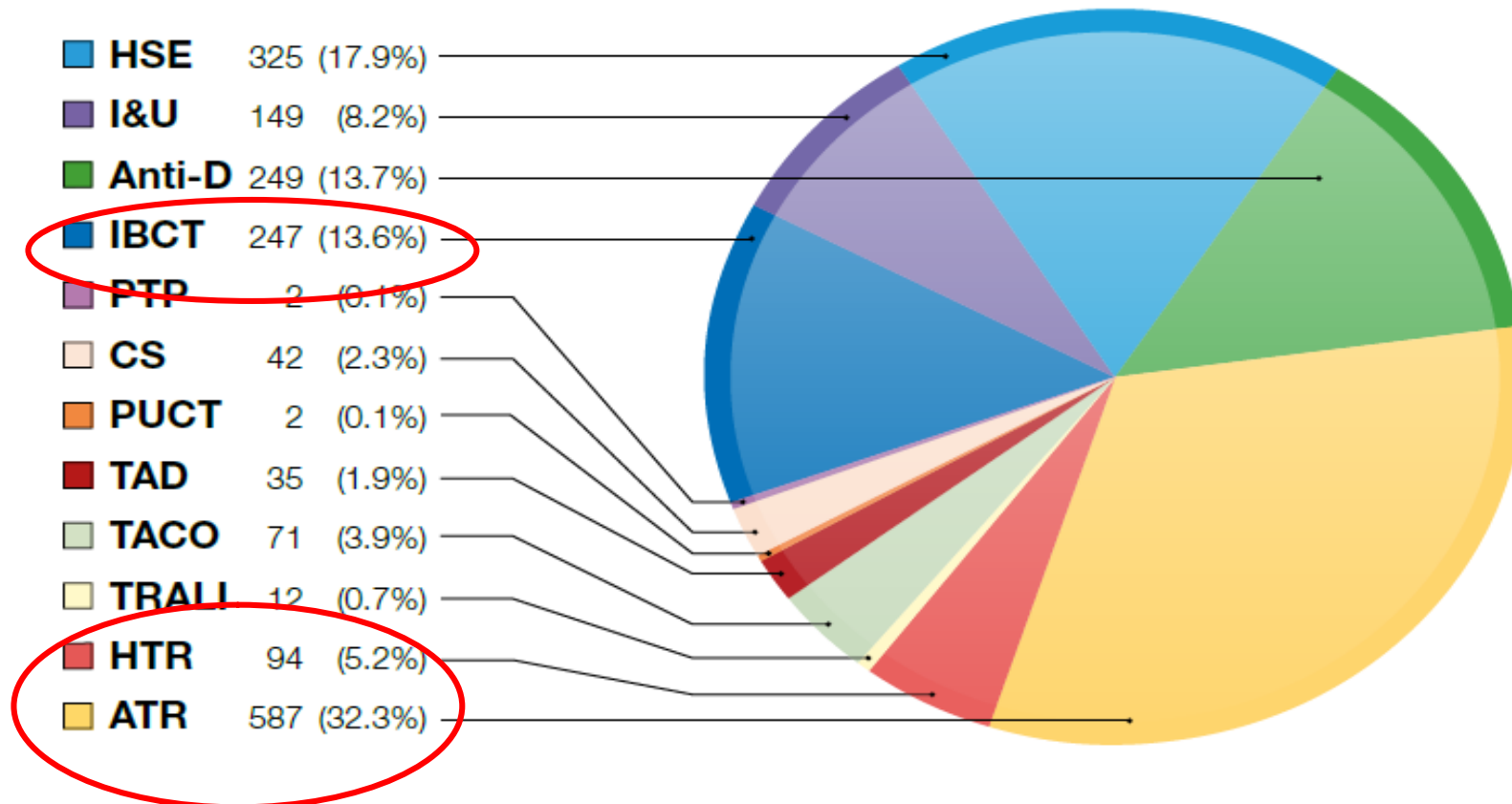
A trending of incidents had been picked up with the special requirements not being met in 2010.

Transfusion Reactions: Patient with DHTR

Cases reviewed in 2011 (excluding near miss and instances where the patient received a correct component despite errors having occurred – RBRP)

n=1815

National data



HSE Handling and Storage

I&U Inappropriate and un-necessary

Anti-D Anti-D errors

IBCT Incorrect blood component transfused.

PTP Post transfusion Purpura

CS cell salvage errors/ incidents

TAD Transfusion associated dyspnoea

TACO Trans. Associated circulatory overload

TRALI Tran. Related acute lung injury

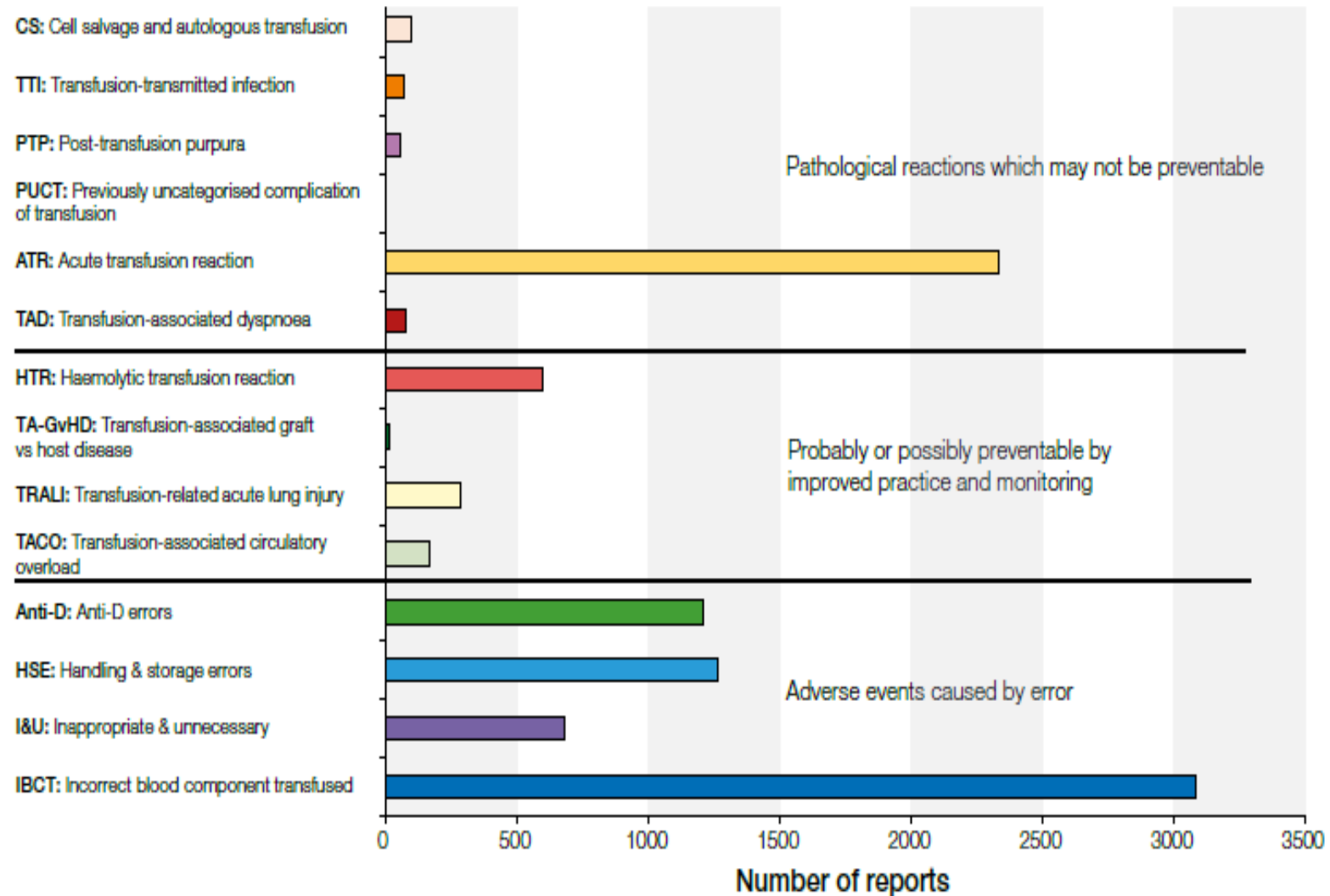
HTR Haemolytic transfusion reaction

ATR Acute transfusion reaction

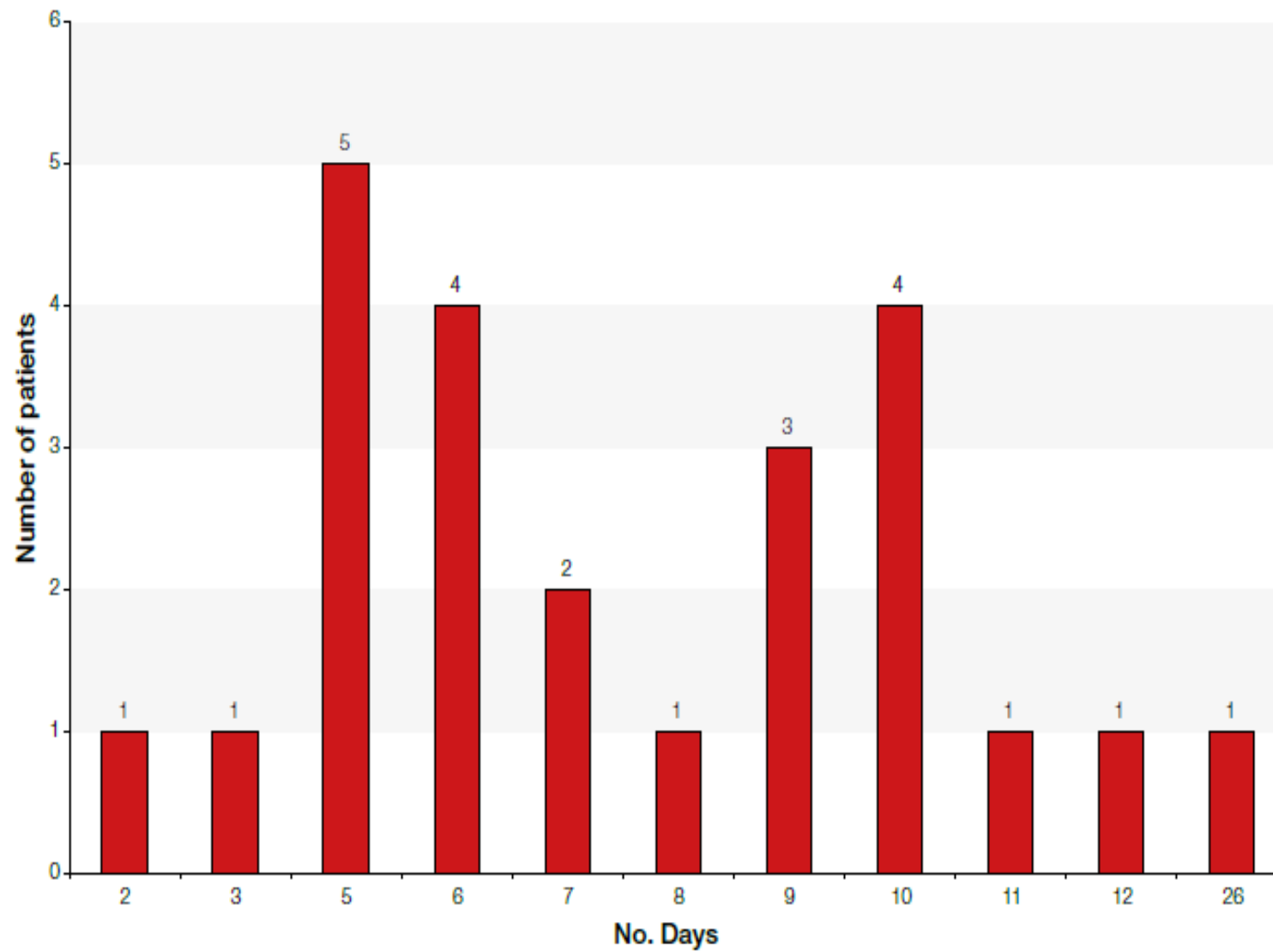
Cumulative data for SHOT categories 1996/7-2011

n=9925

Imputability



Interval in days between administration of the implicated transfusion and signs or symptoms of a DHTR



Incident examples *communication*

- The patient on Fludarabine was due for BMT at another Hosp pre harvest
- the patient received three units of blood that were not irradiated but met all the other special requirements for the patient.
- The error was only discovered the other hospital contacted the blood bank to inform them that patient required irradiated blood and that the harvest would now be delayed.

Incident examples

Understanding

Sickle cell patients

Attending other hospitals for routine procedures

Phenotype not known

Sickle status not known

Presenting back to STH with DHTR

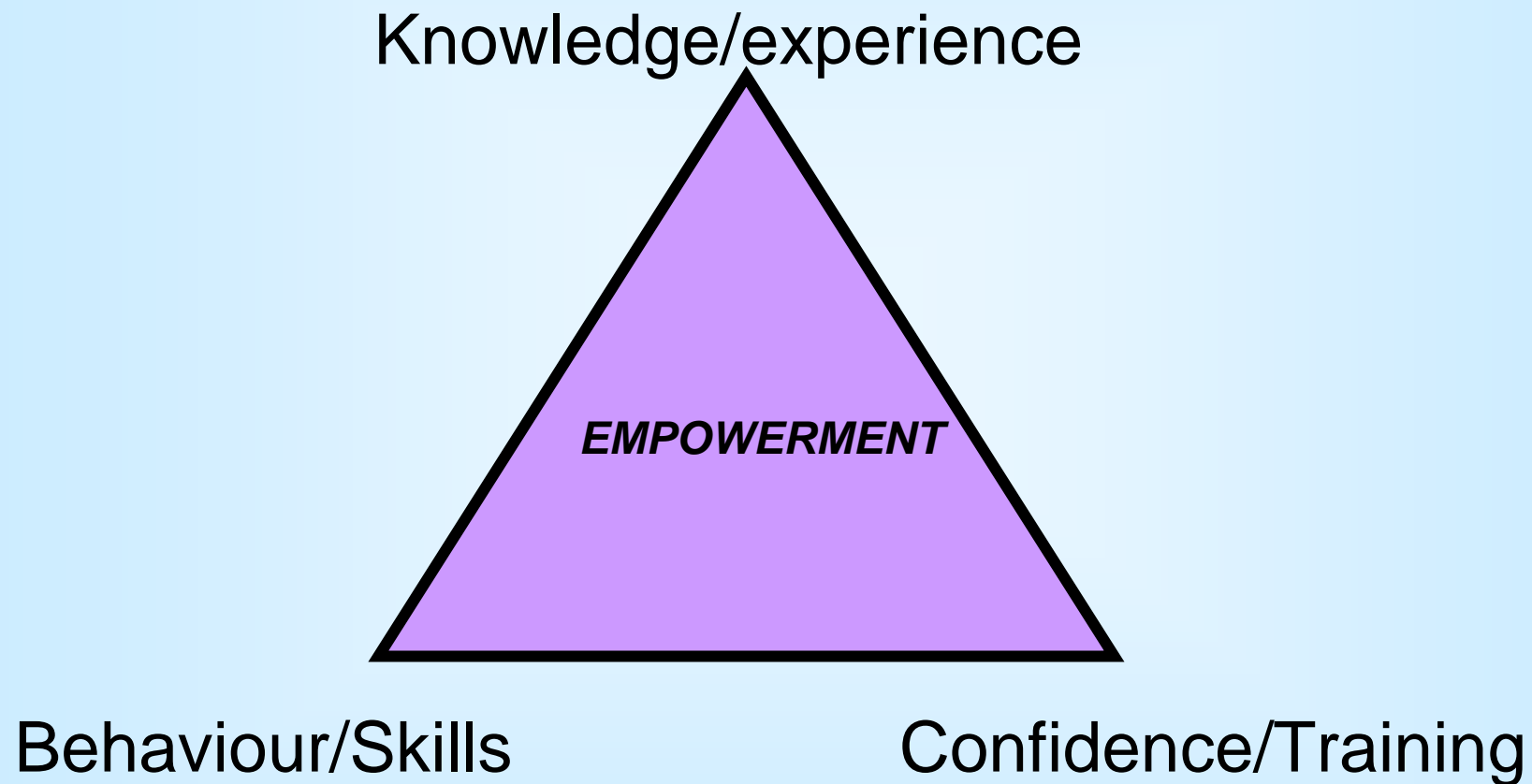
Patient Empowerment

Started with patient Survey

63 patients with special requirement needs were surveyed on the use of a 'special alert' card.

Questions were based on having been given the information and understanding of their needs.....

Patient empowerment



Patient Survey

Patient survey for special requirements:

1 Did you receive the information on your special requirements needs for blood components?

YES ☐

NO ☐

2 What are your special requirement needs?

Irradiated ☐

CMV- ☐

BOTH ☐

Other ☐ please specify _____ *(This can be washed cells, antibodies etc)*

3 Do you feel the information you were given will help you to ensure you are transfused the correct requirements?

YES ☐

NO ☐

4: Would you prefer to have more information given to you on the special requirements needed and how you can ensure you received it?

YES ☐

NO ☐

5 Would you be happy to be included in the process of identifying the special requirements of the components before you are transfused it?

YES ☐

NO ☐

Patient survey

1 Did you receive the information on your special requirements needs for blood components?

YES ☐

NO ☐

68%

32%

Patient survey

2 Do you know your special requirements?

Irradiated ☐ CMV- ☐ BOTH ☐

Knew

59%

Did not Know

41%

Patient survey

3 Do you feel the information you were given will help you to ensure you are transfused the correct requirements?

YES ☐

97%

NO ☐

3%

Patient survey

4: Would you prefer to have more information given to you on the special requirements needed and how you can ensure you received it?

YES ☐

100%

NO ☐

0%

10/17 suggestions of having information in writing through letter, email or information pack.

Patient survey

- Demonstration of the special requirement on the component before transfusion.

YES ☐

97%

NO ☐

3%

16/17 stated that having the card would assist them in receiving the correct component. Some felt they would be happier to point out the special requirements with the card, as they felt too shy to state it verbally.

Patient survey

5 Would you be happy to be included in the process of identifying the special requirements of the components before you are transfused it?

YES ☐

97%

NO ☐

3%

16/17 felt that having the card would ensure safer transfusions and would assist them to explain the awareness of the needs, one patient was upset at losing her card and was requesting a replacement.

Patient empowerment program

**I need
“Special Blood”**

Please Contact:
Blood Transfusion Laboratory
Guy's & St Thomas' Hospital
Tel: 020 7188 4474



Patient given

1. Card
2. Letter

Patient should use the card to flag to the healthcare professional that there are special needs for blood and to contact Guy's and St Thomas' to find out what the most recent needs are.

Additionally we have added to Electronic Patient requests (EPR)

Blood Bank Crossmatch Form V2 - ZZZ ZPIMSTEST, ARUAN TEST

Order: [Units to be Crossmatched] Order ID: [001HFNMTJ]
Requested By: [Dabideen, Kamela]
Messages: [Phone the lab directly for blood if they already have a 'Group and Antibody' sample. ...]

Ordering Information
☐ Conditional Order [Condition...] Template Name: []

Collection Date: [] Collection Time: [Routine] Result Priority: [Urgent]
★ No. of Units Required: []

NB: Failure to order appropriate 'Special Requirements' can result in fatal transfusion complications. If you are unsure about this for your patient please check Trust Blood Transfusion Policies (see GT1) or contact Blood Bank on 84774 or 82766.
Special requirements: It is important that the patient receives the correct special requirements and selection of the appropriate prescription/clinical status will increase assurance that we meet these requirements.

★ Irradiated Special Requirements
★ CMV Special Requirements
★ Date Required
★ Time of Procedure
★ Site Blood Required
★ Previously Transfused?
★ Has Pt received Anti-D in last 12 weeks?
★ Patient Pregnant?
★ Clinical Details
★ Bleep/ Ext.

★ Irradiated Special Requirements
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Anti-Thymocyte globulin (ATG) for aplastic anaemia (Irradiated)
Bendamustine (Irradiated)
BMT Allo graft (14 days pre transplant until immune reconstitution) - (Irradiated)
BMT Auto graft (14 days pre transplant/up to 6 months post) - (Irradiated)
BMT Donor (14 days pre donation) - (Irradiated)
Campath (Alemtuzumab) EXCLUDING renal patients - (Irradiated)
Cladribine (Irradiated)
Clofarabine (Irradiated)
DiGeorge Syndrome (known or suspected) - (Irradiated)
Fludarabine (Irradiated)

OK Cancel Repeat

Patient empowerment program Update



Program to improve

1. Special Requirements
2. Patient with antibodies
3. Shared Care with patient referrals

All patients with special requirements

- Irradiated
- Washed
- HLA matched
- Phenotyped due to antibodies etc

All sickle cell patients

- Red cell antibodies

**I need
“Special Blood”**

Please Contact:

Blood Transfusion Laboratory

Guy's & St Thomas' Hospital

Tel: 020 7188 4474

To date:

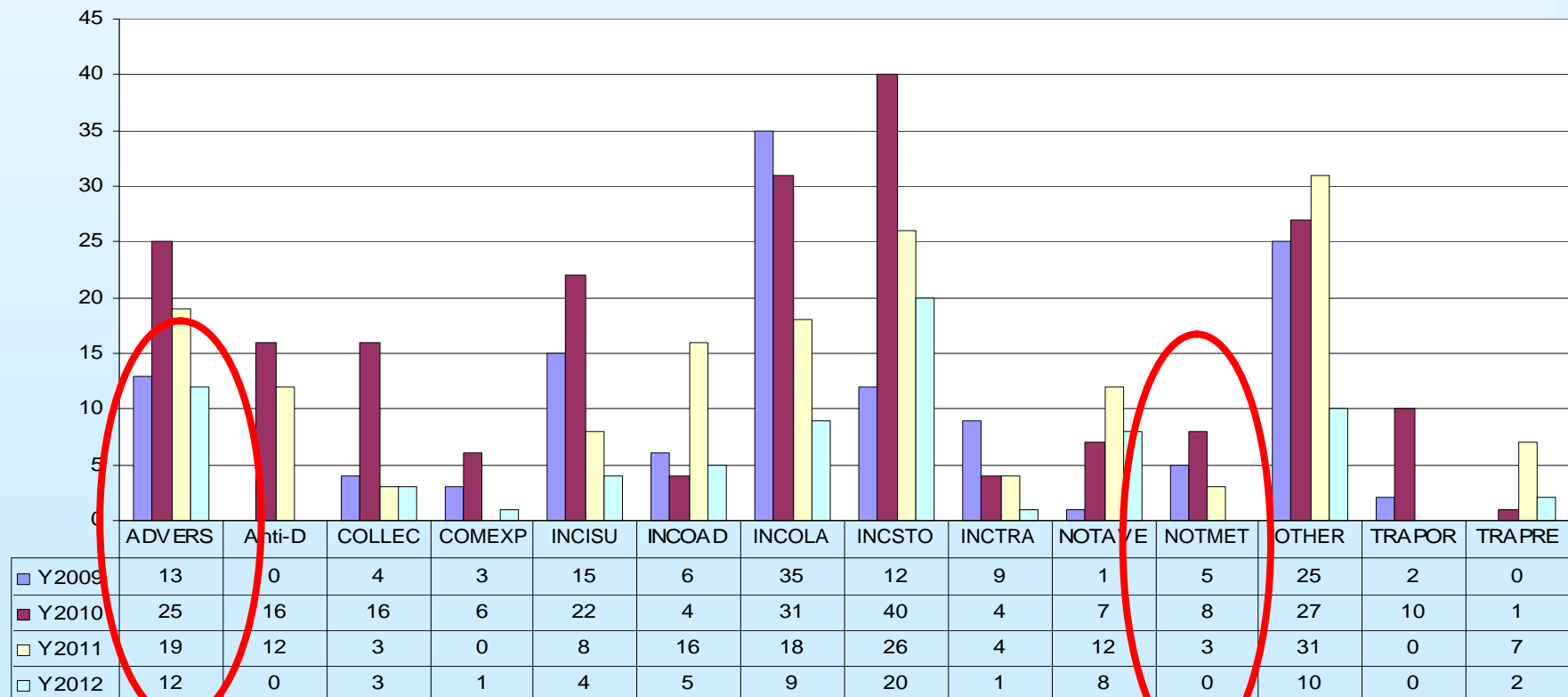
321 patient with antibodies

85 Sickle patients

Patient Empowerment: outcomes

So how well are we going to date.....

Incident Trending




Shared Care Working Group Update

Started May 2010



RTC Special Requirements Template

London Regional Transfusion Committee 

Box for Document Control and Hospital Logo

Blood Transfusion Special Requirement Request

Patient Details:

Hospital Number: _____ NHS Number: _____

First name: _____ Surname: _____

Date of Birth: ____/____/____

Patient treated at other hospitals* Y/N _____ Referring Hospital: _____ * Mandatory

Diagnosis / Reason for Special Requirements: _____
(See Reverse for Indications for special blood requirements)

Complete this box if ABO Mismatched Transplant (HSCT/Solid Organ)

Component Requirement ABO/RhD group

Recipient ABO/RhD Group: _____ Red Cells: _____

Donor ABO/RhD Group: _____ Platelets: _____

FFP/Cryo: _____

Component Requirements (circle option below)

Irradiated Components Yes/No _____

CMV Negative Blood required Yes/No _____ (Neonate/Planned transfusion during pregnancy)

HLA/HPA Matched Platelets Yes / No _____

Washed cells Yes / No _____

Date Started: ____/____/____

Review Date: ____/____/____

Atypical antibodies present Yes / No Details: _____

Signed: _____ Bleep: _____ Date: _____

Print name: _____ Job Title: _____

Form/copy sent to Laboratory: Yes / No _____

Lab Use Only - Treating Hospital Received in lab (Date/Time/By): _____ Flag Entered on Patient LIMS record (Date/Time/By): _____ Date and time faxed to referring hospital: _____	FAX Number: <u>Insert Hospital Fax Number</u> Completion of this form confirms that this fax is located in a secure and safe environment
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Lab Use Only - Referring Hospital

Confirmation of receipting lab on Date/Time/By: _____

Existing patient Y/N _____

Entered on LIMS (Date/Time/By): _____

PLEASE SEND Response fax back at number above. Faxed to Treating Hospital (Date/Time/By): _____

[For Document Control/Hospital Logo]

← 1. Space for Hospital Header and Doc Control

← 2. Patient identification details

← 3. Identify if patient receiving care from another hospital

← 4. Details of special blood component requirements and requestor

← 5. Communication of Shared Care and Audit trail

← 6. Space for Hospital Footer and Doc Control

- Not sure how many Trusts are using the new form
- Unsure of any improvements to shared care
- Any problems with shared care
- Audit 2013

barriers

Receipt of form at hospital where no existing record exists



- Possibility of GP referral to specialist hospital and communication back to local hospital for treatment

- Some LIMS allow registration of patient without local hospital number.
- Out of remit for this working group

Doctors education

- How do doctors know what to request

- Option of using page two (back of template) which has list of indications



Other barriers

Fax numbers

- Reported that hard to find fax numbers for other hospitals at hand even though sent out when Tri-regional Shared Care form launched
 - Password protected on RTC website



Caldicott Principles

- Hospitals faxed back the form to confirm receipt and update on LIMS but completely censor the form. Unable to reconcile those sent
 - RTC Template indication under sending hospital fax confirming that their fax is secure and not public access
 - Hospitals to contact their local Caldicott guardians to add other hospital fax numbers to 'safe list' and communicate this to staff in lab



Management of duplicate patient records

- Reported that duplicate records can exist during hospital merger or error in entry
 - Left for hospitals to locally manage. MHRA guidance and await update of BCSH IT guidelines



Possible new barrier?

- Trusts following different national recommendations
 - SaBTO CMV provision



THANK YOU: ANY QUESTIONS

