

Newcastle RCI Survey of out of hours practice

2014-2015





Reason for study

• Is the service any good?

Aims

- Determine indications for referral
- Determine times blood referred
- Identify timescale in which blood was required
- Are we dealing with requests in a timely manner?
- How quickly is blood used?
- Are there different referral/usage patterns according to urgency?
- o Appropriateness not assessed

Methods

- "All" urgent or out of hours RCI referrals included
- Intended for 6 months
- Paper form completed by RCI, with final outcome collected by RTC administrator

	NHSBT number:					
tails	Hospital number:					
Patient details	Patient Age:					
tien	Previously known to RCI:	Y		N		
Pat	Hospital name:					
	Reason for RCI referral:					
	Diagnosis:					
	Hb (g/L):					
	Is the patient bleeding:	Y		N		
	Is a crossmatch required:	Y			N	
s	How many units:					
Request details	Any special requirements?					
st a	Was advice from NHSBT consultant sought:	Y			N	
dne	If yes, outcome of advice:			_		
К.						
	Date blood taken:					
	Time blood taken:					
	Time blood arrived at local lab:					
	Time referred to RCI:					
	Urgency:	ASAP	1-4	4-8	>8	
	Time left local hospital:					
	Transport mechanism:					
	Time arrived at RCI:					
	Time RCI investigations started:					
	Time RCI result given to requestor:					
_	Time blood left issues (if applicable):					
Timing	Transport mechanism:					
	Total time work took:					
	Was blood transfused (if applicable):	Y		Ν		
	Number of units transfused:					
Transfusion	If blood not transfused or less than the number of	of units reque	ested trans	sfused sta	te reason:	
Tra	Time blood transfused (if applicable):					
	Investigation needed and summary of RCI findings:					
igat						
Investigatio	Genotype required:	Y		Ν		
Ę	Can local lab access results via Sp-ICE:	Y		N		

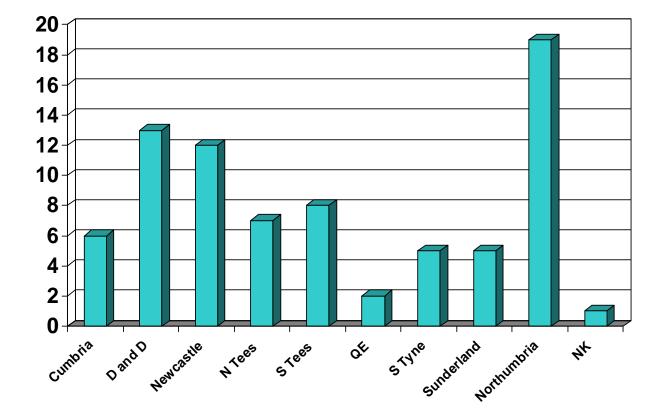
Methods

- "All" urgent or out of hours RCI referrals included
- Intended for 6 months
- Paper form completed by RCI, with final outcome collected by RTC administrator
- Started in May 2015, to run for 6 months
- Not all calls recorded
- Completed end Feb 2015

Demographics

- 78 referrals
- 37 previously tested in RCI
- Median age of patient 73.5 (range 4-94)
- Indications: mostly antibody ID and XM
- 2 transfusion reaction investigations
- 6 referrals due to bleeding:
 - 2 maternity, 2 GI bleed, 1 epistaxis and 1 bleeding from stoma

Referrals by Trust

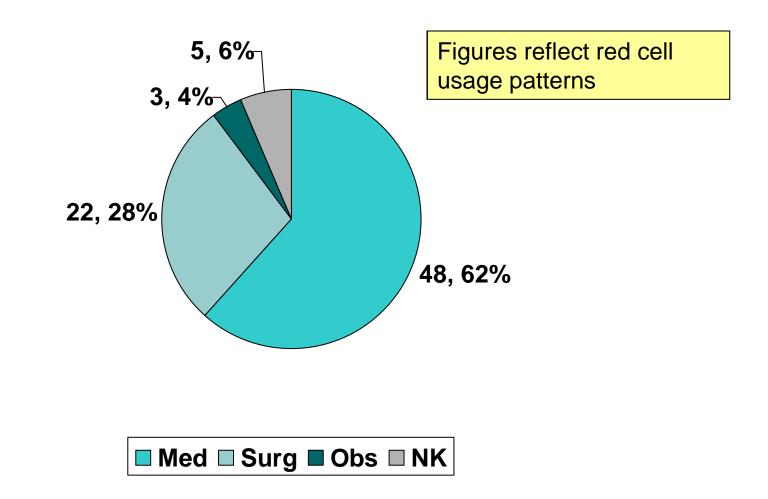




Clinical problems

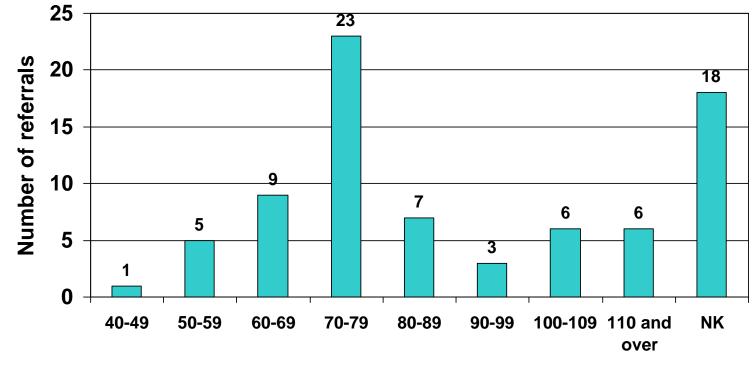
0	AIHA	15
0	Other haematology	17
0	Anaemia	13
0	Surgery	13
0	Trauma	5
0	Bleeding	4
0	Maternity	3
0	Critical Care	2
0	Oncology	1
0	Not stated	5

Referrals by broad clinical category



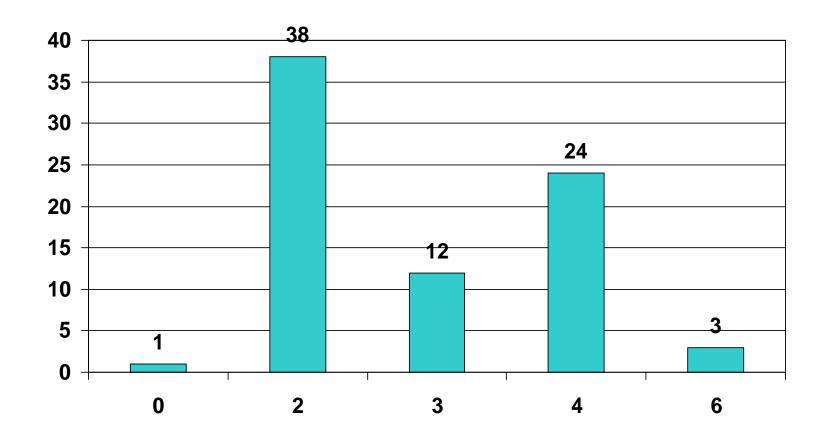


Hb on referral

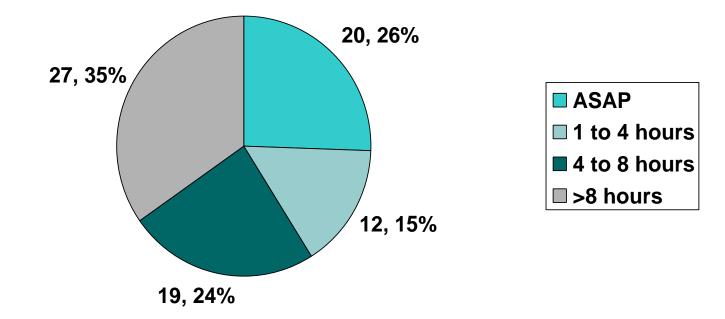


Hb level

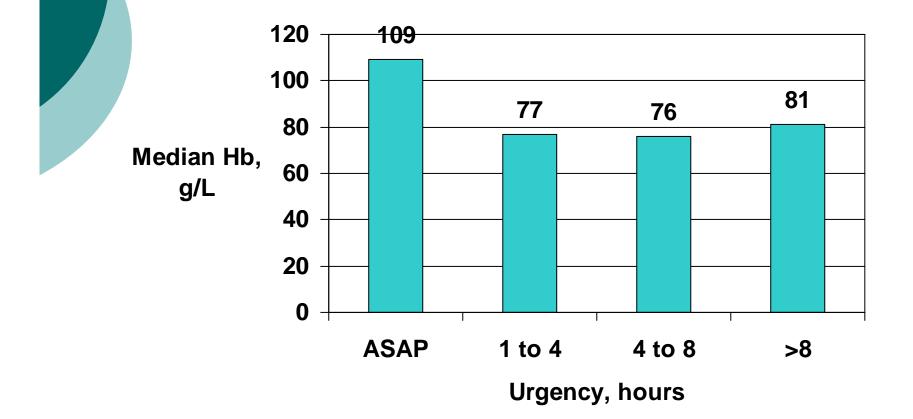
Units requested



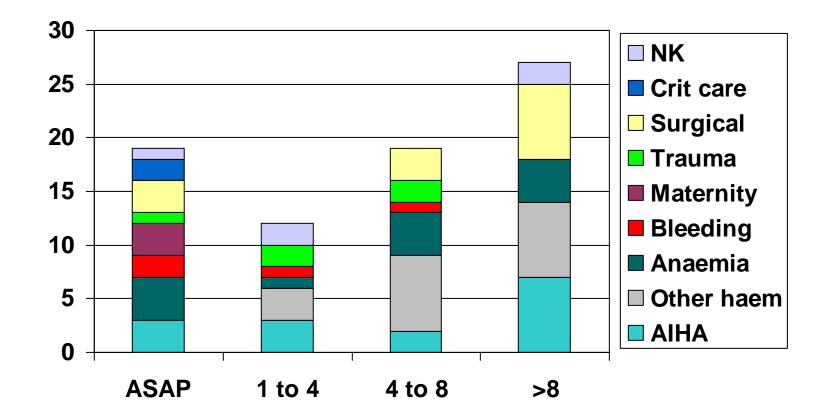
Urgency of request



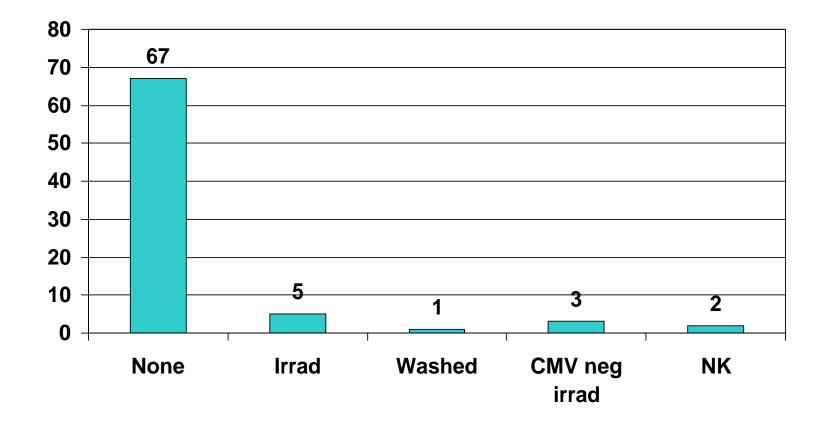




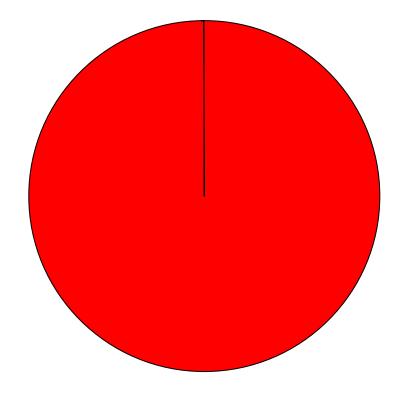
Clinical indication and urgency



Special requirements

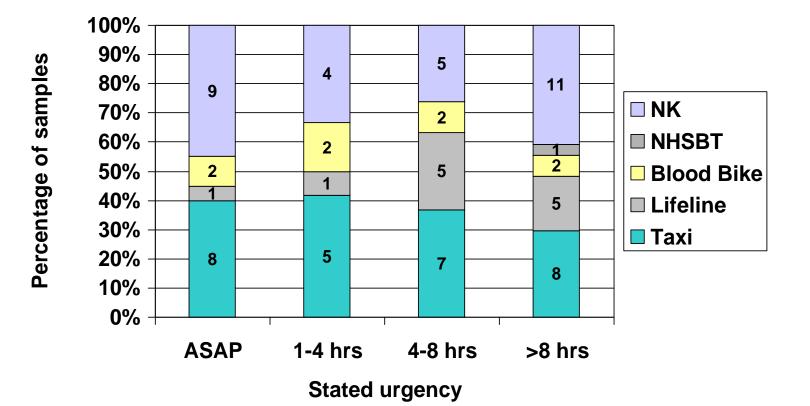


Discussed with consultant?



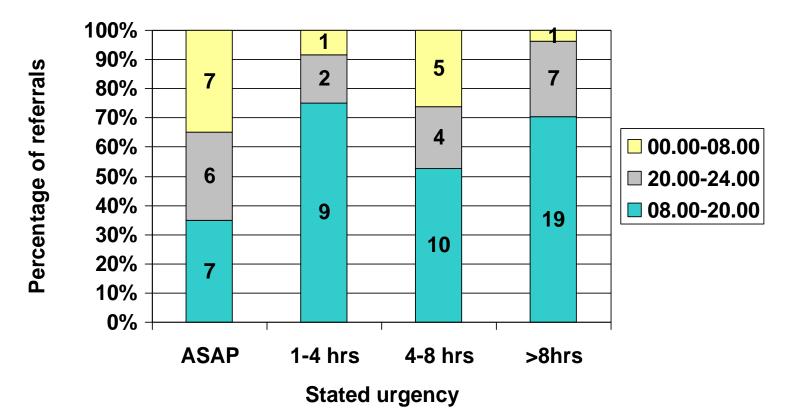


Mode of sample transport





Time of arrival



Urgency and time taken to test

Urgency	ASAP	1- 4 hrs	4-8 hrs	>8 hrs
Median time, arrival to investigation start, minutes	0 mins (up to 4 hrs 10 min)	1 mins (up to 1 hr 45 min)	0 mins (up to 2 hrs 30 min)	1.5 mins (up to 8 hrs +)
Time taken from start of investigation to units ready, hours	1hr 45 min (range 1hr to 4 hrs 45 min)	2 hrs (range 1hr to 3 hrs 50 min)	1 hr 45 min (range 50 min to 4 hrs)	2 hr 30 min (range 1 hr to 4hrs 30 min)
Time from blood ready to transfusion, hours	4 hrs (range 1 hr 20 to 84 hrs ??)	6 hrs (range 2 hrs 15 min to 9 hrs 30 min)	11 hrs (range 4 hrs to 24 hrs)	14 hrs (range 8 hrs to 40 hrs)

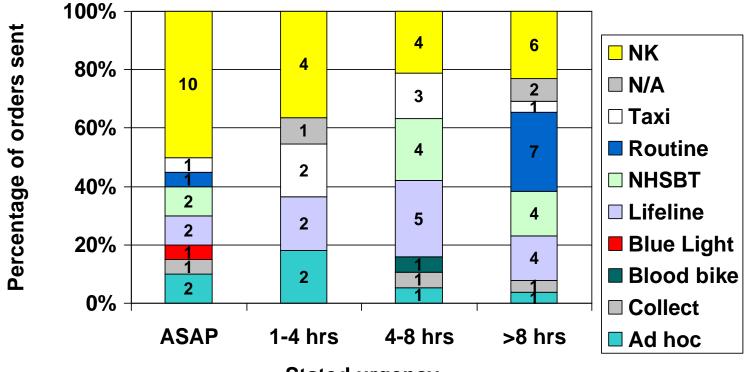
Findings

 Panreactive auto +/- others 	25
 Multiple alloantibodies 	12
 Single antibodies 	8
 Cold antibodies 	5
o "AB ID and XM"	4
 Nil found 	10
 Weak non-specific 	4
 NK/not clear 	10

Antibodies found

	Panreactive	17
م	Allo anti E	6
0	Allo anti e	5
0	Auto-c, allo K, Auto cold antibodies	5
0	Allo-e, allo Jka, allo-C, weak non-specific	4
0	Кра	3
0	Fya, M, auto-C	2
0	Cw, D, BgA, Ce, S	1
0	Nothing	9
0	Weak, non-specific, B****d	4
0	Other	8
0	Not stated	10

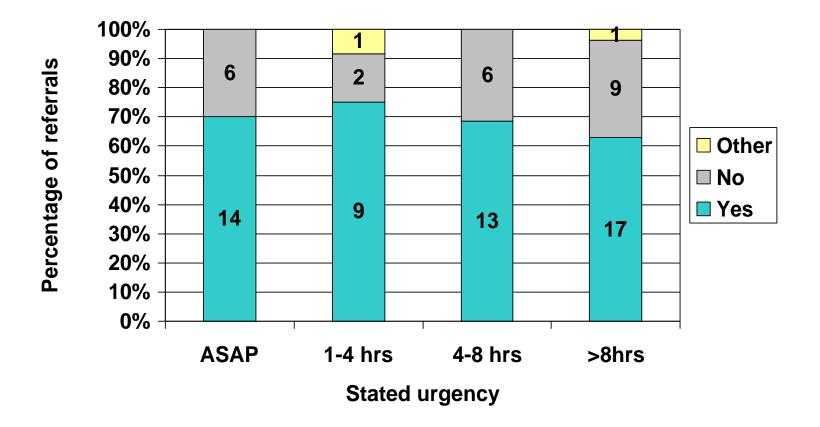
Mode of blood delivery



Stated urgency



Transfused or not?



Reasons why blood not used

- o 16 not required
- o 1 "own units"
- o 1 patient died
- o 5 Not known

Conclusions

- 41% of referrals state blood needed within 4 hours
- Majority of referrals related to medical rather than surgical indication
 - AIHA
 - Other haematology problem
- Urgency not relelated to Hb
- Different immediate indications for urgent and less urgent samples
- Very prompt response when sample arrives!!
- Time from blood being available to being transfused is related to stated urgency
- Commonest problem is panreactive antibody/auto



Recommendations

None from meAny thoughts?

o And thank you!