

# **Remote Blood Allocation using BloodTrack**

A new approach to blood stock  
management at RDE

# Plotting the change

1. Obtained a Blood track system that had lock down *per unit* (Helmer Haemobanks).
2. Complete Hospital wide training on using Haemobanks
3. Developed a *bidirectional* interface to allow the *LIMS rule set* to determine what units the Blood track system can offer.\*
4. Phase 1; Launch remote allocation in live LIMS for Lab staff training & monitor for faults/quirks.
5. Phase 2; Use 'test' patients in live LIMS to facilitate Clinical training using live Blood track.

\* Lots of testing

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# Haemobanks



**Haemobank 80** in BT Lab

**Haemobank 20** in Main theatre

**Haemobank 20** in Labour theatre

**Haemobank 20** in Ortho theatre

All these fridges lock down units  
in *individual* trays.

This ensures that only the unit  
*assigned* by the LIMS rule is  
available for removal.

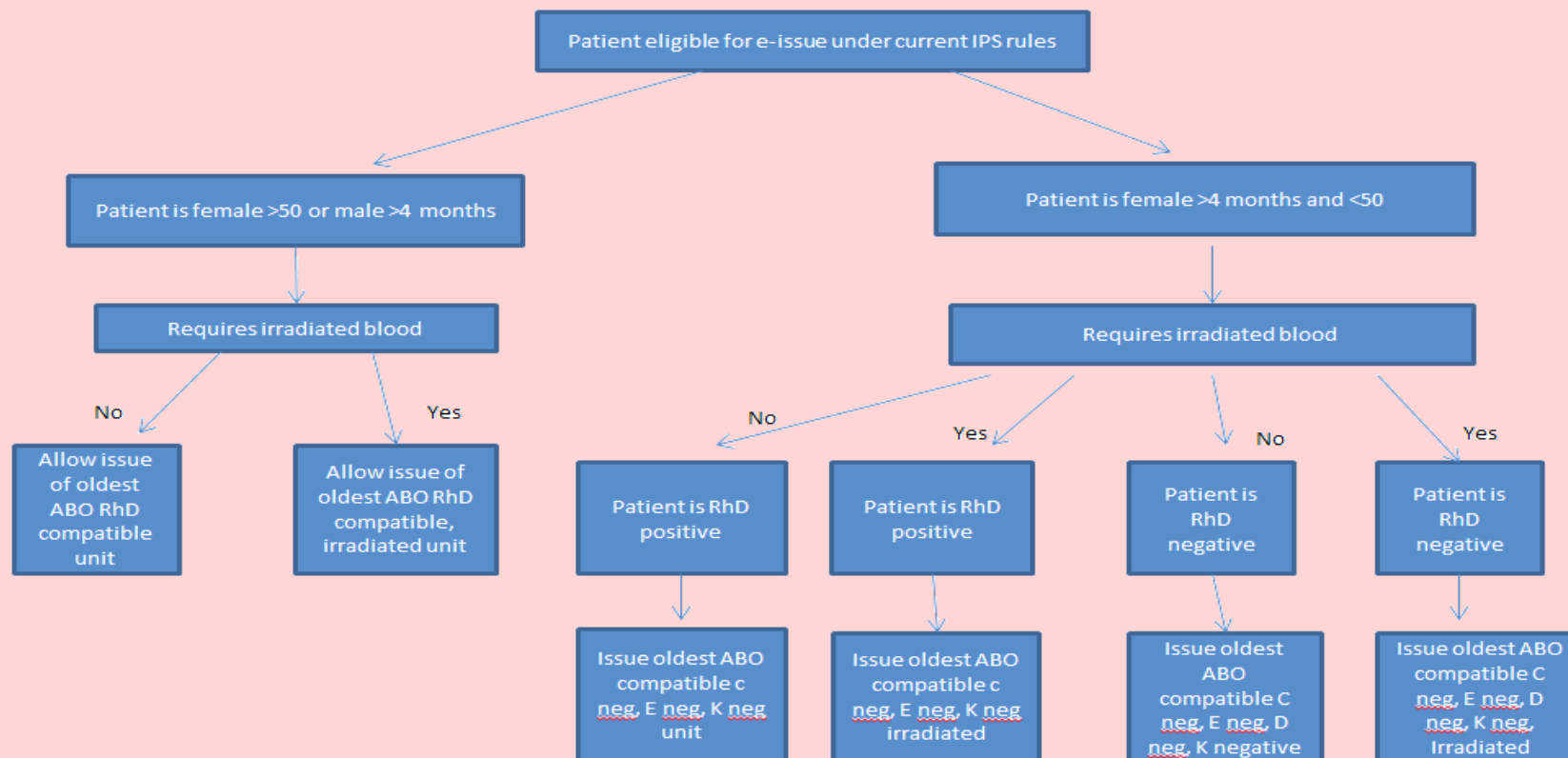
# Hospital wide training in Haemobanks

- Training of over 2000 ward/Clinical staff on use of Haemobanks: Staff used to the concepts of;
  - In date staff ID badge required
  - Pickup slip required
  - One tray = one unit
  - Must scan unit once removed
- Introduction of Bedside PDAs & wristbands
  - In date staff ID badge required
  - Must scan unit on ward
  - Must scan wristband

# 3

## LIMS rules

Flow chart for Remote allocation



If units compliant with above rules available in Haemobank then display on BloodTrack Enquiry – Number of units available  
If no units compliant with above rules available in Haemobank then display on BloodTrack Enquiry – No units available

### 3 Additional Unit matching rules

- Developed an enhancement of an Antigen Neg file for each patient which was also incorporated into the LIMS rules
  - If an E-issue suitable patient\* has requirement for Jka- on the LIMS this is used to filter the out un-typed Jka units for Blood track

\* i.e. Hb S or Thalassemia patients

## 4 Phase 1 Lab Remote Allocation

- Introduce routine stock movement procedure to stock unallocated in HB80
- Train BT lab staff on Remote allocation and restock fridge labels
- Instruct BT lab staff on coaching ward staff to use remote 'lookup' (Product available)
- Monitor system for anomalies/faults

# 4

## Scaling up

- Introduce additional internal stock locations for Theatres, Labour & Orthopaedic
- Stock all remote areas with 2 A+ & 2 O+
- Update system of assigning emergency O Neg\*
- Push for installation of Inventory Dashboard to monitor stock locations in real time.
- Altered our stock requirements to ensure we had additional phenotypes available

\* Remote allocation caused a problem with simple stock move of emergency O Neg



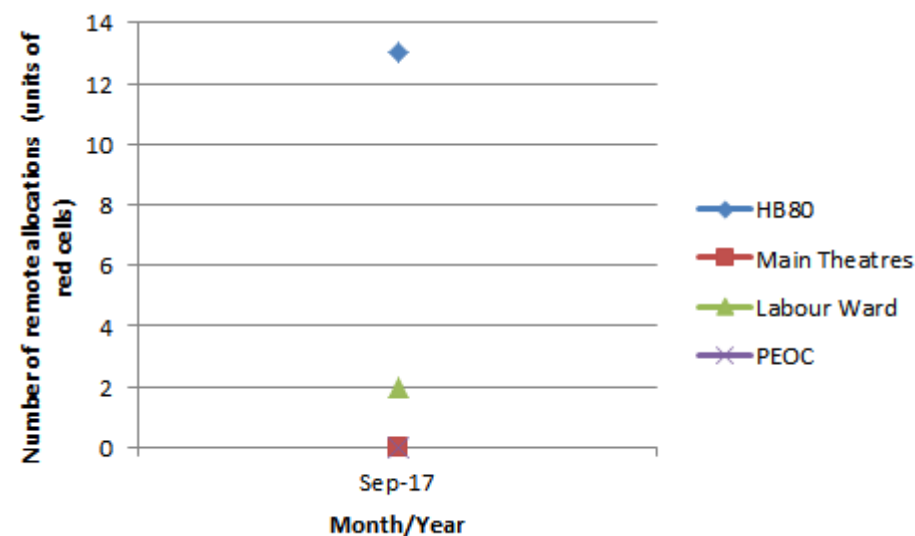
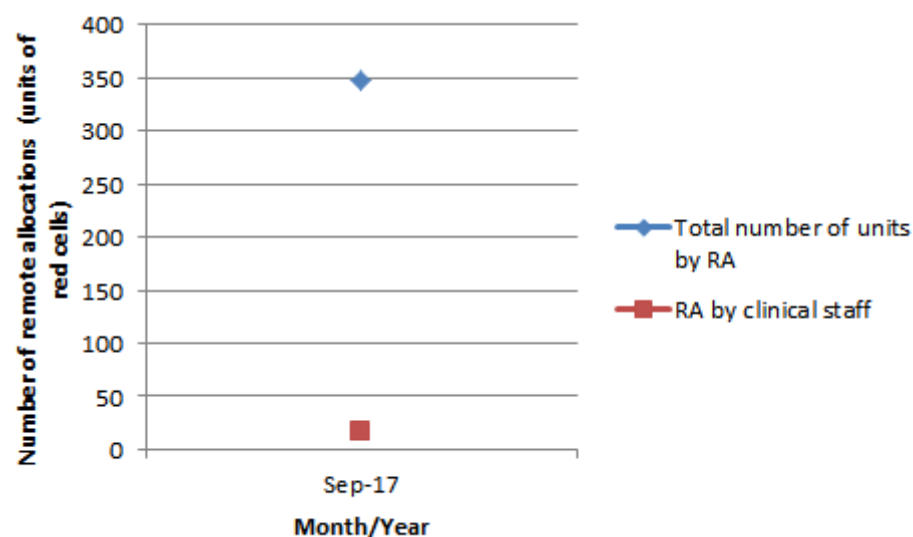
# 5 Rolling out to wards

- Targeted areas
  - Labour: high risk of urgent blood requirement and keen team of staff willing to learn new system
  - Main theatre: highest risk of urgent blood and large pool of staff
  - Haematology unit
  - Renal unit
  - Orthopaedic units

# Data so Far

- Remote allocation went live 1/5/17
- Training started on 15/8/17
- First user 8/9/17

	Total number of units by RA	RA by clinical staff	HB80	Main Theatres	Labour Ward	PEOC	Issues noted
Sep-17	348	17	13	0	2	0	0

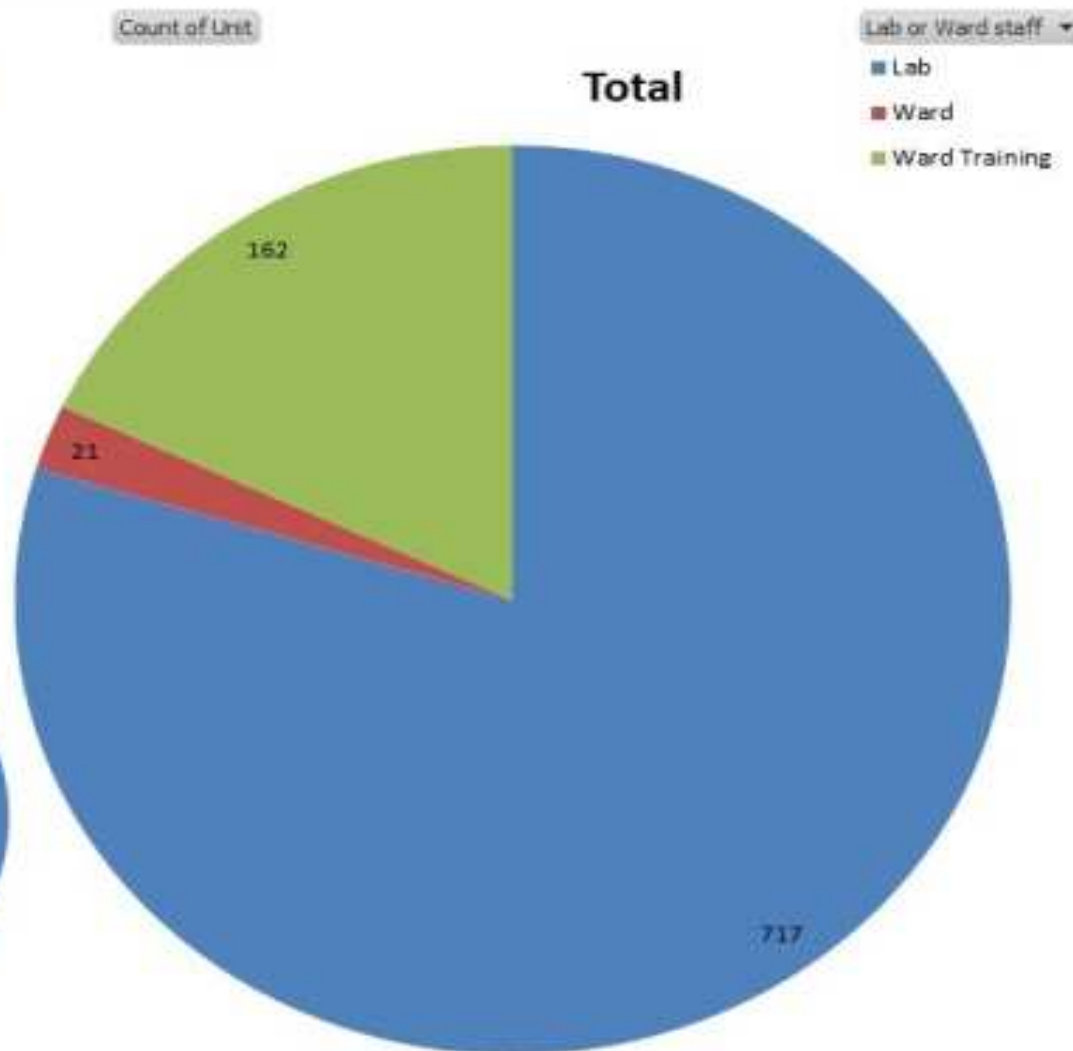
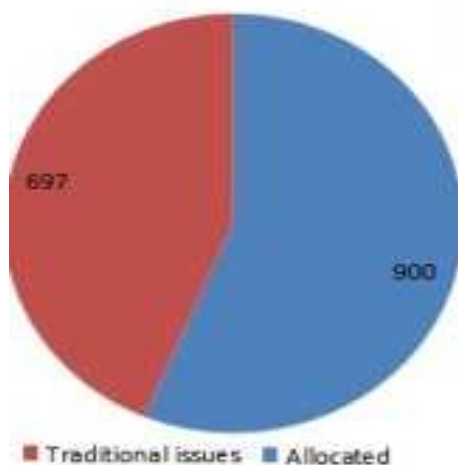


# Data so Far

August-Sept 2017

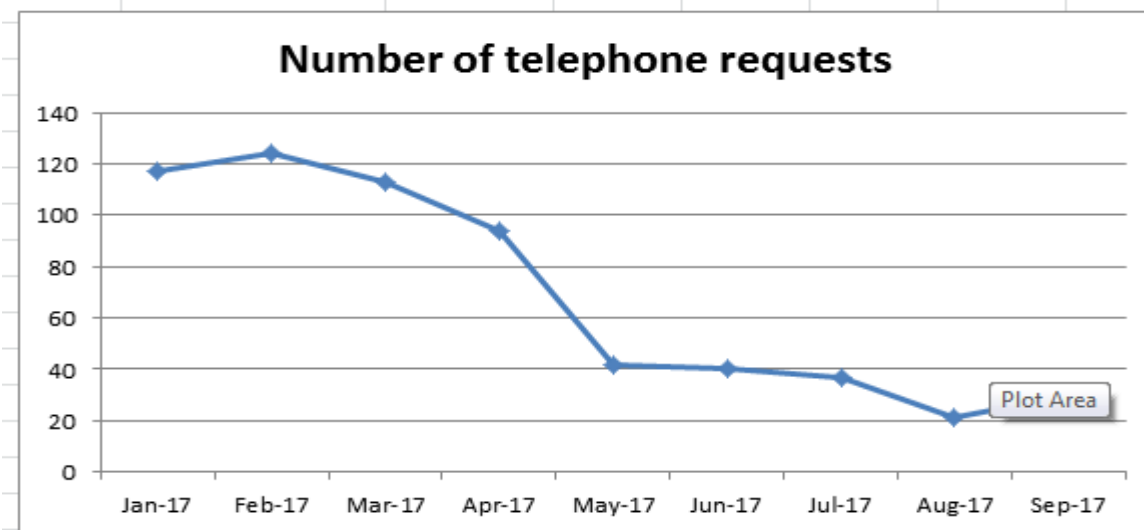
Row Labels	Count of Unit
Lab	717
Ward	21
Ward Training	162
<b>Grand Total</b>	<b>900</b>

Units issued	1597
% Remote issued	56%



# Reduction in Phone calls to order blood

Month	Number of telephone requests	time in mins	hours	Cost			
Jan-17	117	585	9.8	£ 138.06			
Feb-17	124	620	10.3	£ 146.32			
Mar-17	113	565	9.4	£ 133.34			
Apr-17	94	470	7.8	£ 110.92			
May-17	42	210	3.5	£ 49.56			
Jun-17	40	200	3.3	£ 47.20			
Jul-17	37	185	3.1	£ 43.66			
Aug-17	21	105	1.8	£ 24.78			
Sep-17	30	150	2.5	£ 35.40			



# Unique selling points

- Ward staff don't have to walk so far
- Ward staff don't have to talk to lab staff!
- Quicker than the lab!