Cost Effectiveness: Routine group and save in patients presenting with right iliac fossa pain

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Background

Re-audit



Education – A&E, S.A.U.

2010 - Initial study
 99.9%routine G&S wasted
 Patients with RIF pain are unlikely of needing blood transfusion, even if they were operated

Routine G&S is NOT indicated for adult patients admitted with RIF pain if (1)Age < 65 and

(2) Female of reproductive age with urine dipstick negative for β – HCG

G&S might be considered at a later stage by the surgical team, particularly when a decision for theatre is made

2011 – Guideline officially established



Multiple meetings with anaesthetic, surgery and A&E consultants

•Hospital Transfusion committee

•Hospital Governance committee





Objectives

- Reduction in the number of G&S
- •All those age > 65 should have G&S
- Any clinical implications
 - Use of urgent Crossmatch, Type-Specific Blood or Onegative blood products

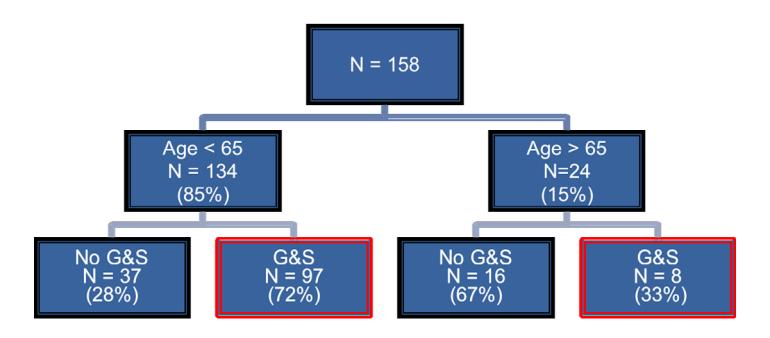
<u>Methods</u>

- Retrospective data
- -3 months
- •Adult patients admitted into S.A.U. for RIF pain or ?appendicitis
- Search through Lab database (LabCentre) for
 - Whether patients had G&S requested on the day of admission
 - Whether G&S were requested at a later date
 - Whether any patients received Crossmatch, Type-Specific or O negative blood and whether their care were compromised for not having a G&S

Education

- Guideline available on hospital intranet webpage
- ▶ Poster A&E, surgical wards, anaesthetic dep
- Presentations A&E teaching day, surgical junior doctors teaching day, M&M meetings

Re-audit Results



- 72% of young patients still have routine G&S
- Only 33% of the elderly patients have G&S
- None needed any form of blood transfusion

Conclusion

- We are not yet successful in changing the practice
- The weakest link → Education
 - More effort and new strategy is needed
 - ?empowering the laboratory to question reasons for doing a particular G&S request
- This re-audit further confirm that the need for blood transfusion in this cohort is small
- ? Reconsider the cut off level at age 65
- Potential of becoming a regional guideline
 - This will change the practice in the whole region