SHARED CARE?

A regional collaborative approach to a national problem.

30th June 2010 London RTC Meeting

The missing link?

The Patient

The GP

Where is the piece for the Lab at the specialist treatment Hospital?

The Specialist

The Referring Consultant

Treatment Team

Where is the piece for the Lab at the referring hospital?

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What's the problem?

The patient has been referred to a specialist treatment centre.

Following treatment the patient attends the referring hospital for continued or future treatment.

The specialist hospital has written a letter to the referring consultant, the patient's GP, and possibly given the patient a card or letter.

No one has informed the (referring) hospital transfusion lab.

Sound familiar?

The patient now needs a transfusion.

No special requirements have been indicated on the request form

The transfusion laboratory have no record of the specialist treatment received Incorrect products are prepared and transfused

What can we do?

Communicate!
Collaborate
Get creative
Keep it simple
Focus
Timely



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Workshops, brain storming, and a big ideas day!

3 groups addressing the problems
Who needed to be included
What information was most needed
How were we going to communicate it

In the think tank we had equal numbers (nearly)
Lab managers, BMSs, TPs, Transplant coordinator,
Hospital Liaison Team, hospital Consultants.

Meld, Merge and Mission!

Royal Marsden
Addenbrooks
South Thames Transfusion Advisory Group
South East Coast, London and East of England
Regional Transfusion Committees
And me!

Our mission, to:
Create something on one page that applies to all parties and is understood by all!
No Problem!!!

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Version 32! (For now)

Lessons Learnt:

The more people you ask to review the document the more changes you will have to make!

Getting feedback needs a time frame!

One page can make things very focused!

Input from key influencers is vital.

Make sure you produce a detailed guide for use.

Have a distribution plan

Set a review date

Advertise!

How is it intended to be used:

The consultant delivering the (specialist) treatment needs to complete section one.

Then they send it to the transfusion lab

The transfusion lab completes the middle section and attaches any additional reports.

They then send the form to the transfusion lab at the referring/ receiving hospital both by secure fax and in hard copy.

The referring / receiving hospital then confirm receipt and use the information to update the patient's records

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N.B.

All the other routes of communicating the outcomes of the specialist treatment received remain unchanged.

This step is to ensure that the transfusion laboratory is informed in case the patient requires continued or future transfusion treatment.

It CAN be used from referring hospital TO the Treatment hospital Lab as well.

You can add whatever additional papers you think are necessary.

Who needs to be involved?

The clinical team from the referring and the specialist treatment hospital

The laboratory at the referring and the specialist treatment hospital

YOU!

What did we do about it?

We trialled it across 3 regions
We reviewed the feedback and made some minor changes

We wrote up the report and presented it to the NBTC

We asked to present it to the North and South
London TAG meetings
We got ready to share on a national basis

Where are we now?

Now a collaborative work piece between the South East Coast RTC and the London and the East of England RTCs and in regular use.

Presented to, and accepted by, the National Blood Transfusion Committee

Interest from other regions which will be addressed by the end of June

Interest from other UK blood services which will be sent a copy of the form and associated documents, (but not the contact lists) to decide if they wish to use it.

The Plan

The form will be sent by email to every TLM in the 3 trial area regions, along with the guidance sheet and a comprehensive list of contact details and secure fax numbers by the end of June 2010.

Using the RTC network all other regions will be contacted via the RTC chairs and administrators and asked to present the document and agree usage and the sharing of contact details in their regions, the contact lists will be provided when agreement is given

The plan completed.....

Once the JPAC website has a new webmaster we will post the Shared Care form and the survey results and the guidance sheets for reference as agreed by the NBTC.

We will review it's use again in a year's time, but we will not make any further changes to the form it's self.

YOU can make any additions amendments changes that you wish when you use it.

Thank you for listening Please consider using this document in your Lab