



Colchester Hospital University
NHS Foundation Trust



Stock Management at a District General Hospital

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PATIENT BLOOD MANAGEMENT THE FUTURE OF TRANSFUSION

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Why does this matter?

(At risk of stating the obvious)

- Blood is a scarce, expensive and precious commodity
- Supply is becoming more difficult
- It is the gift of the donor
- Essential for patient care as part of the “clinical tool box”
- The hospital transfusion lab is its guardian



The problem with blood

- Short expiry time from donation (35 days)
- Processing time and storage at NHSBT reduces usable time further
- May be reserved for a specific patients repeatedly without being used



Current Wastage figures

- Regional wastage figures from BSMS
625 RBC packs (2012 Q1)
- 1.3% Wastage for region
- Not all due to packs expiring in stock



How does this all add up?

- 2012 Q1 – 45,957 packs RBC issued to EoE hospitals
- 625 wasted
- £78,031 Q1
- £312,125 for year



Regional Variation

- Lowest waste 0.6%
- Highest waste 3.2%
- Why?



Local practice and circumstance differences

- Clinical Specialities
 - Trauma Centres
 - Cardio-Thoracic
 - Transplant Centre
- Pre-reservation for surgery (or not!)
 - MBOS
 - Time left reserved for a specific patient
- Variations in application of alternatives to allow-transfusions
- Geography and satellite hospitals/clinics



BSMS Recommendations

- a 24-hour reservation period
 - New BSCH guidelines
- the presence of a SOP for blood ordering
- stock sharing
 - Facilitated by EoE Pathology Transformation?
- a specific person responsible for ordering



Other possibilities?

- Blood on demand- Issue as required
- Remote issue- Vending machines
- Improve inventory management
- Actively promote alternatives
 - Use of blood appropriately is best clinical practice



Blood on Demand

- Requires active involvement/ownership of BT lab in:
 - Delivery as promised
 - Ensuring theatre lists are checked
 - Patients have validity for EI
 - Patients not valid have blood reserved
 - Excellent transport links to theatre
 - Involvement of Surgical and Anaesthetic teams



Remote Issue

- High cost of IT and hardware
- Close management by BT lab
- Ideal for satellite locations and theatres



Improve inventory management

- Analysis of usage patterns
- Stock turn over maximised- aim for 3 days
- Increase C:T ratio- Review MBOS
 - Question practice where evidence of low use
- Reduce “dead time” when blood reserved and not being used
- Use the info provide on daily allocation (green, red amber)
- Stock sharing



Appropriate Use

- Nothing new
- Publish use data?
- Actively involve lab staff
 - Gateway for triggers
 - Referral to Haematology Medical Team
- Application of rules based IT in order comms systems
- Promote alternatives
 - Cell salvage (intra-op and post-op wound drain)
 - Tranexamic Acid
 - IV iron



Summary

- Follow BSMS scheme recommendations
- Multidisciplinary involvement in blood stock management and conservation
- Close control of inventory
- Innovative approach to provision of blood for surgery



Thank You
Questions?