

The Shared Care Document

This document came about from identifying the need for a communications tool between laboratories involved in the provision of blood and blood components for all patients including those who have been referred to the hospital for specialist treatment and who would be returning to the hospital who referred them for follow up and future treatments.

It was seen that the clinical area were in communication but that the Transfusion Laboratories were not included in that information process, this led to the issuing of incompatible blood components for transfusion (IBCT) being issued. This is an area of increasing concern and investigation by the MHRA.

The Shared Care Document was created and trialled by a collaborative working group across the South East Coast, London and East of England Regional Transfusion Committee regions and the findings presented to the National Blood Transfusion Committee in March 2010 for approval for National role out and inclusion on the JPAC toolkit

The Shared Care Document is a single sided document which incorporates sections for both the clinical and laboratory teams to complete, it's purpose is to allow the swift and confidential communication of a patient's special requirements affecting blood and blood components and is meant for lab to lab communication with clinical input where required.

The first section of the form is for completion by the clinical team who have treated the patient prior to transfer; this can be in the originating or referring hospital or in the specialist treatment hospital, preferably both.

Once this section is complete it needs to be sent to the transfusion laboratory who has issued blood and blood components for the patient. The laboratory then take responsibility for completing the remainder of the form and sending it by secure fax to the hospital receiving the patient for the next stage of treatment or when treatment has been completed in that hospital.

The final section is a receipt and traceability section to be completed, input and stored by both the sender and receiver.

It is hoped by encouraging as many transfusion laboratories as possible to use this form and increase communication from lab to lab there will be a reduction in IBCTs and an increase in patient safety.

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On behalf of the Tri-Regional Shared Care Committee