Top 10 Tips Survey Results

Carol Cantwell

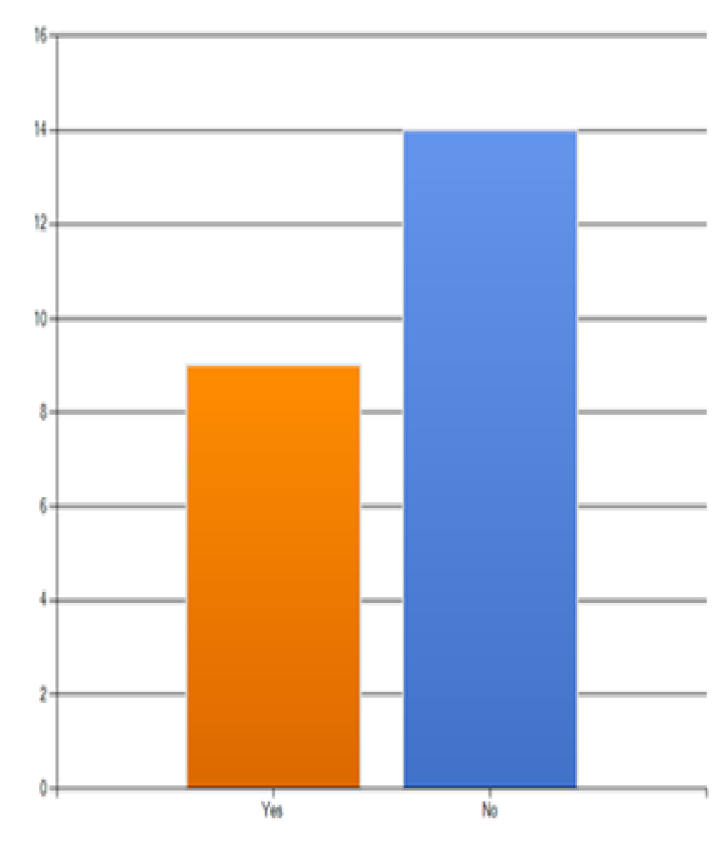
Thank You

- St Anthony's Hospital North Cheam (private)
- St Helier Hospital
- Central Middlesex Hospital
- Hillingdon Hospital
- University College Hospital
- BMI the London Independent Hospital
- Royal Free London NHS Foundation Trust
- Newham University Hospital
- Queens Hospital
- Parkside Hospital
- Harefield Hospital
- Royal Brompton Hospital
- Northwick Park Hospital
- Ealing NHS Trust
- North Middlesex Hospital
- Charing Cross Hospital
- Kings College Hospital
- Whittington Hospital
- St Mary's Hospital
- St Georges NHS Trust
- South London NHS trust

Does your hospital hold “stock” platelets?

9/23 (61%) respondents stock platelets, with the following spec:

- A Negative, CMV-, Irradiated
- 14 platelets: Apheresis, CMV-, HT-
- 2 platelets: 1 O & 1 A (both irradiated)
- 6-8 units: half A neg, half O neg, HT- if group O, Long-dated (date required unknown at time of ordering)
- 2 platelets: A neg, 2 O pos, 2 A/O +/- (three of which are apheresis, CMV -, HT -, Irradiated)
- 2 x A pos CMV – apheresis, 1 x A neg CMV – apheresis
- 1 x A neg HT-
- 4 A Pos 2 O Pos



Do you share platelets with other local hospitals?

15/23 respondents do not share platelets.

Reason why platelets are not shared	Number of responses
Ordered for named patients only	3
No agreement/protocol/SLA in place	3
No need/requirement to share	2
Aggressive recycle of platelets	1

Other comments:

- Planning to share during Olympic period
- Did not realise this was an option up until now but now planning to share
- A lot of paperwork for a small department with little perceived benefit
- Not routinely although we have agreement for reciprocal support from neighbouring hospitals should the need arise.

Does your hospital have a locally defined and agreed dereservation period for platelets allocated to a named patient?

13/23 respondents do have a dereservation period:

De-reservation period	
4 hours	2
12 hours	1
24 hours	3
48 hours	3
24-48 hours	1

Other comments:

- check after every 4 hrs max 24 hrs de res
- We order in for a named patient
- We only assign to the patient when required for issue.
- remove from patient immediately if needed for another
- 5pm check non-surgical patients for on call handover

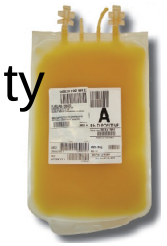
Does your hospital swap long-dated platelets for short-dated ones allocated to a specific patient whilst held in laboratory stock?

12/23 respondents do not swap platelets in date order for use once allocated

Reason platelets are not rotated with dates	
No Stock held/low platelet user	5
PLT issues are immediately dispatched	1
PLT ordered for immediate use/ordered for named patients only	2
Not needed, platelet use is high and nearly always used	1

Other comments;

- Oldest platelets are typically issued first and depending on reason required.
- No ITP or chemo patients currently being treated
- swapping done but not for specific patients
- Swap over of platelets is performed but ad hoc as limited opportunity to do so



Does your hospital transfusion laboratory issue platelets of a different ABO group to the patient in the case of adult patients who are bleeding?

Only 2 respondents do not issue platelets of different ABO group to bleeding patients, because:

- Platelets are only ordered for specific patients. No platelets are kept in stock. However, this is about to change as the lab plans to stock platelets in future and swap with other hospitals
- No platelets are held in stock so ordered as required

Does your hospital transfusion laboratory issue RhD positive platelets to adult male patients who are bleeding?

19/23 respondents do issue RhD pos Platelets to bleeding male patients. The reasons the 4 do not;

Reason	
No platelet stock held/ ordered for named patients	2
In an emergency/if situation decreed	2
If NHSBT unable to give what is requested	1

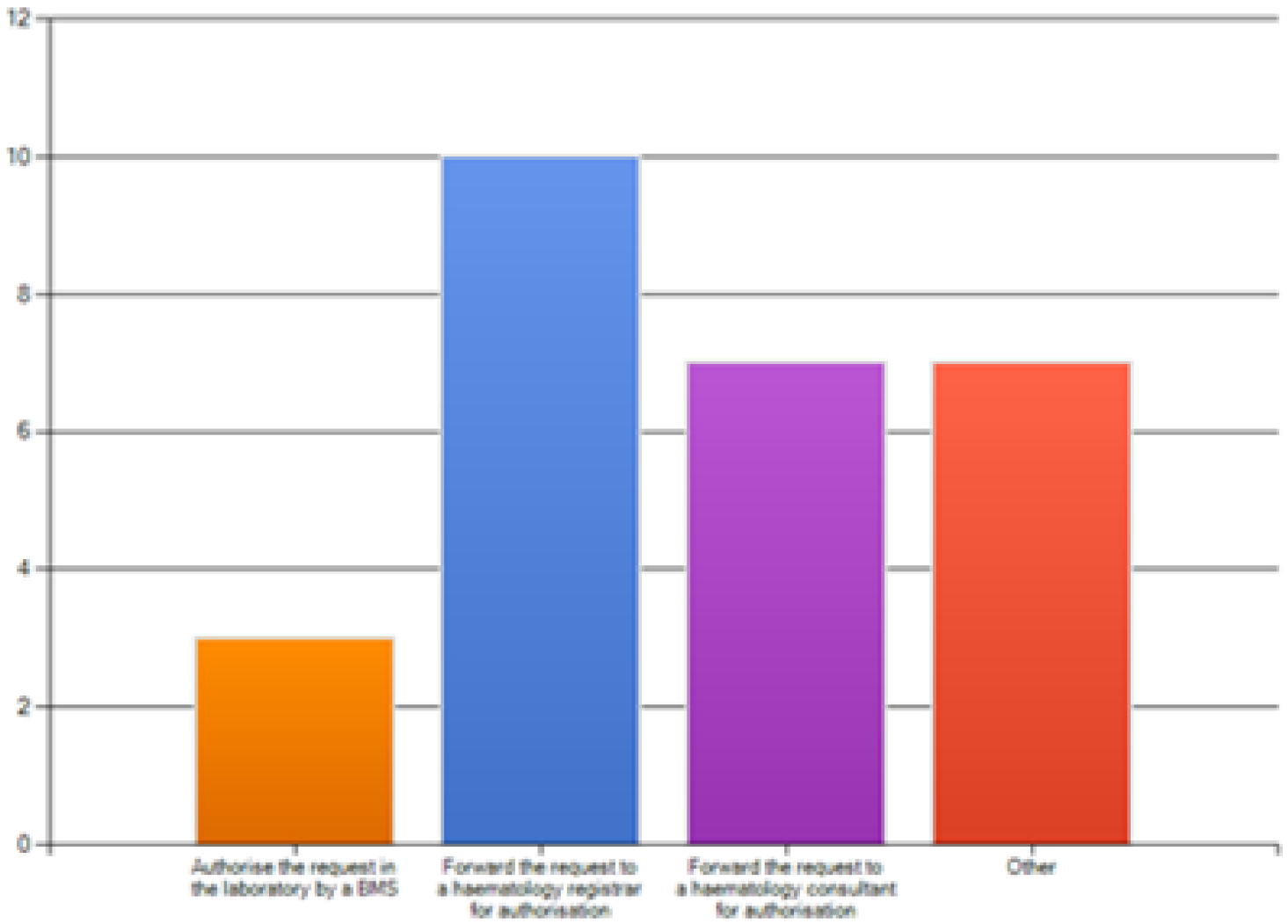
Does your hospital use the NBTC Indication Codes?

4/23 respondents are using NBTC Indication Codes.

How they are used?

- Planning to be implemented, but do follow local diagnostic procedures and challenge inappropriate requests.
- Informally
- P1, P2, P3, P4, P6 and P8
- Not strictly true. The reasoning behind the codes is used but we do not have a formal documented structure linking existing guidance to these codes.

If a request for double dose prophylactic platelets is received in the hospital transfusion laboratory from the clinical area, do you?



The other responses (7)

- The lab asks the requestor to get permission from the haem reg before ordering.
- Depends on scenario but mostly authorised by BMS
- We don't receive requests for prophylactic platelet transfusions
- Retrospective audit indicates only 50% of platelets transfused. If we receive a request for two platelets and the request is genuine (i.e complex, redo surgery, defect of Haemostasis vWF etc) we would definitely assign 1 to the patient and the other would be assigned virtually from the stock. If we then issue from our routine platelet stock we would then replace the platelet stock with an additional unit. Our platelet wastage is around 2.5% this has mainly resulted from introduction of 7 day platelets allowing improve stock management flexibility and overall reduction in platelet wastage. Our platelet use is (Very High Usage category as defined by BSMS).
- We do not receive requests for double dose plts
- Depends on the plt count and trigger
- Combination of all above for BT staff who are aware of requesting area protocols; Haem SpR for all rotational staff

Is Point Of Care Testing (POCT) available for platelet management within your hospital? (e.g. FBC, TEG etc.)

12/23 respondents do have POCT for platelet management

POCT	
FBC	5
• Oncology day unit • A&E • Theatres/haematology • Main theatres and delivery suite theatres • Satellite oncology day unit	
TEG	6
• Cardiac (heart hospital) • Theatres/liver transplant and other major surgical procedures • Theatres • Theatres/haematology • Cardiac theatres • General ICU	

Do you feel that your hospital transfusion laboratory has control over your current platelet wastage levels?

19/23 respondents *do think* they have control over wastage because;

Reason	
Order for named patient/stock for when required	3
Low wastage	3
Transfer to other hospital	3
Education via Transfusion Laboratory and Transfusion Practitioners	1
Majority of patients requiring platelets are peri-operative	1
Platelet requests are questioned/controlled by BT	2
Don't hold stock	1
Holding stock	1
Swapping/switching platelets	3
Plts don't leave lab until about to be used	1
All LoPAG Top 10 Tips	1

Other “yes, wastage under control” comments:

- Platelet requests are questioned although more could be done to make clinicians aware
- Last quarters wastage was 2.6% which is down from the previous quarter.
- Our wastage does vary and sometimes our paediatric platelet wastage is higher than we would like it to be as the clinicians end up not using the units. As we are a designated ECMO centre our usage can be high however if a patient subsequently dies then we occasionally have to waste the paediatric platelets as we are unlikely to be able to use for other patients. Often we are the last to hear that the patient has passed away; improved communication could enable us to ship out to others for use at St Elsewhere!
- As much as possible within two limitations, the first is that some SpRs are not as experienced and do not always use the Consultants. The second is that some Clinicians will demand support regardless of advice.

Do you feel that your hospital transfusion laboratory has control over your current platelet wastage levels?

4/23 respondents *do not* think their wastage is under control because:

- Any requests outside policy referred to Haem SpR the lab will follow their instructions
- Most of our platelet usage is for patients undergoing/recently had cardiac surgery. We have to keep platelets in stock, but usage can be unpredictable
- Most platelets ordered for day of issue and then if not required will be sent to nearby NHS hospital
- De-reservation time period too long but will change soon. Some Haematology SpRs appear to have hardly any transfusion knowledge, some dislike conflict and agree to all requests.

Are there any other initiatives used within your hospital or issues that you have with platelet management that you would like to share with the London Platelet Action Group?

- Platelets have to be authorised by Haem Drs which helps to alleviate panic ordering
- Good housekeeping
- Ongoing problems with HLA platelet wastage and inappropriate ordering by medical staff and failure to complete increment data. Attempting to resolve this by referring all requests via Haem SpRs and Senior BMS staff only. Escalated to Haematology Consultants to improve outcome
- Query the reason for the request to ensure a reasonable expectation of the platelets being transfused
- Clarification of when to use Rh D pos

Other Initiatives

- All staff care and strive to decrease wastage
- Occasionally platelets are requested for a named oncology patient to be admitted at a future date for a platelet transfusion because the platelet count is expected to drop to a level that requires transfusion. Often this is on a Monday morning when platelets are in short supply at the NBS and cannot be issued until the afternoon. The patient then has to be admitted for an overnight stay to receive them.
- If units returned labelled we actively check current platelet count and phone to see if the clinical teams still require the platelets. If not they are reassigned to other patients. Increasing stock administration and shipping out or swapping more could really help reduce wastage. In 2011 our platelet usage increased by 5.61% in line with the upward trend as seen by other hospitals.
- I think by stocking platelets the lab staff are more conscious of expiry dates and making sure the short life platelets are used first. I know it sounds simple, but it seems to work

Other Initiatives

- Never request more than 2 doses without authorisation from clinical staff. Switch plts around and reorder if necessary cancelled all standing order for plts even if clinician have requested standing order. Order on the day
- Platelets that are ordered and then not used but are within date should be sent to local NHS/Independent hospitals so they are not wasted
- The empowerment of BMS staff to recycle platelets was the best initiative we have gained from shared best practise. The constant re-iteration of the move to Apheresis donors and rising demand to educate requestors that this component is the "most at risk" in the near future.

Thanks again

- All of you champions
- Aman and Rachel for pulling all this information together