



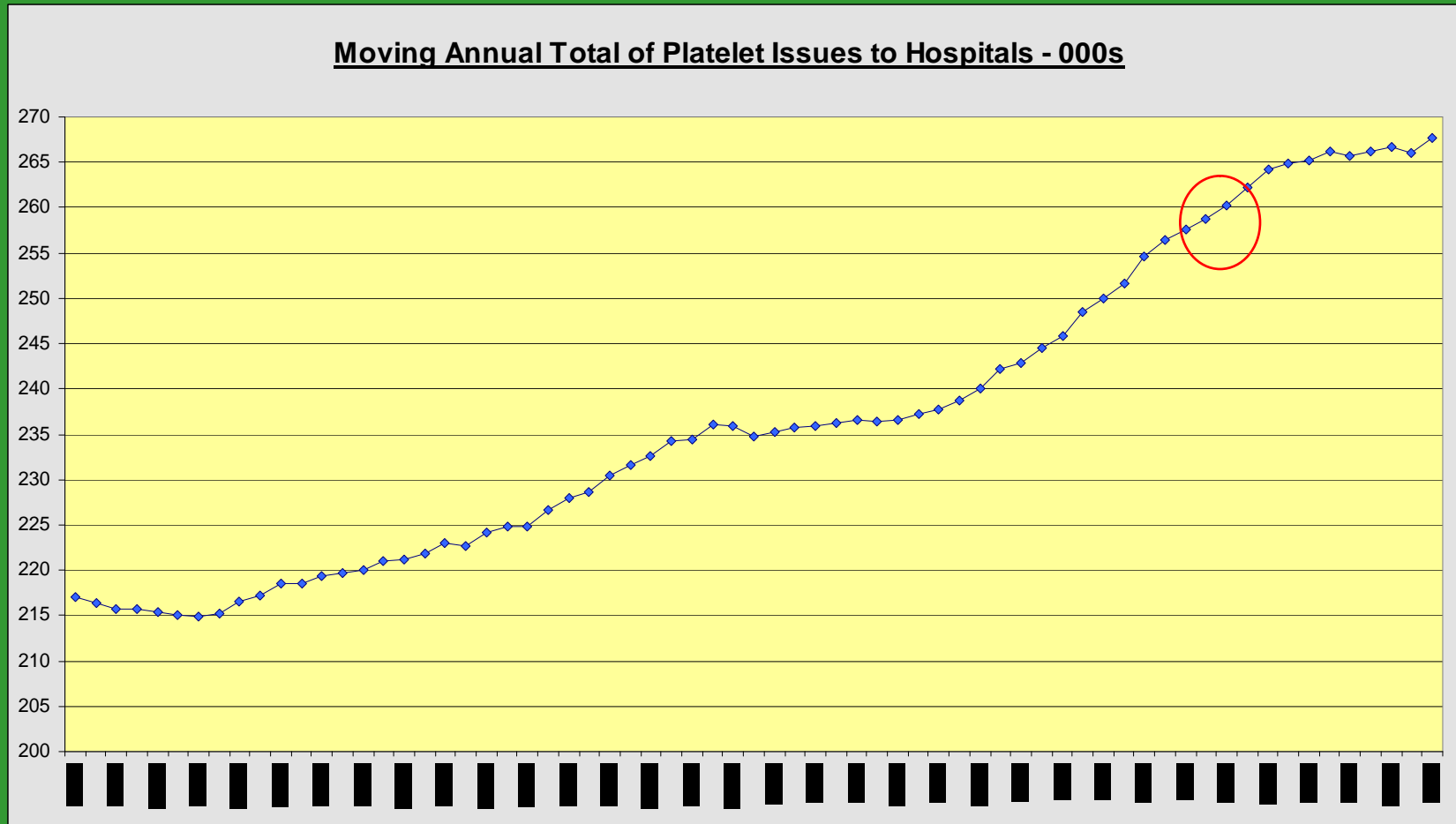
Welcome to LoPAG Champions Day

13th November 2012

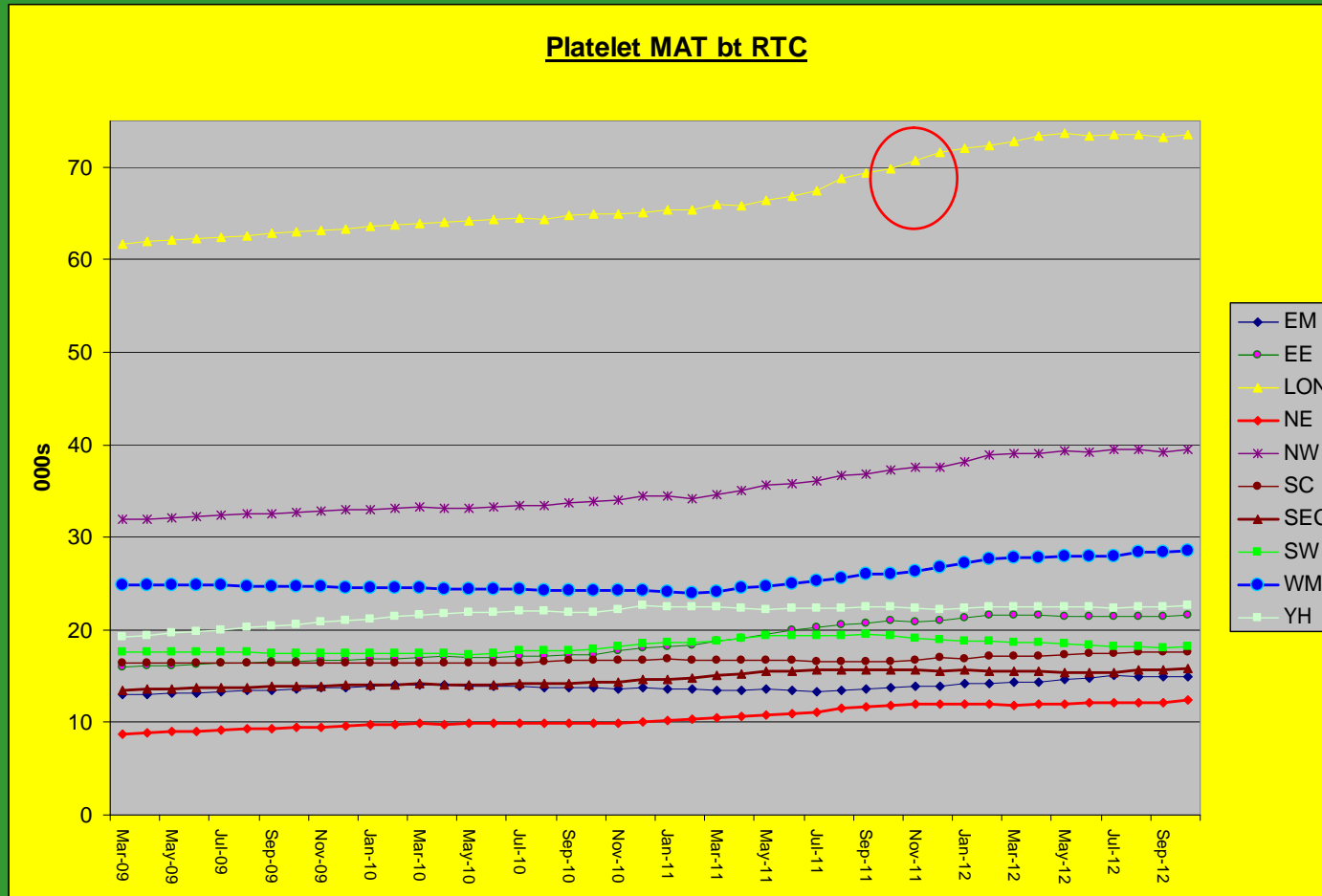
Guys Hospital



National PLT issues



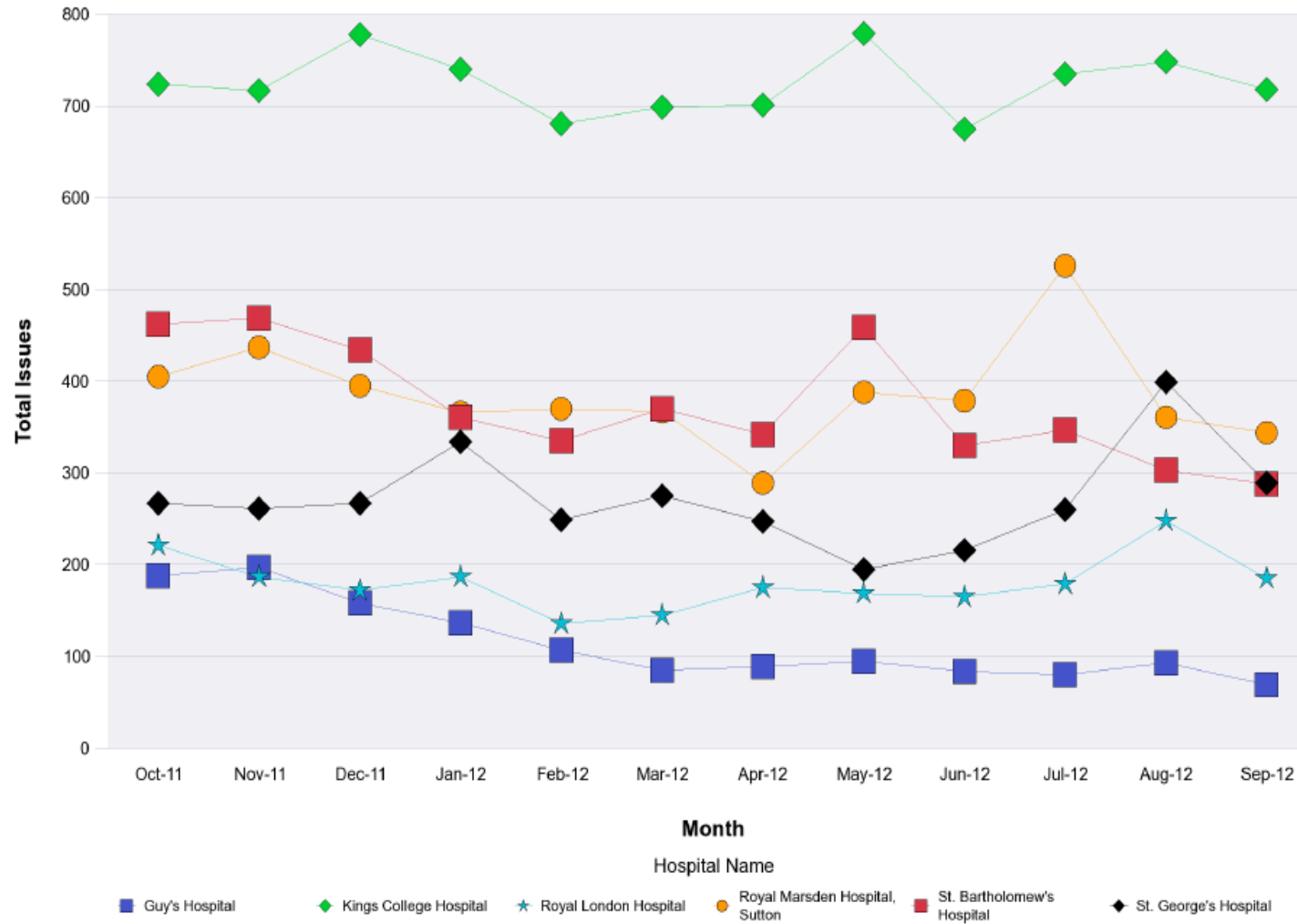
PLT issues per RTC



Platelet Issues by Usage Category

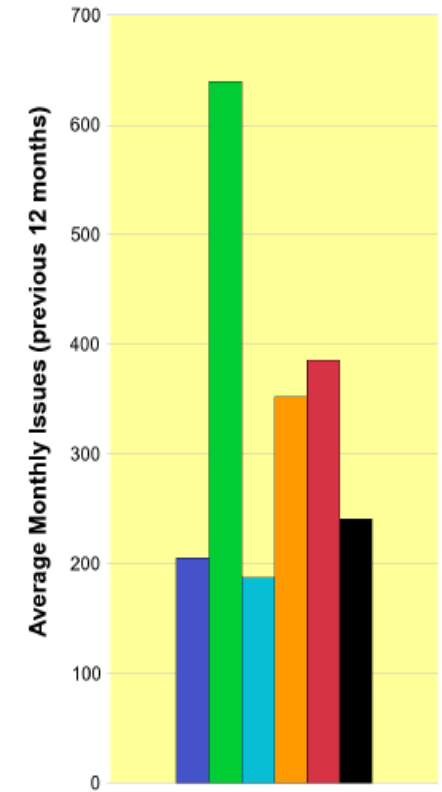
Platelet Usage - Very High

Monthly Issues last 12 months



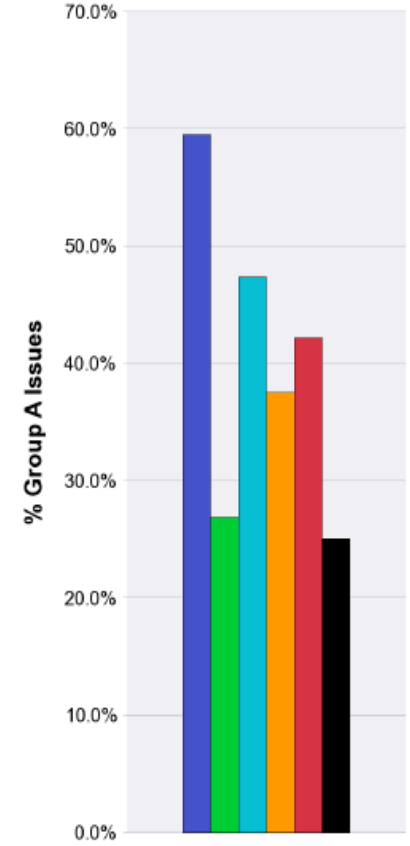
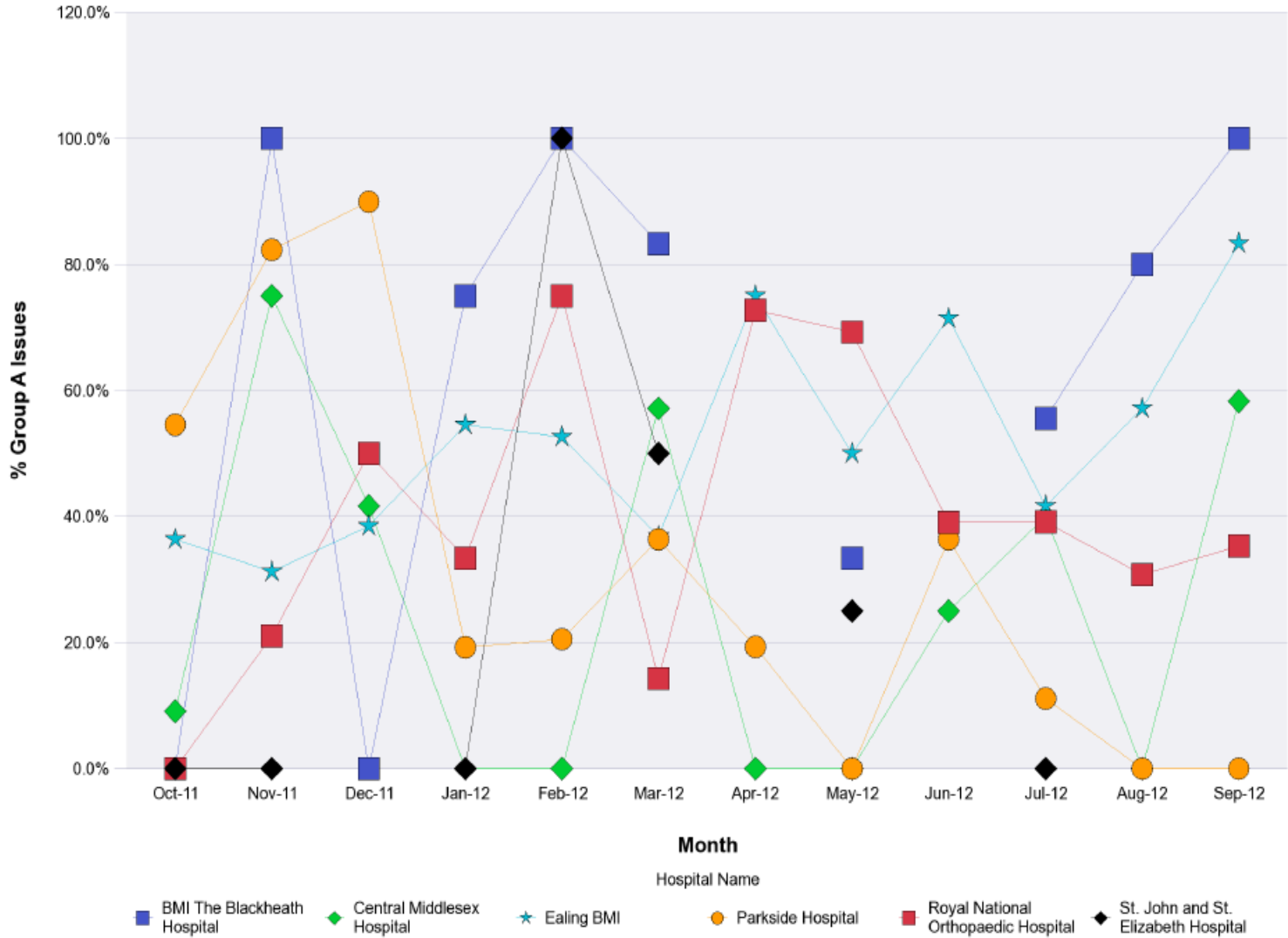
(Oct 2010 to Sep 2011)

Average Monthly Issues



Percentage of Group A Platelet Issues by Usage Category

Platelet Usage - Very Low



LoPAG Steering Group

- Rachel Moss – Chair
- Hugh Boothe
- Carol Cantwell
- Clare Denison
- Aman Dhesi
- Megan Lawn
- Brian Robertson
- Dr Megan Rowley
- Richard Whitmore

London Platelet Action Group

**Top Tips
to reduce platelet usage and wastage**

1.	<p>Should your hospital stock platelets? <i>The BSMS has produced a tool which may help you decide if that is appropriate or not.</i> http://www.bloodstocks.co.uk/pdf/PlateletStockholdingAlgorithm.pdf</p>
2.	<p>Could your hospital share platelets with another local hospital? <i>Some smaller hospitals successfully share with larger hospitals and some Trusts rotate platelet stocks between their hospitals to reduce wastage.</i></p>
3.	<p>Could your hospital introduce a locally defined and agreed dereservation period for platelets allocated to a named patient? <i>Hospitals where platelets are ordered to cover specific transfusion events have successfully altered clinical practice so platelets are returned to stock after a short period (4-12 hours) if they have not been transfused.</i></p>
4.	<p>Consider swapping long-dated platelets for short-dated ones <i>If you know a patient is going to be transfused, give them the shortest dated platelets.</i></p>
5.	<p>Consider using different ABO group platelets in adults who are <u>bleeding</u> <i>Although when used prophylactically ABO matched platelets survive longer, in the bleeding patient a different ABO group will be just as effective at stopping the bleeding.</i></p>
6.	<p>Consider using RhD positive platelets in adult males who are <u>bleeding</u> <i>Give RhD negative platelets for RhD negative patients where anti-D would be a problem but in adult males who are actively bleeding, use RhD positive platelets if you have them available</i></p>
7.	<p>Introduce the National Blood Transfusion Committee Indication Codes for platelets so that any requests outside the accepted criteria can be reviewed if appropriate <i>This could be done to empower the BMS staff or used as a way of deciding when to get the haematology medical staff to intervene.</i></p>
8.	<p>Double-dose platelets are not necessary in most prophylactic situations – ‘why use two when one will do?’ <i>The PLADO clinical trial (N Engl J Med 2010; 362:600-613) has shown that standard dose prophylactic platelets are just as effective as high dose prophylactic platelets.</i></p>
9.	<p>Review the timeliness of platelet counts or other tests used to inform the decision to prescribe platelets. <i>Often platelet orders are made in anticipation of a low platelet count and sometimes platelets are transfused before the count is available. Where possible use of point of care testing and rapid turnaround of laboratory tests to support active clinical decision making.</i></p>
10.	<p>Work at it – share practice with colleagues in other hospitals – and celebrate success!</p>

LoPAG Platelet Champions Day

09:30-10:00	Registration & coffee	All
10:00 – 12:30: the classroom sessions		
10:00 – 10:05	Welcome and introduction	Rachel Moss LoPAG Chair
10:05 – 10:45	Back to basics – what does a platelet actually do?	Andy Miller Senior Scientific Officer NHSBT
10:35 – 11:15	Platelets – it's the special treatment needed	Delordson Kallon NHSBT
11:15 - 11:45	TEG and Platelet mapping – how it works and how it reduces use	Oliver Pearson, Product Specialist , Haemonetics
11:45 - 12:30	LoPAG Survey results – what did we learn?	Carol Cantwell and LoPAG Steering group
12:30 – 13:30	Lunch	All
13:30 – 16:00: the interactive sessions		
13:30 – 14:30	Platelet Training Packs – developing a pack to take back to base	Workshop
14:30: 14:45	Comfort break	All
14:45 – 15:45	Indication Codes – do we use them and what do they bring to the decision to transfuse?	Workshop
15:45 – 16:00	Closing remarks and feedback	Rachel Moss LoPAG Chair