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Old boss! A new approach to the SBOS

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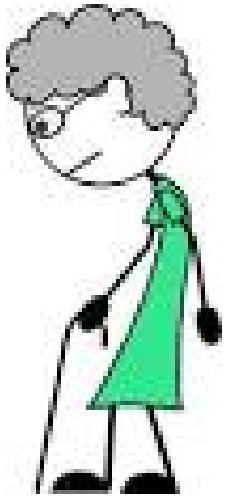
Principal Biomedical Scientist
Blood Transfusion
RBFT

BBTS HoT SIG 14/05/13

Old Boss?



30 years ago?

RBFT History

- 2000: Electronic Issue
  - SBOS numerous procedures
- 2008: Introduced 2 sample requirement prior to transfusion
  - EI rate increased to 94%
  - SBOS reducing slowly by negotiation to around 30 procedures
- 2009: I arrived at RBFT Blood Transfusion
  - Single unit transfusion
  - Promotion of adherence to National Guidelines for transfusion triggers

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SBOS 2010

Procedure	No. units
Aneurysm	2
Caesarian section (placenta praevia)	2
Caesarian section (specific reason)	2
Cysourethrectomy	4
Cystectomy	4
Fracture Shaft of femur	2
Gastrectomy	2
Hydatid Mole	2
Hysterectomy – extended	2
Laryngectomy	2
Myomectomy	2
Neck dissection	2
Nephrectomy	2
Oesophagectomy	2
Open nephrolithotomy	2

Procedure	No. units
Panproctocolectomy	2
Partial cystectomy	2
Prostatectomy (radical)	2
Radical Oophorectomy	2
Rectum pouch resection	2
Revision THR	2
Revision TKR	2
Spinal fusion	2
Splenectomy	2
Total cystectomy	2
Ureteric surgery	2
Urethroplasty	2
Vulvectomy	2
Wetheims procedure	2

Why look at the SBOS again?

– Pressure from the Trust Board (new Clinical Director)
  - The RBFT blood component budget is NOT devolved
– HTC were keen
– Fed up BMSs
  - Number of units being returned
  - Audit results

Audit over 1 month of returned units

- 125 patients had units returned
- 175/357 (49%) units for these patients
- 89/125 (71%) from initial crossmatch requests
- 36/125 (29%) from converted G & S request

Number of Units Transfused

No. of Units Transfused	No. of patients	% of patients
0	69	55%
1	25	20%
2	18	15%
3	8	6%
4	4	3%
9	1	> 1%

Clinical Areas where ‘0’ units transfused

Clinical Speciality	No. of pts
Gynaecology	3
Surgery	6
Orthopaedic	7
Urology	7
Haematology	9
Maternity	13
Medicine	16

Number of Units returned

No. of Units returned	No. of patients	% of patients
1	35	28%
2	71	57%
3	7	6%
4	11	9%
5	1	<1%

Results

96/125 (77%) of requests were appropriate i.e. on current SBOS

- 13 should have had less units requested

29/125 (23%) were inappropriate

- 21 (72)% of inappropriate requests should have been processed as Group & Screen by lab as no clinical information on request card or not compliant with SBOS

So what did we do?

- Produced turnaround time stats for EI
- E-mailed the consultants direct
- Spoke to the anaesthetists
- Put in place the HTC action plan
- Sent the following slide to all clinical governance meetings

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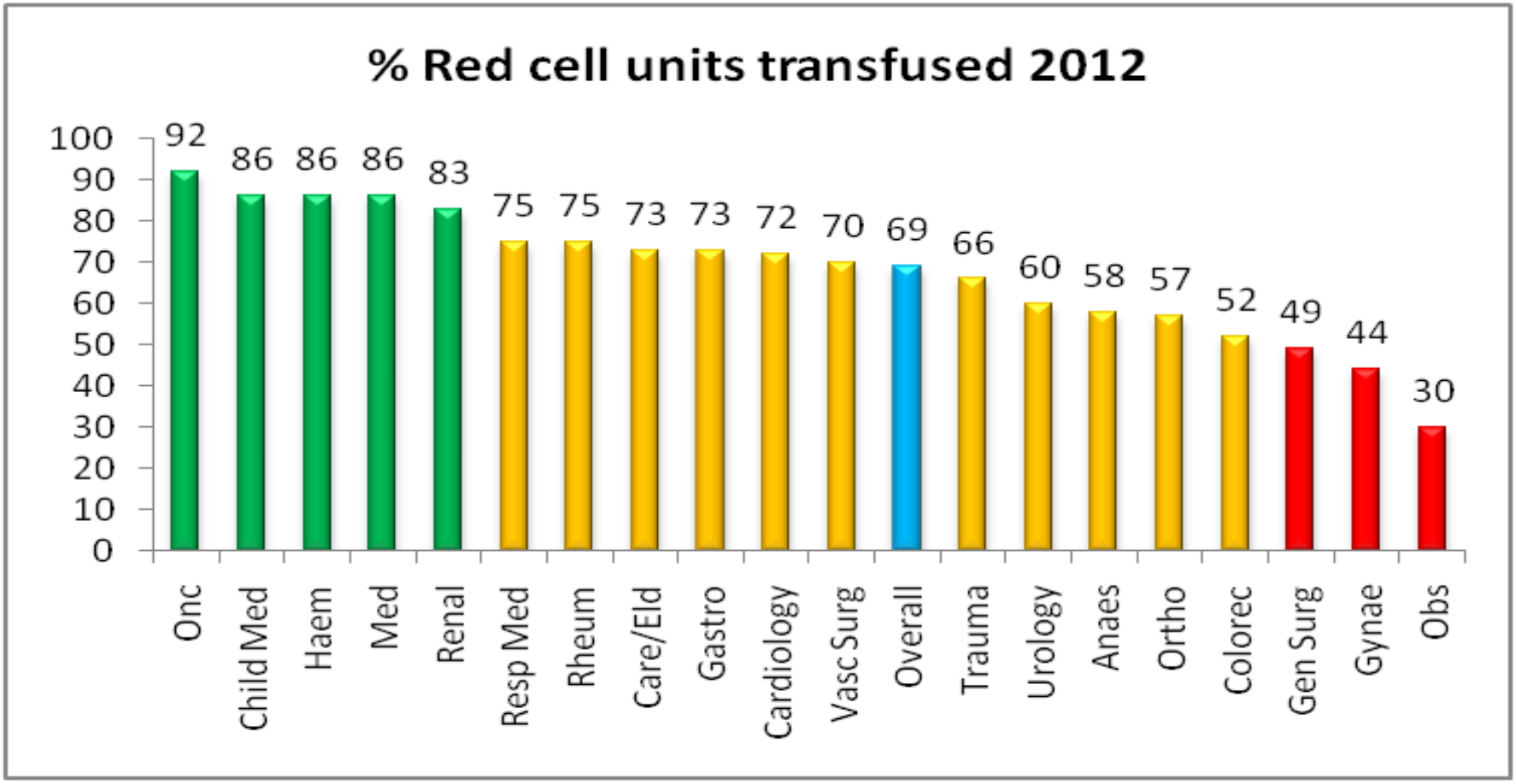
…and this is what hit home!



What was the feedback?

Anaesthetists: ‘We don’t want any units on standby unless the patient has antibodies’

Surgeons: ‘Neither do we’

Orthopods: No reply

Next steps

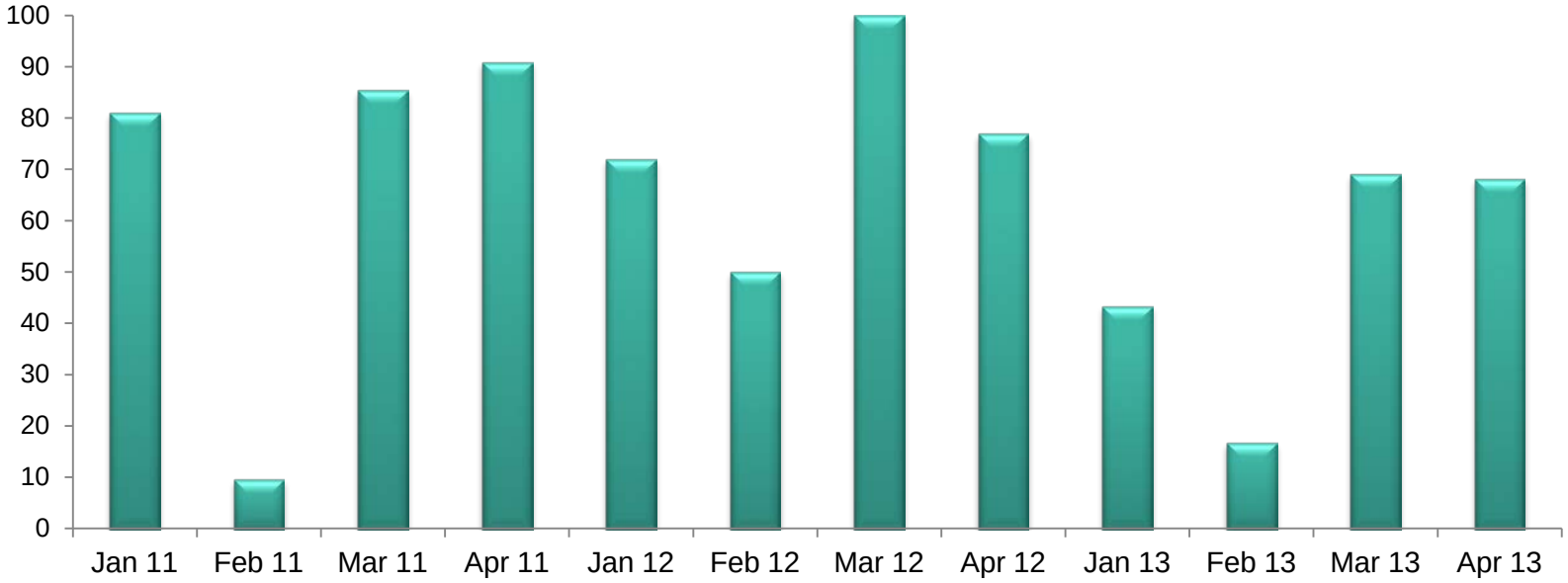
- Communication to staff re changes
- 01/03/2013: SBOS changed
  - Now has only 2 procedures
  - Revision THR
  - Revision TKR

So…have % usage rates increased for surgical procedures?

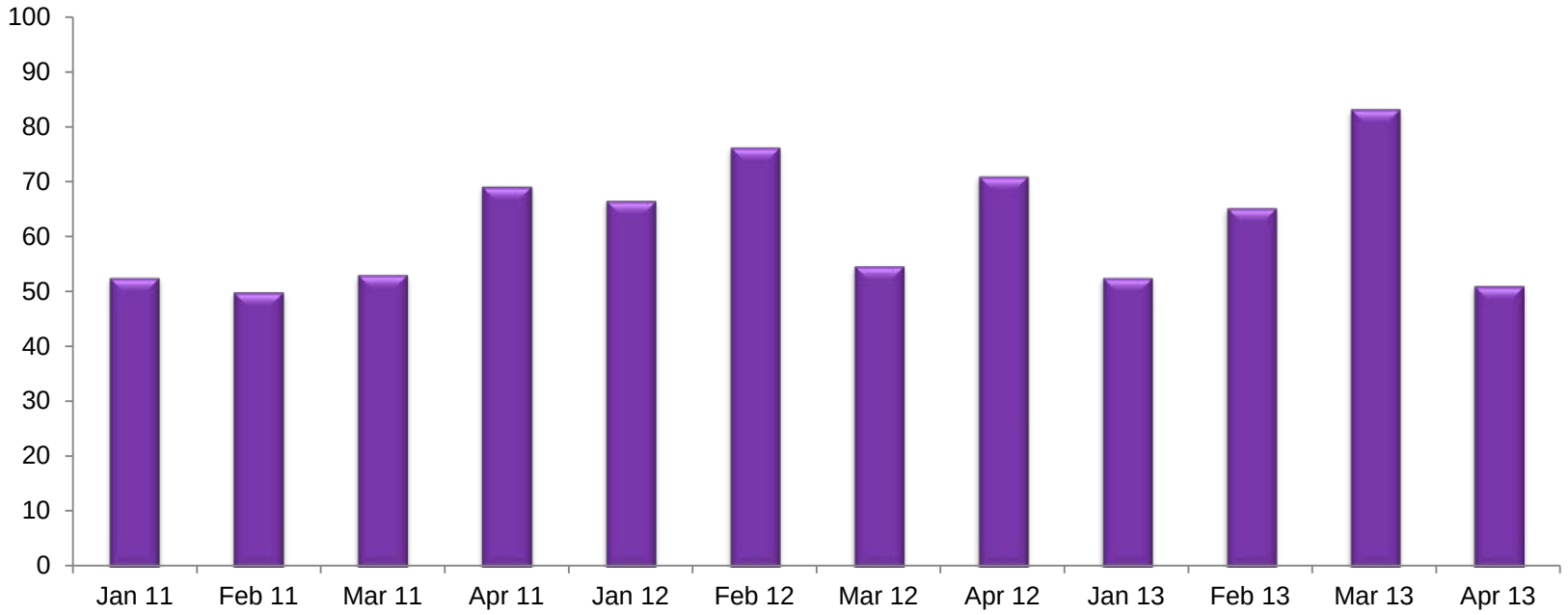
– Who did we look at?

- Colorectal
- General Surgery
- General Surgery (Breast)
- General Surgery (Gastro)
- Orthopaedics
- Urology
- Vascular (now moved to OUH)

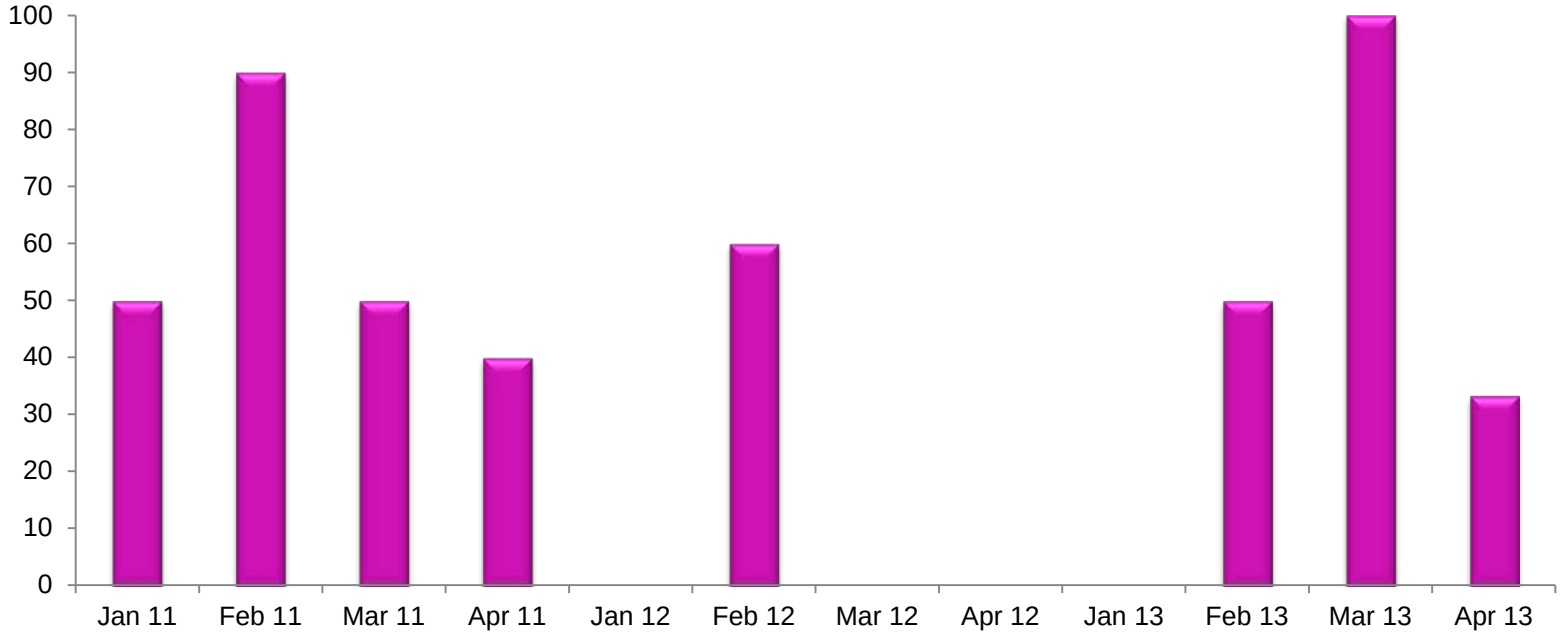
Colorectal % usage
Average no. units requested per month = 23



General Surgery % usage
Average no. units requested per month = 23



General Surgery (Breast) % usage
Average no. units requested per month = 6



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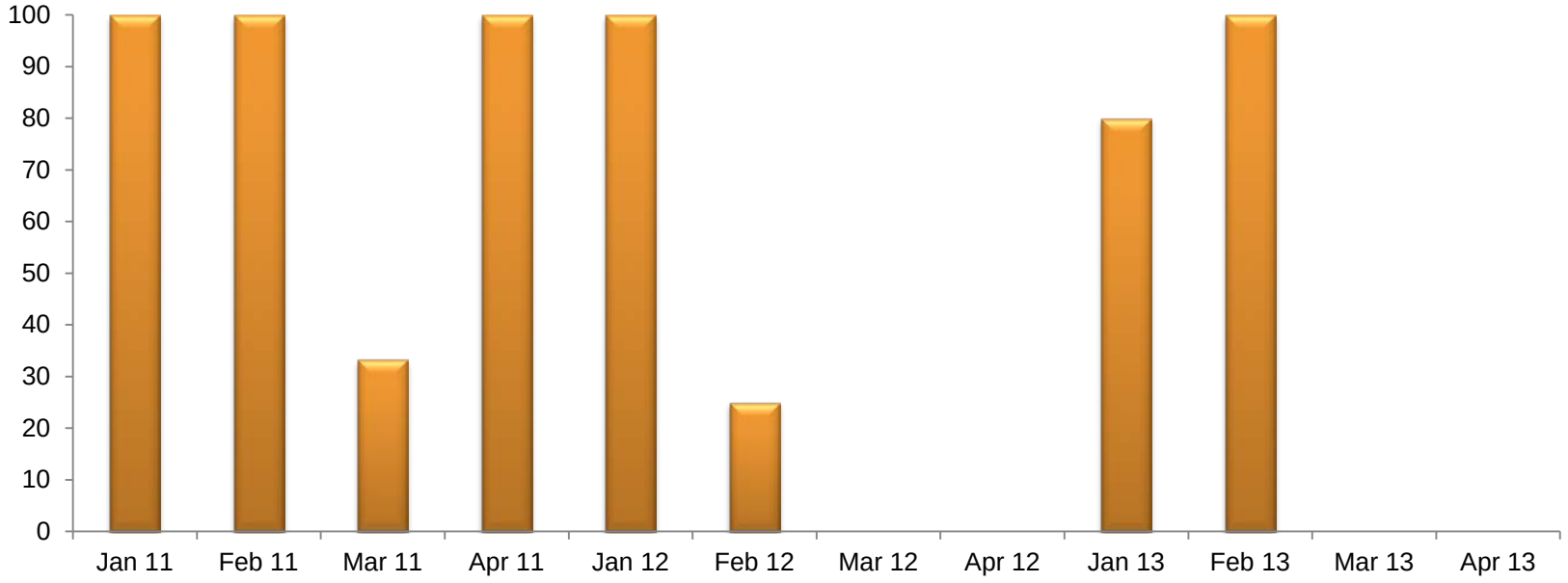
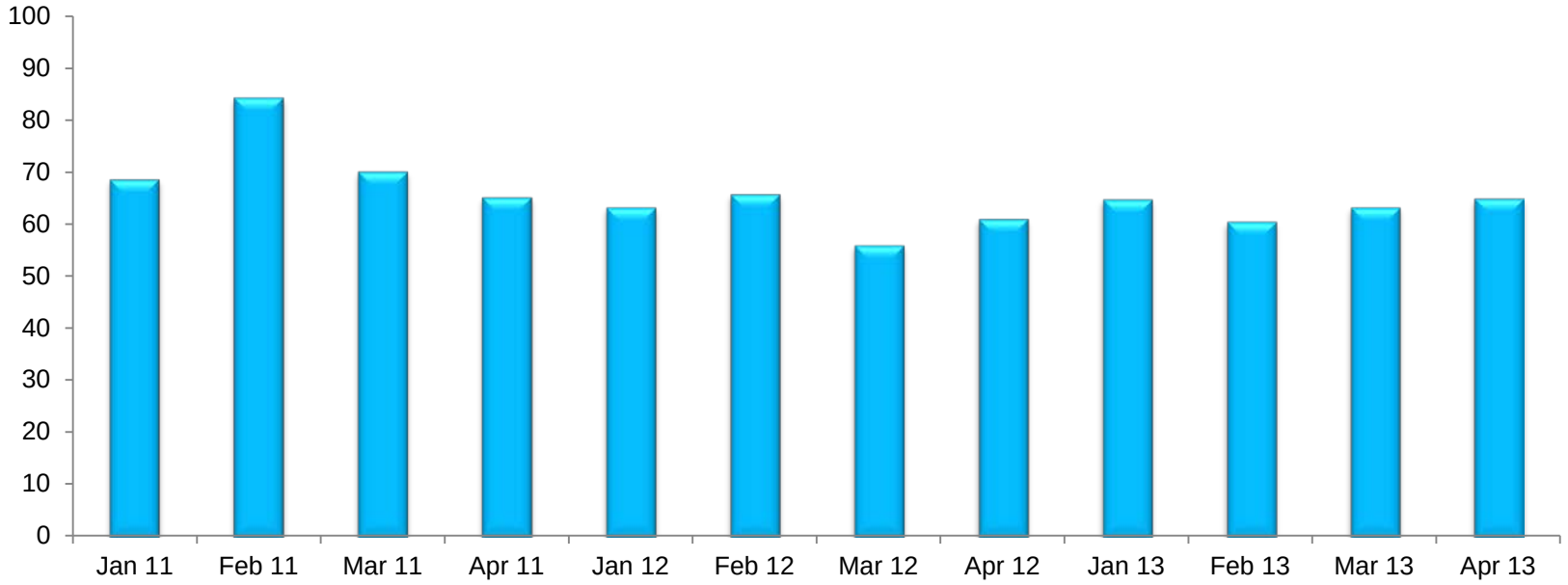
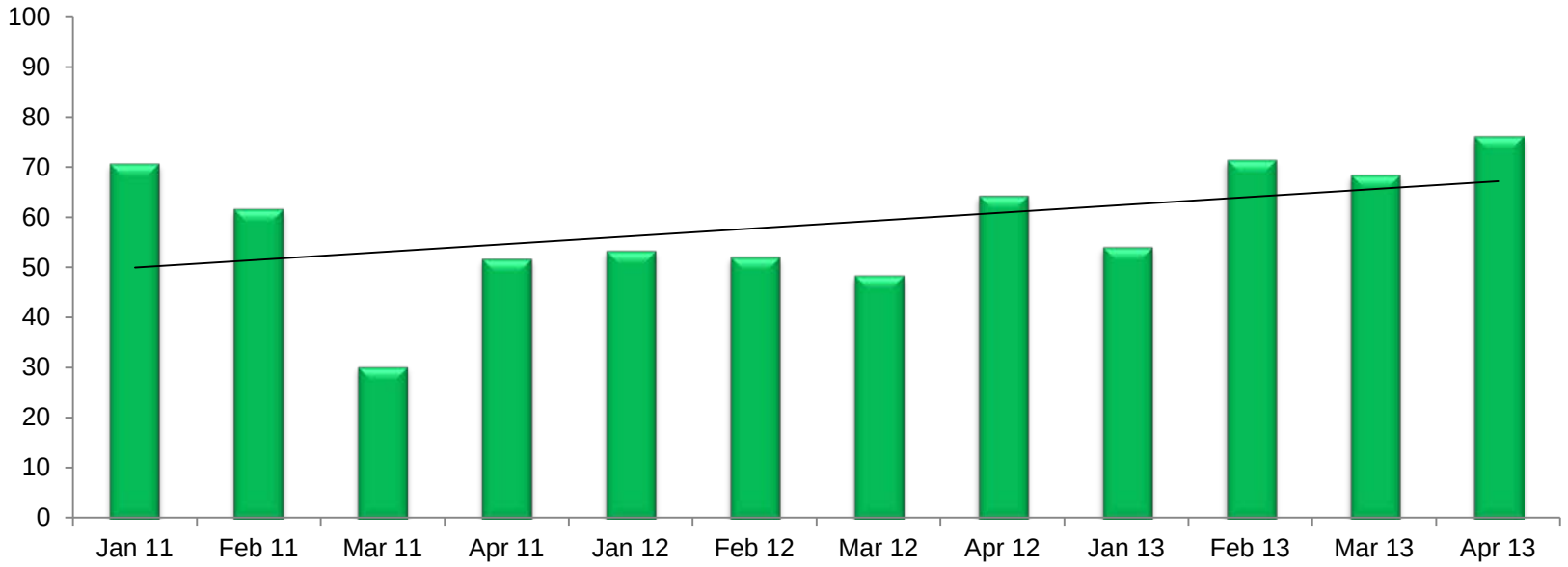
General Surgery (Gastro) % usage
Average no. units requested per month = 3



Orthopaedics % usage
Average no. units requested per month = 81



Urology % usage
Average no. units requested per month = 62



What should have happened?

% usage rates should have gone up!

Why are the results not as expected?

– I asked the staff for their thoughts/reasons – top 5

- They think other people find it easier to just do an EI than ask why the crossmatch is required
- They think other people lack confidence to ‘challenge’ a request
- They think other people don’t know what questions to ask
- They might get told off if they don’t do the crossmatch
- It takes too much time to challenge the requests

So what next?

- Workshops for staff including scenarios- ‘Would you say no?’
- Quiz
- Continued audit

But we didn't just implement changes to the SBOS

- All crossmatches are being challenged
- No more than 2 units are being issued unless a patient is actively bleeding

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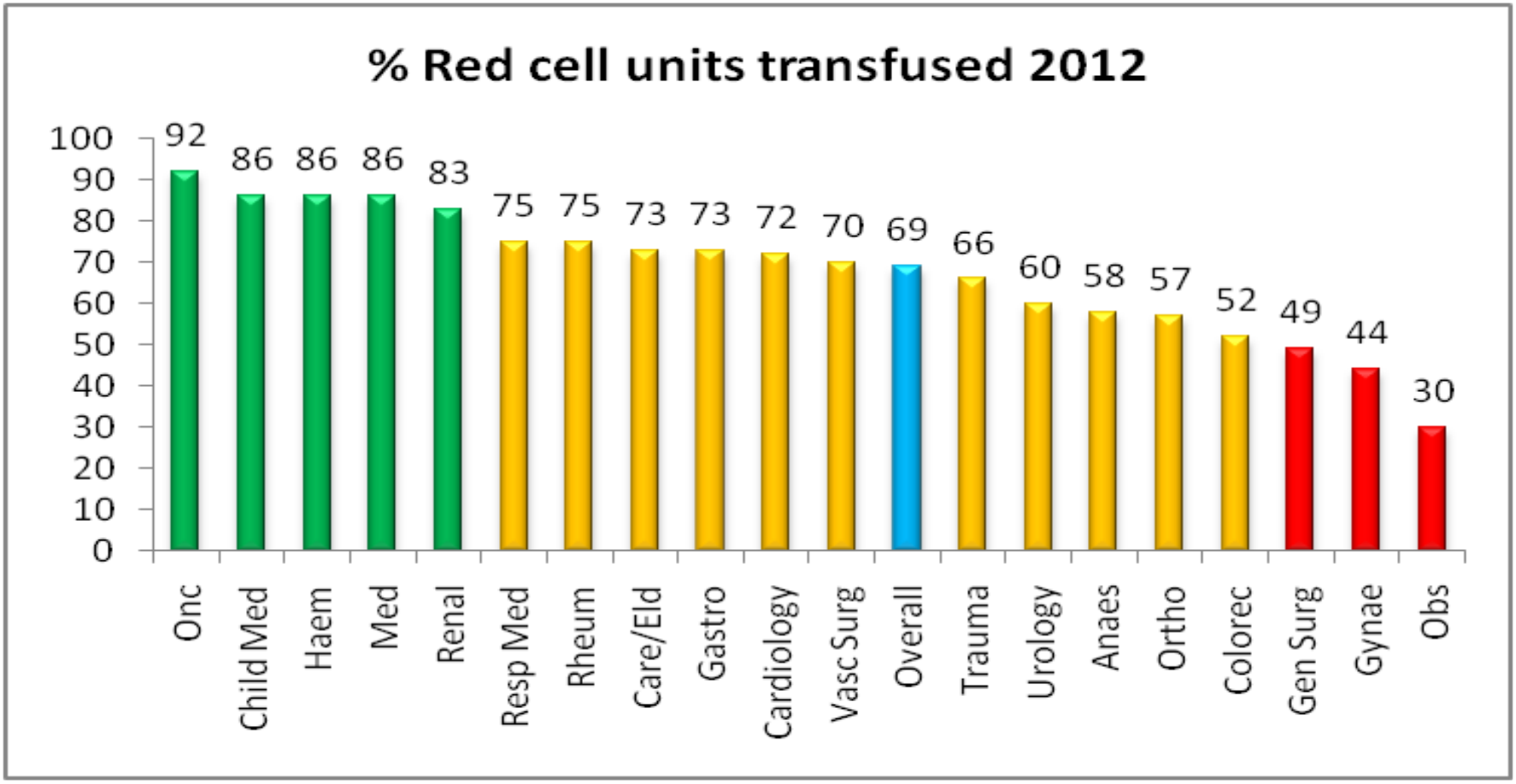
So lets look again at the previous league table



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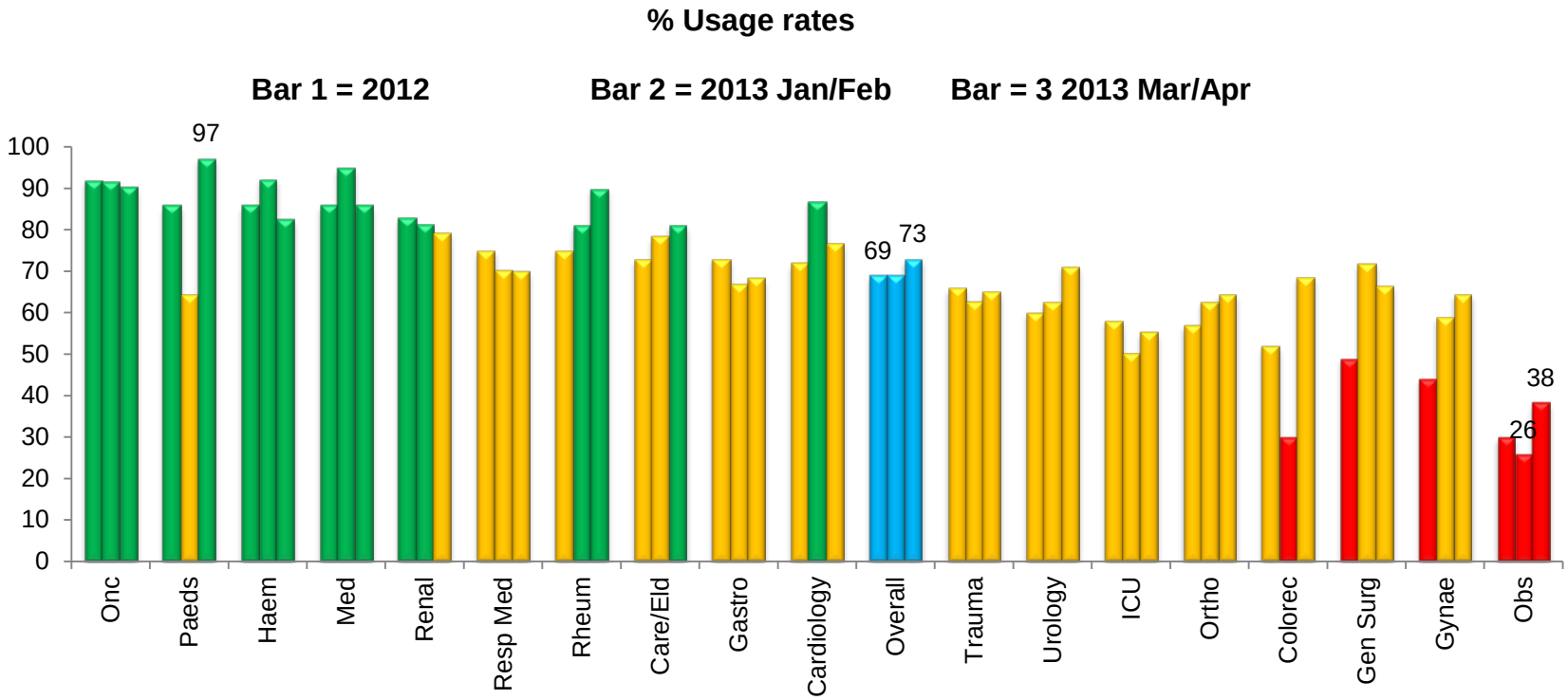
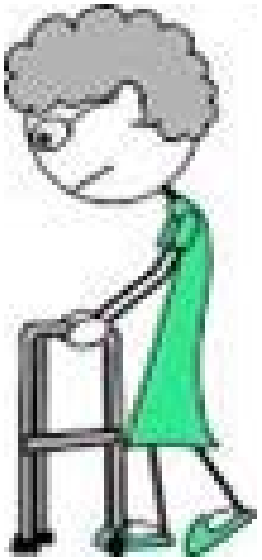
Today's league table shows improvement overall



Thank you…….

- Tanya Hawkins RBFT Transfusion Practitioner
- RBFT lab staff

…..this time next year?



Any questions?