## **Regional Shared Care Process:** Introducing Patient Empowerment

#### **Brian Robertson**

Transfusion Practitioner







# Are you aware of what a shared care system should entail?



No

## Not Sure





## **Patient Blood Management: Shared Care**

## Only transfuse when it is in the patient's best interest to do so

#### Always transfuse the **RIGHT BLOOD** to the RIGHT PATIENT

## How do we cope with the Patient's choice of where to be treated?





## Introduction

#### Why do we need a shared care system?

- 2009 SHOT report: 282 IBCT reported
  - 87 were due to special requirement not met in the clinical area.
  - 17% of these were patients having shared care.

No communication back to referring hospital transfusion lab





## **Shared Care: SHOT report 2012**

Total 107
= 82
= 18*
= 2
= 2
=1
=1





# Who has a system for flagging patients that need special requirements?







## Shared Care: case study

Patient admitted to St Thomas' for breast reduction : Tx 2 red cells.

Day one post transfusion: Symptoms of an acute reaction

- Hb fell from 117g/L to 66 g/L (Normal 120-150)
- Bilirubin rose to 90 umol/L (Normal 0-21)
- Lactate Dehydrogenase rose to 2832 IU/L (Normal 240-480)

Investigations showed that the patient was a <u>sickle cell patient:</u> Indicated in the notes but not on the blood request.





## Shared Care: Case Study cont'd

Patient had received 10 unit exchange at another teaching hospital in preparation for the operation.

She also attends 2 other local hospitals which are near to where she lives.

The results of the reaction confirmed the production of a red cell antibody (Anti-Jkb) and the need for phenotyped blood.

All information was then relayed to all the other 3 hospitals to ensure appropriate future selection of components via the share care documentation.



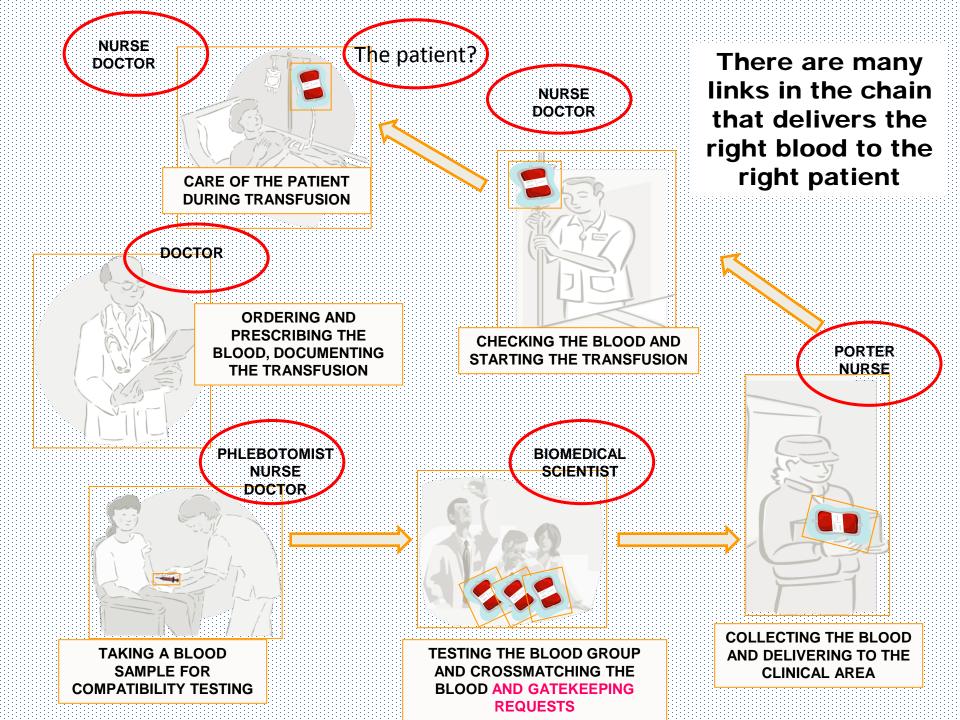


# Who should be responsible for the system?

## Clinical area BT laboratory Both Not sure







# Should the system include other special requirements

#### e.g. Antibodies, HLA matched etc ?



## No Not su







## Cases Study 1



Friday evening: Oncology patient transferred to St Thomas' from A.N.Other Hospital with a red cell component running.

- Component Tags were removed and no prescription available.
- Patient received 2 further units at St Thomas' over the weekend.
- Monday: TP initiated investigation on why there was no tag ID or rate of transfusion on the transfer:
- Only to find that the patient had a history of Anti-Jka
- 1 of the red cells transfused over the weekend was Jka Positive.





Does the system include special requirements for patients outside Haematology Oncology area?



## Not sure





## Shared Care: Case Study

A patient admitted with an Hb of 70 g/l and a possible myocardial infarct.

Admitting doctor noted the history of Hodgkin's disease but was not aware of the requirements for irradiated blood.

Patient was transfused 2 units of red cells (Non Irradiated).

Patient then transferred to another local hospital and received another 2 units of red cells (Non-Irradiated).

The error was picked up by consultant who checked with Haematologist on special requirement needs.





## **Shared Care: SHOT REPORT 2013**

- Recommendations from last year are still active as are others from previous years: 2011 Care needs for patients with specific transfusion requirements
- 1.Patients should be provided with an appropriate card
- 2.Patients education about special requirements
- 3. <u>Haematologists</u> should implement & audit this process
- 4.Patients with sickle cell disease identified on admission
- 5.General practitioners can also note important transfusion requirements and include these in the referral to hospital whether emergency or elective





## **Shared Care: What we did in London**

LONDON RTC workshop



Joint venture across the region

### Development for improvement





## **Shared Care: RTC Brainstorming**







## **Shared Care**

#### Review of what was currently in place......

**1.How many Trust aware of any shared care processes within their own Trust?** 

2.Do you have specialities that are not provided by your Trust?

**3.Are you aware of the documentation provided to support shared care?** 

4. How many Trusts are using shared care documentation?

5.How many patients have been involved in shared care in your Trust?



	I aboratory for the res	al team at the Speciali nainder of the form to	be completed	d then sent to their Transfusion		
Affix Addressograph here or complete the	Referring hospitals	ABO	) and RhD Group Details	Specialist Requirements Needed		
following details: Patient First and family Name:	Specialist Treatme	nt Hospital: Don	or Group	Irradiated Yes / No		
			set Group	CMV Nag Yes i No		
Dite.Of Birth;	Dingnosis:					
NHS / Hospital-Number:	Specialist Treatment	nt received:		Patient Informed of Specialist Requirements? Yes / No		
Address	Signed:		Print Name			
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Date Fax sent		Signed:	Print I			
Signed:		specialist requirement	ts input INTO Referring H	ospital LIMS computer Yes / No		
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## **Shared Care: Agreed Suggestions**

#### 1) Special Requirements Form

- One Regional generic Template.
- Needs to include the referring Shared Care Hospital name
- RTC to provide all regional lab fax numbers through its website which is password protected.

#### 2) Patient Empowerment

- Get them involved, give them information
- Use of cards, and education programs.





## **RTT Recommendations 1**

- All Trusts should have controlled special requirements request form
- Use of Shared Care Form to continue but need more enrolment to be successful
- a) Form requires Trust HTC endorsement
  - Move it through clinical area with Trust buy in
- b) Receiving Shared care hospital
  - When form received put patient Flag on LIMS.
  - Get confirmation from own Trust before blood release?





## **Recommendation 2**

PATIENT EMPOWERMENT

- a) Get them involved: How?
  - Patient alert systems- Cards and education on its use.
  - Patient representatives?
- b) Patient information for all special requirements including all CMV-, IRRAD, Pheno, Antibodies
  - Simple and generic message given by Healthcare provider
  - Get the patient to follow up and take ownership





	Box for Document	Control and Hospita	Il Logo
Bloo	d Transfusion Spe	ecial Requirem	ent Request
Patient Details:			
Hospital Number:		NHS Number:	
First name.		Surname	
		Surname.	
Date of Birth://			
Patient treated at other hospitals* \	/ N Referring H	ospital:	* Mandatory
Diagnosis / Reason for Special	Requirements: (See Reverse for Indication	ns for special blood req	uirements)
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Complete this box if ABO Mismato		17Solia Urgan)	
Component Requirement ABO/RhD Recipient ABO/RhD Group:		Red Cells:	
Donor ABO/RhD Group:		Platelets:	
		FFP/Cryo:	
		, , ,	
<u>Component Requirements</u> (circle	option below)		
rradiated Components	Yes/No		
CMV Negative Blood required	Yes/No (Neona	ate/Planned transf	usion during pregnancy)
HLA/HPA Matched Platelets	Yes / No		
Washed cells	Yes / No		
		arted:/	
	Review	Date:/	/
Atypical antibodies present	Yes / No Details	s:	
Signed:		Bleep:	Date:
Print name:		Job Title:	
Fo	rm/copy sent to Labor	ratory: Yes / No	
Lab Use Only - Treating Hospital Received in lab (Date/Time/By): Flag Entered on Patient LIMS record (Da Date and time faxed to referring hospita			t Hospital Fax Number] form confirms that this fax is located in a vironment
Lab Use Only - Referring Hospital Confirmation of receipting lab on Date/ Existing patient Y/N Entered on LIMS (Date/Time/By):	Гіme/Ву:		
	ber above. Faxed to	Treating Hospital (D	ate/Time/By):

[For Document Control/Hospital Logo]

RTC

**Generic Special requirement Requests covers....** 

1. Patient details

2. Identifies care at another hospital

#### 3. Transplant information

4. Special requirements 1. Includes other needs

5. Communication to other BT labs

6. With user information on the back

> Guy's and St Thomas' **NHS Foundation Trust**

Who should be responsible for ensuring the patient's special requirements are met?

1.Blood transfusion lab (flags)

2.Person prescribing component

3. Nurse administrating the component

4.Patient

5.All





## **Shared Care**

#### So what we did at Guy's & St Thomas'







#### Shared Care: Special Requirements

#### **BLOOD TRANSFUSION STATUS:**

All haematology patients & skin lymphoma patients

Hospital Number:	
NHS Number:	
First name: Surname:	
Date of Birth:	/ F
Referred patient** Y / N	
Referring Hospital**	[]
Faxed to transfusion lab** Y / N	** Mandatory
IRRADIATED COMPONENTS: YES / NO	**
✓ Tick as appropriate	If YES, give patient the NBS irradiated blood info leaflet
BM/PBSC transplant: donors (autologous/family) – for 7 days before harvest     BM/PBSC transplant: recipients (autologous/allogeneic) – indefinitely	and alert card
Hodgkins – all stages regardless of their disease status – for life	
<ul> <li>Treatment with purine analogues (e.g. Fludarabine, Cladribine, Pentostatin, Clofara</li> <li>All patients receiving Campath (Alemtuzumab) - indefinitely</li> </ul>	bine, Bendamustine) – indefinite
Congenital immune deficiency & IgA deficiency	
Aplastic anaemia patients receiving immunosuppression with ATG	
Other e.g. HLA platelets, CMV neg (pregnancy)	
Signed: Da Print name: Da HAVE YOU PLACED ALERT STICKER ON PATIENT'S BLOOD PRESCRI	octor only)
PLEASE FAX TO BLOOD TRANSFUSION (Guy's x84783 / STH x84	775) WHEN COMPLETED
(Telephone Transfusion Lab on Guy's x84785 or STH x8075 FILE FORM IN PATIENT'S NOTES	
NO STATUS WILL BE CHANGED UNTIL A SIGNED FORM	IS RECEIVED
NO BLOOD WILL BE ISSUED UNLESS STATUS IS KNO	WN BY LAB
London	

Status form Reviewed on every...



FAX to BT lab. where flag is placed on LiMS

> 3. Back up Pharmacy report to lab on any new prescriptions of Purine Analogues

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## Electronic Patient requests (EPR)

ood Bank Crossmatch Form V2 - Z						
r: Units to be Crossmatched Justed By: Dabideen, Kamela	Order ID: 001HFNMTJ					
eages: Phone the lab directly for blood i lering Information Conditional Order Condition	f they already have a 'Group and Antibody' sample	Blood requests have a mandatory drop dow				
Collection Date Collection Time	Routine	menu for	special requir	ements		
Result Priority ★ No. of Units Required						
NB.	Failure to order appropriate "Special Requirements" can result in fatal transfusion complications. If you are unsure about this for your patient please check Trust Blood Transfusion Policies (see GTi) or contact Blood Bank on 84774 or 82766					
	Special requirements: It is important that the patient receives the correct special requirements and selection of the appropriate prescription/clinical status will increase assurance that we meet these requirements.					
★ Irradiated Special Requirements	·					
★ CMV Special Requirements ★ Date Required	Anti-Thymocyte globulin (ATG) for aplastic anaemia (Irradiated) .Bendamustine (Irradiated) .BMT Allo graft (14 days pre transplant until immune reconstitution) - (Irradiated) .BMT Auto graft (14 days pre transplant/up to 6 months post) - (Irradiated)	★ Irradiated Special Requirements		<u> </u>		
★ Time of Procedure ★ Site Blood Required	.BMT Donor (14 days pre donation) - (Iradialed) .Campath (Alemtuzumab) EXCLUDING renal patients - (Iradiated) .Cladhibne (Iradiated) .Clofarabine (Iradiated)	★ CMV Special Requirements	.Anti-Thymocyte globulin (ATG) for aplastic a .Bendamustine (Irradiated)			
★ Previously Transfused? ★ Has Pt received Anti-D in last 12 weeks?	.DiGeorge Syndrome (known or suspected) - (Irradiated) .Fludarabine (Irradiated)	★ Date Required	.BMT Allo graft (14 days pre transplant until in .BMT Auto graft (14 days pre transplant/up t	o 6 months post) - (Irradiated) 🛛 🚪		
★ Patient Pregnant? ★ Clinical Details		★ Time of Procedure	.BMT Donor (14 days pre donation) - (Irradial .Campath (Alemtuzumab) EXCLUDING renal			
★ Bleep/ Ext.		★ Site Blood Required	.Cladribine (Irradiated) .Clofarabine (Irradiated)	(		
		★ Previously Transfused?	.DiGeorge Syndrome (known or suspected) - .Fludarabine (Irradiated)	· (Irradiated)		
		★ Has Pt received Anti-D in last 12 weeks?	•			

- B Orde Req Mes

On

OK Cancel Repeat

London

RTC

in (ATG) for aplastic anaemia (Irradiated) ed) vs pre transplant until immune reconstitution) - (Irradiated) ys pre transplant/up to 6 months post) - (Irradiated) pre donation) - (Irradiated) b) EXCLUDING renal patients - (Irradiated) (nown or suspected) - (Irradiated) ★ Patient Pregnant? -★ Clinical Details ★ Bleep/Ext. Guy's and St Thomas' NHS

NHS Foundation Trust

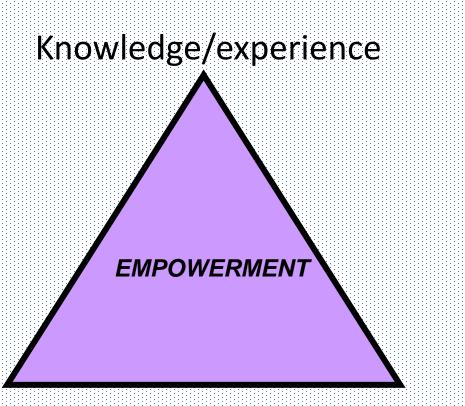
## **Shared Care: Prescription Chart**

	ne mber Number						SION PRESCRIPTION CHART NHS Foundation Inust			NHS
Date of Birth Gender ATTACH ADDRESSOGRAPH OR COMPLETE			Does this patient need CMV negative blood? YES / NO and / or irradiated blood? YES / NO See guidance overleaf - <u>please inform the lab</u> if the patient has any special transfusion requirements					NO		
Unit	Date	Component / product type	Dose	Duration (Not to exceed 4 hours)	Prescribed by (signature, print name, status & GMC number)	Blood unit number (place sticker from blood/product tag here)	Time started	Time ended	Given / checked	2 <sup>nd</sup> sig (if double- independent check used)
1						**Please remember** complete the Red Book complete the tag & return in the Red Box				
2						**Please remember** complete the Red Book complete the tag & return in the Red Box				
3						**Please remember** complete the Red Book complete the tag & return in the Red Box				
4						**Please remember** complete the Red Book complete the tag & return in the Red Box				
5						**Please remember** complete th <u>e Red Book</u> complete the tag & return in the Red Box				
	ision Trig	gers: (				sode for which consent has already been gain	ned? Yes	/ No (if n	o, complete	below)
	transfusion if I		separate tran		inent	<pre>transfusion: rmed consent gained, and documented in not</pre>	es?		Yes /	NA
each new transfusion Tran			Transfusio	n information leaflet given to patient? *see ov		Y	es / No			
	patient with Al guidelines for	PTT/INR >1.5 further advice	CO	(prescriber t mplete) over for guida	Clinician s	ignature, print name,				
				_		•				
London										



Guy's and St Thomas'

## Patient empowerment



#### **Behaviour/Skills**

#### **Confidence/Training**





## Shared Care and Patient empowerment

#### Program to improve

- **Special Requirements**
- Patient with antibodies
- Shared Care with patient referrals

#### All patients with special requirements

- Irradiated
- Washed
- **HLA** matched
- Phenotyped due to antibodies etc
- others

#### Patient survey

- Patients liked the card
- Enabled empowerment
- Helped to educate on needs



**Blood Transfusion Laboratory** Guy's & St Thomas' Hospital Tel: 020 7188 4474

#### 2011-To date: 581 patients have been issued a card

#### Guy's and St Thomas' **NHS Foundation Trust**





## Do you think there is some value in having a shared care program within your own Hospital ?



## **Not Sure**





## Share care: System in your Area?

Think about the system in your Trust which

ensures.....

## The right patient gets the right component

- Paper system
- Electronic system
- Patients' existing prescription
- Patient empowerment









#### AND REMEMBER....

## **COMMUNICATION** = CARE





Guy's and St Thomas' 🚺 NHS Foundation Trust

