

Patient Blood Management Single Unit Transfusion Policy Pilot – Overview

1 AIM

To reduce the number of inappropriate red cell transfusions in a chosen clinical setting by introducing a single unit transfusion policy in 2 hospitals with different size blood usage as categorised by Blood Stocks Management Scheme.

2 OBJECTIVES AND DELIVERABLES

To collect 6 months retrospective and prospective red cell transfusion data in a chosen clinical specialty. To determine the impact on interventions implemented during the project period by comparing the total number of transfusions with the number of those given as a single unit with patient review and Hb check. To train medical, nursing and scientific teams to ensure correct prescribing of red cells. To develop tools that can be used to support staff when making the decision to transfuse and to support the review patients' symptoms. To share all developed resources with the Transfusion Community and publish results as evidence to support patient blood management (PBM) recommendations.

3 PROJECT SCHEDULE

The project is due to run over a year in 2 NHS Trusts; one Trust categorised as a large blood user and one categorised as a moderate user. Work will start in the larger blood user first with the moderate blood user starting 3 months later. All hospital trusts within the London region will be given the opportunity to become a pilot site and a strict and transparent selection process will be employed.

At each chosen hospital, data will be collected retrospectively for a 6 month period and will run alongside a program of training and education and the development of resources to support the project implementation. A 6 month period of prospective data collection will follow with monthly review of progress. The project is due to conclude in September 2015.

4 PROJECT MEASURES

For this project the following definitions will be applied;

Transfusion episode will be the total number of red cell units transfused in 24 hours;

Single Unit transfusion will be one unit transfused between a pre and post transfusion Hb within a 24 hour period;

Clinical reassessment will be assessment of symptoms of anaemia in the context of current Hb level.

Primary Measures	Secondary measures	Balancing measures
Total number of red cell units transfused	Total number of hospital admissions	Number of group and screen samples processed
Number of units transfused per transfusion episode	Total patient-days	Number of full blood count samples processed
Percentage of single unit transfusions	Mean length of stay (days)	Number of crossmatches completed
Average pre transfusion Hb – within 72 hours prior to the transfusion	Total number of inpatient deaths and inpatient mortality rate (%)	Total number of transfusion requests
Average post transfusion Hb – measured between 1-24 hours post transfusion	Readmission rates	
Patient demographics	Total units transfused	
Number transfusion episodes with post transfusion Hb measured	Number of units transfused – single and multiple, as absolutes and percentage of total	
	Units transfused/1000 patient days	
	Transfusion events/ 1000 patient days	
	Complication rates	

5 REPORTS

A report will be generated following the collection and analysis of the retrospective data. Following this a monthly report will be provided with a summary of the current progress, challenges and prospective data analysis. Separate reports will be written for each pilot site.

Reports will be approved by the pilot site before being shared with the NHSBT single unit pilot group and the London Regional Transfusion Committee. These reports will also be published online related to this project overview.