East Kent Hospitals University NHS
NHS Foundation Trust

"Emergency O Red Cells" - In with the new. Out with the old!

Roese Spicer Deputy General Manager, Outpatients, & Former Senior Biomedical Scientist,
Kent and Canterbury Hospital. *Presentation also available on the PBM England YouTube*

AIM:

To introduce a Good Practice initiative at **Kent and Canterbury Hospital**, part of East Kent Hospitals University Foundation Trust by introducing O positive emergency red cells to improve appropriate use of O Negative blood.

BACKGROUND:

Based in the very South East we are a considerable distance from our nearest centre, for an emergency delivery our estimated delivery time **is 3 and a half hours**.

The Trust consists of 3 main hospital sites with blood transfusion labs

- William Harvey hospital (WHH)
- Queen Elizabeth Queen Mother hospital (QEQM)
- Kent and Canterbury hospital (KCH)

WHH and QEQM have Accident and Emergency Centres

KCH –

- urgent care centre
- all ruptured or suspected AAA's
- stroke patients from all over the region
- main renal unit
- haematology centre for the Trust

Although KCH is deemed the smaller site it sees the more complicated patients and frequent flyers.

WHY?

- Passionate about wastage, particularly O Neg
- Reduce "inappropriate" O Neg use
- MHP activation audit showed over 80% could have used O Pos if available
- Other 2 main sites hold O Pos Emergency Red Cells, so precedence set and SOPs in place

FACTORS CONSIDERED TO ENABLE CHANGE:

Who?

- Senior BMS (driving project)
- Chief BMS
- Quality Manager
- Transfusion Practitioner
- Portering Lead
- Senior Assistant Healthcare Scientist
- All BMS's
- All AHCS's
- All porters

Challenges?

- Small lab with small number of staff
- All staff working overnight are cross-trained, multi-disciplines working alone for 12 ½ hours
- Hugely diverse range of staff, have to consider most inexperienced person

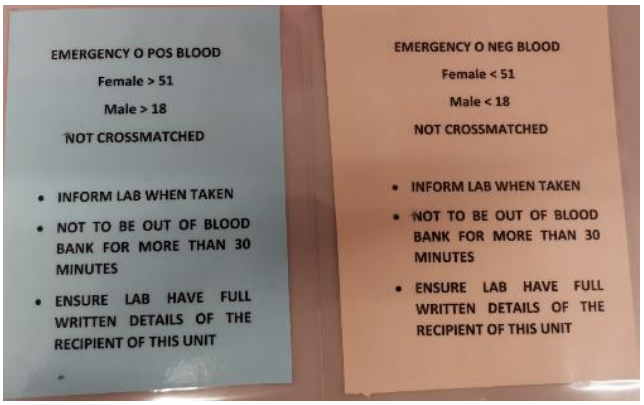
Where?

- Issue fridge in corridor away from lab – porter decides which units to take
- Moved to blood band within the lab – BMS control unts taken
- No satellite fridge made it less complicated

HOW THE CHANGE WAS IMPLEMENTED:

How

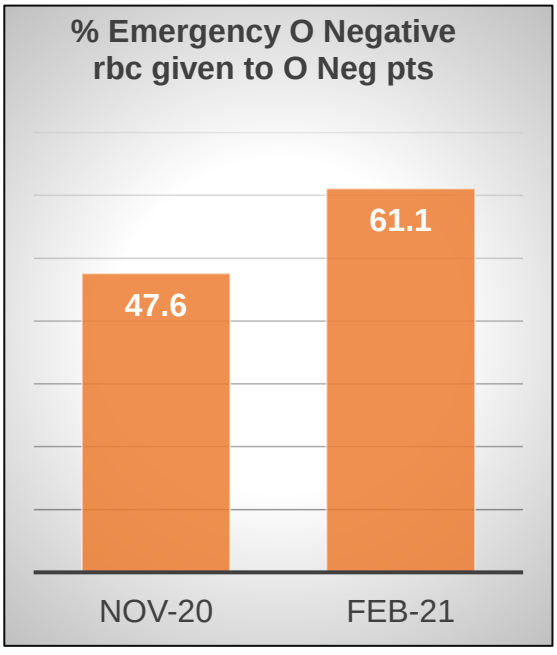
- Renamed – removed reference to "flying squad" "emergency O Neg", changed to EMERGENCY O RED BLOOD CELLS
- Introduced coloured labels
- 4 units O Pos, 4 units O Neg
- Change in sets of 2 to reduce number of units returned in one go
- Staff training – group training sessions (Dicing with Death), competency assessments with new questions, 1 to 1 sessions to address concerns/questions
- All SOPs updated, shared, read, understood!
- TP worked with consultants, Doctors, and ward staff to imbed new terminology and understanding
- Flow chart – on fridge door – See Appendix 1



OUTCOME OF INITIATIVE:

Audit of O Neg usage

- November 2020 47.6% of O Neg units were given to O Neg patients
- Feb 2021 – increased to 61.1% O Neg to O Neg



CONTINUOUS IMPROVEMENT PLAN:

Embedding

- Empowering BMS's to challenge requests for "O Neg"
- MHP audit forms so TP can act on feedback
- Continue to re audit

Appendix 1:

Emergency Blood Selection Flow Chart