

Hospital Partnerships for improved stock management

MARTIN DRURY

BLOOD BANK MANAGER

PETERBOROUGH DISTRICT HOSPITAL



Peterborough Partnership

- Peterborough District 418 beds
- Edith Cavell Hospital 252 beds
- Stamford Hospital 90 beds
- Fitzwilliam 55 beds
- Thorpe Hall 24 beds
- Doddington 15 beds
- 854 total

- Annual blood usage 10,500 units
- Annual blood wastage 107units



Peterborough District Hospital



- 418 beds
- High usage DGH
- Pathology Laboratory
- Autovue, Telepath, Electronic issue
- 24 hour withdrawal
- Issue 10,600 use 7440 pa. (CT ratio 1.4)



Edith Cavell Hospital



- 252 beds
- No A+E or Pathology Laboratory
- Cold surgery- Orthopaedic, Urology, ENT
- 24h withdrawal
- Issue 3400, use 1500 pa. (CT ratio 2.3)



Stamford Hospital



- 90 beds
- A&E (not 24 hours)
- Path Lab (blood supplied by PDH)
- Day surgery. Most blood used for Top ups
- Match 380, use 310 pa. CT ratio 1.2
- Match for Doddington Hospital (130 pa)



Fitzwilliam Hospital



- 55 beds
- No A+E or Pathology Laboratory
- Cold surgery- Orthopaedic, Urology, Gynae.
- Issue 1100, use 500 pa. (CT ratio 2.2)
- 24h withdrawal



Thorpe Hall



- 24 beds
- Sue Ryder Home
- Issue 78, use71 pa (CT ratio 1.1)



Requirements

- Blood banks with chart and alarm
- Reliable and regular transport
- Trained reliable personnel
- Audit trail (paper or electronic)
- Strict adherence to MSBOS
- 24 hour withdrawal or blood returned with >7 days shelf life
- Pre admission clinics
- Reliable supply of fresh blood



Problems

- Bank holidays prevent 24h withdrawal
- Lost transport boxes
- Blood bank failure
- Emergency requests
- Abuse of system



Benefits

- Smaller hospitals do not waste blood
- Patients transfused locally
- PDH deals with problem XM
- All patient data for area on linked Telepath system
- Short dated blood can be disposed of at any site at short notice
- Income from Private Hospital



Future developments

- Full electronic tracking
- Move to cell salvage
- PDH & ECH merge (2010)

