

BLOOD STOCKS MANAGEMENT SCHEME

NEWS SHEET No.3

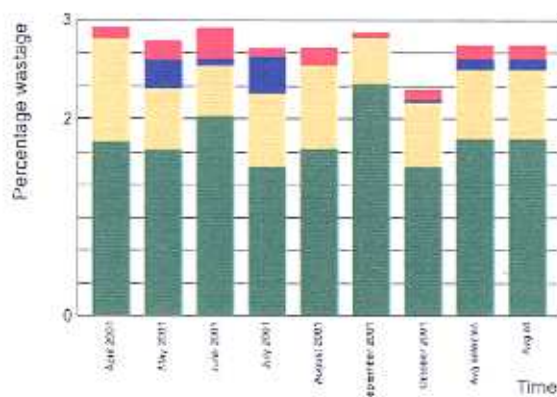
December 2001

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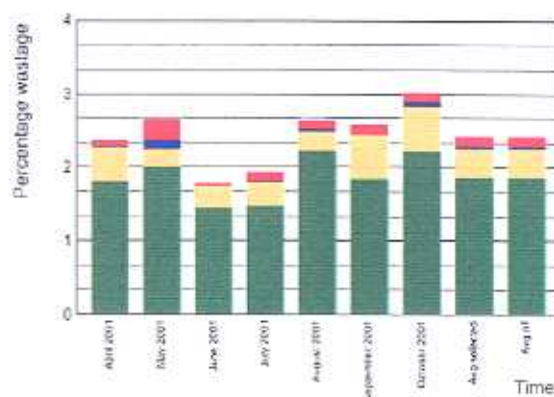
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Key Facts – O Neg wastage

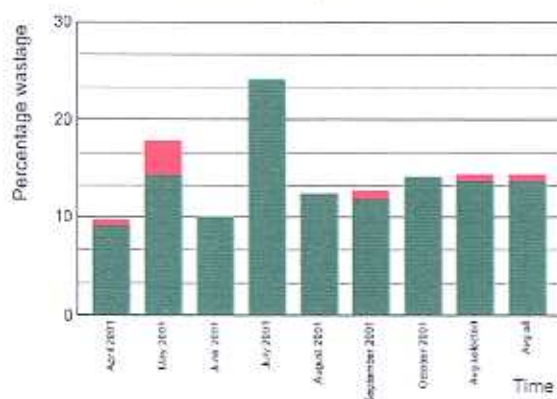
Teaching Hospitals (n=26)



District General Hospitals (n=95)



Private Hospitals (n=8)



The wastage rate for group O Neg for the period April – October 2001 was steady for Teaching and District General hospitals with averages of 2.75% and 2.42 % of issues respectively. For private hospitals the average was 14.48% of issues.



Six monthly reports

A six monthly report will be issued to each participant by the end of December 2001. The report includes national data and data unique to each participant and a summary of performance. We hope that you will find these reports useful and that you can use them in your transfusion committee.

"ALWAYS ROOM FOR IMPROVEMENT"

How participation in the Blood Stocks Management Scheme has improved wastage rates at a District General Hospital

William Harvey hospital is situated 70 miles from the 'local' blood centre. A blue light delivery takes at least 90 minutes and routine deliveries from 2 to 5 hours. Their annual allocated blood budget is £756K, which covers all blood components, referred sample investigations, reagents and transport. They consider spending on blood components a problem primarily because it is demand driven.

Bill Chaffe writes "When we enrolled in the BSMS I did not imagine that the project would develop into a scheme that would ultimately help my laboratory control its wastage. I was of the opinion that we were already doing our best and that any improvement would be very minimal and probably transitory.

From the start the laboratory staff decided that there would be no changes for the first two months as this would give us information about our current level of in/efficiency.



Diane, our MLA, is responsible for activity related to the Scheme. She completes the data entry first thing in the morning after she has finished the daily de-reservation and restock. This is always carried out prior to the routine daily delivery from the blood centre. After two months we reviewed all areas of our service to assess how we were performing and decided a review of wastage would be a suitable subject for further investigation. We concentrated our initial efforts on minimising wastage of O Neg units. We supply a total of 14 'flying squad' units to three hospitals. Under these circumstances we considered our nominal stock holding of 16 O Neg units to be reasonable. At any one time there will be approximately 30 units of O Neg 'somewhere' in the system.

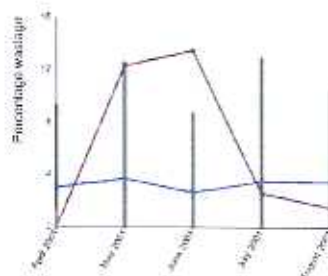
BSMS graphs showed above average wastage for O Neg

When we viewed the BSMS wastage graphs we were one of the worst performers.

Our wastage rate for O Neg was nearly 13% (purple line), well above the national average of 6-7% (blue line). All the laboratory staff discussed the potential causes of our exceptionally high wastage rate.

The possible reasons for the high wastage rate included:-

- failure to rotate flying squad blood adequately and thus ensure that it did not become so short dated as to be impossible to use,
- a tendency to order large quantities of O Neg at once, hence stocks tended to time expire at the same time
- a lack of staff awareness of when blood was due to time expire.



Changes made to improve performance

Measures for improvement were easy to instigate and required minimum effort to maintain.

- Flying squad blood would always be put back into main stocks with at least 7 days shelf life.
- O Neg stocks would be ordered in smaller amounts and more frequently.
- Each morning Diane would inform the crossmatching bench of units of blood, which were very short dated.

We ran the new system for two months and then reviewed our wastage again. By August our wastage had fallen to 2%. This improvement illustrates that changes for the better are there to be made and unless you are aware of your failings things will never change.

If you have a story about an improvement in performance please contact the scheme office.