Open Meeting 2009
Interactive Workshop Summary Feedback

Two workshops were held; one exploring aspects of blood inventory management and the other exploring information transparency. The topics had been identified by participants as being key issues for discussion. The workshops were interactive with discussion in small groups and with feedback at the end of the workshop.

➢ Focus on stock workshop

This workshop explored some of the issues around demand and inventory planning that have challenged both hospitals and blood services during 2008/09. The objective of the workshop is to get the delegates to think about the process of ordering stock, the information required to inform decision making and the outcomes when there is a mismatch between supply and demand.

1. Assessing inventory in hospitals

- A range of staff with a range of experience assess inventory. More experienced staff may vary order from suggested levels against planned workload.
- Requires person undertaking task regularly.
- On call staff tend to raise inventory levels especially O Negative red cells.
- SoPs in place in some hospitals for minimal / optimal stock. Reorder points for all blood groups with associated reorder quantity.
- BMS/MLA training & competences in stock management and simple training in data extraction for BMS/MLAs required.

2. What factors are taken into account when assessing inventory & replenishing ?

- Computerised inventory management system, manual count or guestimate.
- Require regular review of optimum stock levels. Can use BSMS data.
- Historical demand & stock levels should be reviewed.
- Consider allocated, free, satellite inventory.
- O Negative red cells at maximum level, return emergency O Negative in timely manner.
- Traumatic incidents may influence stock holding post event.
- Number of deliveries and distance of hospital from blood service. Extra deliveries contribute to costs.
- Number of ad hoc deliveries for red cells can be an indicator of how appropriate minimum stock levels are.
- Check age of stock.
- Key staff not in laboratory, loss of confidence with stock levels.
- Platelet ordering – clinical staff.
- User groups with local blood service are helpful.
- Online ordering with automatic trigger levels for restocking may help but concerns expressed regarding losing control.

- Advance planning – pre-op clinics, operation lists, MSBOS, lack of communication with laboratories regarding new initiatives.
- Oncology use is increasing but not fed into demand planning
- Seasonality of demand e.g. during school holidays.
- Electronic Issue (EI) may allow less stock to be held – agreement that EI had improved stock assessment & stock levels were reviewed after introduction of EI and had been lowered. 24/48 hour de reservation times discussed. Post-op Hb trigger levels helpful, also review of Hb results early in day by laboratory staff may help with assessing stock

3. What is the outcome when there is a mismatch between supply and demand ? e.g. O Negative

- Increased wastage due to over ordering, blood service overstocking, age at issue, range of expiry dates.
- Requirement for O Negative, difficult to modify orders, may hold a bit less
- Donor fatigue – O Negative
- Increased ad hoc ordering takes place.
- Clinical input sometimes required
- TLM forum – best practice, stock control education & training
- Updated usage & stock holding should be published / available.
- No shortages declared so hospital plans are untested and there is general perception that it won't happen.

➢ Data Transparency

The objective of this workshop was to get delegates thinking about the information the scheme provides and what they as participants would want to see in the future.

1. Future

- Total transparency across UK - ? Interpretation due to different practices.
- Background information – hospital profiles and contacts may be useful.
- Real time stock levels in blood services.
- Concerns that data transparency might restrict transfer of blood between sites since incoming blood may be wasted and contribute to increase in waste.
- Suggestions for a separate "none scoring" waste category of imported and wasted. Would track amount of transferred stock wasted without impacting on wastage at receiving hospital.

2. BSMS Reports / Communications

- Hospitals were generally happy with the communications from BSMS.
- Lack of knowledge of who receives report in hospital. If known can amend distribution if required.
- Is there a need for others within hospital to have access to view data? Suggestion of summary reports for "outside laboratory" viewing. Need to understand context of data.

3. Developments

- Automatic transfer of data (LIMS function).
- Electronic reports.
- Composite reports for pathology networks.
- Frozen components – mixed views as to how useful this would be.
- Advice on target stock levels.

- Time consuming to enter data and produce reports.
- Format own reports and save on website for quick / easy access.
- Facility for exporting to spreadsheet.
- Paediatric information required by specialist hospitals.