

## 2010 Regional Road Shows

### Feedback from participants attending the

#### Stock Management – Routine, Emergencies and Unforeseen Events Workshop

##### **Objectives of workshop**

- To share experience of stock management in a variety of different situations.
- Network with group members.
- To capture learning points for sharing with the wider group.

##### **Workshop Topic Areas**

- Routine stock management – what does it involve?
- Emergencies – are different factors involved?
- Unforeseeable events – Are there any learning points?
- What impact do these areas have on your management of O Negative?

##### **Workshop Feedback**

- **Stock levels**
  - Target stock levels are adjusted regularly based on experience. Stock levels are dynamic.
  - Suggestion that each hospital reviews their stock holding levels regularly, BSMS data can be used to aid review.
  - Wastage figures can be used to drive a review of stock levels.
  - Consider increasing stock to cover weekends.
  - Blood service letters warning of reduced stock levels are useful and can influence stock holding and usage in hospitals.
  - In an emergency use information obtained at the time to determine stock levels required.
  - Consider the proximity of the hospital in relation to the blood service when reviewing stock levels.
  - The use of trauma packs will have an effect on blood stock management and stock levels will need to be reviewed to accommodate their use.
- **Ordering patterns**
  - Place orders with the blood service after the dereservation process.
  - Panic ordering – why? Staff training is key – acknowledge that less experience staff over order and address by education and training.
  - Ordering small amounts often can work for some hospitals.
  - Action levels and predefined order quantities are useful especially for out of hours periods.
  - A SOP should outline quantities to order.
  - Use information about scheduled treatments to generate repeat/recurring orders.

- **Issuing**
  - First unit in = first unit out (FIFO) to facilitate sort units by age.
  - Audit the Maximum Surgical Blood Ordering Schedule (MSBOS) regularly and review.
  - Empower laboratory staff to question and challenge orders.
  - Wastage – transfusion across the ABO boundary – is it appropriate? Review stock levels and consider reducing.
  - Reduce reservation time to 24 hours.
  - Benefits of Electronic Issue – on demand issuing.
  
- **O Negative**
  - Rotate emergency O Negative in satellite fridges frequently allowing longer shelf life when returned to the laboratory.
  - Audit the use of emergency O Negative and review stock holding practice.
  - Discussion around replacing O Negative units with O Positive units – dependent on patient population.
  - Guidelines perceived to work against a reduction in O Negative stock.
  - O Negative emergency units becoming more specialised in terms of phenotyping may mean that less donors meet requirements.
  
- **Remote fridges**
  - Monitor stock in remote fridges frequently.
  - Be aware of what's in the remote fridge and be prepared to bring back if a patient requires.
  - Audit use of remote fridges – is the blood being transfused?
  - Audit O Negative stock holding especially in satellite fridges and remote sites.
  
- **Platelets**
  - Ad hoc or routine stock?
  - Group mix - supply issues regarding group and age (more As required).
  - Leucodepletion not the same as CMV negative.
  - Proactive management – status and whereabouts.
  - Age of units received. Definite feeling that age of units received has increased since processing has been centralised in NHSBT i.e. units received are now older.
  
- **Human Resources**
  - Ensure staff are aware of issues affecting the whole of the supply chain.
  - Ensure enough experienced and trained staff to manage stock – include in competency assessment.
  - Staff – need to be experts – importance of training to laboratory staff and other hospital staff involved in the handling of blood and blood products.

- One person to be responsible for ordering blood (plus deputy). Junior staff can be involved but it is the responsibility of senior staff to order.
- Stock management training for BMSs
- **Deliveries**
  - Essential to make the most efficient use of routine deliveries.
  - Ensure that you are aware of what ad hoc and emergency deliveries are being made and audit their use.
  - Delivery - Majority of hospitals would like a minimum of 2 routine deliveries including some form of weekend delivery.
  - Deliveries number per day needs further discussion possibly by a forum composed of hospital and blood service staff.
  - For emergencies – could NHSBT hold pre-packed boxes of red cells that could be issued immediately?
  - Ice cream type van that visits hospitals and can issue components as required.
- **Collaboration**
  - Share knowledge with others – improves trust.