

2008 Regional Road Show Leeds

Feedback

Clinical/Laboratory Interface Workshops

1. How do clinicians order platelets in your hospital?

(a) Is it per patient?

- One hospital thought their haematology patients were well managed – phlebotomy round at 07.30, samples to lab at 08.30, results back by 10.30, ordering has to be in by 12.00 so that platelets come on the afternoon delivery.
- For one hospital haematology patient requests have to be in by a certain time for bulk order to be place with the blood centre but for the acute wards – no account is taken of platelet ordering systems

(b) Do you have an ordering cut off time – if not why is this?

- Quite a few hospitals had cut off times for ordering and a system in place

2. What would you say has the biggest impact on platelet ordering patterns in your hospital?

- Devolve budget to clinical areas so that clinicians know what they have ordered and what they have wasted. They foot the cost of inappropriate ordering and use
- In a few hospital all requests had to go through the consultant haematologist
- Having a pro-active haematologist is a real bonus, noticeable difference if the haematology consultant was disinterested.

3. What impact if any do you see on your red cell stock management from clinical ordering practices and patterns?

- Not discussed

4. Have you tried changing the clinician's practice? If so what are the difficulties that you experienced?

- Very hard but the presence of a lead consultant for transfusion helps as does having a proactive transfusion practitioner

5. If you have had some success what strategies did you employ to change practice that you are willing to share?

- Sharing stock helps in the management of orders and the inventory
- Helpful if clinicians have more information about transfusion and transfusion practice
- One hospital invites clinicians into the laboratory to improve their knowledge of the laboratory situation – they need evidence and support for their ordering practice.

6. What would be the most useful tool to help you try to change clinician's ordering practice?

- Data feedback to clinicians
- Devolved budget
- Transfusion practitioner
- Education

7. Do you think your use of O Neg is appropriate?

- Useful to know the level of O Neg in the patient population for an individual hospital and then assess O neg usage against this.
- O Neg flying squad units that clinical staff insist are kept in satellite fridges is a major problem for ensuring appropriate use.

8. How can you cut back on your use of O Neg?

- One hospital had removed O neg from all satellite fridges so that the clinical staff had to go to the transfusion laboratory if they wished to use O Neg
- Educating clinicians on the appropriate use of O neg and that it is not suitable for all patients and that blood can be provided relatively promptly on a type specific basis

9. Is it appropriate to reduce the requirement for O Neg in emergencies?

- Not discussed

10. Generate some ideas that you think might help to change your inventory management practice.

- Not discussed

Replenishment and Blood Ordering Workshops

1. What would your ideal way of ordering be for regular orders?

- Electronically using a template form similar to the ones used now. Would require a response – like Amazon. Can also be used to track order.
- Minimum levels set and NBS replenish to that level. This does not take into account any blood that is reserved or special requirements. May need local tweaking.
- Stock holding dependant on hospital speciality, size, geography. One solution does not fit all.
- Time taken from placing of orders to delivery. Some hospitals are required to place their order by 16.00 but delivery is 14.00 next day. This hospital is some distance away from the blood centre and uses ad hoc deliveries regularly. Amount of time required between ordering and delivery is a concern.
- Hospitals have 24/7 working. NBS does not. Would like deliveries to be more tailored to hospital working practices.
- One solution – fax, telephone, email, online does not suit all.

2. What would your ideal way of ordering be for urgent requests?

- As now, with a phone call. Feel that electronic ordering does not give the same degree of security to know that order has been received and is being processed. Able to discuss an estimated time of arrival.

3. What are your views on 'on line' ordering?

(a) What types of orders would it be suitable for?

- Routine orders and non urgent ad hocs

(b) What types of orders would it be unsuitable for?

- Urgent orders and those which require specialist products.

(c) Would you like a confirmation receipt?

- Would need some sort of confirmation that order has been received and that it is being processed. Would be useful in tracking progress of order.

(d) You may need enhancements to your laboratory software, how easy would this be?

- Not sure

4. How would you feel about the NBS issue managers being able to look at your stock levels to ascertain your ordering needs?

- Unable to see reserved units or those in satellite fridges
- Have no problems with the NBS looking at hospital stocks but they will not get an overall view of pending workload
- May be possible to have a routine delivery to increase stocks to minimum levels with a top up later in the day
- May not have knowledge how hospital works or what is happening in real time.
- Clear, unambiguous guidelines required.

5. If you don't agree with this approach what are your reasons?

- See 4 above

6. What would you think of using a national call centre for ordering and queries?

- No

7. Why would you not like the idea of a call centre?

- Hospitals with same name will cause confusion
- No rapport with local centre
- Relationships with local centre
- Little confidence in call centres due to personal experience in other aspects of daily life.

8. What are the reasons for the ad hoc orders that you make?

- Platelets and special products mainly

9. Can you think of changes that you could make that would reduce the number of ad hoc orders?

- More routine journeys. Would like 2 routine journeys per day.
- Platelets ordered by lunchtime by day units. Haematology patients seen to be the ones which require platelets and the medical staff do not order in a timely manner.
- AB platelets available.
- Ad hocs need to be audited to see if they are driven by requirement for platelets.
- Communication between labs and medical teams are key.

10. If *ad hoc* deliveries are driven by platelets would you consider holding a stock of platelets, even if it was just one dose?

- Stock of platelets, only possible in larger hospitals unless on use or return basis
- Given wastage in NBS and the cost of platelets together with cost of ad hocs, is there a better way of managing? Sharing of some of cost?
- Seven day platelets may have an impact

11. The replenishment model may mean that you would have to increase your red cell stock level. How would you feel about this?

- Minimum levels in larger hospitals but not in smaller ones. EI then blood not held in reserve fridge so more accurate stock levels
- Bonded stock may be useful for some hospital networks.

12. Do you think the replenishment model would be suitable for all hospitals?

- See 11 above
- Shorter response time for topping up stock.

13. Vendor managed inventory might be considered by the NBS? How do you feel about this?

- Who would manage it, hospital or NBS?
- MHRA
- Transport issues
- How would the cost be reclaimed?
- May be useful for distant hospitals to use to re stock.
- Delivery van could hold extra stocks which hospitals could request at point of delivery. Would work for close hospitals but not distant – first come first served.