

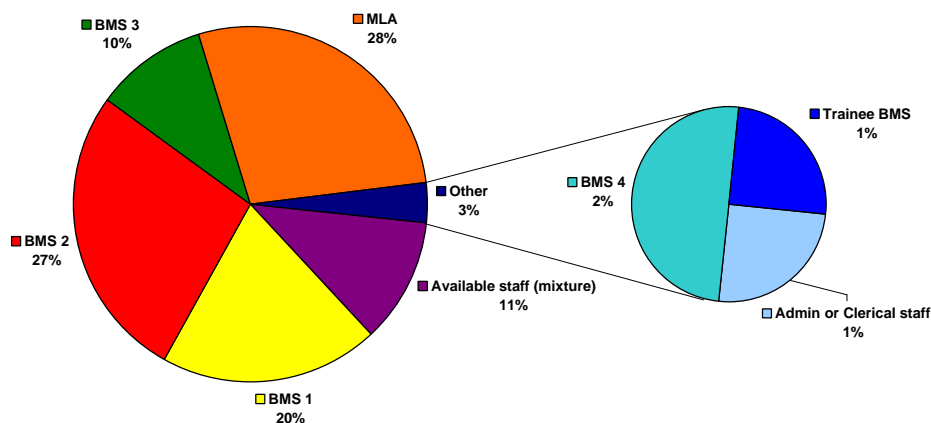
## -- Inventory Practice Survey 2002 --

### Headline Summary

- Information extracted from the BSMS website is distributed and made available to a wide range of hospital personnel.
- All BSMS media was received well, particularly the News Sheet.
- 35% of respondents found participation in the BSMS *often* or *very useful*.
- Many respondents have changed inventory practice through participating in the BSMS. Suggestions for change are included in this report.
- 60% of respondents have implemented, or are planning to implement, BBT initiatives 'peri- and post-operative salvage' and 'lower Hb for transfusion'.
- 46% of respondents indicated that it is routine practice in their laboratory to crossmatch more than 24 hours in advance.

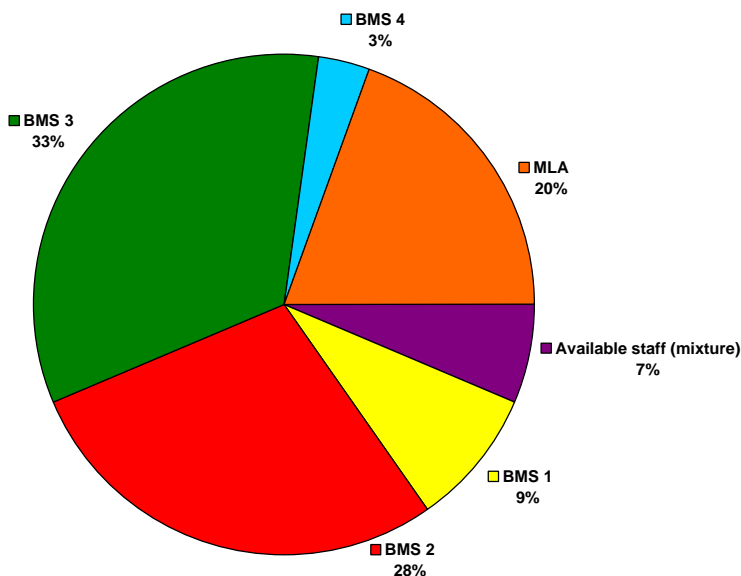
### Section A: How do you make the most of the BSMS?

#### **Who routinely compiles the data for the BSMS?**



The majority of data is compiled by a MLA, BMS 1 or BMS 2 grade (76% combined). Only 12% of data is compiled by a BMS 3 or BMS 4. A high percentage of data (11%) is compiled by a mixture of staff depending on who is available in the laboratory. Very few admin/clerical staff are tasked with data collection.

### Who routinely enters BSMS data onto the website?

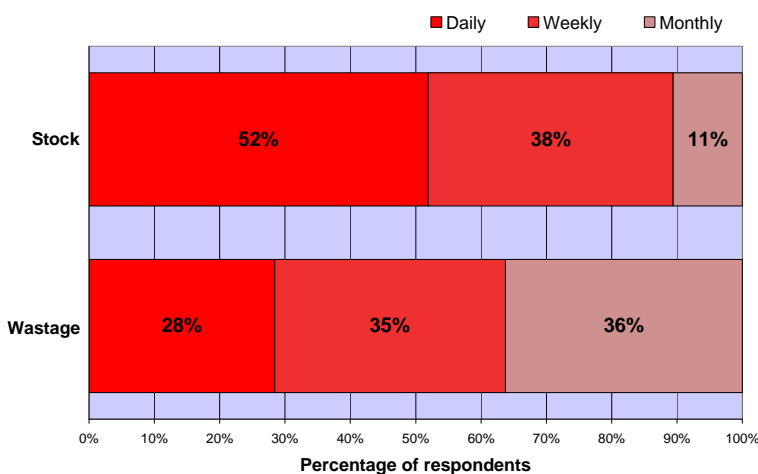


19% of respondents submit data to the BSMS office for entry onto the website and these have been excluded from analysis of who enters data.

Again, the majority of the data is entered on the website by a MLA, BMS 1 or BMS 2 grade (57% combined). However, a significantly higher percentage is entered by a BMS 3 or BMS 4 (36%), more specifically BMS 3, which account for 33% of data entry.

Respondents indicated a difference between the staff who routinely compile the data and those who enter it onto the website. A range of staff compile the data for a BMS 3 to enter onto the website, only 35% of BMS 3 compiled their own data. This is likely to reflect variations in availability of Internet access to staff across the hospitals.

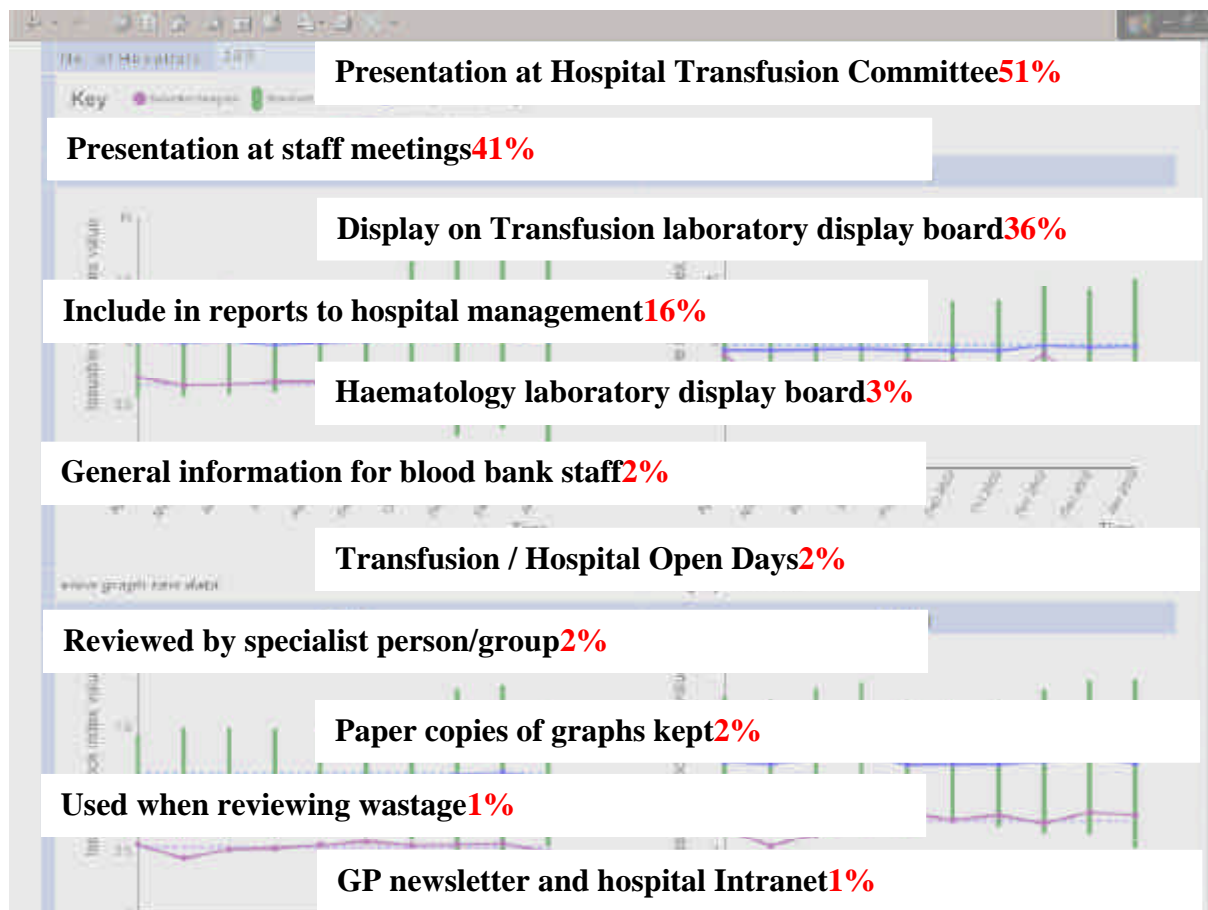
### How often do you plan or intend to enter STOCK and WASTAGE data onto the website?



There are differences between when respondents enter stock and when they enter wastage. The majority (52%) intends to enter stock on a daily basis although only 28% enter wastage on a daily basis. Approximately 35% enter stock and wastage on a weekly basis. The majority of wastage is entered on a monthly basis, although the percentage in each period is equivalent. A significant percentage (11%) intends to enter stock on a monthly basis.

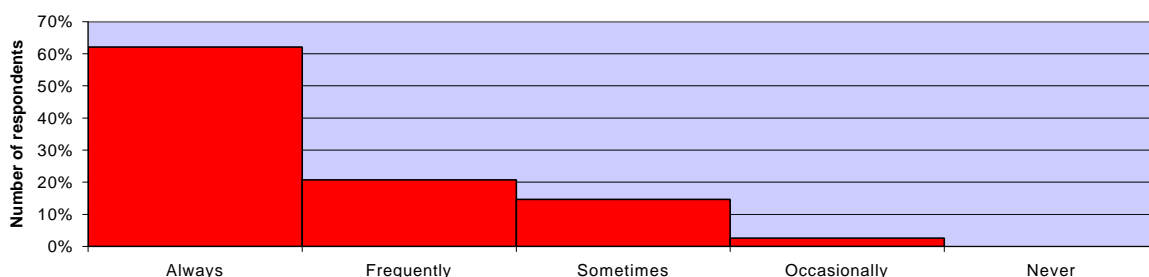
From April 2003, on introduction of platelet data collection and the new data management system, wastage data will be entered on a monthly basis (stock will remain on a daily basis)

## How do you make use of data extracted from the website?



A high percentage of respondents present data either to the hospital transfusion committee and/or at their staff meetings. In general, information from the website is distributed and made available to a wide range of people, which can only raise the profile of stock management.

## Do you read the quarterly News Sheet?



## How do you make use of the News Sheet?

- Put in your BSMS/transfusion file 65%
- Discuss points of interest in transfusion laboratory meeting and take action where appropriate 50%
- Displayed on blood transfusion laboratory notice board 40%
- Passed on to Consultant Haematologist with responsibility for Transfusion 30%
- Brought to attention of members of the HTC 12%

*Other suggestions:*

- Discussed at internal finance meetings.
- Discussed at Quality Circle Meeting
- Placed in transfusion update file
- Wastage highlighted during hospital staff training days.

**How do you rate the BSMS media?**

		<b>Score</b>				
<b>BSMS Media</b>	<b>In terms of</b>	Excellent	Very good	Average	Poor	Very poor
<u>BSMS News Sheet</u>	Information	4%	76%	20%	0%	1%
	Interest	5%	61%	33%	0%	1%
	<b>Overall</b>	5%	70%	24%	0%	1%
<u>BSMS Website</u>	Information	8%	57%	30%	4%	1%
	Interest	9%	48%	41%	1%	1%
	<b>Overall</b>	8%	53%	35%	2%	1%
<u>BSMS Six Monthly Report</u>	Information	7%	71%	22%	0%	1%
	Interest	5%	65%	28%	1%	1%
	<b>Overall</b>	5%	64%	30%	0%	1%
<u>BSMS Annual Report</u>	Information	8%	70%	21%	0%	1%
	Interest	6%	66%	26%	1%	1%
	<b>Overall</b>	6%	64%	29%	0%	1%

All BSMS Media are generally well received, scoring highest percentages in 'very good'. The New Sheet scored most successfully and this is reflected in the high percentage (62%) of respondents who 'always' read it. The website scored most poorly and this has been noted by the BSMS team. The website is under review and we hope to make some improvements soon.

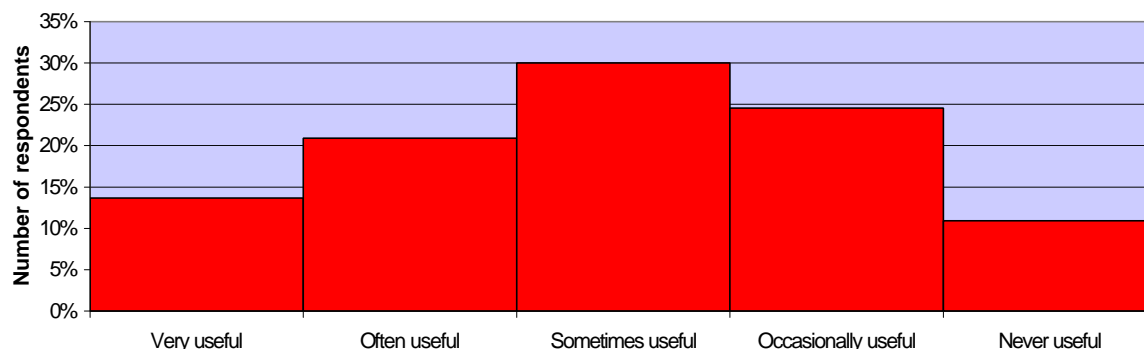
**Where can you access the BSMS website?**

	<b>From another work location outside the laboratory?</b>		
<b>From your transfusion laboratory?</b>	Yes	No	Total
Yes	28%	49%	78%
No	13%	9%	22%
<b>Total</b>	41%	59%	100%

The majority of respondents (78%) can access the BSMS website from their transfusion laboratory and of the 22% that can't, 13% can access it from another work location. Unfortunately, 9% of hospitals still cannot access the website from work. The majority of these are private hospitals.

## Section B: Inventory Management

### **Have you found participation in the BSMS useful in helping you manage your stocks?**



35% of respondents found participation in the BSMS *often* or *very useful* in helping to manage blood stocks. 55% found participation *sometimes* or *occasionally useful* and 11% found it *never useful*. In general, respondents find participation in the BSMS useful.

### **Have you changed Inventory Practice through participating in the BSMS?**

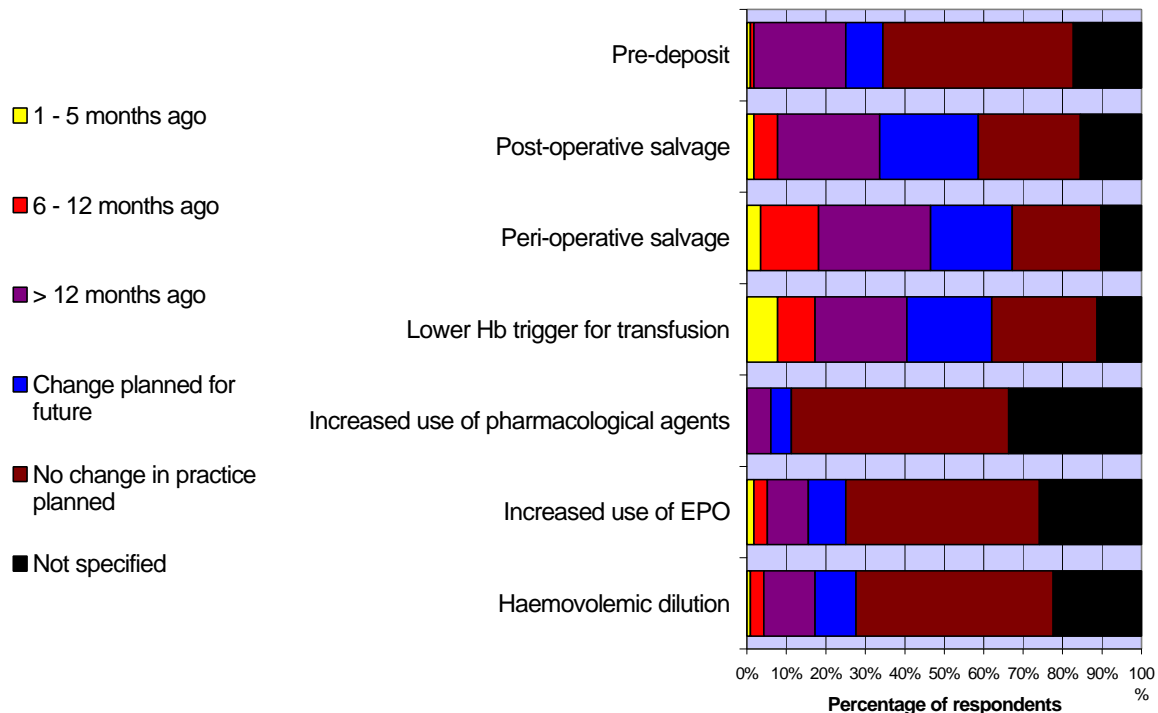
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|--|-----|---|-----|
| • Reduced stock levels   | 44% | • Reduced ordering from the NBS                                   | 28% |
| • Installed a 'stock expiring' notice board  | 20% | • Introduced stock management training for staff                  | 16% |
| • Implemented a MSBOS  | 14% | • Altered management of satellite fridges                         | 9%  |
| • Introduced stock movement around different trust sites or with other local hospitals | 9%  | • Introduced stock rotation                                       | 9%  |
| • Recruited a SPOT   | 9%  | • PRIVATE hospital setting up a sink facility with a NHS hospital | 4%  |
| • Increased stock levels   | 2%  | • NHS hospital setting up a sink facility with a PRIVATE hospital | 1%  |

#### *Other suggestions:*

- Standardisation of transfer of blood with patients within region
- SOP for blood order and table of ideal stock levels
- Refined stock rotation of emergency O Neg (now rotate routinely on 2 week basis)
- Reduced reservation period
- MLA checks stock and informs personnel on XM bench of expiring stocks
- Introduced electronic audit trail for blood outside the laboratory
- Increased staff awareness
- De-requisition of blood on weekends and public holidays

Only 22% of respondents reported that they had made no changes to inventory practice.

**Has your hospital or trust introduced any of the blood transfusion initiatives outlined in the Better Blood Transfusion publications?**



*Other suggestions:*

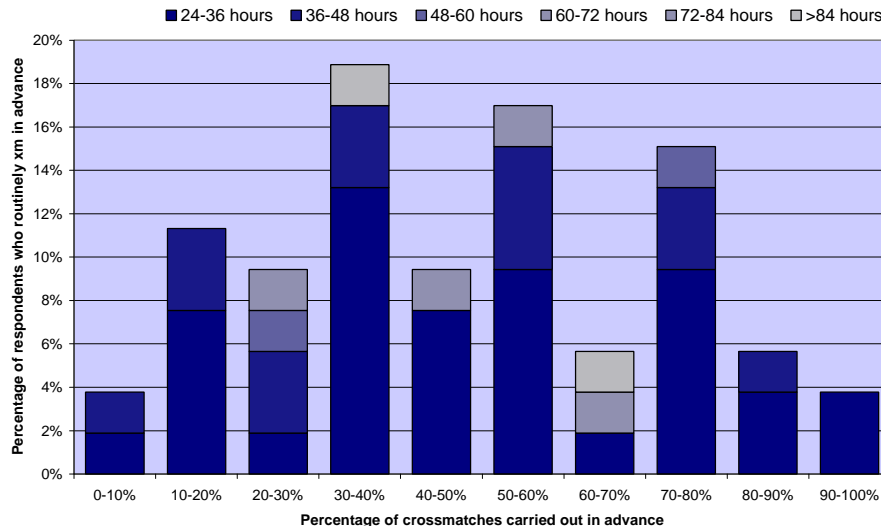
- Corporate Best Practice group set up to address how to implement BBT2.
- Pre-operative prescription of iron tablets for anaemic orthopaedic patients
- Trial of recombinant VIIa in high-risk cardiac surgery.

The most enthusiastically adopted initiatives have been 'Peri-operative salvage', 'Post-operative salvage', and 'Lower Hb trigger for transfusion', implemented or planned for implementation by over 60% of respondents. Other initiatives have been less well accepted: approximately 30% of respondents have implemented or are considering 'Pre-deposit', 'Increased use of EPO', and 'Haemovolemic dilution'; the vast majority of respondents, however, have no change planned. The least implemented initiative has been 'Increased use of pharmacological agents', with only around 10% of respondents planning a change.

## Section C: Crossmatching Practice

### In your laboratory, is it ROUTINE practice to crossmatch more than 24 hours in advance?

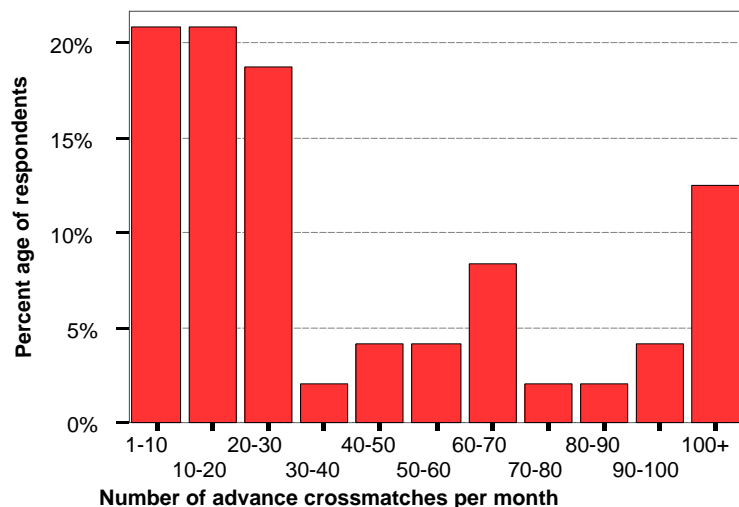
46% of respondents indicated that it was routine practice to crossmatch more than 24 hours in advance. Of these, 60% crossmatched 24-36 hours in advance and 25% crossmatched 36 - 48 hours in advance. 8 respondents (15%) routinely crossmatch greater than 48 hours in advance.



The percentage of crossmatches carried out in advance is variable and shows little connection to the number of hours crossmatched in advance.

### How many advance crossmatches do you perform per month if it is NOT routine practice?

54% of respondents do not routinely crossmatch more than 24 hours in advance. Of those, approximately 60% crossmatched in advance 1-30 times each month. 12% of respondents crossmatched in advance over 100 times each month.



### Why do you crossmatch in advance?

- Patients with irregular blood group antibodies for planned transfusion **61%**
- Use the opportunity of a quieter period in the laboratory **46%**
- Staff shortages at certain times **34%**
- Regularly transfused patients **28%**
- Planned surgery cases for Monday crossmatched on Friday **19%**
- Supply satellite hospital, routine transport runs dictate timings. **6%**
- High stock level **5%**
- Top ups for pre-planned operations **4%**
- Restricted service over weekends **2%**
- Pregnancy complications **1%**