



“The old saying of “if you don’t measure it you can’t improve it” is certainly true in this case. The additional wealth of knowledge that BloodTrack has given us has helped enormously in being able to target those areas that needed support most.”

*Debbie Asher
Blood Bank Manager, NNUH*

BloodTrack[®] brings unexpected benefit to Norfolk and Norwich University Hospital

Background

The Norfolk and Norwich University Hospitals NHS Foundation Trust (NNUH) is a large and very well respected teaching hospital with over 1,000 acute beds and 27 operating theatres. It treats over 700,000 patients a year and is the 10th largest user of red blood cells in the UK.

Challenge

Debbie Asher, blood bank manager at NNUH, says that the initial decision to implement an electronic method of blood tracking was to satisfy the requirements of the Blood Safety and Quality Regulations (BSQR), particularly relating to cold chain traceability. After an extensive investigation, NNUH selected the Haemonetics[®] BloodTrack[®] system (BloodTrack Courier and BloodTrack Tx) because as Debbie states, “it was the only solution that satisfied the demanding requirements of the Trust.”

As the standard of care for most hospitals in the UK, the BloodTrack Remote Inventory and Bedside Transfusion Management System provided the final steps of complete vein-to-vein history by ensuring traceability from receipt to final fate. Patient safety was also enhanced as the BloodTrack Tx module verifies the *right* blood is given to the *right* patient using barcode-point-of-care (BPOC) and positive patient identification technology.

Solution

While the patient safety benefits were realised immediately after go-live, what NNUH had not expected was the insight that the BloodTrack system provides into the hospital's blood management practices. Apart from the necessary blood unit traceability required for the BSQR's (and of course MHRA), the BloodTrack system was easily able to provide actionable information on who was doing what, where, and when. It was therefore invaluable in highlighting where the Trust could improve its procedures so that Debbie could target training where it was needed most – a highly desirable outcome as resources for transfusion safety are scarce. Debbie explains:

“ As we now know where transfusions are given in real time we can target training to specific areas and around specific issues supported by the alerts we receive from BloodTrack Manager.”

During 2010 alone, BloodTrack correctly identified at least four incidents of mismatches between patient wristbands and blood unit compatibility labels. Another major benefit for the Trust in introducing BloodTrack Tx was to be able to implement single nurse checking. Once again allowing NNUH to redirect valuable resources to where they are needed most.

Results

Traceability has continued to improve since the implementation of the BloodTrack Tx barcode point-of-care (BPOC) system. As an example, the integrated BloodTrack system enables “Pick up slips” to be generated from the patient's own wristband at the bedside that are used to electronically verify the right blood is removed from the issue fridge eliminating another potentially frequent source of error. Debbie reports that in 2008 the transfusion service was receiving an average of three calls a month due to incorrect patient details being uncovered during the final bedside check, resulting in delayed transfusions and blood being out of controlled storage for prolonged periods of time. These issues are now flagged and can be addressed before the blood leaves the main issue fridge. Using the BloodTrack system, audible alerts are generated in the blood bank by BloodTrack Manager so potential problems can be solved before the blood leaves the main issue fridge resulting in safer, more timely transfusions.

