PATIENT BLOOD MANAGEMENT

THE VALUE OF AUDIT IN INFLUENCING CLINICAL PRACTICE

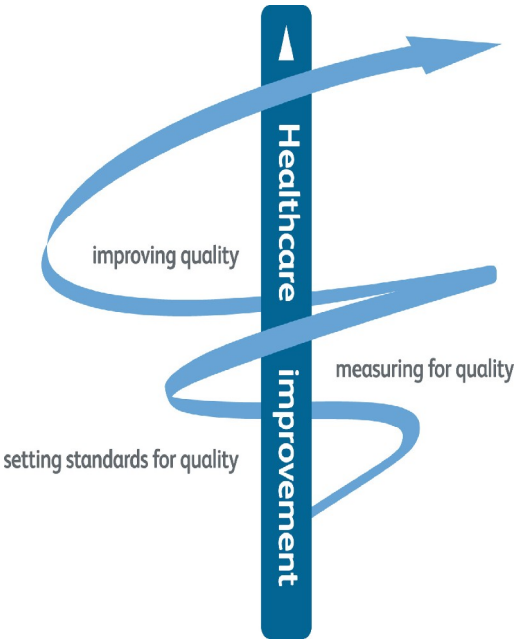
Dr Megan Rowley

National Comparative Audit of Blood Transfusion

Clinical audit measures quality

- We need to know what we are doing so that we can work out how to improve
- We can use existing transfusion networks to measure transfusion practice in hospitals against standards taken from national guidelines
- Understanding reasons for variation and learning from best practice leads to improvement in quality of care to patients

"The Quality Spiral"

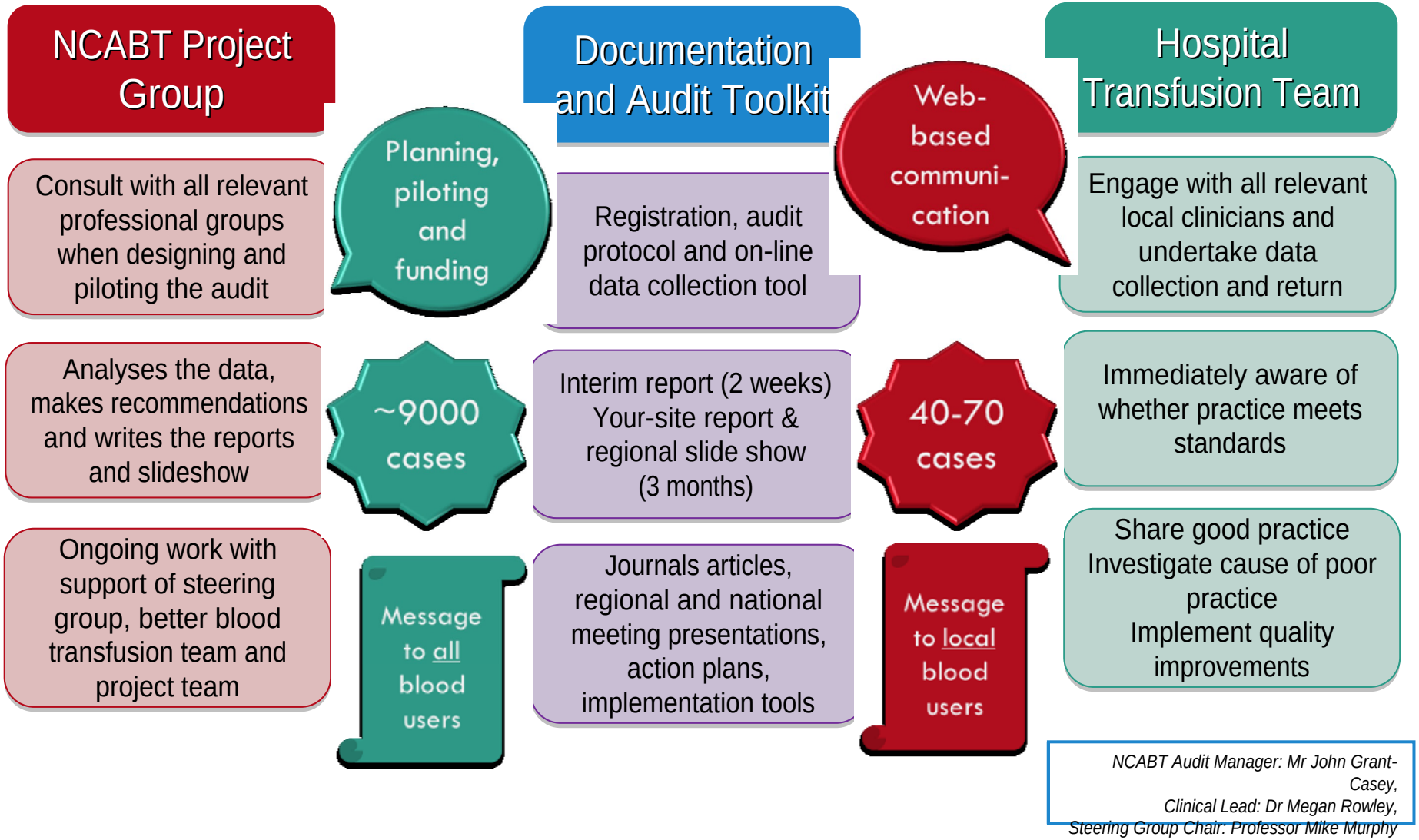


NCABT is a joint programme between NHSBT and Royal College of Physicians Clinical Effectiveness and Evaluation Unit (CEEU) and covers transfusion practice in the UK

NHS Blood and Transplant

CLINICAL STANDARDS
Royal College of Physicians
Setting higher medical standards

Why national audits are effective



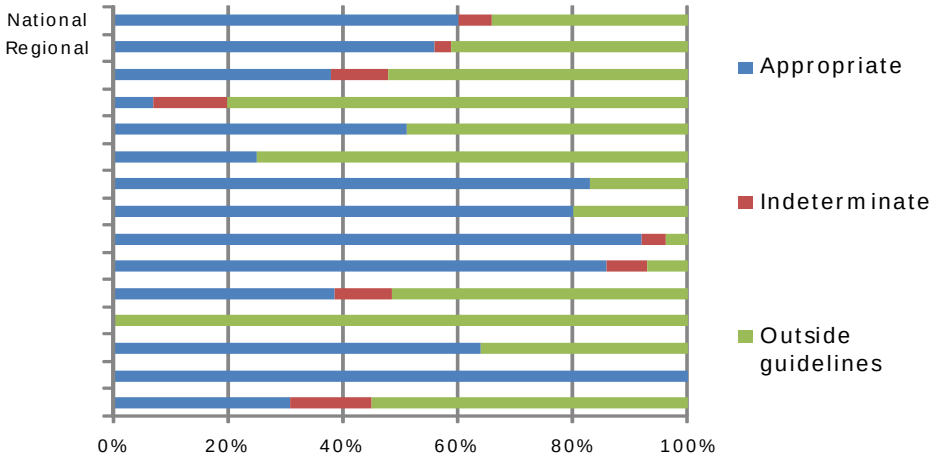
NCABT Audit Manager: Mr John Grant-Casey,
Clinical Lead: Dr Megan Rowley,
Steering Group Chair: Professor Mike Murphy

Generalise from high-use areas….

Summary of national comparative data from 2010 audit of platelet use in haematology patients

Reason for Transfusion	Audited episodes in each category	Appropriate	Indeterminate	Outside guidelines
Prophylactic	69%	60%	6%	34%
Pre - procedure	15%	64%	13%	23%
Therapeutic	13%	84%	12%	5%
Unclear	3%	0%	100%	0%

London RTC comparative data on prophylactic platelet transfusions (2011)



Junior doctors prescribe platelets

Haematology doctors advise non-haematology doctors about platelet use

Guidelines are old and do not take into account new diagnostics or new treatments

BMS are not always empowered to challenge inappropriate requests

Implementation group

- Target prescribing information at junior doctors
- Use of national indicator codes to justify/challenge platelet requests
- Use of different media – posters, bookmarks, smartphone apps

NCABT Audits of the Use of Platelets in Haematology Patients 2010
Clinical Leads: Drs Lise Estcourt and Janet Birchall

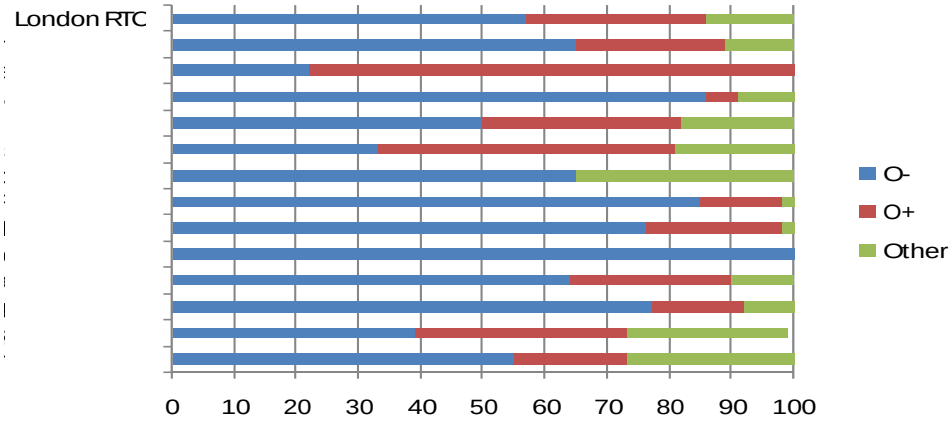
…and concentrate on the 'big wins'

Demand (8-25% O- issues) is greater than supply (8-12% O- donors)

2 national audits of O RhD negative RBC use in 2008 and 2010

Stock Management
Emergency Use
Special Requirements

London RTC: 2010 comparative audit data on who gets O negative red cells



- Only 5.5% of O- is used in emergency transfusion but often >2 units are given

  SOLUTION: rapid blood group, give group specific RBC earlier
- Most O negative blood given to non-O negative patients is given because it would be wasted time- expired

  SOLUTION: Stock less O-
- Patients with RBC antibodies who need phenotyped RBCs often get O- instead of own group

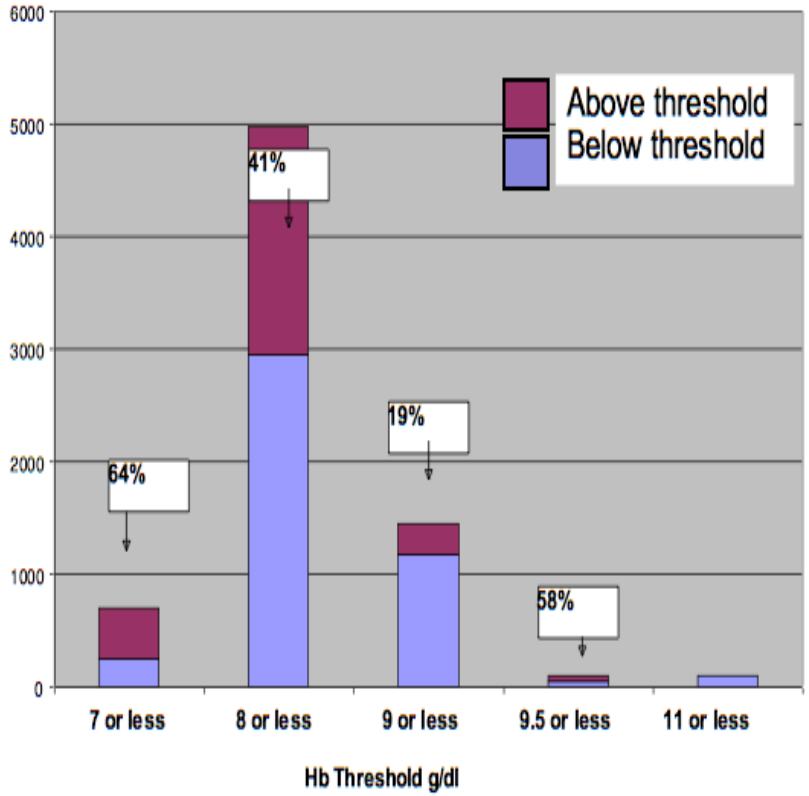
  SOLUTION: Blood service to phenotype more non-O RBC units

NBTC and NCABT Audits of the Use of O RhD negative Red Cells
Clinical Lead: Dr Dora Foukaneli

Go beyond previous audits……

- Use of blood in anaemic medical patients looked at;
  - Alternative treatment of anaemia (especially iron deficiency)
  - Transfusion above the recommended trigger
  - Over transfusion
- Second part of audit – using local physicians as the final arbiter of whether the transfusion was justified or not

2012 National audit data; patients transfused above or below different Hb thresholds



NCABT Audit of the Use of red cells in medical patients
Clinical Lead: Dr Kate Pendry

Audit feedback: managing change

- How do we ensure that audit recommendations are implemented at a local level?
- Audit is only a snapshot but should be designed to be a representative sample
- Always room for improvement, even with good audited practice

Ownership
Of the problem by the HTC, of the solution by the relevant staff group and of the budget!
Inappropriate use = wastage = ££££

Quick Audit
A series of focused audit tools to re-audit after a change in practice.

Immediate results.

Research
The most effective methods of feedback after audit to influence change

Audit in Patient Blood Management

- Use audit to measure and understand practice so that improvements in patient care can be made
- Make audit as easy as possible for transfusion teams so participation remains high
- Provide implementation tools for local use that are effective and sustain improvement
- Use other methods of continuous data collection to monitor blood usage
- Involve patients in audit and make patients aware of audit findings as another driver for improvement