Blood Counts

Volume 8, Issue 2, July 2011

Request Approval Process for IVIG – A Job Well Done!

Over the past several years, the use of IVIG in Canada increases at a steady rate of about 7 to 10% each year. In addition, there has been concern over the appropriateness of the use of IVIG. In an effort to optimize the appropriate use of IVIG the Atlantic Collaborative IVIG Utilization Working Group (ACIUWG) developed an IVIG request approval system in 2009/10 which Nova Scotia implemented in November 2009.

Method: With the request approval process all initial requests for IVIG in adult neurological and hematological conditions are reviewed to determine if the indication, as well as the dosing, frequency and duration of treatment meet the guidelines for its use. In the event of an incongruity, the ordering physician is contacted and discussion ensues regarding the discrepancy. If the ordering physician continues to support this variation, he or she is asked to discuss the case with a clinical expert in the specialty. Each request is assigned a request approval number based on the "pathway" the request took prior to IVIG being issued which are recorded and submitted to the NSPBCP. The neurological and hematological guidelines have been developed by the Atlantic IVIG Clinical Experts Working Group and are based on those published by the National Advisory Committee on Blood and Blood Products in Transfusion Medicine Reviews in 2007.

The IVIG data submitters of Nova Scotia identified the request approval pathways of the 46 initial requests during the period of November 2009 to March 2010. Thirty nine (84.8%) requests were for hematological and neurological indications and met the guidelines upon initial submission. Seven requests (15.2%) were not applicable to this process as they were for indications not listed in the guidelines.

The utilization management in Nova Scotia has had other successes as well. There has been a decline in the distribution of IVIG in Nova Scotia by 2354 grams in 09/10 from the previous year or approximately 2% whereas the distribution in Canada (excluding Quebec) increased by 7% .

The use of IVIG for Unlabelled not indicated indications decreased from 3.3% of the total IVIG used in 08/09 to 2.6% in 09/10. The use of IVIG for appropriate indications (Labelled and unlabelled but indicated) during 09/10 improved to 96.8% of the total use; it was 93.2% of the total use of IVIG in 08/09. The use of IVIG for cases with insufficient information for the categorization of appropriateness decreased to 0.7% of the total use during 09/10; it was 3.5% in 08/09.

In Nova Scotia 9.2% of doses during 09/10 were higher or more frequent than recommended. This is an improvement from 08/09 when 18% of doses were given higher or more frequent than recommended. In a nutshell, Nova Scotia is meeting the strategic target goals set by the NSPBCP and it is all because of the team work in the province. **Excellent job, thank you for your continued support!**

Tabassum Ata Quraishi, MBBS, MHA
Utilization Management Coordinator

In This Issue

Canadian Blood Services Builds New Maritime Production Facility in Dartmouth, NS

On March 31, 2009 Canadian Blood Services announced a $38-million investment in the Atlantic Region to update the existing infrastructure within Atlantic Canada and reflect current and future business requirements of the organization. The plan includes a new, state-of-the-art production/distribution facility to serve the Maritime Provinces.

Picture taken May 5, 2011

It has been two years since the announcement and the building is taking shape. The new facility is located at lot #1140 on John Savage Drive in the Burnside Industrial Park in Dartmouth. This site was selected for many reasons including:

- Access to multiple highways
- Access to public transit
- Access time to the airport
- Safe work environment
- Staff parking
- Cost

The structural steel work has been completed, the floors have been poured and electrical and plumbing installations are underway.

The new facility layout has been designed using LEAN manufacturing principles which include an unidirectional flow for product and staff and pull vs. push methodology. The prototype processing line was developed and verified for capacity at Network Centre for Applied Development (NetCAD) – the Canadian Blood Services development lab in Vancouver.

Currently the site is anticipated to open in the fall of 2012. Regular updates on the building progress will be provided to our Hospital Customers.

For more information please contact Dorothy Harris, Hospital Liaison Specialist at 506-648-5054 or 1-888-992-5663 or by email dorothy.harris@blood.ca.

Dorothy Harris
Hospital Liaison Specialist, CBS

Upcoming Events

AATB 35th Annual Meeting
Scottsdale AZ September 8 - 12, 2011

AABB Annual Meeting & CTTXPO 2011
San Diego, CA October 22 - 25, 2011

"Blood Matters" 2nd Annual Fall Education Day
Weather Watch Room, Dickson Bldg
QEII Health Sciences Centre
November 4, 2011

Canadian Society for Transfusion Medicine (CSTM) Conference
Halifax, NS May 24 - 27, 2012

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Halifax Hosts CSTM Annual Conference in 2012

Mark your calendars! The Canadian Society for Transfusion Medicine (CSTM) annual conference will be held in Halifax, May 24-27, 2012 at the Halifax Marriott Harbourfront Hotel.

This conference is held in a different Canadian city each year. Halifax last hosted the CSTM conference in 2003. In choosing the theme for the 2012 conference, the local planning committee felt it important to have a conference that highlights the many initiatives within the transfusion medicine field that start and end with the patient as the focus. The scientific program and workshops are being developed incorporating the 2012 theme: "Bench to Bedside: It's Time".

Registration will be open in early spring 2012. CSTM members benefit from a reduced registration fee for this conference. If you are not currently a CSTM member, please visit www.transfusion.ca for more information on the benefits of CSTM membership.

If you are interested in advancing and sharing your knowledge in transfusion medicine, obtaining continuing education credits, networking with colleagues from across the country and experiencing great 'down-east' hospitality, then the 2012 CSTM conference is for you!

It is anticipated that the conference website will be live this fall. Until then, all inquiries may be directed to the following e-mail address: 2012info@transfusion.ca.

Cheryl Doncaster

Co-Chair, CSTM 2012 Planning Committee

Accreditation-Round II

Nova Scotia's District Health Authorities and the IWK are preparing for ***Round II*** of assessment by Accreditation Canada. DHA 5 and the IWK were assessed in May. Lookback, traceback and recall procedures were of interest to the assessors with a particular focus on patient disclosure in the event of product recalls and withdrawals.

Knowing this, representatives from the Patient Safety Institute of Canada (PSIC), the Department of Health and Wellness and Canadian Blood Services were invited to speak at the combined Quality Specialist and Nursing meeting held June 22, 2011. Awareness was increased and resources shared to assist with such inquiries during inspections. The primary take home message is "***Decision making to inform the patient is a team effort and you are not alone".***

Adverse Events Disclosure is a required organizational practice of Accreditation Canada so each DHA/IWK is **required** to have a Disclosure Policy. The BTS and all departments in general can satisfy Accreditation Canada inquiries of informing patients, by having a policy in place to link "informing the patient" of look back/trace back/recall findings to the DHA/facility Disclosure policy. *Thanks to Karen Agnew (DHA5) and Kathy Gough (IWK) for sharing your ACC experiences and highlighting the need!*

Below are links for more information on N.S policy and PSIC:

http://www.gov.ns.ca/hpp/publications/cdc_section_4.pdf

http://www.patientsafetyinstitute.ca/English/toolsResources/disclosure/Pages/Draft-of-revised-Canadian-Disclosure-Guidelines.aspx

Happy summer!
Wendy Varrence
Laboratory Standards Coordinator

Blood Warmer Use in Massive Transfusion in Nova Scotia

Background

The Guideline for Massive Transfusion in Nova Scotia advises warming of RBCs and plasma. A survey was conducted to determine the current practice regarding the warming of blood components in Nova Scotia.

Nova Scotia is comprised of 9 District Health Authorities (DHAs) and the IWK. Each of the lead facilities in the DHAs/IWK has a minimum of 2 warmers.

Method

The survey was distributed via e-mail to 1883 professionals (anesthetists, nurses, and perfusionists) employed in acute care facilities. The survey was anonymous except for information pertaining to DHA, facility and specialty area of the respondents.

Results

A total of 439 surveys were completed for a response rate of 23%. Excluded from the survey analysis were:

- 7 of the respondents (1.6%) did not provide information to identify their respective DHA.
- 54 respondents (12.3%) indicated they do not administer blood components.

The remaining 378 (86.1%) respondents included in the survey analysis were representative of the distribution percentages and provided representation from all DHAs/IWK. (Nurses=90%, anesthetists=9% and perfusionists=1%)

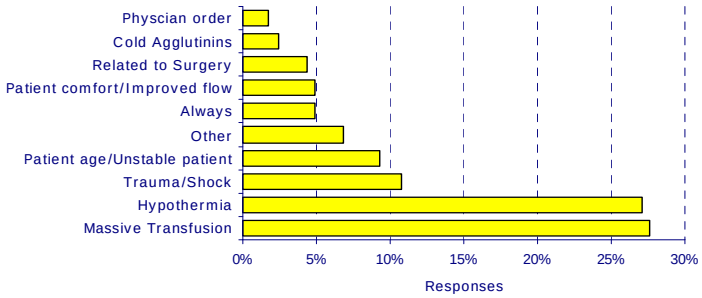
All questions in the survey were not mandatory therefore the response rate to each question varied from the total number of respondents.

- 114 of 378 (30%) respondents are unaware blood warming equipment is available at their hospital.
- 101 of 127 respondents provided how they would warm blood components if their hospital did not have the warming equipment.

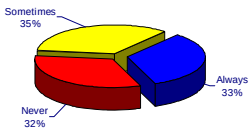
How would you warm blood?	
• Unsure/No Experience	42.6%
• Blood should not be warmed/leave at room temperature	26.7%
• Use alternate method (body heat/warm water/warm blanket/blanket warmer)	17.8%
• Warming done in BTS	10.9%
• Other (transfer patient, call educator)	2.0%

- 8 of 132 respondents (6%) were aware that the maximum temperature for a blood warmer is 42°C (range of answers was 15°C-43°C)
- 138 of 241 (57%) respondents who reported their facility has blood warming equipment felt comfortable with setting up of the equipment.
- 102 of 241 respondents provided what they would change about the blood warmer:
  - More training/easier to use/device is too large/other = 56%
  - Nothing to change = 41%
  - Device needs to be more accessible = 3%

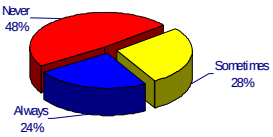
- Reasons provided as to why blood components are NOT warmed in a Massive Transfusion setting:



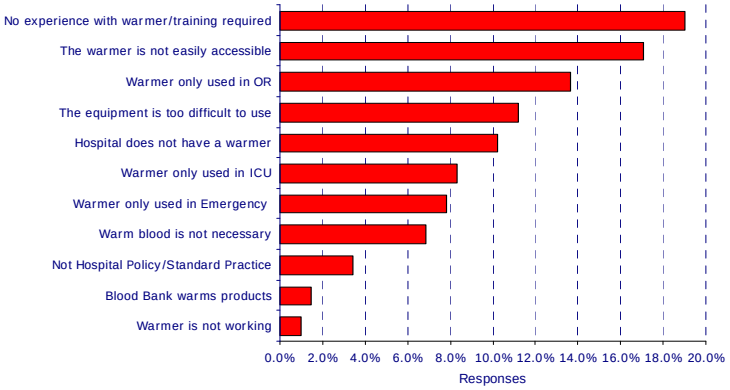
- The respondents provided how often RBCs are currently warmed in a Massive Transfusion setting.



- The respondents provided how often plasma is currently warmed in a Massive Transfusion setting.



- Reasons provided as to why blood components are NOT warmed in a Massive Transfusion setting



Conclusion

The health care providers involved in administering blood transfusions identified unfamiliarity with the blood warming process and equipment. The results of the survey indicate education regarding the indication for warming blood, use of appropriate equipment and the location of the equipment is necessary.

Sue Cairns RN, BN
Utilization Transfusion Practice Coordinator