2016-03-09

Dear Customer:

As part of Canadian Blood Services’ ongoing efforts to understand utilization and share best practices, our Hospital Liaison Specialists conducted a survey in fall 2015 with 53 hospitals to try to find best practices to share around management of platelet inventory. The goal of this survey was to identify ways to decrease the number of platelet units that are discarded. Thank you to all that provided responses to 16 survey questions. We are pleased to highlight best practices below with all hospital customers.

Below are the platelet utilization and inventory management best practices provided by your peer hospitals from across Canada. We encourage all hospitals to consider implementing any best practices listed that your hospital does not already employ.

1. **Blood Groups**
   a. Give group specific and group compatible platelets.
      i. Hospitals should have a policy in place regarding ABO substitution when platelets with compatible plasma are not available. (Reference – CSA Standards Z902-15 December 2015, article 10.7.7) Further, the policy may describe steps to minimize potential risks associated with the transfusion of group O platelets to a non-group O at-risk patient. Some steps implemented by hospitals surveyed include plasma volume reduction for neonatal/pediatric patients, or performance of an anti-A and anti-B titre.
   b. Hospitals should have a policy regarding the transfusion of Rh positive platelets to Rh negative patients, particularly for pediatric patients or women of child bearing potential. That policy may include recommendations regarding the administration of Rh Immune Globulin. (Reference – AABB Standards 29th edition, article 5.15.2.1)

2. **Redistribution**
   a. If possible, share platelet inventory that is soon to outdate, with other hospitals.
   b. Canvas other hospitals for platelets prior to ordering from Canadian Blood Services (subject to available redistribution practice).
   c. Leverage existing resources and consider participating in any available platelet redistribution programs.

3. **Standing Order / Inventory Review**
   a. Implement minimum and maximum inventory levels for platelets.
   b. If possible, abandon use of standing orders for platelets. Order as required to keep minimal stock.
   c. If standing orders are used, routinely review platelet requirements and revise standing orders.
   d. Adjust platelet inventory based on utilization trends.
   e. Educate and reinforce with transfusion medicine lab team the rationale for inventory levels and/standing orders.

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4. Clinical

a. Frequently review the daily HLA-matched platelet requirements with physicians and nurses on patient care units.
b. Maintain a roster of all post stem cell transplant patients and review platelet counts daily to assess current and future needs. Allow technologists to release and reassign platelets according to patient needs.
c. Routinely review patient platelet counts when platelet transfusions are ordered.
d. Incorporate the use of a data analytics dashboard (or other analytics system) to predict patient demand.
e. Regularly perform utilization audits.
f. Require a physician order to transfuse a patient before requesting product from the blood provider.
g. Consider implementing a CMV safe policy for all patients to avoid ordering CMV seronegative platelets. (Reference – http://www.nacblood.ca/resources/guidelines/CMV.html)
h. Consider transfusion medicine department representation at cardiac rounds or other medical rounds to emphasize the need for better communication between surgeons, anesthetists and the transfusion medicine lab regarding patient specific platelet requirements.

Management of platelet inventory is a complicated topic, but Canadian Blood Services hopes that working together within the blood system, we may be able to further highlight and incorporate best practices to better manage these resources.

Publications of interest


This Customer Letter can also be viewed at www.blood.ca in the “Hospitals” section.

If you have questions about this Customer Letter, or if you require it in an accessible format, please contact your local Hospital Liaison Specialist.

Sincerely,

Dana Devine, Ph.D.
Chief Medical & Scientific Officer