Blood System Inventory Management Best Practices Guide – New updates

Canadian Blood Services is pleased to announce that an update to our Blood System Inventory Management Best Practices Guide has been released. The update includes:

1. Information about the importance of data for effective inventory management and the benefits for hospitals that use red cell demand trend graphs and definitions for average daily red cell demand (ADRD), and inventory index (II).
2. Recommended K negative target red blood cell inventory levels to provide K negative RBCs for women of child bearing potential, aligning with international recommendations.
3. Recommended antigen negative target RBC inventory levels for other RBC antigens have been updated based on hospital annual RBC transfusion rates.

The first update may be very useful for hospitals: “Tracking and monitoring the ADRD and II will assist hospitals with optimizing their target inventory levels to better match actual demand and reduce outdates”, explains Cheryl Doncaster, senior project manager, Canadian Blood Services.

The second updated guideline provides recommendations for hospitals who wish to adopt the practice of routine transfusion of K negative RBCs to all females of childbearing potential. Many international guidelines make this recommendation.

“Providing K negative red cells to female patients of child bearing potential is feasible in Canada in most cases without the requirement for additional antigen testing by hospital transfusion services,” says Dr. Gwen Clarke, associate medical director, Donor and Clinical Services.

The third update is based on a change that took place in March 2018 when Canadian Blood Services began printing “tested-once” antigens on our RBC end label. This change allowed us to automate a manual process, and removed the need to manually apply a tag for “tested-once” RBC extended antigens. This change improved the number of RBC antigens printing on the end label, and reduced the need for hospital customers to perform antigen-typing using expensive RBC antisera. If hospitals choose to follow the updated recommendations, there is potential to reduce the turnaround time to provide antigen negative RBCs for patients with the more common newly identified clinically significant RBC antibodies (anti-E, anti-c, anti-K).

The updated guide once again includes a poster version, and all resources are available here.
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