Improving Type And Screen Specimen Collection Prior To Elective Surgery

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Project: Blood Bank - Elective Surgery Type & Screen

Countermeasures

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Outcomes

Main causes for delay in the availability of compatible blood for OR cases:

- No current Type & Screen
- Patient has a positive antibody screen
- Lack of pre-screened antigen negative RBCs

Problem/Impact Statement:
100% of scheduled elective surgery patients requiring transfusion will have a type and screen specimen 24 hours prior to surgery.

Scope:

In scope: Maine Medical Center (MMC) elective surgeries
Out of scope: Elective surgeries other than MMC

Goal/Objective:

Overall Goal: The goal is to prevent any delays in providing compatible blood products to scheduled surgical patients.

Baseline Metrics/Current State:

- Lack of physician awareness.
- Lack of supporting systems, identifying which cases are at high risk.
- Fragmentation of patient care.

Root Cause Analysis:

Plan

Standard

Type and Screen
- Good for 3 days once completed
- Should be completed at least 24 hours prior to elective surgery

Extended Specimen Program
Type and Screen
- Good for up to 2 months if patient criteria met
- Should to be completed at least 24 hours prior to elective surgery

Executive Sponsor: Mark Parker
Facilitator: Haley Pelletier

Team Members: NorDx Blood Bank Staff, Bramhall Campus, Suneela Nayak, Stephen Tyzik, Ruth Hanselman

Execute

Study

Next Steps

- Continue to offer the ESP to additional providers
- Awareness of master surgical list associated with Blood Bank ordering practice criteria.
- Develop a process whereby the master surgical list of procedures requiring a type & screen is incorporated into the PREP workflow such that these patients do not end up in surgery without a type & screen if indicated.
- Complete EPIC ESP electronic documentation

Team Members: NorDx Blood Bank Staff, Bramhall Campus, Suneela Nayak, Stephen Tyzik, Ruth Hanselman

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