



Survey Results

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South West Regional Transfusion Committee

SOUTH-WEST RTC SURVEY ON HOSPITAL PLASMA AND PLATELET USAGE

INTRODUCTION

A survey was sent to all transfusion laboratory managers within the South-West RTC.

The survey consisted of two generic questions, followed by nine questions relating to plasma usage, and seven questions on platelet usage.

AIMS

- To have a better understanding of stock holding and wastage across the region.
- To understand how platelets and plasma are ordered.
- To understand which platelet groups are transfused.
- To understand which sites supply Air Ambulances, and if there is an increased wastage noted

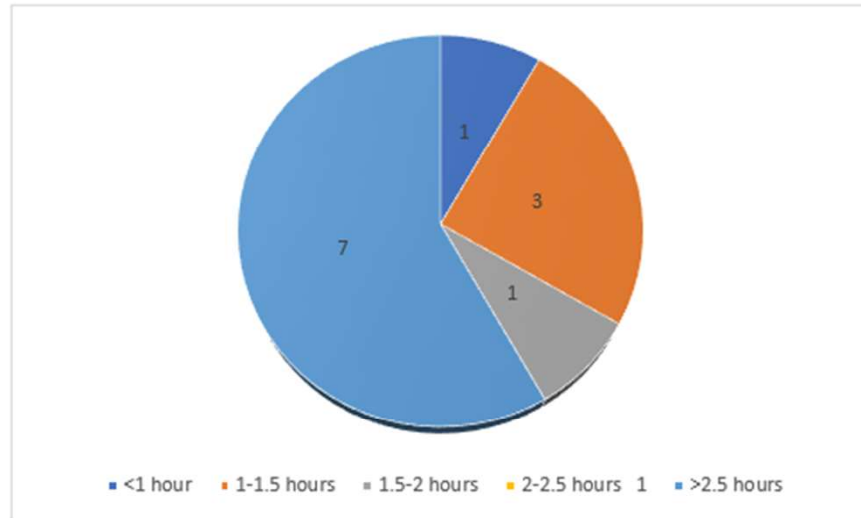
RESULTS

13 responses were obtained from a total of 17 sites (76%).
2 sites were major trauma centres.

Following charts summarise the results. Further information is available on request.

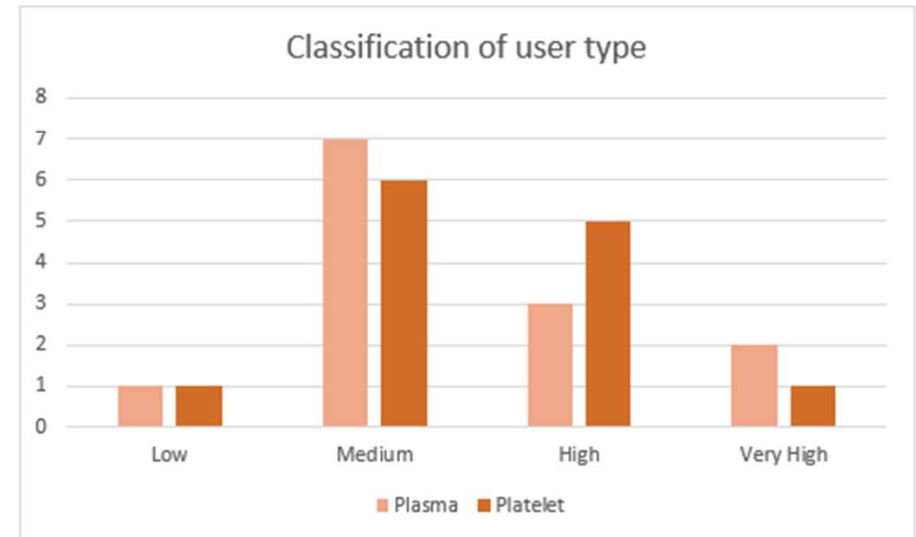
All data is anonymised.

SLA times with NHSBT for *ad-hoc* deliveries



Due to our unique geographical location, majority are greater than 1.5 hours (6)

Hospital user type



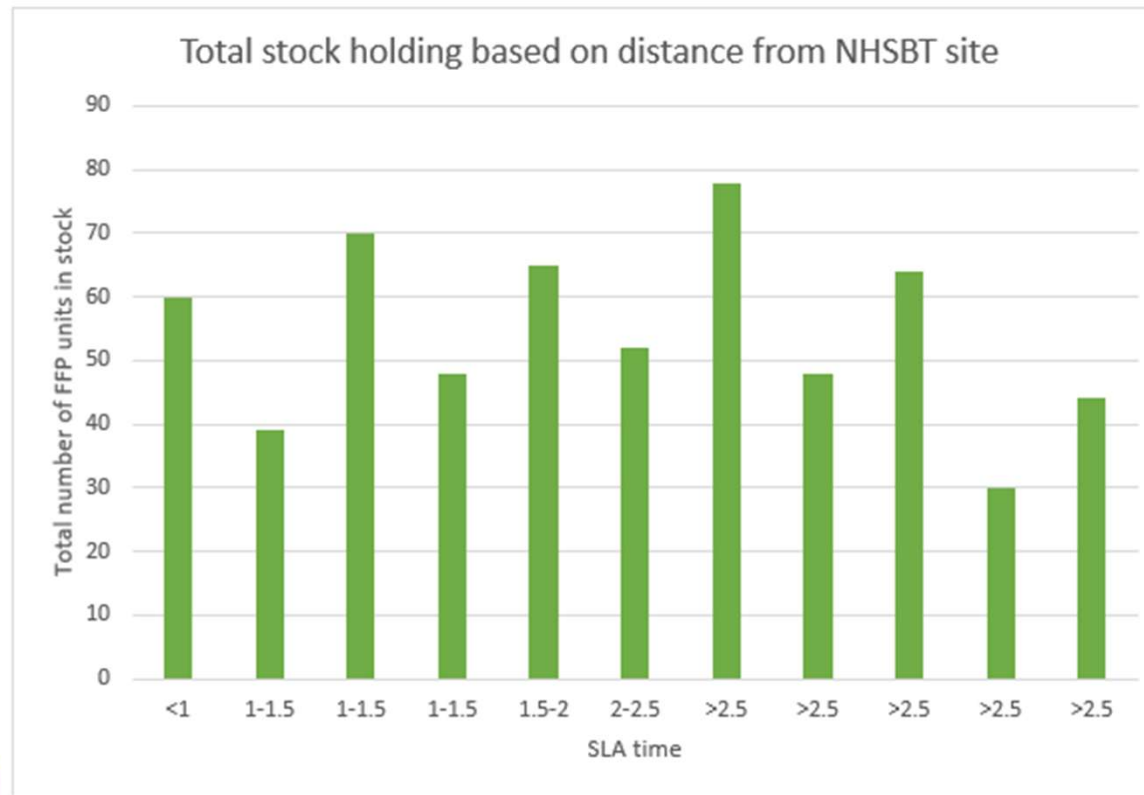
PLASMA (FFP)

1. How many units are ordered on average per month?

| | |
|---------|-----|
| Min | 7 |
| Max | 800 |
| Average | 110 |

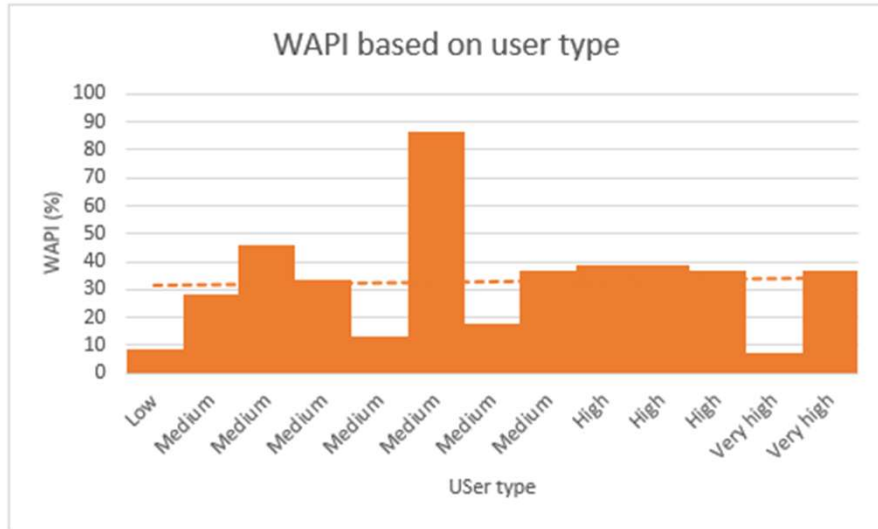
2. How many units of the FFP is in 'routine stock'?

| | | |
|----------|-------|--------------|
| Group O | 8-22 | (average 16) |
| Group A | 10-22 | (average 17) |
| Group B | 4-17 | (average 10) |
| Group AB | 4-20 | (average 12) |

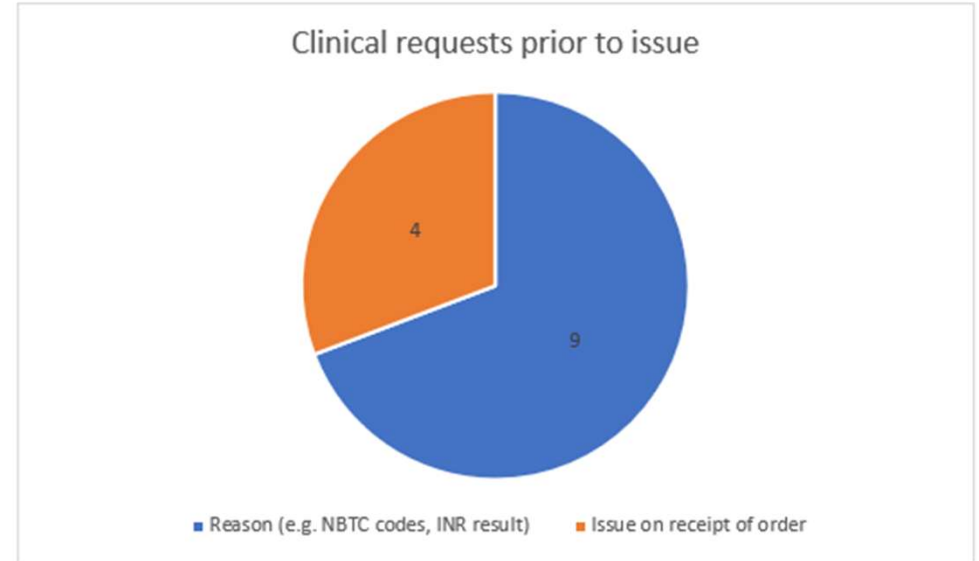


3. What is the wastage rate?

Average number of units wasted per month 1-71 (average 18)
WAPI 7.4-86% (average 33.0%)



4. Do plasma (FFP) requests require a reason (NBTC indication codes for example), or is it purely on clinical ordering?



9 out of 13 sites require to have a NBTC code on the FFP request from the clinician. Remainder issue on receipt of an order.

5. Do you have pre-thawed plasma?

Yes 6
No 7

Of the six sites, pre-thawed was introduced between 2017 and 2023.

There was variation across the blood group and number of units provided:

- 4x A+
- 4x A
- 8x Aneg
- AB (Octaplas)
- 2x AB

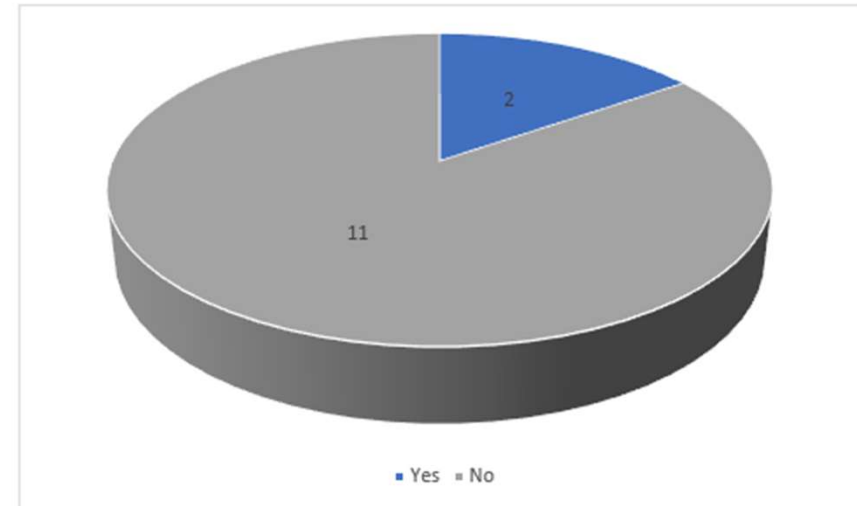
All six sites reported increased wastage since implementing pre-thawed plasma.

7. Does your Trust stock Lyoplas?

Only 1 site stocks Lyoplas, which is stocked by the Blood Bank, but funded by the Air Ambulance Trust.

In total, 3 sites reported Lyoplas is available on the Air Ambulance, with two sites supplying it, and the third managed by the air ambulance.

6. Do you stock an air ambulance with FFP?



Although there are several Air Ambulance in the SW, only 2 sites supply FFP to them, introduced in 2017 and 2020.

Of the two sites, both issue 4 units of group A.

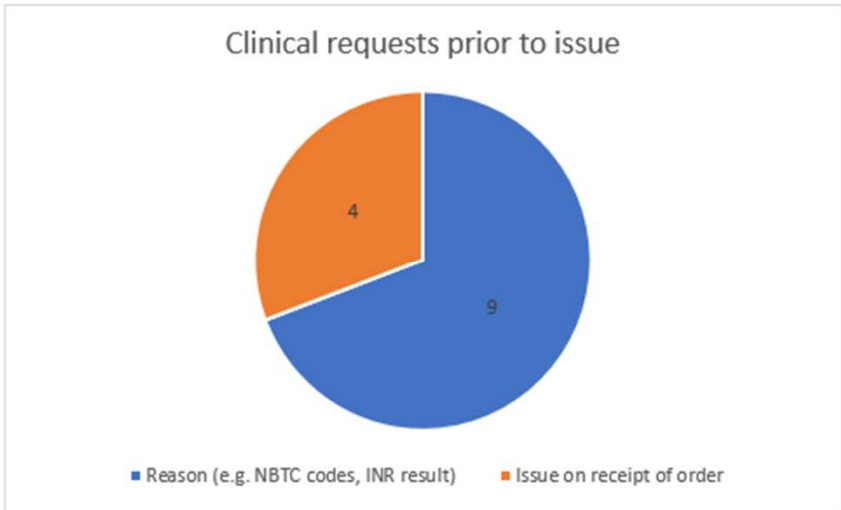
Both sites noted an increase in wastage since implementation.

PLATELETS

1. How many units are ordered on average per month?

| | |
|---------|-----|
| Min | 17 |
| Max | 200 |
| Average | 76 |

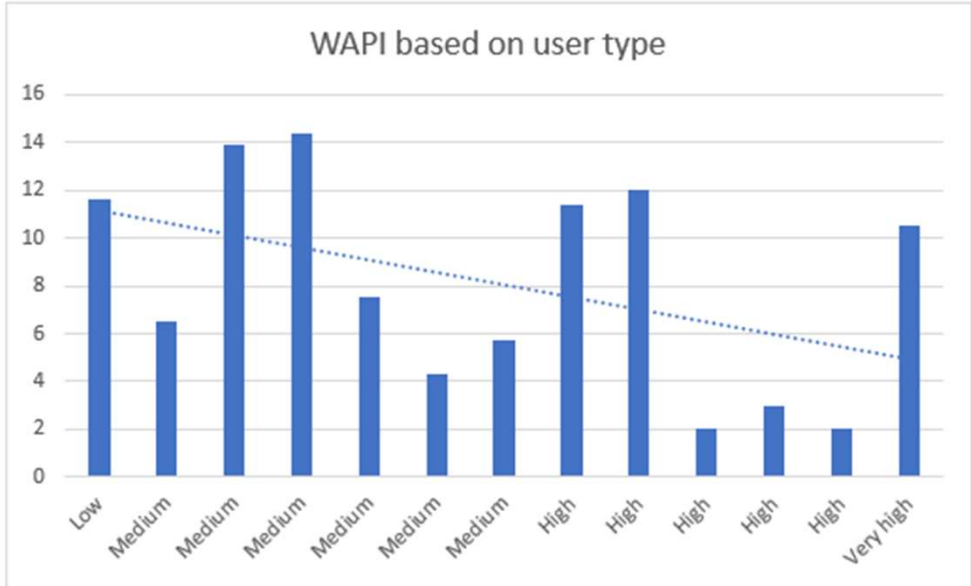
3. Do platelet requests require a reason (NBTC indication codes for example), or is it purely on clinical ordering?



Similar to FFP requests, NBTC codes appear to be required prior to issuing.

2. What is the wastage rate?

| | |
|--|------------------------|
| Average number of units per month wasted | 2-9 (average 4) |
| % WAPI | 2-14.4% (average 8.1%) |



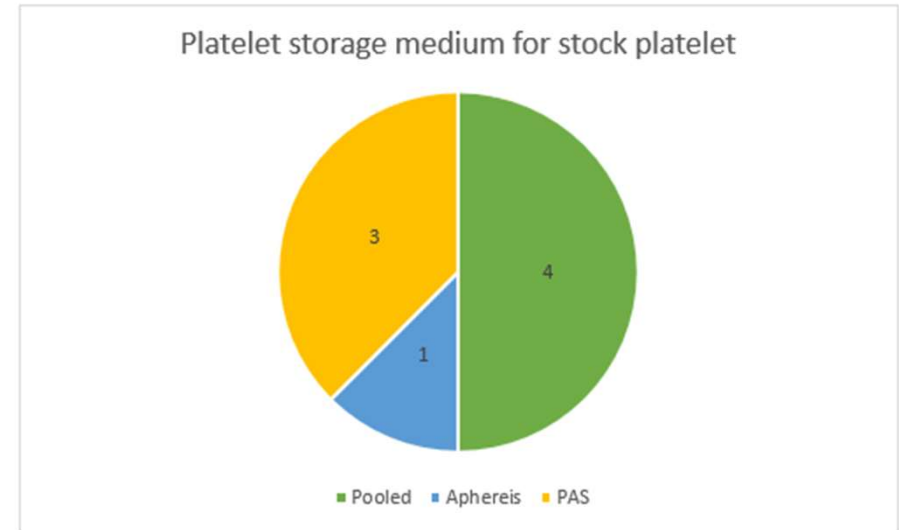
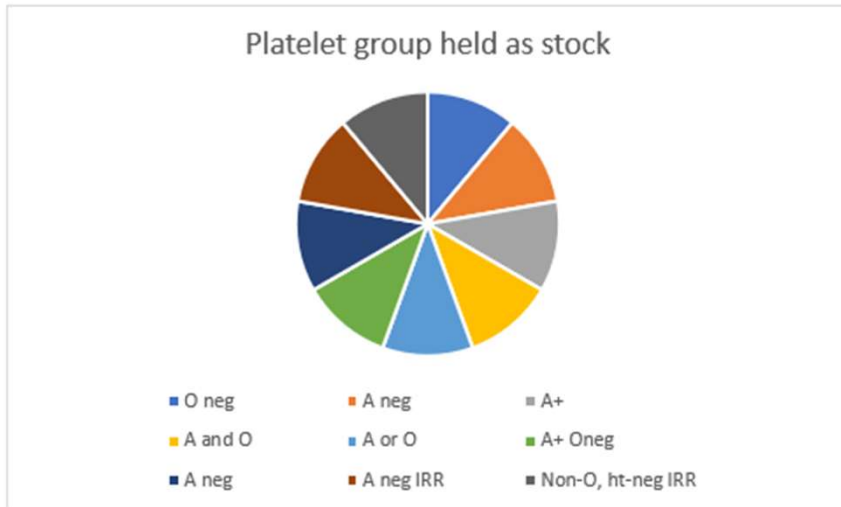
Average monthly WAPI appears to be slightly higher in Low to Medium users than High and Very high.

4. Are stock platelets held?

Yes 9
No 4

Some sites with the maximum SLA delivery times (>2.5hrs) do not hold stock platelets, regardless if they are low, medium or a high user.

Of the 9 holding stock, there is wide variation in unit group ordered as 'stock':



(1 no answer)

5. Do you transfuse group O platelets to non-O patients to avoid wastage?¹

Yes 10
No 3

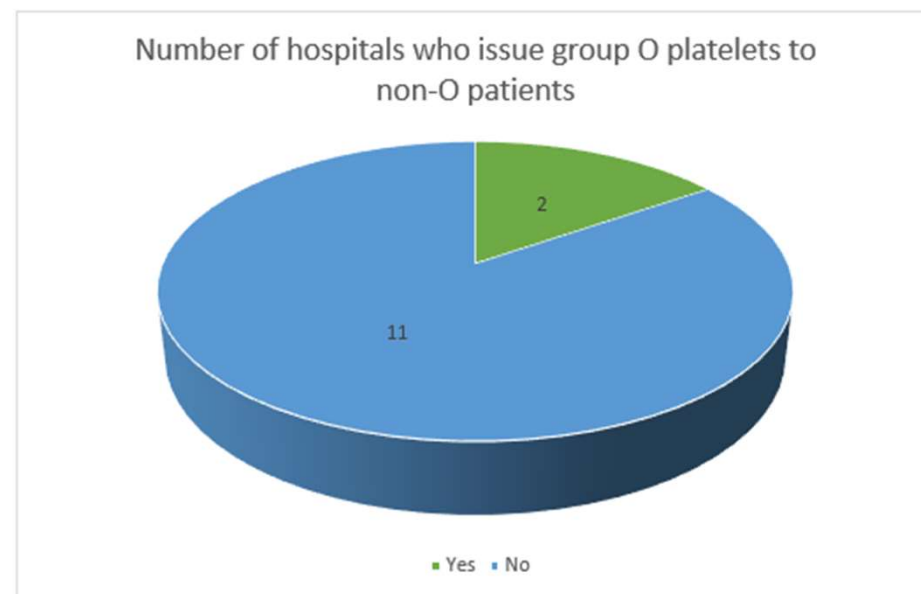
Of those 10 who do issue to avoid wastage, wide variation of patient demographics issued to, and why:

- Males
- HT negative males
- Anyone
- Any that it is suitable for
- Adult post clinical haem authorisation

Again, no consistency with storage medium:

- Pooled or apheresis
- HT-neg
- PAS
- Any

6. Do you transfuse group O platelets to non-O patients generally (e.g. regardless of expiry date; to obstetrics, cardiac, trauma, GI)?



1 site issues to HT negative males, the other site to any patient.
Both will issue platelets in any platelet storage medium.

¹ BSH guidelines for the use of platelet transfusions (2017). BJH, 176, 365-394.

It is acceptable to use ABO incompatible platelets to reduce wastage. Platelets tested and negative for high titre haemagglutinins and non-group O platelets are associated with a lower risk of haemolysis. Pooled platelets suspended in Platelet Additive Solution (PAS) would also be expected to reduce this risk. (1B).

KEY FINDINGS AND SUMMARY

Use of NBTC codes for ordering FFP and Platelets – to investigate if always provided and issuing fits in with these codes. Another SW survey?

PLASMA

- Stock holding levels consistent across the region. There was no correlation between distance from stock holding unit and total stock held. Also no correlation between user type and wastage rates.
- All sites who stock pre-thawed, or supply Air Ambulances, noted an increased wastage – what could be the impact of this in future plasma shortages? This needs further investigations.

PLATELETS

- 10 out of 13 sites issue platelets to avoid wastage – as per BSH guidelines. Is this consistent? What is the definition of avoiding wastage? (Within 24 hours of expiry? Patient cancelled; platelets now spare?).
- Only 2 sites issue platelets to non-O patients routinely. There is no guidance for the routine use of group O platelets to non-group O patients. This needs to be explored Nationally. If in PAS, are they suitable?