

An Epic journey to the WinPath of least resistance and beyond...

Electronic requesting and reporting of Fetal RHD screening tests

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Interested in electronic requesting and reporting?



Introduction

In 2016, NICE recommended high-throughput non-invasive prenatal testing for fetal RHD genotype in pregnant women to prevent unnecessary administration of anti-D prophylaxis^{1,2}

In response, NHS Blood and Transplant (NHSBT) introduced fetal RHD screening³, with a paper-based referral process

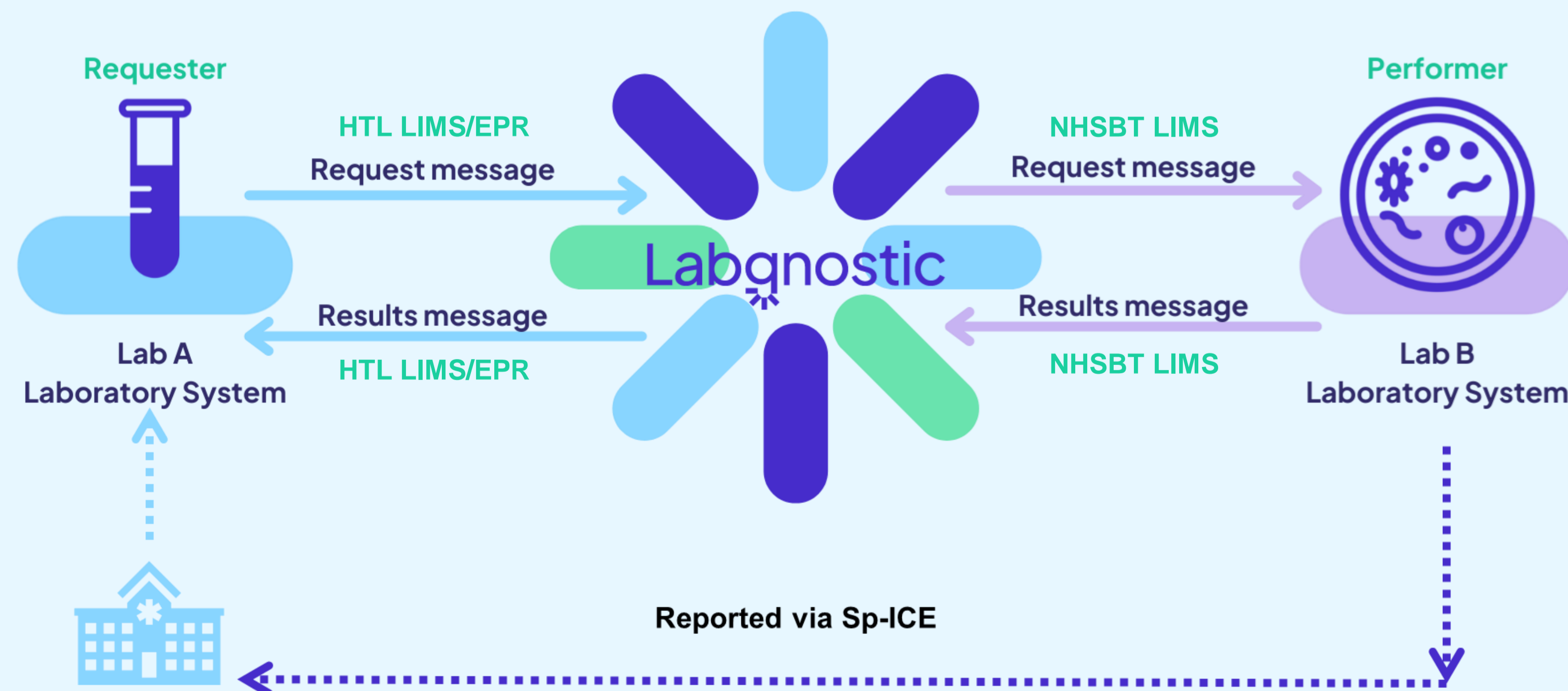
This is time consuming and transcription errors can occur at booking in or result entry, leading to sample rejections/re-bleeds, and delayed/incorrect results

This can pose a significant risk to patient safety from inappropriate use of anti-D prophylaxis

Transfusion 2024 outlined key priorities for clinical and laboratory transfusion practice to enable safe patient care, with an objective for NHSBT to implement electronic-requesting and reporting⁴

Methods

- NHSBT requested volunteers to pilot electronic-requesting and reporting of fetal RHD screening
- Require patient identifiable information, test request and estimated date of delivery (EDD) in the yyyy/mm/dd format
- Results are then transferred electronically into the hospital LIMS (results are still reported via Sp-ICE)
- These exchanges could not be made directly to or from hospitals to NHSBT. An interface was required: NHSBT adopted Labgnostics⁵



King's Mill Hospital, Royal Derby and Chesterfield, and the Manchester University NHS Foundation Trust signed up and were the first hospitals to go live, using Clinisys WinPath 5.32, Clinisys WinPath Enterprise and Epic Electronic Patient Record (EPR) respectively.

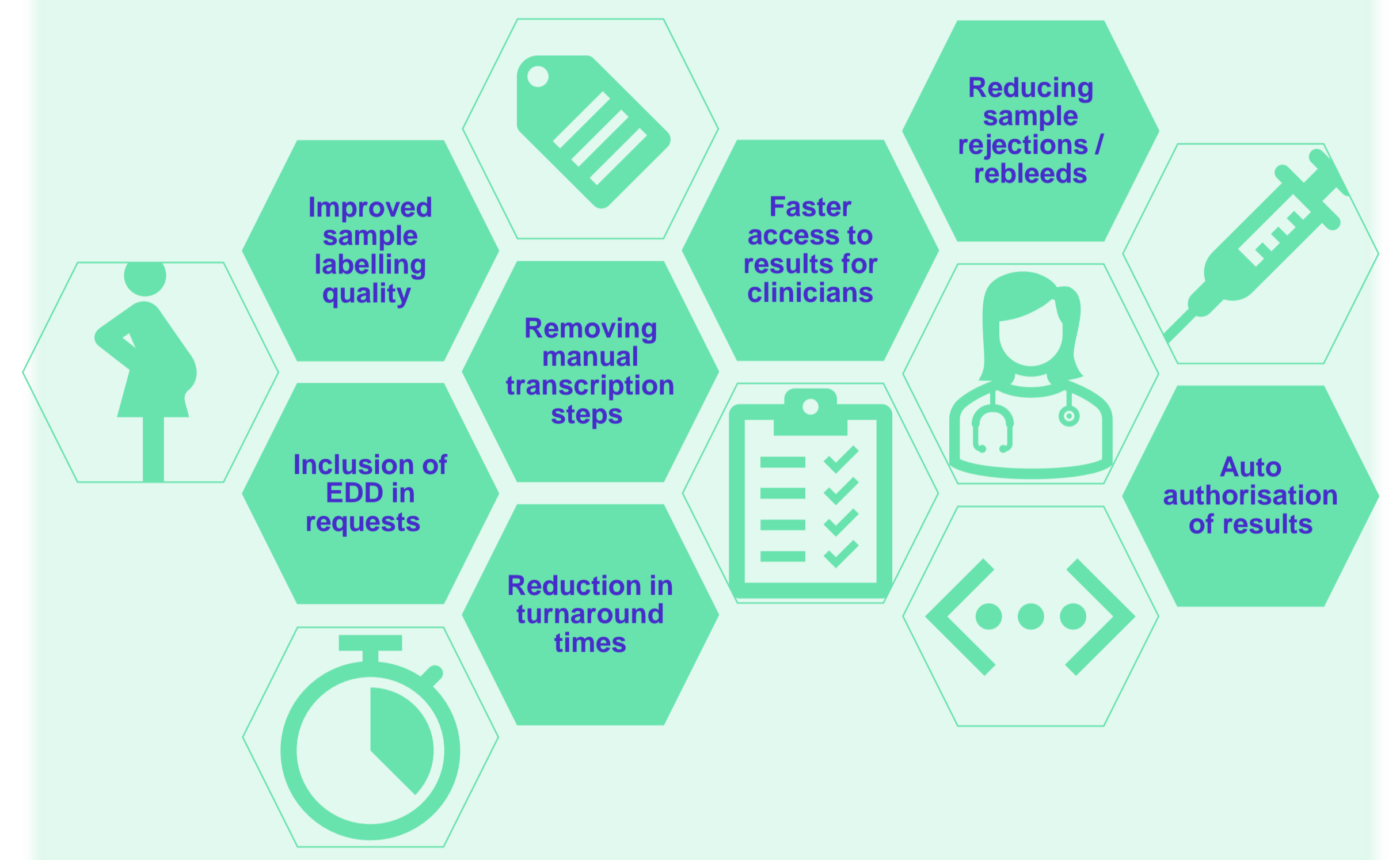
Acknowledgements

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Results

Electronic-requesting and reporting of fetal RHD screening has improved the end-to-end process and quality of information exchanged between hospitals and NHSBT through:



Labgnostic: "A system-agnostic laboratory interoperability solution which facilitates the electronic exchange of test requests and results among multiple diagnostic organisations"⁵

Discussion

Although implementation was not without challenges, the time savings for staff, decreasing the potential for error and improving patient safety far outweigh these

Lessons learned have been shared between NHSBT and HTL, and improvements made

Further roll outs are underway to onboard more hospitals for e-requesting and reporting of fetal RHD screens

NHSBT is working to extend the functionality to RCI and H&I referrals and work with other LIMS and EPR systems

Electronic-requesting and reporting is helping to improve the quality of healthcare delivery and patient experience

References

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