Hospitals should match O Neg red cell use to demand (for the many not the few?)

Stephen Bassey
66% always investigated when more than 2 units of O RhD negative unit were used in emergency

94% reviewed their O RhD negative stock levels, 30% at least annually

99% said they have a policy for active stock management of emergency units. (National survey of O Neg)
85% of Rh(D) negative individuals will produce anti-D following single unit transfusion (Mollison)
Trauma networks

Resuscitation with blood

Lab staff engage with clinicians in clinical emergencies
Collection errors rising

Male or female?

Demographic data wrong

If we regularly give anti-D to Rh(D) positive women…
‘The lab doesn’t make mistakes’

Decrease in transfusion laboratory skills/experience/staff

Laboratory based errors rising (high level of surveillance)

Fear of error/criticism – blame culture
Why do O Negs get used for Non-O Negs

Substitutions

<table>
<thead>
<tr>
<th>% of Ro units satisfied</th>
<th>Timescale</th>
<th>Current Target</th>
<th>Current Actual</th>
<th>YTD Target</th>
<th>YTD Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Monthly</td>
<td>75.00%</td>
<td>54.10%</td>
<td>75.00%</td>
<td>53.35%</td>
</tr>
</tbody>
</table>

Age profile/Cold chain
No of occasions where red cell stock for any blood group are below the three day alert level for three or more consecutive days

<table>
<thead>
<tr>
<th>Timescale</th>
<th>Current Target</th>
<th>Current Actual</th>
<th>YTD Target</th>
<th>YTD Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monthly</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
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</table>

Graph showing blood stock levels over time.