Blood Bank Remote Refrigeration

Is Remote Refrigeration right for you?

- What is remote refrigeration?
- Why do I need it?
- Where will I put it?
- What will it cost me?
- Is this machine going to take my job?
- It's fool proof, right?
- 10 out of 10, would recommend?

Remote refrigeration - It's everywhere you want to be



Any time, any place, remote refrigeration

- Ability to store blood products closer to the point of care
 - Both crossmatched and uncrossmatched
- Blood Bank can allocate blood products remotely
 - Patient must be eligible for electronic crossmatch
- Blood Bank can stock remote refrigerators with extended crossmatched RBCs
- Transactions interface to Blood Bank's LIS
 - Cerner® Classic, Sunquest®, Meditech®, Cerner Millennium V2012 and 2015,
 SafeTrace Tx®, Mediware® HCLL, BBCS, SCC Soft

Remote refrigeration when no one else is around

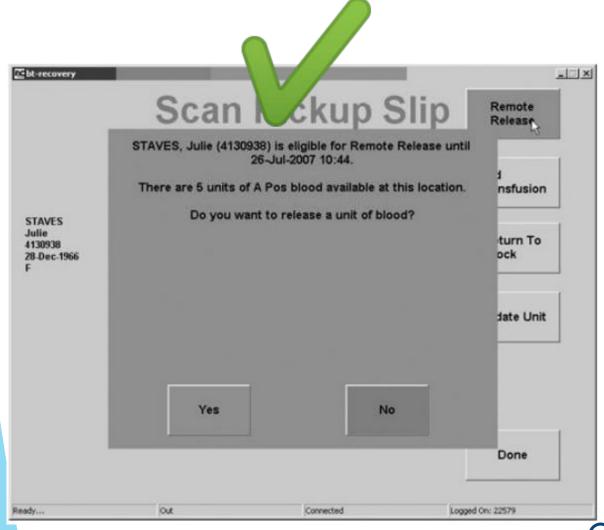
Reduce time to transfusion

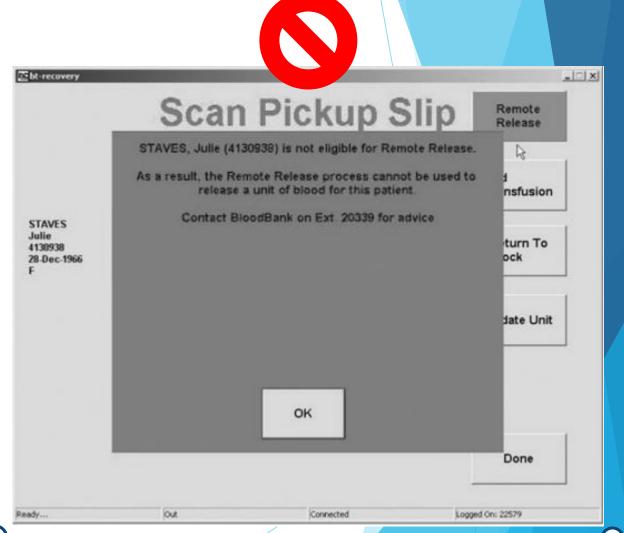
TABLE 1. Time after request for RBC units to be available for the clinical staff to use at the bedside before and after the implementation of ERBI*

	Number of	Time to the availability of blood		
Implementation time	requests	Median (quartiles)	Mean (SD), range	
Before implementation of ERBI	30	24 min (12 min, 34 min)	23 min (12 min), 5-47 min	
After implementation of ERBI in cardiac theaters	30	59 sec (42 sec, 60 sec)	54 sec (21 sec), 30-120 sec	
After implementation of ERBL in cardiac recovery	30	60 sec (50 sec, 75 sec)	64 sec (18 sec), 40-120 sec	
After implementation of ERBI (combined cardiac	60	60 sec (45 sec, 60 sec)	59 sec (20 sec), 30-120 sec	
theaters and recovery)				

^{*} Mean difference between before implementation and after implementation of ERBI (95% CI), 22 minutes (17-27 min); t = 9.92; d.f. = 29; p < 0.0001.</p>

Electronic crossmatch eligibility





Just what the doctor ordered

- Providers can remove units
 - Already allocated
 - New or additional units
- On-demand access
 - Patient must be eligible for electronic crossmatch
- Providers may have an increased confidence in the availability of RBC

other patients						
Time of implementation	Number of patients	Requests for blood	Number of unused requests (%)	Total number of units issued (%)	Total number of units transfused (% units issued that were transfused)	
Before implementation of E	RBI					
Cardiac theaters	117	122	48 (39)	320	114 (36)	
Cardiac recovery unit	117	29	16 (55)	87	48 (55)	
Combined	117	151	64 (42)	407	162 (40)	
After implementation of ER	BI					
Cardiac theaters	125	58	10 (17)	88	49 (56)	
Cardiac recovery unit	125	33	8 (7)	109	73 (67)	
Combined	125	91	18 (20)	197 (48)	122 (62)	

Remote refrigeration never sleeps

- Potential Benefits
 - Accessible 24/7
 - Traceability
 - Reduce time to transfusion
 - Reduce the number of units set up "just in case"
 - Reduce CT and IT ratios
 - Reduce the amount of time a tech spends tagging and issuing

I'm not gonna pay a lot for this remote refrigeration

- Haemonetics & Helmer
 - BloodTrack kiosk
 - Haemobank 20
 - Haemobank 80

The lighter way to enjoy remote refrigeration



\$70,000

BloodTrack kiosk

Half the remote refrigeration - all the taste



\$140,000

Haemobank 20

Now with 50% more refrigeration

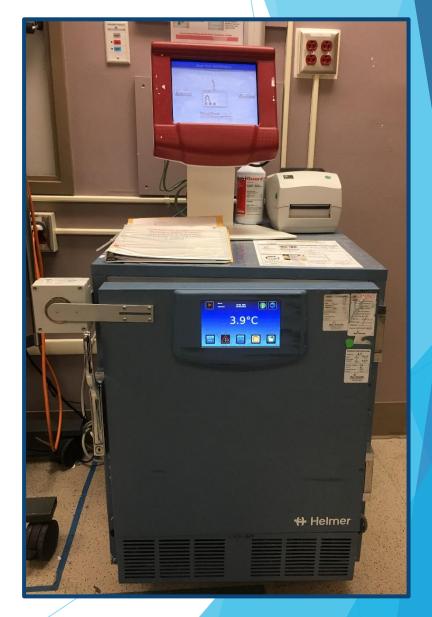


\$170,000

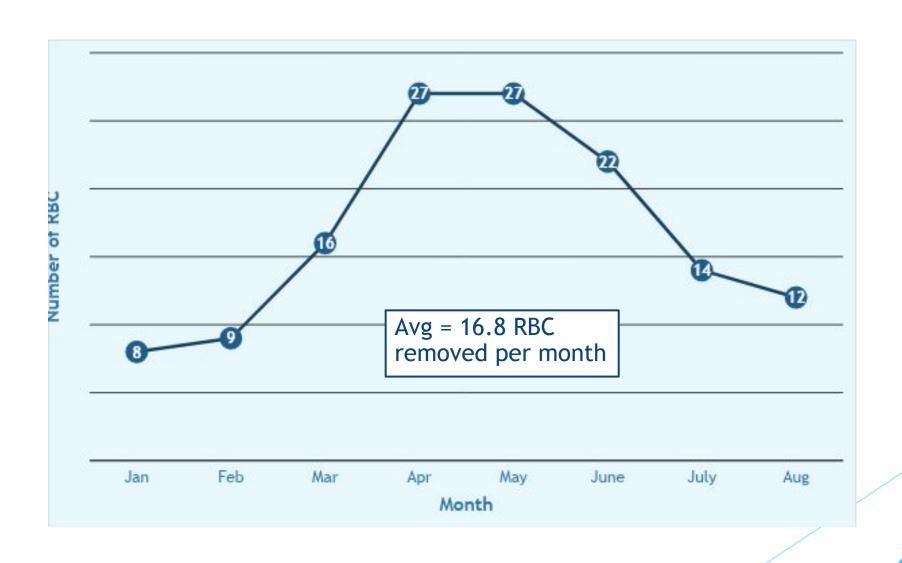
Haemobank 80

Remote refrigeration unscripted

- Implemented electronic crossmatching August 2005
- Implemented BloodTrack October 2013
 - Stock 6 O neg RBC
 - Only uncrossmatched RBC
- Common errors include:
 - Inorrect MR# used to identify patient
 - Incomplete transactions
 - Incomplete documentation

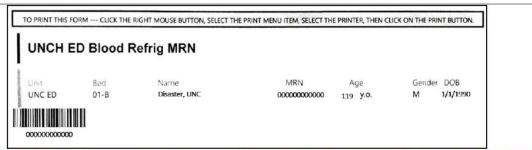


RBC removed per month in 2019



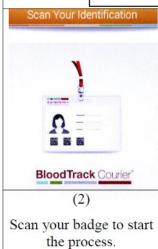
Process for removing RBC in ED

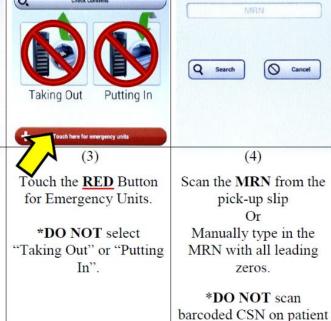
Print the "UNCH ED Blood Refrig MRN" slip

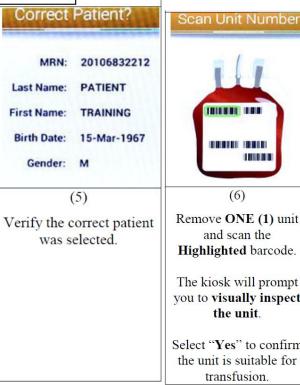


Enter MRN

sticker.



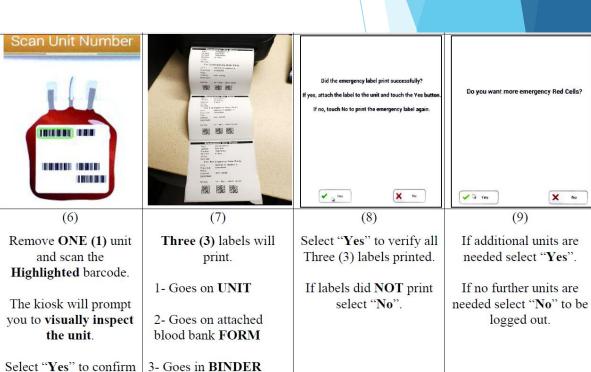




transfusion.

Gender: M

(5)

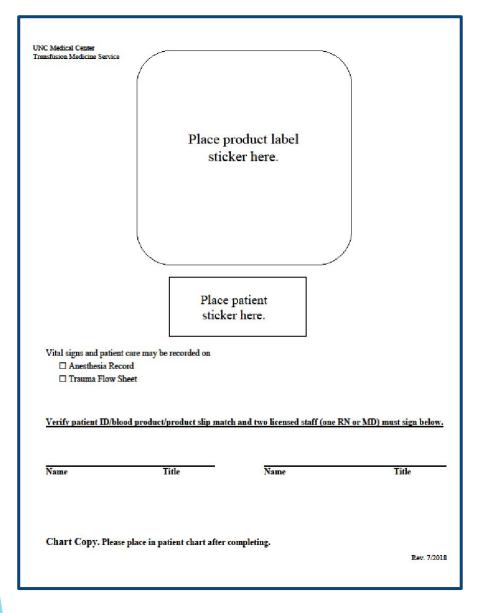


X No

(9)

logged out.

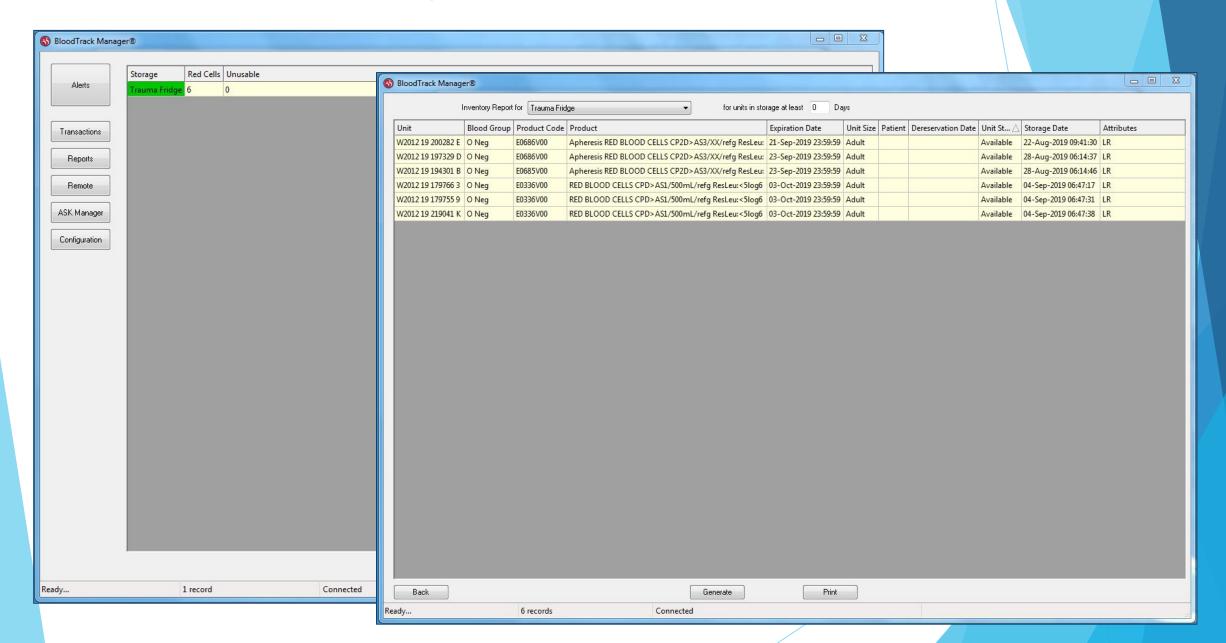
Chart Copy



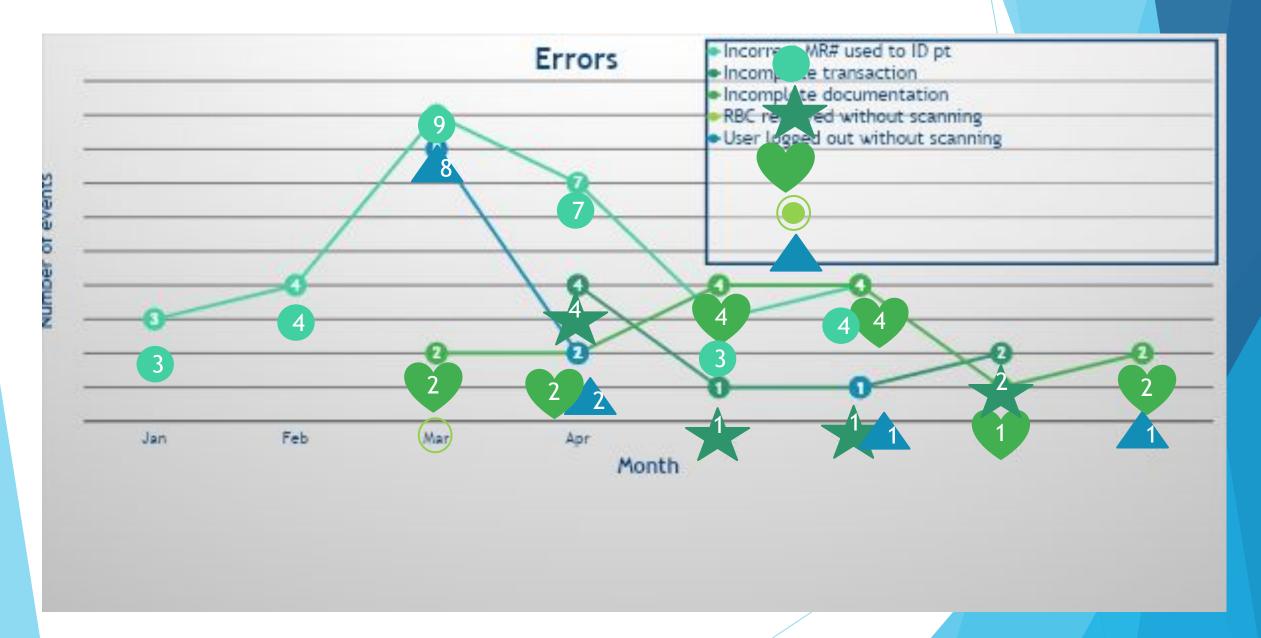
TMS Copy

UNC Medical Center Transfusion Medicine Service	Place product label sticker here.	
	Place patient sticker here.	
For TMS use only: Entered into STX by: Date:		y:
TMS Copy		Rev. 7/2018

BloodTrack Manager



Remote refrigeration - it's gauranteed



Nothing to worry about with remote refrigeration

- Potential disadvantages
 - Increase time required to prepare RBC
 - Walking to stock the refrigerator
 - Additional tech time
 - Monitoring alerts
 - Returning inventory
 - Documenting and peer reviewing crossmatches
 - Errors at the remote refrigerator can impede traceability
 - Increase time required to investigate and resolve

Barriers to expanding our remote refrigeration suite

- Logistics
 - Dedicated IT
 - Training clinical staff, monitoring access
- Footprint
- Cost
- Time
 - Management of inventory and crossmatches
 - Error investigation

I like vending machines 'cause snacks are better when they fall. If I buy a candy bar at a store, oftentimes I will drop it...so that it achieves its maximum flavor potential.

-Mitch Hedberg

References

- 1. Haemonetics brochure https://transfusionmanagement.haemonetics.com/~/media/sharepoint/software/bloodtrack/marketing/brochure/bloodtrack/brochure/col-copy-001182-us/bloodtrack/brochure.pdf.ashx
- Staves J, Davies A, Kay J, et al. Electronic remote blood issue: a combination of remote blood issue with a system for end-to-end electronic control of transfusion to provide a "total solution" for a safe and timely hospital blood transfusion service. Transfusion 2008;48:415-24.
- 3. Staples S, Staves J, Davies J, et al. Electronic remote blood issue supports efficient and timely supply of blood and cost reduction: evidence from five hospitals at different stages of implementation. Transfusion 2019;59:1683-91.
- 4. Sellen K, Jovanovic A, Perrier L, Chignell M. Systematic review of electronic remote blood issue. Vox Sanguinis 2015;109:35-43.
- Verlicchi F, Pacilli P, Bragliani A, et al. Electronic remote blood issue combined with a computer controlled, automated refrigerator for major surgery in operating theatres at a distance from the transfusion service. Transfusion 2018;58:372-8.