

Blood Component Shortage Notification and Contingency Plan

For “Hospital A”

Conditions for issuing a warning regarding blood inventory

I. PLATELET SHORTAGE:

Defining a Shortage/Criteria Evaluated

1. Blood Bank has <10 platelets [determine your critical level], AND,
2. Blood supplier projects a >2 hour delay in the next shipment, and alternative blood supplier is unable to supply platelet units in a timely manner.
3. Blood Bank tech will page Transfusion MD (BBMD) on-call to relay status of:
 - a. Available inventory
 - b. Platelet orders
 - c. On-going surgeries
 - d. On-going drips
 - e. ECMOs and MTPs
 - f. Prepare orders
 - g. Upcoming surgeries
 - h. CSC (outpatient clinic) inventory

Assessment by Transfusion Physician

1. BBMD contacts blood supplier MD to assess/confirm platelet supply issues. Repeat with alternative supplier MD.
2. Once shortage is confirmed, then BBMD triages patients based on volume issued, ability to safely delay transfusions, etc. Options for consideration:
 1. Provide 1/2 unit for all BMT/Heme-onc inpatients
 2. Provide 1/2 unit for CSC outpatients
 3. Provide 1/2 for all ECMO
 4. Provide 1/4 unit for all drips (refractory patients)
 5. Postpone line placements and other non-emergent IR cases
 6. Consider postponing elective surgeries

Notification Actions by Blood Bank Leaders

1. BBMD (or designee) will notify Administrative Nursing Supervisor:
 - a. Pager: xxx-xxx-xxxx (Or contact operator for assistance.)
 - b. Send notice to campus.
 - i. Some ANS staff have access and can send.
 - ii. If not, they can work with Admissions to send the notice.
 - iii. Ensure both the administrative group and the patient care group (does NOT include providers at this time).

There is a severe shortage of platelet units available at Hospital A (list campuses). Please restrict orders to actively bleeding patients. More platelets will be available at [estimated time or hours until available]. Please page the Transfusion MD with questions.

2. BBMD (or designee) will notify OR Control Desk on both campuses.
3. BBMD (or designee) will notify CSC Infusion Clinics:
 1. BMT Infusion by phone at: xxx-xxx-xxxx
 2. List others who must be notified
4. Blood Bank Medical Director (or designee) will notify Medical Staff Manager to share with all credentialed providers: (Only able to be sent out Monday-Friday on day shift, and not on holidays.)
6. Blood Bank leaders will ensure the shortage is shared on Adult, Pediatric, and UMMC Lab Daily Safety Calls.
7. Use pre-established Patient Safety Advisory for Intermittent decreased availability of platelets for transfusion. Blood Bank leaders may have Patient Safety send this out to the safety call email groups.

Additional steps for long-range planning:

1. Create a system plan so that platelets can be transferred from site to site as necessary during a shortage.
2. Staff a BB tech at CSC to allocate platelets. This will allow for better inventory control of platelets for outpatients. This should also improve turn-around- times for RBC transfusions.
3. Work with blood suppliers to define their plan for blood component shortages and notification of all sites.
4. Work with blood suppliers to increase donations through additional events at Hospital A.
5. Approval from Transfusion and Med Exec Committees.

II. REDBLOODCELL/PLASMA/OTHERCOMPONENTSHORTAGE:

Defining a Shortage/Criteria Evaluated

1. Blood Bank has less than our “critical inventory numbers” defined in the inventory and ordering procedure, AND,
 2. Blood supplier projects a >2 hour delay in the next shipment, and alternative supplier is unable to supply platelet units in a timely manner.
3. Blood Bank tech will page Transfusion MD (BBMD) on-call to relay status of:
- a. Available inventory
 - b. Orders for the affected component
 - c. On-going surgeries

- d. ECMOs and MTPs
- e. Prepare orders
- f. Upcoming surgeries
- g. CSC (outpatient clinic) inventory

Assessment by Transfusion Physician

1. BBMD contacts ARC MD to assess/confirm component supply issues. Repeat with IBR/MBC.
2. Once shortage is confirmed, then BBMD triages patients based on volume issued, ability to safely delay transfusions, etc. Options for consideration:
 - a. For RBC shortages:
 - i. Provide 1/2 unit for all BMT/Heme-onc in-patients
 - ii. Provide 1/2 unit for CSC outpatients
 - iii. Provide 1/2 for all ECMO

For any shortage:

- i. Postpone line placements and other non-emergent IR cases
- ii. Consider postponing elective surgeries

Notification Actions by Blood Bank Leaders

1. BBMD (or designee) will notify Administrative Nursing Supervisor:
 1. Pager: xxx-xxx-xxxx (Or contact operator for assistance.)
 2. Ask ANS for assistance in sending out notice for both campuses.
 - i. Some ANS staff have access and can send.
 - ii. If not, they can work with Admissions to send the notice.
 - iii. Ensure both the administrative group and the patient care group (does NOT include providers at this time).

There is a severe shortage of _____ units available at M-Health (East and West banks). Please restrict orders to actively bleeding patients. More _____ will be available at [estimated time or hours until available]. Please page the Transfusion MD at xxx-xxx-xxxx 8 (daytime) or call xxx-xxx-xxxx (after hours) with questions.

2. BBMD (or designee) will notify OR Control Desk on both campuses.
3. BBMD (or designee) will notify CSC Infusion Clinics:
 1. BMT Infusion by phone at: xxx-xxx-xxxx
 2. List others who must be notified
4. Blood Bank Medical Director (or designee) will notify Medical Staff Manager to share with all credentialed providers: (Only able to be sent out Monday-Friday on day shift, and not on holidays.)

Additional steps for long-range planning:

1. Create a system plan so that blood components can be transferred from site to site as necessary during a shortage.
2. Work with blood suppliers to define their plan for blood component shortages and notification of all sites.
3. Work with blood suppliers to increase donations through additional events at Hospital A.