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Why IT matters: Advancing your clinical blood transfusion workflows

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Using advanced clinical healthcare IT to optimize your most common workflows provides immediate and long-lasting payoffs.

By [author] | January 06, 2020 | 09:54 AM



When you optimize clinical workflows for high-frequency procedures at your healthcare organization, you're far more likely to realize significant returns on your investment. Whether it's to support patient care quality, facilitate compliance with regulatory and accreditation guidelines, eliminate duplicative services, or enhance patient and clinician satisfaction, applying advanced healthcare IT solutions to your hospital's most common processes can provide both immediate and durable advantages.

This logic makes clinical blood transfusion workflows — the most commonly performed procedure in U.S. hospitals — a prime candidate for IT investment and optimization. Despite clear clinical transfusion practice guidelines backed by scientific evidence, variation in practice persists carrying the potential for significant exposure and expense to hospitals that could lead to:

- **Risk for errors** – patient identification errors that could lead to harm or mishandling creating treatment delays.
- **Traceability compliance gaps** – breakdown in chain-of-custody accountability where the blood bank is unable to maintain traceability or properly account for a blood product's final distribution. Since blood products are FDA-regulated and subject to many of the same controls imposed on pharmacies for handling controlled substances, compliance failures can result in significant penalties.
- **Inherent complexity** – clinicians at MedStar Washington Medical Center documented anywhere from 20 to 34 steps to get blood from the blood bank to a patient in the OR suite, with several areas for handoff failures, and typical transport times of 30 to 60 minutes.¹
- **Inefficient use of laboratory and clinician time** – repeat testing, performing unnecessary work, such as setting up blood for patients who never receive the transfusion, and spending time tracking down blood products needed for transfusion.

The good news is that for more than 10 years, hospitals have documented the efficacy of applying IT solutions to transfusion medicine. The biggest breakthroughs are the most recent, as forward-thinking providers deploy advanced blood bank technologies that are integrated with their hospital or health system's hospital information systems — driving optimized clinical workflows and patient safety.

At MedStar Washington, for instance, new blood bank information system tools and automated dispensing devices reduced supply chain complexity and eliminated 22 steps in the process. The integrated system reduced delivery times by 83% and reduced blood waste by 78%, resulting in \$90,000 in annual savings. "Lastly, and most importantly for our patient safety," the clinicians report, "BloodTrack electronically captures and records blood product movements and verifies that the right blood is removed for the right patient."¹

Ensuring that all systems involved in the blood transfusion process fluently exchange information and remain in sync is paramount to maintaining patient safety and providing quality care. As consolidation in the hospital sector continues, this often means patients move between hospitals. The ability to manage and share data across multiple facilities strengthens and maintains transfusion safety and provides improved continuity of care.

When combined with technologies that allow the safe and proper storage of blood products closer to the patient, an integrated blood transfusion system will significantly reduce the time to transfuse, maintain traceability and deliver workflow efficiencies to your hospital.

[Click here](#) to read more about how integrated transfusion management software can deliver better data integrity and safety compliance to your organization.

¹ *Making Blood Available 'Just-in-Time' – Eliminating Supply Chain Complexities and Improving Efficiencies*, Lorraine Wyne, Tahani Sayyad and Richard Hairton, 13 September 2018.

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