

Implementing a MHP at Halton Healthcare



U of T Transfusion Rounds
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Halton Healthcare



Halton Healthcare

Oakville Trafalgar Memorial Hospital

- 457 beds
- ED
- Maternal Child, Special Care Nursery
- ICU
- Vascular
- Dialysis
- Oncology

Milton District Hospital

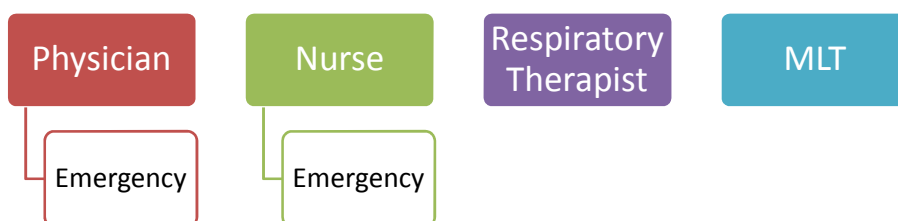
- 129 beds
- ED
- Maternal Child, Special Care Nursery
- ICU

Georgetown Hospital

- 53 beds
- ED
- Complex Care

How do we develop a MHP that meets the needs of our patients and clinical teams at all three hospitals?

I. Assemble a Collaborative Team



2. State Mission and Goals

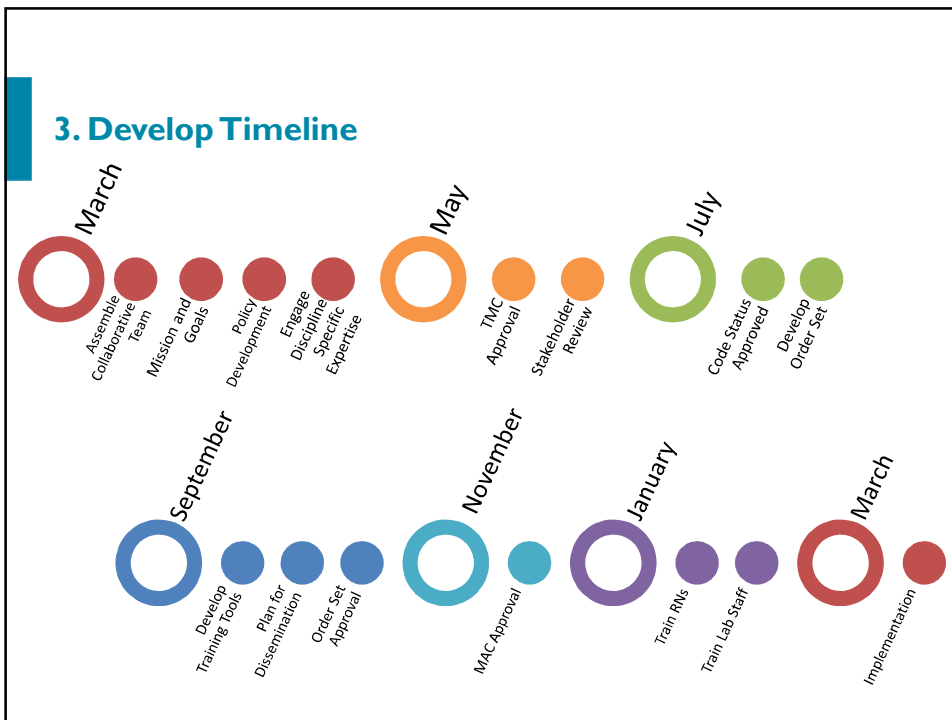
- Mission
 - Develop a corporate MHP for the communities we serve
 - Achieve 'code' status **Code Omega**

2. State Mission and Goals

- Clinical Goals
 - Activation Criteria
 - Targets for transfusion
 - Hemoglobin, INR, Fibrinogen Level, Platelet Count
 - Target for body temperature
 - Bloodwork for lab tests
 - Transfusion ratio (RBC : Plasma)
 - TXA
 - Anticoagulant reversal
 - Order Set

2. State Mission and Goals

- Operational Goals
 - Defined roles and responsibilities
 - Improve communication between the Lab and Clinical Areas
 - Minimize blood component wastage
 - Quality Metrics
 - First 4 RBCs issued within 15 minutes of MHP activation
 - Use of TXA
 - Appropriate Activation



- ### 4. Development of Our MHP Policy
- Contacted colleagues at other hospitals
 - Research
 - Published evidence
 - Current best practices
 - Clinical and operational goals
 - Define roles and responsibilities

4. Development of Our MHP Policy

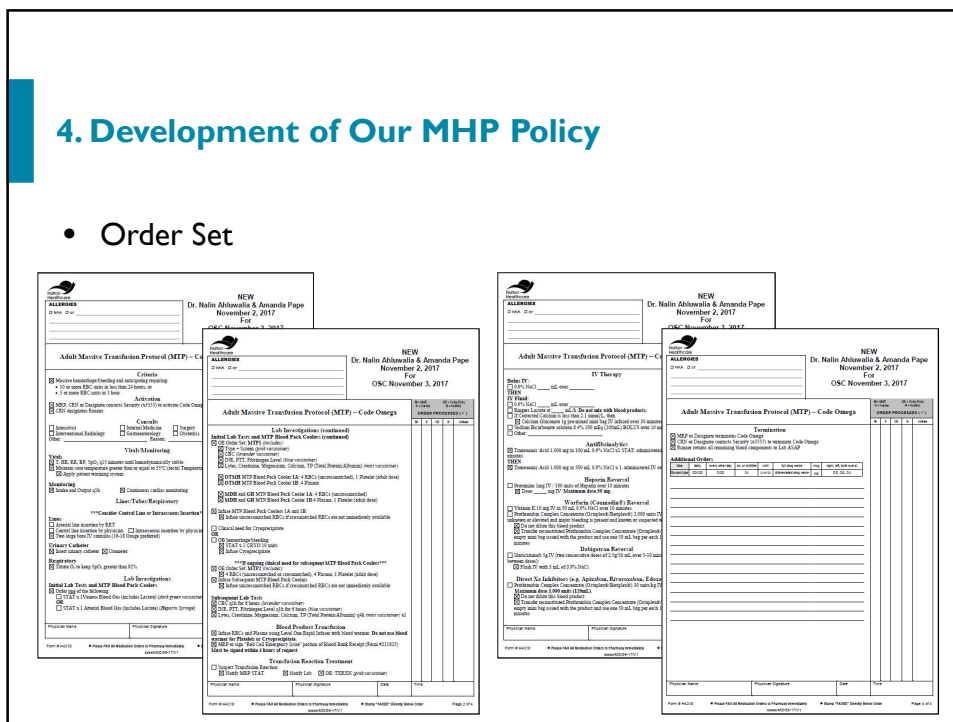
1. Activation
 - Activation criteria
 - How to activate?
 - Who can activate?
2. Who Responds, their Roles and Responsibilities
 - Similar to a Code Blue Response
3. Blood Component Availability

4. Development of Our MHP Policy

4. Supportive Measures
 - Targets for transfusion, body temperature, anticoagulant reversal, TXA, etc.
5. Termination
6. Patient Transfer
7. Debrief

4. Development of Our MHP Policy

- Order Set



4. Development of Our MHP Policy

- Circulated the policy to discipline specific experts at all three hospitals
 - Emergency, ICU, Obstetrics, Surgery, Anesthesia
 - Physicians, nurses, nurse educators (PPC)
 - Lab staff

5. Committee Approvals

- TMC
- MAC
- Order Set Committee
- Pharmacy and Therapeutics Committee
- Documentation Committee
- Emergency Preparedness Committee

5. Development of Training Materials

- Newsletters
- Posters
- Patient Safety Expo at all three hospitals
- Training Blitzes
- Huddles
- Mock Code Omegas
 - Test patients with real life scenarios
 - Fake blood components in coolers
 - Debrief

A First Year's Experience



Improved patient care



Improved communication between the Lab and Clinical Areas



Minimal blood component wastage



Bloodwork and lab tests collected at appropriate intervals to monitor patient throughout the resuscitation

Truly a Collaborative Effort!

- Succeeded in our Mission
- Met all of our clinical and operational goals
- Continuous Quality Improvement
 - Quality Metrics
 - Debrief



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