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### What's New at ORBCoN?

Recently released resources include:

- New and updated guidelines available under 'Guidelines' on [transfusionontario.org](http://transfusionontario.org)
- 2014 Transfusion Committee Forum presentations
- NE 2014 Videoconference Symposium webcast and presentations

Informed Consent App:

- Updated table for estimated risks of transfusion and upgrade to iOS 7

The Informed Consent App is available free for download from the Apple Store.

Coming Soon:

- Bloody Easy Blood Administration online program English and French (formerly Bloody Easy for Nurses) – also available in SCORM compliant CD format. For information about the CDs, contact [Stephanie.cope@sunnybrook.ca](mailto:Stephanie.cope@sunnybrook.ca)
- Inventory Management Toolkit - revised and updated. Highlights include:
  - Inventory management best practices
  - RBC and Platelet inventory calculators
  - Redistribution – PPP and RBC

Check out these resources and much more by visiting our website at:  
[www.transfusionontario.org](http://www.transfusionontario.org).

## contact us

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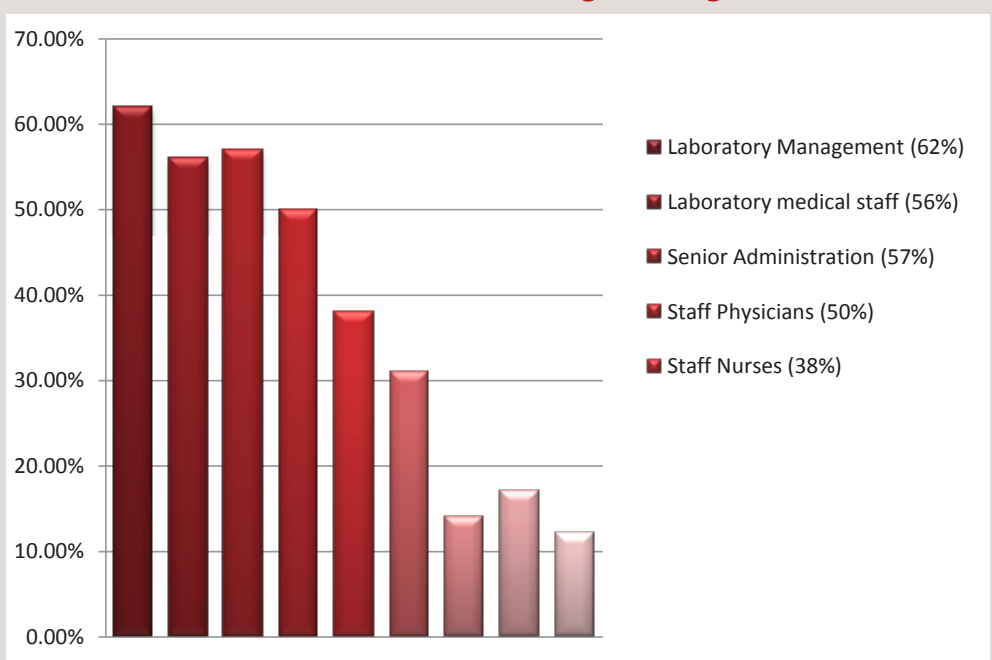
## Checking the Pulse of Blood Shortage Preparedness in Ontario – The 2014 Exercise

*W. Owens, ORBCoN, The Ottawa Hospital*

After months of planning by the Ontario Contingency Planning Working Group (CPWG), on the afternoon of February 3, 2014, CBS was prompted to trigger a notification to the MOHLTC Blood Programs Coordinating Office (BPCO) that a platelet inventory shortage existed (simulation) and recovery was not expected for the next 24-48 hours due to severe winter weather conditions. The Ontario Emergency Blood Management Committee (OEBMC) was convened to make the decision that hospitals should be notified of an Amber Phase shortage for platelets. CBS proceeded to notify hospital transfusion service contacts via fax and email and the hospitals were expected to initiate a table top activation of their Hospital Emergency Blood Management Plan (HEBMP). The Chair of the National Advisory Committee on Blood and Blood Products (NAC) was notified and the Ontario Ministry Emergency Operations Centre (MEOC) was activated. MEOC simulated communication to hospital CEOs across Ontario. Throughout the day of the exercise (February 4, 2014) CBS hosted teleconferences for hospitals to simulate how communication of inventory and situational updates would be provided in a real blood shortage. During these calls hospitals could report any inventory challenges or offer up inventory available to other sites if needed. The BPCO was kept updated through ORBCoN following each call. Partway through the day on February 4th, the exercise was elevated to a Red Phase platelet inventory shortage. The intent of this was to encourage hospitals to take the opportunity to ‘walk through’ all phases of their HEBMP. Approximately 1,390 individuals were contacted (average of 18 per site) through internal hospital notification of staff during the exercise. Tabletop review and triage of platelet requests and surgeries that might require platelet support occurred. A reported 77 platelet doses would have been deferred as a result of this review and/or triage of requests. This represents about 30% of all platelets held at hospital inventories on the day of the exercise and an estimated 60% of daily average hospital demand in the province. While all hospitals in Ontario with a transfusion service received notification, not all were able to fully participate as they do not routinely stock or use platelets. Forty-one hospitals reported that they stock platelets and 36 reported that they received an order for platelets during the exercise. This exercise was helpful in identifying gaps in preparedness for all stakeholders in the blood system. Recommendations for all key players were identified to improve the response. Overall improvements were seen in comparison to the situation in 2010 when the first provincial blood shortage exercise was held. By holding periodic blood shortage exercises, it allows Ontario to continually monitor and improve the ‘health’ of emergency blood management preparedness to respond should we ever face a true blood inventory shortage.

Thanks to all those who participated in the planning and execution of this exercise. A report of this exercise will be posted on the [transfusionontario.org](http://transfusionontario.org) website.

### Who was notified of the blood shortage during this exercise?



\*Other included - Transfusion Committee, Chief of Staff, Managers, Finance, Ethics and Occupational Health

## Communication Flowchart



## Blood Shortage Management – Canadian Blood Services perspective

*R. Prinzen, Canadian Blood Services*

The Ontario Blood Shortage Exercise conducted in February of this year was an extremely useful exercise in assessing the robustness of the CBS Blood Shortage Response Process. Several important observations were made over the course of the two day exercise and, as a consequence, CBS has recommended and is implementing some changes to processes associated with 3 key areas. **First**, and perhaps not surprisingly, it was quite apparent that timeliness of communications and simultaneous communications are critical. When conservation strategies (or triage) need to take place across multiple sites and hospitals across an extended geography it's imperative that each location works with the same information at the same time. We need to look for opportunities to leverage technology for improved communications timeliness. **Second**, when critical information needs to be assessed and interpreted with quick decisions taken, key decision makers in the process need pre-established templates and toolkits to drive focus and attention to salient data and trigger points. Templates and tool-kits can provide important structure concerning data needs, communications steps and key responsibilities that otherwise might

involve discussion and take valuable time. **Finally**, with the possibility of platelet inventory going from Green Phase to Red Phase in less than 24 hours, it's important that there be regular planning and review of hospital network inventory during Green phase in order to provide a strong base and framework for secondary triage during an Amber phase. This relates to inventory planning and target setting as well as mechanisms for increased inventory visibility. Over 50% of the Canadian blood supply is collected and processed within Ontario. CBS places a high priority on developing effective response mechanisms in collaboration with OEBMC for Ontario shortages as this is critical not just to Ontario residents but also to Canadians in general.

## The February 2014 Platelet Shortage Simulation Exercise – The Hospital Experience

*K. McShane, E. McDougall, B. Lazaro, Hospital for Sick Children*

A great deal of planning for a blood shortage event had occurred starting back in 2010 when our Transfusion Advisory Group (TAG) was involved to help decide how we should proceed, to define the crucial services and the representatives that should be notified in the event of a shortage, and to ensure the plan created meshed with the hospital emergency plan. The communications fan out list was completed in 2011 and sent to those named along with expectations and their role in managing blood shortages. A Core Group (4) was to make the final decisions about who will receive blood (Surgery, Haematology, PICU, Cardiac CCU) with Transfusion Medicine and Risk Management as non-voting members. The relevant pages in the NAC document 'Framework for Rationing Blood' about General Exclusion Criteria was shared with this group to assist with triage. Since communication would be crucial, information about any shortage would also be posted to the SickKids intranet homepage and in the hospital's Hazard Alert system. If a shortage alert starts on evenings, nights or weekends, only on-call staff, Pediatrician on-call and Nursing Director on-call, would need to be notified as they are running the hospital. On the day of the alert, planning paid off as staff knew how to proceed even after hours. In the morning when all members on the contact list were phoned, paged or faxed according to their preference all responded quickly except for the few who were away or in surgery. All members were reminded that in a real shortage their role would be to limit platelet orders. The contact anaesthesiologist in the OR reported on the elective surgeries requiring platelets that would be cancelled. Prophylactic transfusions would be deferred. At escalation to Red Phase the contact list personnel were reminded that their role would be to limit platelet orders to those most in need and any order would be reviewed by our Core Group. The simulation exercise went smoothly. For the future, the Core Group requested that a dedicated conference line be put in place to facilitate their discussions during an event and that the Contingency Plan SOP be written as a Hospital-wide Policy.

## Upcoming Events

EVENT	DATE	LOCATION
CBS Centre for Innovation Symposium Plasma: Transfuse it, Fractionate it or Forget it!	Sept. 13, 2014	Toronto
GHEST 'Mixed Field' Topics in Transfusion Medicine	Sept. 27, 2014	Burlington
AABB CTTXPO 2014	Oct. 25-28, 2014	Philadelphia, PA
Patient Blood Management Symposium	Nov. 29, 2014	St. Michael's Hospital, Toronto
NE CBS/ORBCoN Videoconference Symposium	April 15, 2015	Hosted by The Ottawa Hospital
CBS/ORBCoN Spring Symposium	April 24, 2015	Toronto

*"Planning is bringing the future into the present so that you can do something about it now" - Alan Lakein*