

Debriefing Report for 2016 Redistribution Summit

Background

In the fall of 2015, Canadian Blood Services (CBS) announced to its national and provincial customers (hospitals) and stakeholders including ORBCoN, that they were acquiring new shipping containers for distribution of blood components and products to hospitals in Canada outside of Quebec. The new shipping containers have a pre-conditioning protocol which will not allow hospitals to utilize the new container. This change will have an impact on hospitals that presently use CBS boxes for shipping components/products to other facilities as part of their inventory management strategies, for redistribution or when transferring blood with patients to another facility.

ORBCoN has been helping to facilitate redistribution of blood components between facilities since 2007 and historically the provincial redistribution program has potentially saved over 3 million dollars each year by diverting fresh components to other facilities to be used rather than being discarded due to expiry. In 2013, partnering with the Factor Concentrate Redistribution Program (FCRP), the program has reported an additional potential savings of over 2 million dollars' worth of plasma protein products. The Factor Concentrate Redistribution Program began in 2007 and has resulted in savings of over 11 million dollars' worth of clotting factor concentrates since its inception. This partnership has resulted in increased potential savings year over year.

The provincial redistribution program, although effective in reducing expiring products, has its limitations in both efficiency and standardization and has had very little consultation from the "users" of the program. As a result of these factors and the potential impact of the "new" CBS shipping containers, a forum was held with stakeholders to review the current redistribution process, assess the impact of the new shipping containers on these processes, develop strategies to maximize efficient redistribution processes, and strategies to reduce the impact of the new shipping containers to continue the success of these programs.

Plan

The ORBCoN Redistribution working group agreed to plan and facilitate a one day summit to review the current redistribution processes for shipping components/products between facilities. The main focus of the summit was on maximizing efficiencies in the current redistribution process while considering potential strategies to support redistribution processes in light of the fact that CBS support through use of their shipping containers will no longer be available to hospitals (and recirculation of containers) once the new containers are introduced.

The morning session began with a presentation provided by Paul Derksen from CBS, who presented on the new CBS shipping container initiative including the reasons for acquiring new shipping containers and the shipping container configurations and pre-conditioning methods. ORBCoN then provided the background on the current redistribution program and data supporting the importance and cost-effectiveness of a sustainable redistribution program. The final presentation was given by the Factor Concentrate Redistribution Program (FCRP) highlighting the FCRP process for redistributing clotting factor concentrates, the unique challenges with these products, and how the program utilized the over 600 patients registered with the Home Infusion Program to use the short dating stock before expiry.

The afternoon session provided participants with the opportunity to provide feedback on the current redistribution processes and the impact that the new shipping containers would have. Participants were divided into three groups and were provided with pre-determined topics to discuss issues, concerns and potential strategies. At the end of the breakout sessions the facilitator reviewed the common concerns and the proposed strategies for improvements. This information will be brought back to ORBCoN for follow up and for potential strategy implementation as required.

The outcome of the afternoon session is shown in a table on the following pages.

Outcome

RBC/PLT for Redistribution:

<i>Issues Identified</i>	<i>Suggested Solutions</i>
<ul style="list-style-type: none"> • Hub sites will have difficulties as CBS currently delivers to hub site only and not the satellite sites – CBS may have to extend delivery to every site in the future. • Returning boxes to hub (originating site) 	<ul style="list-style-type: none"> ◆ CBS should consider the provision of courier services for redistributed product and/or return of shipping containers. ◆ Utilize existing CBS routes (CBS needs to share routing) –consider reconfiguring current routes. ◆ Can the LHIN help with this? Courier or money for boxes? ◆ Implement a courier system (regionally or LHIN-wide)
<ul style="list-style-type: none"> • Concerns for TML: packing configurations must be kept simple (conditioning, multiple configurations) 	<ul style="list-style-type: none"> ◆
<ul style="list-style-type: none"> • Cost of purchasing new boxes, no budget for this. 	<ul style="list-style-type: none"> ◆ Can the new CBS boxes be used with existing hospital resources for conditioning? <ul style="list-style-type: none"> ○ -separate stock of boxes (same as new CBS boxes) for redistribution ○ -ORBCoN to validate these boxes? <ul style="list-style-type: none"> - Pelican contract prices extended to this sub-set of boxes ◆ Can ORBCoN fund new boxes? Either current or new CBS types? ◆ Can a report be created detailing current hospital expenditures for redistribution (existing couriers, Purolator, taxis etc.) to make a business case for a courier system. ◆ Can the LHIN help with this? Courier or money for boxes?
<ul style="list-style-type: none"> • Dry ice, no longer have access = cost 	<ul style="list-style-type: none"> ◆ Thaw plasma before redistribution?
<ul style="list-style-type: none"> • Increase use of the platelet web app to identify platelets at risk of expiry and utilize CBS to act as courier 	<ul style="list-style-type: none"> ◆

Products with a Patient

<i>Issues Identified</i>	<i>Recommendations</i>
<ul style="list-style-type: none"> ◆ Communication between lab/sending facility/receiving facility, who faxes form? 	<ul style="list-style-type: none"> ◆ The faxed form should be sent before or with patient so receiving hospital is aware and looking for products (if the receiving hospital is known)
<ul style="list-style-type: none"> ◆ Documentation <ul style="list-style-type: none"> ○ not always with patient ○ product with no documentation ○ Who is responsible? RNs, EMS, ORNGe ○ Final disposition, can't assume it was transfused, do you select "other"? ○ Final disposition is required for traceability in a recall 	<ul style="list-style-type: none"> ◆ Someone should be selected as accountable for this responsibility ◆ Should have SOP stating vein to vein traceability
<ul style="list-style-type: none"> ◆ Receiving hospitals will not always accept the product regardless of proper packaging 	
<ul style="list-style-type: none"> ◆ Boxes <ul style="list-style-type: none"> ○ Who is responsible or holds the budget for purchasing ○ Urgent transfer/transport, conditioning is an issue ○ Determine distance between sites for validation times of boxes 	<ul style="list-style-type: none"> ◆ CBS should consider the funding and provision of shipping containers for redistribution and patient transfer ◆ MOH should collaborate with CBS to set up transportation, routes and shipping containers and validate for 24 hours, 72 hours etc. ◆ ORBCoN to consider the provision of shipping containers to hospitals to sustain the redistribution program ◆ MOH should consider the endorsement and funding of a Provincial courier system ◆ ORBCoN should consider ordering and providing new shipping containers from new CBS supplier and these containers should: <ul style="list-style-type: none"> ○ Be validated by a provincial committee ○ Have a provincial logo on each container ○ Allow for sites to perform verification/validation for specific needs ○ Have ORBCoN organize/facilitate and fund the availability of the boxes ◆ MOH to consider funding hospitals for their redistribution activities as most hospitals do not have the required budget and should not be responsible for funding the program ◆ Investigate return of boxes that travelled with patients via RN or EMS ◆ ORNGE should consider having their own transport containers to meet their specific needs ◆ Hospitals may need to consider utilizing the new CBS boxes by removing the PCM and use gel packs and ice packs <ul style="list-style-type: none"> ○ Validate for site specific needs 4-8-12 hours

Plasma Protein Product Redistribution

<i>Issues Identified</i>	<i>Suggested Solutions</i>
<ul style="list-style-type: none"> Short Dating (4 months possible?) 	<ul style="list-style-type: none"> Keep at 6 month expiry date to allow the time to arrange patient pick up when necessary
<ul style="list-style-type: none"> The reporting is complicated and time consuming Duplicate reporting (CBS and ORBCoN) 	<ul style="list-style-type: none"> An electronic site specific expiry report should be generated and provided by CBS to all hospital sites. Consideration should be given to the use of an electronic portal similar or built on the same platform as PLT web app
<ul style="list-style-type: none"> Timeframe for reporting product 	<ul style="list-style-type: none"> Send expiry report every two months instead of every month Educate on the product expiry dates appear on products and Issue Vouchers
<ul style="list-style-type: none"> Computer LIS not capturing great information Hospitals are being pushed to carry the burden of redistribution may have some more push back from these sites for redistributing products moving forward 	<ul style="list-style-type: none"> Manufacturers barcoding to include important information like expiry dates CBS should consider the facilitation of the redistribution of products and act as a courier ORBCoN should consider highlighting the savings/benefit in a provincial report Checklist for stability of the boxes ORBCoN should consider reporting cost savings and the cost of wastage in CEO letter
<ul style="list-style-type: none"> Discrepancies between shipping form and LIS print outs 	<ul style="list-style-type: none"> Standard shipping form, one form for all
<ul style="list-style-type: none"> Lot Number issues 	<ul style="list-style-type: none"> Hospitals should report the lot number visible on box, not what each facility's LIS assigns for a lot number. This is too confusing for receiving site
<ul style="list-style-type: none"> Physicians ordering treatment for patients and do not notify the lab the treatment is done resulting in wasted product 	<ul style="list-style-type: none"> Hospitals should consider reporting wasted products to administration to increase the awareness of increase in costing and wastage Hospitals should consider having Dr. Collins speak to physicians regarding notifying the lab when ending treatments using plasma protein products
<ul style="list-style-type: none"> Lab continues to stock products for "just in case" 	<ul style="list-style-type: none"> FCRP should send product recommendation to stock based on population
<ul style="list-style-type: none"> SDP products should not be reported 	<ul style="list-style-type: none"> Do not report SDP on a monthly expiry report
<ul style="list-style-type: none"> Boxes 	<ul style="list-style-type: none"> Use new CBS boxes and just modify the conditioning Ministry to fund the purchasing of provincial boxes like CBS and ask CBS to act as courier Develop a business case to present to ministry to support the request for CBS to help facilitate provincial redistribution

Next Steps

Shipping containers:

- Contact the supplier of shipping containers that CBS has started to pilot for more information regarding pre-conditioning requirements for hospitals to ship between each other
- Move forward with hospitals stockpiling the current CBS shipping containers to use once CBS moves to the new shipping containers
- Work with individual groups of hospitals to devise a courier plan for returning boxes
- Develop an estimate to support courier costs associated with redistribution (including return of boxes)
- Investigate costs to validate (Including temperature monitoring devices)
- Raise issues to Ontario MOHLTC Blood Programs Coordinating Office (BPCO) and Ontario Blood Advisory Committee (OBAC)
- Approach CBS to consider supporting movement of shipping containers used for redistribution and patient transfers as part of their blood delivery to hospitals.

Redistribution of RBC/PLT:

- Review SOP and upload to website

Shipping with a Patient:

- Review SOP and upload to website

Redistribution of Plasma Protein Products:

- Change the reporting to every two months
- Upload SOP to website
- Investigate (pilot) use of the Platelet Web Application for Plasma Protein Product nearing expire

