OVERNIGHT BLOOD TRANSFUSION OF HAEMODYNAMICALLY STABLE PATIENTS IN THE MEDICAL ASSESSMENT UNITS (MAU)

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Introduction
The Medical Assessment Unit (MAU) service model is designed to improve patients’ experience and flow from the emergency department (ED) to either, direct to residence, or a specialty ward for further care, ideally within 48 hours. Audits and review of common diagnostic groups (DRGs) identified a significant number of patients had primary diagnosis related to transfusion medicine. The length of stay (LOS) of this patient group was 3.8 compared to our peers 3.3 days; contributing factors included admission times and local policy excluding transfusions between 2200-0600 for non-critically bleeding patients.

Aim
To decrease the average LOS of patients requiring blood transfusions in MAU by 8 hours within 6 months

Methodology
A review of MAU patients over 12 months, found 126 were admitted for a primary transfusion management problem. A clinical incident review, related to blood transfusions demonstrated high clinical practice, this was reflected in external transfusion compliance audits. Risk assessment identified the clinical risks associated in proposed overnight blood transfusions and required minimization strategies. Highest risks identified included falls, possible lack of vigilance and visualization of the patient. A local MAU guideline with management strategies was endorsed in August of 2014. Education and support for nursing, patient flow, ED and medical staff was provided on the guideline including limitation & requirements. A repeat blood transfusion compliance and risk assessment audit was attended in January of 2015 including day and night compliance, showing compliance of 96.7%. LOS studies have demonstrated a decrease from 3.8 to 3.2 days (14.4hrs) for those transfused overnight.

Conclusion
MAU has demonstrated the ability to safely provide this service to patients, decreasing the delay in primary therapy of delivering blood transfusions in a timely manner & hence decreasing LOS. The clinical risk to patient through management strategies and education has resulted in safe patient outcome and strong compliance in care.