


Blood System Inventory Management Best Practices Guide Hospital Transfusion Service/Blood Bank

See the companion document “Blood System Inventory Management Best Practices Guide” for details and references. www.blood.ca

1. Determine target inventory levels and maintain these levels by using an ‘stock’ policy. Inventory levels and average daily red cell demand (ADRD) should be reviewed at least annually.
- | Red Blood Cell Levels | | | |
|-----------------------|-------|-------|-----|
| | Green | Amber | Red |
| O POS | 56 | 39 | 22 |
| A POS | 51 | 36 | 20 |
2. Arrange your inventory to ensure the oldest (shortest remaining shelf life) are at the front of the storage shelf.
 3. To meet the needs of women of child bearing potential, hold approximately 6-9% of your inventory as K negative.
 4. Based on your hospital patient population, maintain a segregated antigen negative RBC stock, in labeled bins.
 5. Perform an inventory count prior to placing a ‘stock up’ order with your blood supplier.
 6. Implement policies to address the management of group O Rh(D) negative RBCs to preserve these lower incidence blood components.
 7. Limit crossmatch/reserve inventory. Use of electronic or immediate spin crossmatch techniques can aid in reducing the length of time units remain on hold for a patient.
 8. Establish a maximum surgical blood order schedule (MSBOS). A MSBOS is based on a hospital’s past RBC use and serves as a guideline for future surgical and other RBC transfusion requests. A MSBOS can guide ordering practice and avoid “just in case” ordering.
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9. Implement redistribution to minimize outdates.
 10. Train your staff. Staff training and awareness can contribute to improved inventory management practice.
 11. Collaborate with clinical staff. This can make a significant difference in improving component/product ordering practices.
 12. Avoid large numbers of units expiring on the same day. For large orders of the same blood type, ask your blood supplier to send units with a mixture of expiry dates.

