



Hammer down Haemolysis

‘Haemolysis is the rupturing of red blood cells allowing the haemoglobin and other cell contents to spill into the blood plasma.’

What we were trying to do?

In August 2017, the Trust launched a Quality Improvement Campaign to help reduce the number of haemolysed blood samples received.

This campaign was developed to:

- Make sure that patients do not have delays in receiving the right care and treatment.
- Improve the care and experience of patients who need to have their bloods taken
- Raise awareness to secure behaviour change from all staff that take bloods
- Reduce costs on the equipment, test and staff time associated with the repeat testing.

Our aim was to have a 50% reduction in the number of haemolysed samples that our laboratory receives.

Why did it matter?

There are many reasons for haemolysed blood samples, some of which may be unavoidable. However, the evidence suggests that the likelihood of haemolysis in blood samples can be reduced by adhering to best practice guidelines.

Following these simple guidelines means that there is:

- **No second stab for the patients**
- **No increased waiting time for the patient**
- **No delayed discharge or breach**
- **No increased lab costs for repeat testing**

And ultimately ensures that our patients get the right diagnosis and treatment!

What did we achieve?

The Trust has run this campaign since August 2017 with the top eight areas identified as having the highest percentage of haemolysed samples.

Each area has helped us by displaying a poster detailing five simple ‘dos and don’ts’, drawing it to the attention of their colleagues, supporting any behaviour change amongst colleagues and contacting Phlebotomy if they required further support or training.

Data from participating areas in May 2017 was used as a baseline and in September 2017, the overall percentage of haemolysed samples more than halved – down from 6.7% in May to 2.9% in September. However, in October the overall percentage of haemolysed samples had increased but not in all areas. Despite this, September’s figures proved that the initial campaign message worked.

What happens now?

The Campaign Delivery Group has since met to discuss how the campaign has gone from launch to date (August 2018) and to identify next steps for future delivery.

Key actions were agreed with identified leads in order to sustain this campaign in an appropriate way.

It is important to reflect on the successes we have achieved. We have seen at least two dips where the rates of haemolysis reduced significantly in those areas where we initially launched the campaign in.

This means that hundreds of patients have avoided the pain and inconvenience of repeated bleeding and fewer resources have been wasted as the Trust has been better able to get blood results right first time!