

SHARE YOUR HEALTH
AND VITALITY WITH
SOMEONE IN NEED



Canadian Blood Services TRACE LINE[®] Phase II Manitoba Pilot

Date: 2010 11 03

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What Will be Presented Today?

- What is TRACE LINE®
- Current Situation with TRACE LINE® Implementations
- Conceptual Solution for Manitoba
- Principle of Remote Electronic Crossmatching
- Software General Features
- Benefits
- Expected Hospital Impacts Phase II
- Where we are today with Phase II

What is TRACE LINE®

- TRACE LINE® is a software developed specially for small and large scale hospital transfusion service and perinatal testing laboratories
- TRACE LINE® is FDA 510(k) licensed (US)
- Vendor: MAK-SYSTEM Corporation International Group (Paris France, dedicated Blood Bank supplier for 26 years)
- Used by 350 hospitals in at least 10 different countries
- 84 hospital use TRACE LINE® Software in Quebec
- Finland, Scotland and Florida Blood Services have implemented TRACE LINE® with similar configuration requirements for Manitoba

Current TRACE LINE[®] Implementation Progress

- Joint funding and a cost sharing agreement obtained for a single, computerized laboratory information system for Manitoba and British Columbia, Alberta, and Saskatchewan
- TRACE LINE[®] has been implemented at Alberta, Saskatchewan and Manitoba Canadian Blood Services sites. British Columbia will be implemented 2010-11-22
- Phase I is managed by Canadian Blood Services and implemented according to Canadian Blood Services Project Management Life Cycle Process

TRACE LINE[®] Phase II Project

- This will be a joint effort between Manitoba Health, Diagnostic Services Manitoba and Canadian Blood Services
- Managed by Canadian Blood Services according to Canadian Blood Services Project Management Life Cycle Process
- In 15 months from project kick off (January 2011), TRACE LINE[®] software will be implemented at three (3) Manitoba Hospital pilot sites (Brandon, Health Sciences Centre and Selkirk)
- The TRACE LINE[®] software will replace existing manual systems for blood component and derivative inventory management

Phase II Timelines

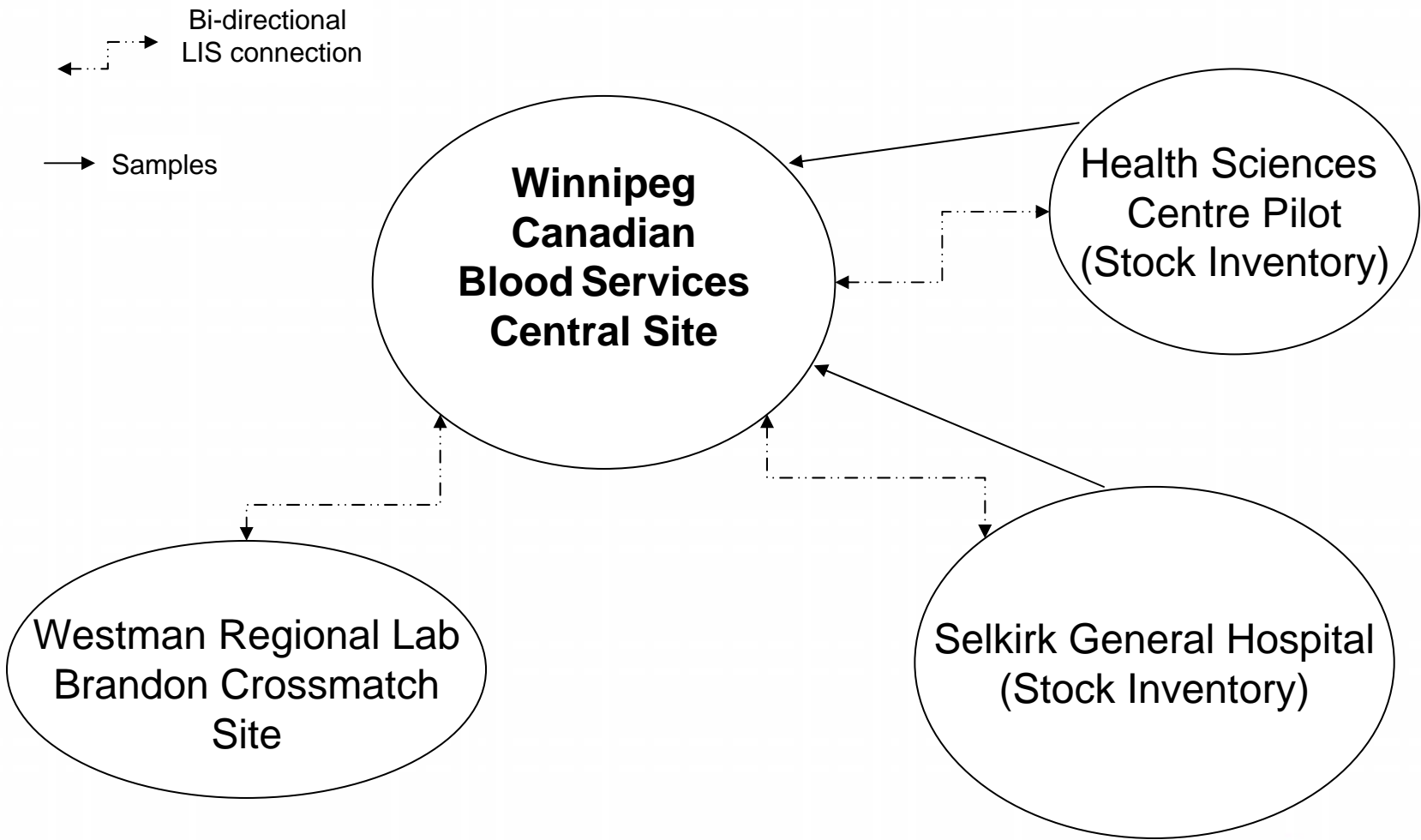
	2010_11			2011_12 Fiscal Year											
Milestones	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar
Approval to Proceed	█														
Project Initiation	█														
Project Planning		█													
Requirements			█												
Design				█											
Parameterization					█										
Validation						█	█	█							
UAT									█						
Pre-Implementation										█					
Pilot 1											█				
Pilot 2												█			
Pilot 3													█		
Post-Project Monitoring														█	
Project Close-Out															█

Conceptual Solution for Manitoba's Central Transfusion Service

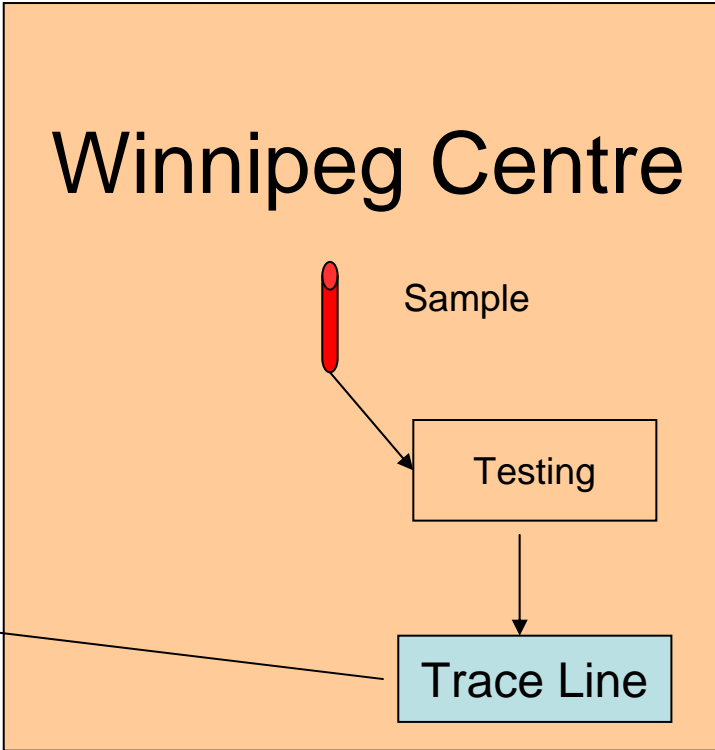
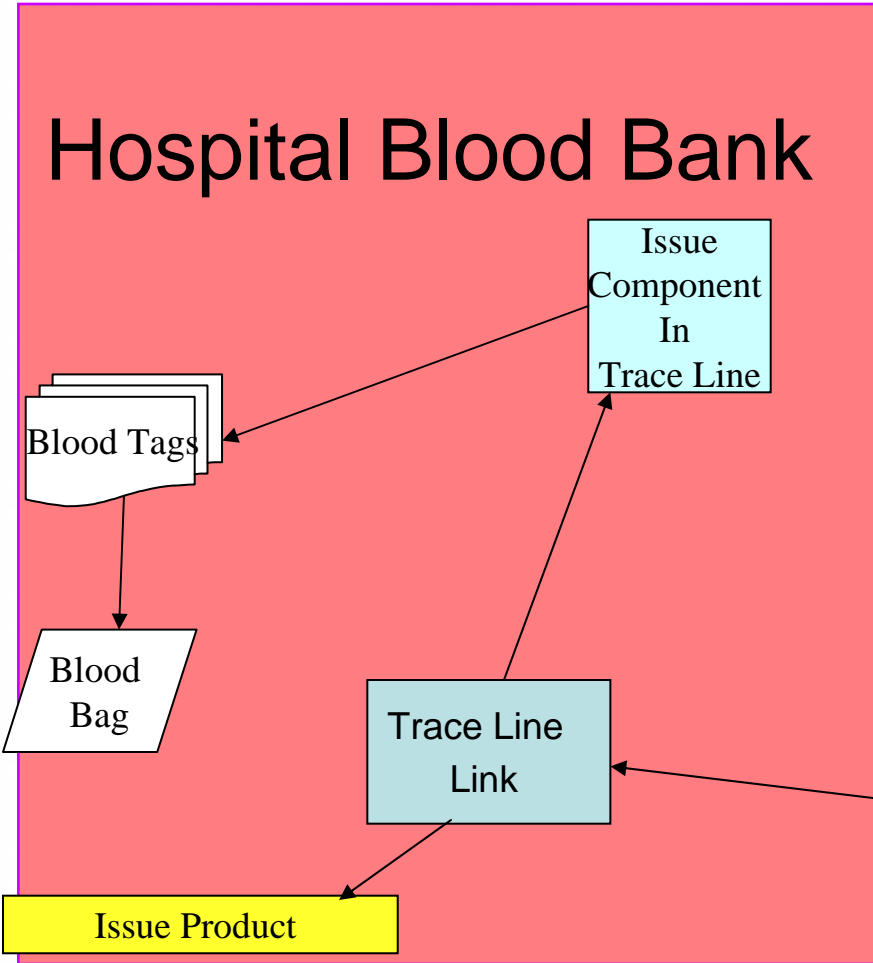
**Canadian Blood Services Winnipeg, Manitoba Health and Diagnostic Services
Manitoba identified the following requirements for the new system:**

- Linkages between Canadian Blood Services Winnipeg and selected Manitoba hospitals (all on same system)
- Track, store and have patient antibody and special needs information available to all linked hospitals in real time
- Perform electronic crossmatch and issuing of blood products at hospital sites (inventory at hospital sites)
- Provincial data bank to facilitate regional utilization reviews in real time
- Combined perinatal and crossmatch transfusion patient database for consistent patient management

Manitoba Centralized Transfusion Service TRACE LINE[®] Connection



Principle of Remote Electronic Crossmatch



Trace Line[®] Features

- Automated verification that PHIN number entered correctly
- Advanced Electronic Notification (AEN) of inventory in route to hospital location
 - Eliminates manual entry of inventory being received
- Automated inventory tracking and utilization reports
- Built in safeguards to avoid issuing of wrong product types to patients

Trace Line[®] Features

- Assignment of blood components largely completed by bar code scanning
- Issuing blood components largely completed with barcode scanning
- Automated faxing of test results from Canadian Blood Services to hospital or clinic sites
- Bi-directional interface to automated testing equipment (Brandon)
- Ability for electronic transfer of blood products between hospital sites to reduce documentation

Phase II Trace Line[®] Implementation Benefits

- The implementation of TRACE LINE[®] in Manitoba will create a transfusion registry for the province which will greatly enhance the ability to forecast demand for blood products and derivatives for the province
- Blood products will be stored at hospital sites where it is required, reducing 'emergency' transportation costs

Phase II Trace Line[®]

Implementation Benefits

- Reduce the discard rate of blood products
- Ability to produce physician utilization reviews by Medical Service
- Reduction in medical technologist time in performing labour intensive manual data entry of test results and record keeping
- Standardized documentation processes across all sites

Pilot Quantifiable Benefits

Benefit	Measure	Expected Improvement in Performance
Reduction in Manitoba hospital red cell discards	Average discard rate	Reduce the discard rate in Selkirk from 26% to the provincial average of 8%.
Reduce crossmatch to transfusion ratio (<i>increase red cell product utilization efficiency</i>)	Crossmatch/Transfusion Ratio	For the Health Science Centre pilot reduce the C/T ratio of 2.23 to 2:1
Reduce the need for red cell and platelet products to be returned to the CBS Crossmatch for re-issue	Platelet and Red Cell Inventory	Reduce the current return rate of red cells from 50% to 20% at the Health Sciences Centre

Impact on Stake holders Phase II

- Pilot Hospital Clinical Units
 - Derivative products will require confirmation of transfusion
 - Introduction of computer generated reports in Brandon
- Pilot Hospital Laboratories
 - Staff will be going from manual to a computer platform
 - Improved inventory management and changes to operational process
 - New operating procedures associated with electronic crossmatching, remote tag issuance, inventory management
 - Inventory of blood products will be at hospital sites.
 - Space requirements for hardware (PCs, printers, etc)

Impact on Stake holders Phase II

- Physicians located at Pilot Sites
 - Improved Turn Around Time for the delivery of blood components when type and screen completed

Where are we today with Phase II?

- Business Case written and approved to proceed
- Stake holder support confirmed
- CBS Project staff have been recruited and assigned to Pilot site location
- Communication of the Pilot Project to key stake holders

What happens after the Pilot?

- Roll out of Trace Line[®] to 15 other sites around the Province
- Investigate the feasibility of implementing Transfusion Monitoring Module to complete the vein to vein process
- Investigate the implementation of other available modules such a Hemovigilance