Excerpt from 'eBlood BloodNet Interface Project Summary 19 August 2013'

Benefits

Time Savings

Laboratory Inventory management of Blood Components & Products prior to implementation of the e-Blood/BloodNet Interface included a number of processes:

- 1. Counting of Inventory
- 2. Creating a New Stock Order in BloodNet
- 3. Receipting Inventory in BloodNet
- 4. Receipting Inventory in e-Blood
- 5. Fating of Inventory in BloodNet

The only process not affected by the interface is Process 3. Receipting Inventory in BloodNet. The implementation of the interface has resulted in significant Time Savings for All other processes in Inventory Management. The size of the savings is related firstly to the volume of Inventory managed & secondly to the range of Inventory managed.

Therefore Laboratories with the largest volume & range of Inventory have experienced the largest Time Savings.

Hunter Area Pathology Service (HAPS)

John Hunter Hospital	Pre-BloodNet Interface (min)	Post-BloodNet Interface (min)	Savings
Count Inventory	45	2	43
Create New Stock Order in BloodNet	10	1	9
Enter New Stock into e-Blood	45	0	45
Fate Inventory in BloodNet	10	0	10
TOTAL	110	3	107
			97%

⁶ days per week

Pacific Laboratory Medicine Services (PaLMS)

Hornsby and Ku-Ring-Gai Hospital	Pre-BloodNet Interface (min)	Post-BloodNet Interface (min)	Savings
Count Inventory	10	2	8
Create New Stock Order	10	2	8
Enter New Stock into e-Blood	30	0	30
Fate Inventory in BloodNet	5	0	5
TOTAL	55	4	51
			93%

⁴⁻⁵ days per week, 1-2 times per day

Manly District Hospital	Pre-BloodNet Interface (min)	Post-BloodNet Interface (min)	Savings
Count Inventory	10	0	10
Create New Stock Order	5	1	4
Enter New Stock into e-Blood	10	0	10
Fate Inventory in BloodNet	2	0	2
TOTAL	27	1	26
			96%

³⁻⁵ days per week

Mona Vale District Hospital	Pre-BloodNet Interface (min)	Post-BloodNet Interface (min)	Savings
Count Inventory	10	0	10
Create New Stock Order	5	1	4
Enter New Stock into e-Blood	10	0	10
Fate Inventory in BloodNet	2	0	2
TOTAL	27	1	26
			96%

3-5 days per week

Royal North Shore Hospital	Pre-BloodNet Interface (min)	Post-BloodNet Interface (min)	Savings
Count Inventory	20	3	17
Create New Stock Order	15	3	12
Enter New Stock into e-Blood	15	0	15
Fate Inventory in BloodNet	5	0	5
TOTAL	55	6	49
			89%

7 days per week, 2-3 times per day

Ryde District Hospital	Pre-BloodNet Interface (min)	Post-BloodNet Interface (min)	Savings
Count Inventory	10	0	10
Create New Stock Order	5	1	4
Enter New Stock into e-Blood	10	0	10
Fate Inventory in BloodNet	2	0	2
TOTAL	27	1	26
			96%

³⁻⁵ days per week

Pathology New England (PNE)

Glen Innes District Hospital	Pre-BloodNet Interface (min)	Post-BloodNet Interface (min)	Savings
Count Inventory	10	1	9
Create New Stock Order	5	1	4
Enter New Stock into e-Blood	10	0	10
Fate Inventory in BloodNet	2	0	2
TOTAL	27	2	25
			93%

¹⁻² days per week

Inverell Hospital	Pre-BloodNet Interface (min)	Post-BloodNet Interface (min)	Savings
Count Inventory	10	1	9
Create New Stock Order	5	1	4
Enter New Stock into e-Blood	10	0	10
Fate Inventory in BloodNet	2	0	2
TOTAL	27	2	25
			93%

¹⁻² days per week

Pathology New England Armidale	Pre-BloodNet Interface (min)	Post-BloodNet Interface (min)	Savings
Count Inventory	10	1	9
Create New Stock Order	5	1	4
Enter New Stock into e-Blood	10	0	10
Fate Inventory in BloodNet	2	0	2
TOTAL	27	2	25
			93%

2-3 days per week

Pathology New England			
Tamworth	Pre-BloodNet Interface (min)	Post-BloodNet Interface (min)	Savings
Count Inventory	10	1	9
Create New Stock Order	5	1	4
Enter New Stock into e-Blood	15	0	15
Fate Inventory in BloodNet	3	0	3
TOTAL	33	2	31
			94%

2-3 days per week

Mid North Coast Pathology Service (MNCPS)

Manning Rural Hospital	Pre-BloodNet Interface (min)	Post-BloodNet Interface (min)	Savings
Count Inventory	10	0	10
Create New Stock Order	5	1	4
Enter New Stock into e-Blood	20	0	20
Fate Inventory in BloodNet	5	0	5
TOTAL	40	1	39
			98%

²⁻³ days per week

Other Benefits

Data Accuracy

Removing the potential for human error in data entry either when receipting into e-Blood or when providing Inventory levels or Fate information to BloodNet has resulted in more accurate/reliable data. Having more accurate data allows us to better address the issues raised by 'The Stephen Review', i.e.

- Financial Due Diligence
- Budget Devolvement
- Supply Planning
- Stock Management
- Clinical Usage reporting & data analysis

Increased Data

It should be noted that the interface has allowed for the collection/exchange of data that was <u>not</u> handled/exchanged prior to the interface. This includes:

- Counts of Allocated Components & Products sent to BloodNet
- Automatic receipt of Modifier & Phenotype data into e-Blood
- Fate information sent to BloodNet for Allocation, De-Allocation & Transfusion events.