# Supporting POCT Viscoelastic Haemostasis testing for post-partum haemorrhage

**Ruth Jones** 

POCT Manager Swansea Bay University Health Board & OBS Cymru POCT Liaison

### Background

- ▶ I joined the POCT Community 2016
- My background is in Haematology and Blood Transfusion
- ► I became involved in the Obstetric Bleeding Strategy (OBS Cymru) for Wales in 2017

### Background

- All Wales POCT Coordinators and Managers Group that meet quarterly.
- Creates a sense of community and an informal but strong network.
- OBS Cymru presented their vision at this forum.
- ▶ Plan to use the Rotem to assess Haemostasis during Post Partum Haemorrhage.
- Questioning was intense!! GOVERNANCE HOW ????
- A single point of contact requested by Obs Cymru, hence my involvement in this project.

### Rotem Delta

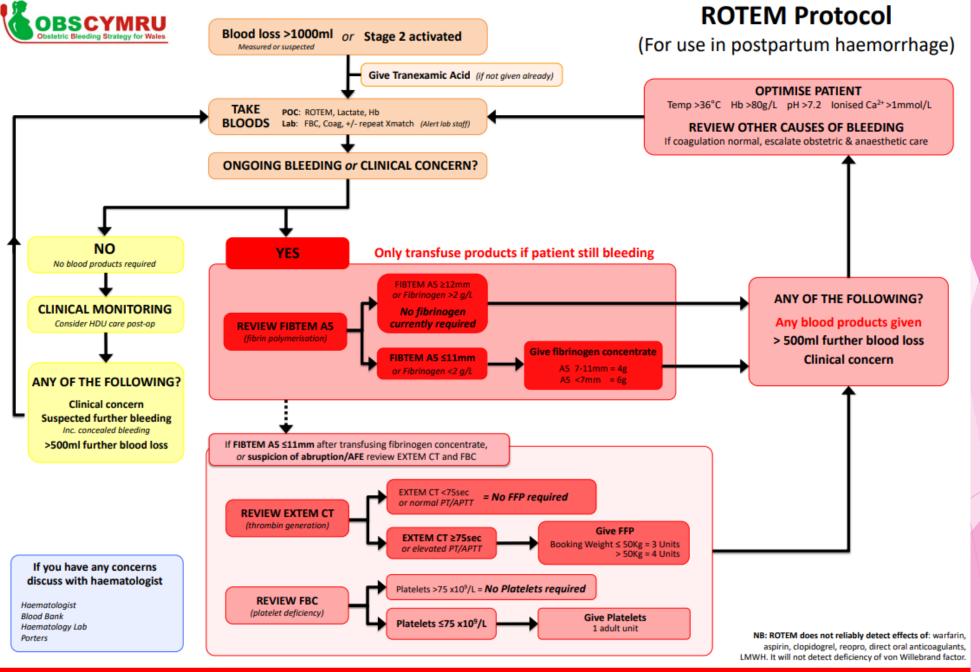


### Rotem Sigma



### Facilitators & Opportunities

- Move from Rotem Delta to Rotem Sigma More appropriate POCT Device
- Standardised equipment across Wales
- Standardised Data Manager planned but not implemented on all sites.
- OBS Cymru testing protocol and clear vision of how the results would be used.
- Funding had been secured to support the project so the local financial impact was limited.
- ▶ POCT was a pivotal but small part of the process which involved reeducation and changes for all the professionals involved in PPH management.



# Welsh Scientific Advisory Committee Policy on the Management of Point of Care Testing What, When and How? WHC (2017)

- Map patient's pathway. Can things be improved?
- ▶ What evidence is there that POCT will be clinically effective?
- How will this pathway redesign affect cost?
- Will POCT be able to meet the demand?
- What are the risks and benefits?

### Advantages of this standardised approach.

- ► A Standard Operating Procedure for use across Wales.
- Standardised training, Super User days & Cascade Training.
- Operator 'Lock Out' device only be accessed for testing by 'Trained Operators'
- Standardised documentation to capture Training and Competency Assessment.
- Standardised documentation to capture Maintenance and Internal Quality Control.
- Single voice that could be used to influence the company and facilitate change.

### Weaknesses identified.

- Inability to scan the operator ID.
- No interface into POCT Middleware (capability but not functional)
  - ► Cannot download patient demographics to the Rotem following the Patient ID Scan.
  - Results do not transmit to the patient's electronic record.
  - No ability to view IQC data remotely.
- ► Frequency & Complexity of the Liquid Internal Quality Control process.
  - ► Cartridge Lot & Rotrol Lot combination specific ranges.

### What did we achieve?

- Operator ID can now be entered by barcode scanning.
- The Rotem is interfaced into the all Wales POCT Middleware.
  - Patient demographics can be downloaded following scanning.
  - ▶ Results can be transferred to the electronic patient record.
  - ▶ IQC data can be viewed remotely (some refinement of capture is still required).
- ► Liquid IQC frequency, requirement reduced to monthly. System IQC is still required weekly.
- ▶ Participation of all Rotems in External Quality Assurance.

### Where are we now?

- Refinement of IQC management in all Wales data manager is still required.
- Results are transferred to the patient's electronic record but associated with the finish rather than start of analysis.
- Ideally 'Start Time' should be captured

### Moving forward

- ► OBS UK
- ► TEG 6 & Rotem rollout planned across the UK.
- Resources within POCT Teams is not standardised varying models of delivery.
- Could the impact on local POCT Teams be minimised by using the same approach as Wales?

## Verification of Multiple Devices in Multiple Locations

Ideas Welcome!!

The IQC Cost to run a 5 x 5 Validation on 18 Rotem devices could exceed £40,000

### Thank you