## **IMPROVING PERCENTAGE OF QLL59** SUCCESSFUL BLOOD DONATION DRIVE



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## SELECTION OF OPPORTUNITIES FOR IMPROVEMENT

## Introduction Selection of Opportunities **Problem Selection Criteria** The availability of safe, sufficient and timely blood supply for patient care is a key component of Transfusion Medicine Service Low blood stock may cause delays in medical treatments, jeopardizing patient safety resulting in increased morbidity and mortality Problem Total S М Α R Т S High percentage of unsuccessful blood 19 20 16 17 23 85 -80% blood collection in Malaysia contributed Data collection via Blood Bank Information System version 2.0 (BBISv2) & questionnaire donation drive Μ by blood donation drives, emphasizing the needs of meeting targets for adequate patient blood To ensure sufficient and timely blood supply, improving patient safety, cost effectiveness and quality of life High percentage of rejected samples from clinical wards supply 9 15 10 14 12 60 Α Blood stock sustainability is an ongoing challenge due to growing population and increasing demand. Health facilities also encounter supplies, notably during , such as festive periods, High percentage of anemia among regular donor fluctuating during blood Improvement can be done without additional cost R 11 13 9 9 10 51 variations. seasonal monsoon seasons, and Ramadan The study can be completed within a short period of time Т **KEY MEASURE FOR IMPROVEMENT** Problem statement Objectives **Problem Analysis Chart** PROCESS OF GATHERING INFORMATION Problem: General: Lack of supervision To improve percentage of successful blood donation drive on establish flow Unable to maintain blood and component safe level due to unsuccessful blood Lack of organizer involvement Study Sample Study Design 1 2 Successful blood donation at drive donation drive Specific: Cross-sectional study Inexperience staff Big crowd Effect: To determine the Ineffective drive post-mortem percentage of successful blood donation drive Long waiting time for bleeding Insufficient blood stock may Sample Size Sampling Method lead to delay in medical treatments, jeopardizing patient safety and potentially increasing morbidity and 3 4 Convenier sampling Pre-remedial : 66 drives Post-remedial : 56 drives To identify factors contributing to unsuccessful blood donation drive session igh percentage f unsuccessful Lack of drive planning & publicity mortality Limited blood donation Study Setting Blood donation drive Study Duration Verificat. (Dec 21 – Feb 22) Pre-remedial (Jul - Aug 22) Post-remedial (Sep - Oct 22) To formulate strategies and 6 space implement possible remedial actions drive **Contributing Factor:** Low bed/bleeder to donor ratio Delayed release of donation drive information Shortcomings in the donation drive planning To evaluate the effectiveness of remedial actions implemented Data Collection Data Analysis 8 7 Tool Inadequate equipment Microsoft Excel Lack of R BBISv2 & Checkbox Inadequate training venue questionnaire assessment ተ Indicator Lack in communica tion with Total number of successful blood donation drive tandard > 70% rive layout uideline not x 100% \*Department lo site visit Total number of blood donation drive communica consensus organizer Model of Good Care ANALYSIS AND INTERPRETATION Pre-remedial Post-remedial Process Criteria Standard Total successful blood Pre-Remedial donation drive pre-remedial Release of donation drive information Monthly donation drive planner Timely promotions in social media or other communication platform Donor education on donation eligibility Contributing factors 100% 60% 100% Long waiting time for bleeding session 40% Standard Staff and equipment to be allocated in accordance to target Site visit for new organizer and drive Donation drive set up Low bed/bleeder to donor ratio 50% . Preremedial 50% 80% 100% study venue Ineffective donation drive post-mortem 70% Appropriate donor to bleeder ratio in Bleeding session 100% 60% 80% 70% 55% Delayed release of donation drive information each donation drive 40% Post-mortem expanded to unsuccessful donation drive 100% 30% 80% Donation drive post-STRATEGY FOR CHANGE mortem **Remedial Action Process of Care** 100% Site Visit for New **Effective Guided** Newly Established RUNNER SYSTEM **Organizer & Drive Venue Post-Mortem** Planning blood donation drive with organizer Release of donation drive information + Donation drive set up Pre-donation eligibility questionnaire & Hb. level 1 bleeder will be able to attend > 1 No ⇒ Defer donor Systematic Resources Allocation Using Google Spreadsheet & Timely Drive Information to Social Media donor at a time Eligible? Reduce waiting time Time saving Reduce unsatisfactory Yes No Donor counselling & registration Defer donor EN DERMA DARAH Eligible ? AN HERE! donation Yes **Drive Name** Collection Target **Collected Blood Bleeding session** 500 548 Donor Day 2022 Donation drive Post-Mortem Donor Day 2023

patients' need

Attract future potential sponsors and donors

EFFECT OF CHANGE

**Pre-Remedial** 

existing and potential organizer

600

**Post-Remedial** 

of

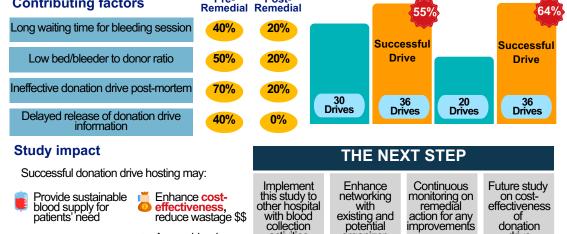
donation

drive

639

70% Standard

55%



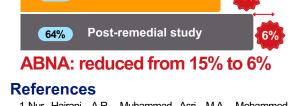
activities

octiveness

Assure blood

quality

reduce wastage \$\$



Pre-remedial study

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