The Fritsma Factor
YOUR INTERACTIVE HEMOSTASIS RESOURCE

Blood Specimen Management
IMSS Luncheon Roundtable

George A Fritsma MS, MLS
The Fritsma Factor, Your interactive Hemostasis Resource
www.fritsmafactor.com

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1

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2021 Hospitalizations

- Feb 22, RMC ICU: HGB 9.2 g/dL
- May 21, RMC ER: HGB 15.1 g/dL
- May 22, RMC ER: HGB 7.1 g/dL, 2 RBC Units
- May 23, RMC ER: Syringe collection, clotted
- May 23–29, transfer to Grandview ICU: PICC line, HGB 9.6

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2

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ICSH Recommendations

1. Establish an implementation committee to ensure seamless electronic ordering system. Employ user-friendly software.
2. Require written policies and processes for positive patient identification.
3. Positive collector ID must be in the system to ensure traceability and auditing.
4. Point of collection printers—handheld or portable printers.
5. Establish healthcare professional training programs related to procedural requirements for blood collection.
6. Monitor quality indicators.
7. Maintain communication among healthcare professionals, fostering inter-departmental cooperation.
8. Use unambiguous test names and codes.

Kitchen S, Adcock DM, Dauer R, et al. International Council for Standardisation in Haematology (ICSH) recommendations for collection of blood samples for coagulation testing. Int J Lab Hematol. 2021;43:571–80.

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3

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More ICSH Recommendations

- Recommendation 2.1: The laboratory manager, laboratory scientists and facility staff shall develop test ordering and blood collection policies.
- Recommendation 2.3: Where wrist bands are in use, scan and print tube labels at the point of collection, avoid centralized label printing.
- Recommendation 5.4: Invert anticoagulated specimens immediately 3–4 times.
- Recommendation 8.1: Collectors shall label specimens immediately after blood collection, not before, with patient's first and last name, an identification number and/or date of birth, and the date and time of collection and shall confirm ID with the patient.
- Recommendation 11.1: The laboratory manager and laboratory scientists prepare a written specimen acceptance and rejection policy in consultation with providers.

Ernst DJ, Fritsma GA, McGlasson DL. Labeling tubes before collection threatens patient safety. Ann Blood 2018. DOI: 10.21037/aob.2018.02.06

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4

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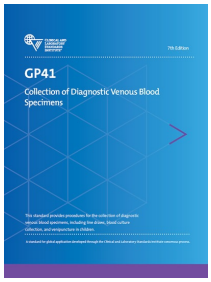
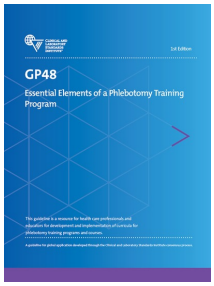
CLSI Standards





Chairholder: Dennis J. Ernst, MT(ASCP), NCPT(NCCT), 2017, ISBN: 1-56238-807-X

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5

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CLSI Standards Summary

- Provide an accessible manual for those ordering tests and blood collectors.
- Provide collector orientation, competence assessment, recurrent training, remediation, and CQI.
- Patient must verbalize—not affirm—name [spell last name], address, DOB.
  - Inpatients: compare statement with ID, outpatients: compare with labels/orders.
- Provide secure collection sit with arm rest.
- Avoid scarred, inflamed, infected site, hematoma
- Don't collect above or below infusion.
- Fill tubes to stated volume.
- Use safety device when transferring from a syringe to evacuated tube.

Courtesy: Dennis J. Ernst, MT(ASCP), NCPT(NCCT)

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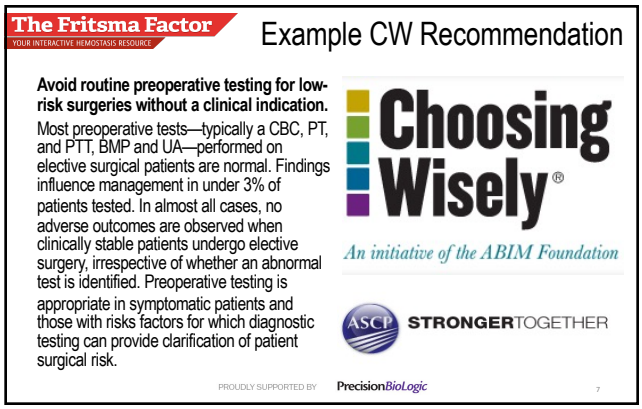
6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Example CW Recommendation
Avoid routine preoperative testing for low-risk surgeries without a clinical indication.
Most preoperative tests—typically a CBC, PT, and PTT, BMP and UA—performed on elective surgical patients are normal. Findings influence management in under 3% of patients tested. In almost all cases, no adverse outcomes are observed when clinically stable patients undergo elective surgery, irrespective of whether an abnormal test is identified. Preoperative testing is appropriate in symptomatic patients and those with risks factors for which diagnostic testing can provide clarification of patient surgical risk.
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7

7