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Private hospitals now required to draw blood samples twice. This is what it means for patients

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Hush Naidoo/unsplash

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SINGAPORE — The Health Sciences Authority (HSA) has introduced a new requirement for hospitals to provide two separately drawn blood samples, which will allow the HSA to better detect wrong labelling of blood samples and improve patient safety.



These tests are performed prior to a blood transfusion to determine whether a donor's blood is compatible with the blood of the intended recipient.

WHY IS THIS BEING IMPLEMENTED?

Responding to queries from TODAY, an HSA spokesperson stressed that it is vital to get a patient's blood type right.

There is a potential for error which may lead to the "incorrect determination of a patient's blood group and, consequently, transfusing incompatible blood to the patient", said the spokesperson. "This can lead to serious adverse outcomes, including death."

The spokesperson added that the HSA detects an average of two cases of wrong labelling of blood by private hospitals every year. These are mostly uncovered by finding discrepancies in the current blood group test results compared to a patient's previous records.

"Patients without any historical record of their blood group are particularly susceptible to this error, as there are no previous medical records available for verification," said the spokesperson.

Currently, all public acute hospitals are able to carry out GXM tests in their own laboratories.

As for hospitals which lack this capability, such as private hospitals, they are able to utilise the HSA's cross match laboratory.

"All hospitals also implement checks at the bedside to verify a patient's identity, and that the patient's tested blood group is compatible with the blood product provided for transfusion," reassured the spokesperson.

However, the spokesperson pointed out that these bedside checks and pre-transfusion GXM testing may not completely eliminate the risk of the wrong products being used for transfusion.



WHO IS AFFECTED?

The HSA said that the new requirement is expected to apply to about 30 per cent of patients in private hospitals who have no prior record of blood group typing performed by the authority's cross-match laboratory.

This blood group typing is only performed once for any private hospital patient using the HSA's laboratory for pre-transfusion testing.

The new requirement from HSA does not affect hospitals with a validated electronic patient identification system in place to verify that blood samples are correctly labelled, even for patients without prior blood group records.

Under this system, nurses will scan a patient's wristband to confirm that the identity and information provided match the blood sample that has been drawn from the patient.

According to the spokesperson, this system has been found to be effective in preventing wrongly labelled blood samples from being submitted for testing.

However, the HSA said its new requirement will improve the detection of wrongly labelled blood samples through any discrepancies in the GXM test results.

The spokesperson said that this is in line with "recommended international best practices" by the American Association of Blood Banks, the College of American Pathologists as well as medical guidelines from the United Kingdom, Australia and New Zealand.

HOW WILL THIS IMPACT PATIENTS?

The HSA said that pre-transfusion GXM tests are subsidised for Singapore citizens. Prior to Jan 1, they would have to pay S\$45.20 if they were warded at a private hospital.

With the implementation of the new requirements, these same patients would have to pay an additional one-time subsidised fee of S\$27.50.



various private hospitals and doctors approached by TODAY declined to comment on the new requirements.

One doctor in private practice explained that the rise in cost is due to the doubling in workload.

“Taking blood from patients require phlebotomy tubes, alcohol swabs and blood tubes,” said Dr Desmond Wai. “(It) also requires manpower, usually a phlebotomist, a nurse or a doctor.” A phlebotomist is a medical professional trained to draw blood.

“HSA's requirement of taking the blood twice at two different timings, preferably by two different persons, will double the cost of equipment, manpower and processing,” he said.

Dr Wai said he is also concerned about the potential pain it might cause patients.

While patients with “easy blood vessels” will only need to endure being poked with needles twice, it may not be the same for those with “difficult blood vessels”, such as those with thick subcutaneous fat, he said.

“The phlebotomist may take more tries to get sufficient blood so (the patient) may suffer even three or four times more,” said Dr Wai. “And if the two blood samples do not match, patients will have their blood taken for a third time.”

One suggestion he gave is that HSA could mandate that two different sets of medical personnel do all blood taking during the same session.

“This will help reduce human error to a minimum, without poking the patient twice and jamming the blood bank with too many blood samples,” said Dr Wai.

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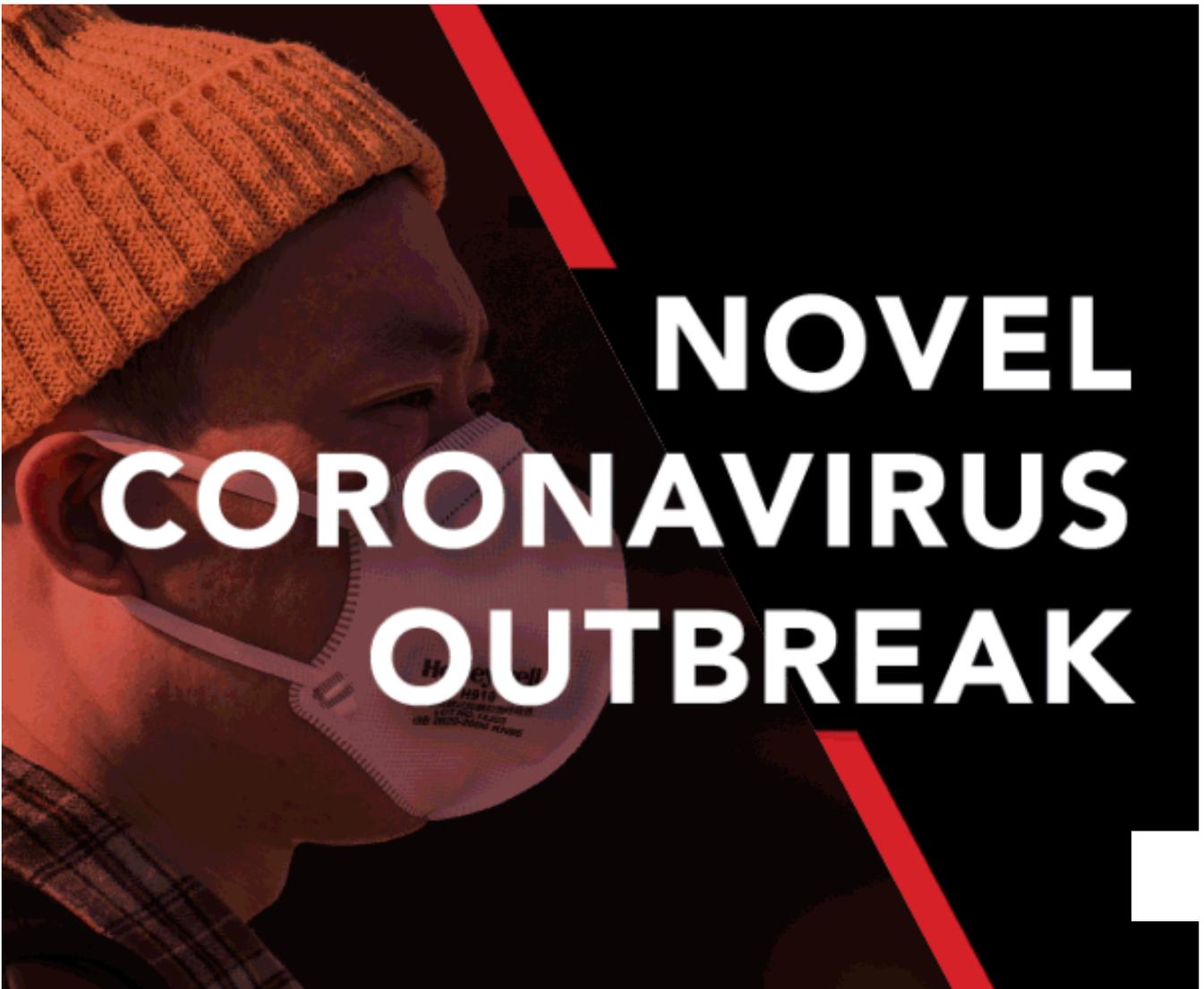
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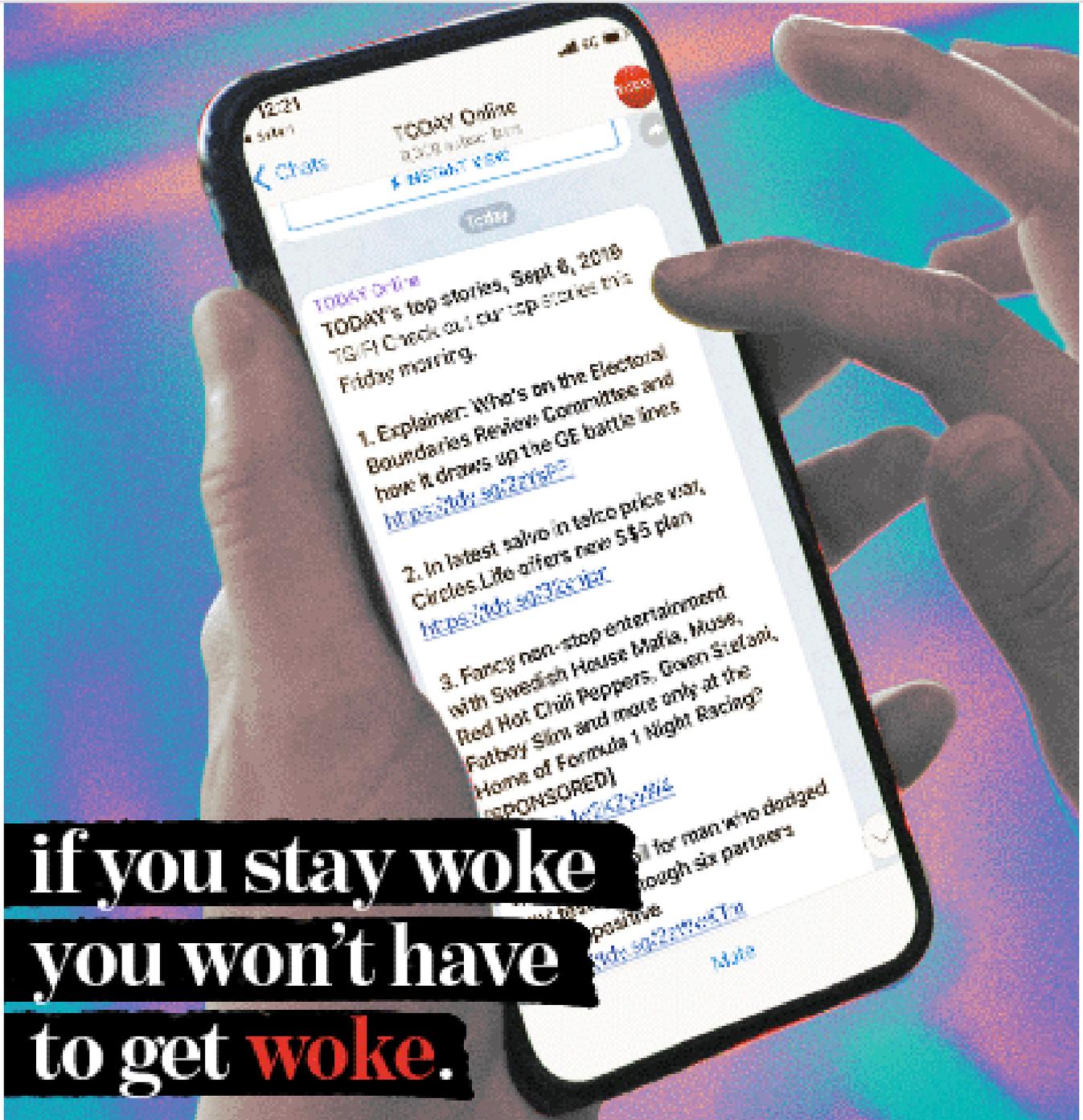


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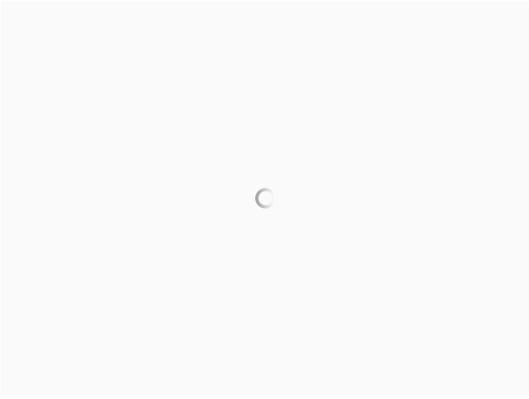
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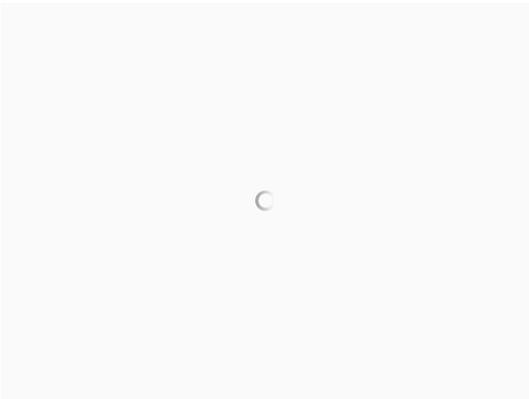
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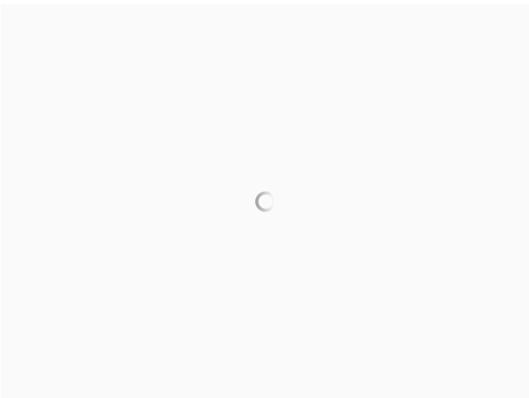
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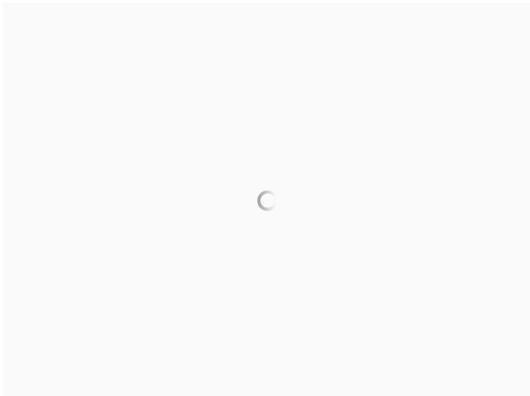
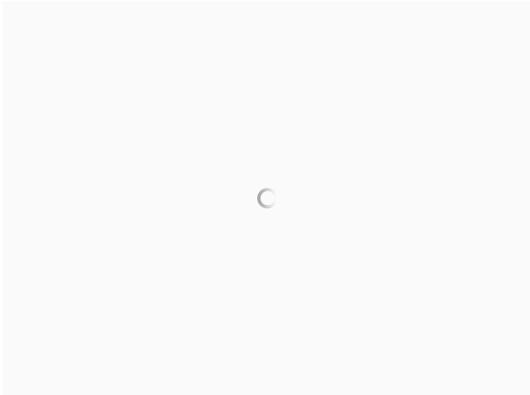


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