



There is an increasing amount of blood sample rejection at primary health care facilities (PHCFs), impacting negatively the staff, facility, patient and laboratory costs” Abbas et al (2017).

Abstract:

BACKGROUND: There is an increasing amount of blood sample rejection at primary health care facilities (PHCFs), impacting negatively the staff, facility, patient and laboratory costs.

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AIM: The primary objective was to determine the rejection rate and reasons for blood sample rejection at four PHCFs before and after a phlebotomy training programme. The secondary objective was to determine whether phlebotomy training improved knowledge among primary health care providers (HCPs) and to develop a tool for blood sample acceptability.

STUDY SETTING: Two community health centres (CHCs) and two community day centres (CDCs) in Cape Town.

METHODS: A quasi-experimental study design (before and after a phlebotomy training programme).

RESULTS: The sample rejection rate was 0.79% (n = 60) at CHC A, 1.13% (n = 45) at CHC B, 1.64% (n = 38) at CDC C and 1.36% (n = 8) at CDC D pre-training. The rejection rate remained approximately the same post-training ($p > 0.05$). The same phlebotomy questionnaire was administered pre- and post-training to HCPs. The average score increased from 63% (95% CI 6.97–17.03) to 96% (95% CI 16.91–20.09) at CHC A ($p = 0.039$), 58% (95% CI 9.09–14.91) to 93% (95% CI 17.64–18.76) at CHC B ($p = 0.006$), 60% (95% CI 8.84–13.13) to 97% (95% CI 16.14–19.29) at CDC C ($p = 0.001$) and 63% (95% CI 9.81–13.33) to 97% (95% CI 18.08–19.07) at CDC D ($p = 0.001$).

CONCLUSION: There is no statistically significant improvement in the rejection rate of blood samples ($p > 0.05$) post-training despite knowledge improving in all HCPs ($p < 0.05$).

Reference:

Abbas, M., Mukinda, F.K. and Namane, M. (2017) The effect of phlebotomy training on blood sample rejection and phlebotomy knowledge of primary health care providers in Cape Town: A quasi-experimental study. *African Journal of Primary Health Care & Family Medicine*. 9(1), p.e1-e10.

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