Using Mobile Apps to Reduce Transfusion Complications

Georgia Health Policy Center

Follow this and additional works at: https://scholarworks.gsu.edu/ghpc_briefs

Recommended Citation
Georgia Health Policy Center, "Using Mobile Apps to Reduce Transfusion Complications" (2018). GHPC Briefs. 79.
https://scholarworks.gsu.edu/ghpc_briefs/79

This Article is brought to you for free and open access by the Georgia Health Policy Center at ScholarWorks @ Georgia State University. It has been accepted for inclusion in GHPC Briefs by an authorized administrator of ScholarWorks @ Georgia State University. For more information, please contact scholarworks@gsu.edu.
Using Mobile Apps to Reduce Transfusion Complications

Blood transfusions are one form of treatment for sickle cell disease (SCD) and thalassemia. While transfusions may be lifesaving, there are risks of complications. This risk is higher when a complete patient transfusion history, including a history of antibodies developed in response to previous blood transfusions, is not available to providers.¹ ²

Use of mobile applications that are able to track blood transfusions for patients with SCD and thalassemia may reduce transfusion-related complications, as in the case of intermittent transfusions to treat acute crises or other urgent, symptomatic episodes. Georgia REDHHoTT reviewed available mobile apps that may aid patients with providing their transfusion histories when they present for care at providers other than their known specialist.

METHODS

An initial Google search to identify apps used the keywords sickle cell apps, thalassemia apps, and health tracking apps. Additionally, the websites OneSCDvoice.com and Thalassemia.org were used to find patient support organizations’ webpages and social media handles. Websites and open forums of these organizations were searched for user comments regarding mobile apps. A national consortium of sickle cell organizations asked members about apps’ pros and cons and shared their responses with REDHHoTT.

REDHHoTT also contacted key stakeholders via email and phone to identify additional apps. These stakeholders included those who participated in the 2017 Sickle Cell Data Collection convening in Georgia who reported having or caring for a family member with sickle cell disease, as well as local and national advocacy organizations.

RESULTS

The search identified 11 mobile applications that could be used by people with hemoglobin disorders in order to improve provision of information about transfusion history. Features relevant to patients and providers were compared across the identified apps based on website descriptions.

While there are several apps available for patients with SCD or thalassemia, only two were identified that include a place specifically for storing antibody and transfusion history: ThalTracker and ThaliMe. Adoption and use of such apps could help providers make more informed treatment recommendations regarding blood transfusion when treating a new patient who has thalassemia or SCD.

An accurate transfusion history is essential to reducing the risk of transfusion-related complications, particularly for patients with SCD and thalassemia receiving care from more than one provider. While, ultimately, interoperable medical records and a centralized transfusion registry would improve transmission of transfusion-related histories, mobile apps can play an important, immediate role in improving transfusion safety.