



South West Regional Transfusion Committee

RTC DATABASE

April 2016 – March 2017

Dedicated Tx Sessions

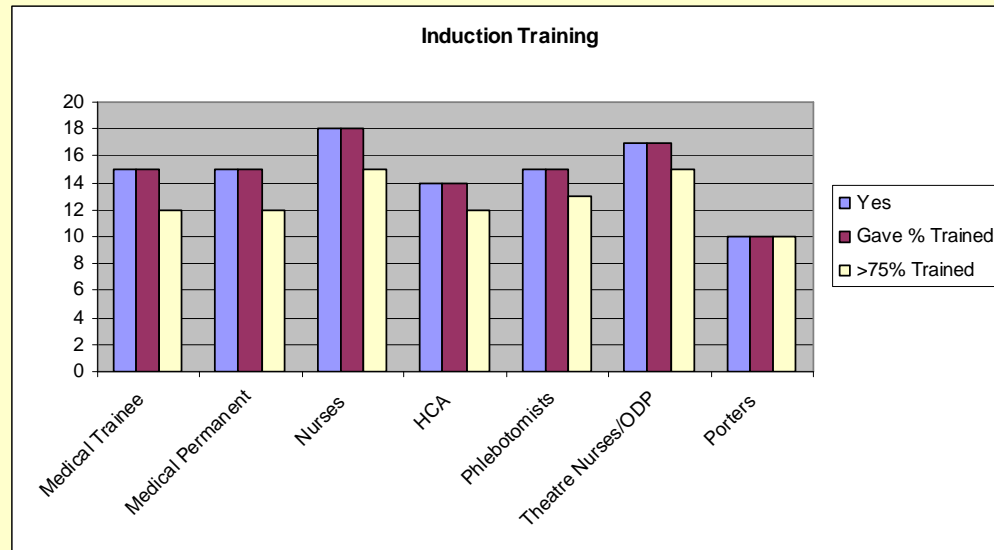
- HTC Chair
 - 5 shared sessions with the role of CH responsible for Tx
 - 5 no CH responsibility with sessions from 0.1
- CH for Tx – 12 with sessions
- TP – range between 0-25

HTC Attendance By Specialty

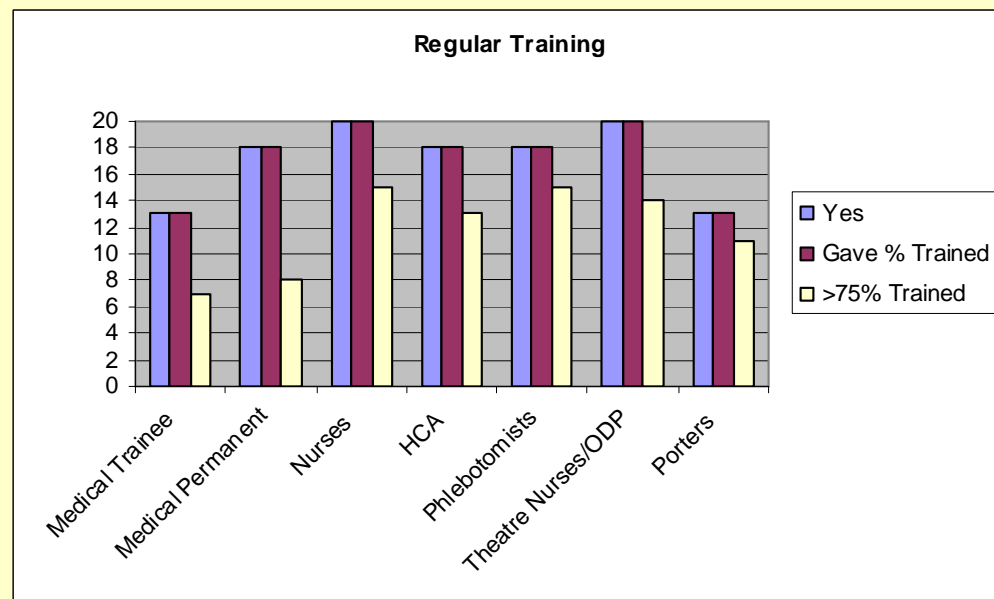
	Always	Frequently	Sometimes	Never	NA
Medicine (excl. Haematology)	3	3	9	5	0
Haematology	16	4	0	0	0
Anaesthetics	13	2	3	2	0
Obs & Gynae	3	7	6	4	0
Surgery	1	3	13	3	0
Orthopaedics	0	2	10	8	0
Emergency Department	0	4	11	5	0
Clinical Governance	4	1	8	7	0

Make Transfusion Safer

Induction Training
(20 hospitals provided data)



Regular Training
(20 hospitals provided data)



Laboratory Information

20/20 CPA/UKAS compliant

All NEQAS compliant

LIMS System Supports Electronic Dispatch Note

	<300	300-800	>800
Yes	3	7	3
No	2	3	2
If Yes, do you use EDN			
Yes	2	6	2
No	1	1	1

Electronic / Radiofrequency technology throughout tx process

	<300	300-800	>800
Yes	2	4	2
No	3	6	3

Electronic Issue

2011	81% (17 out of 21)
2012	79% (15 out of 19)
2013	79% (15 out of 19)
2014	84% (16 out of 19)
2015	89% (16 out of 18)
2016	90% (18 out of 20)
2017	90% (18 out of 20)

Electronic Pathology Requesting

Group & Save

2016 25% (5 out of 20)

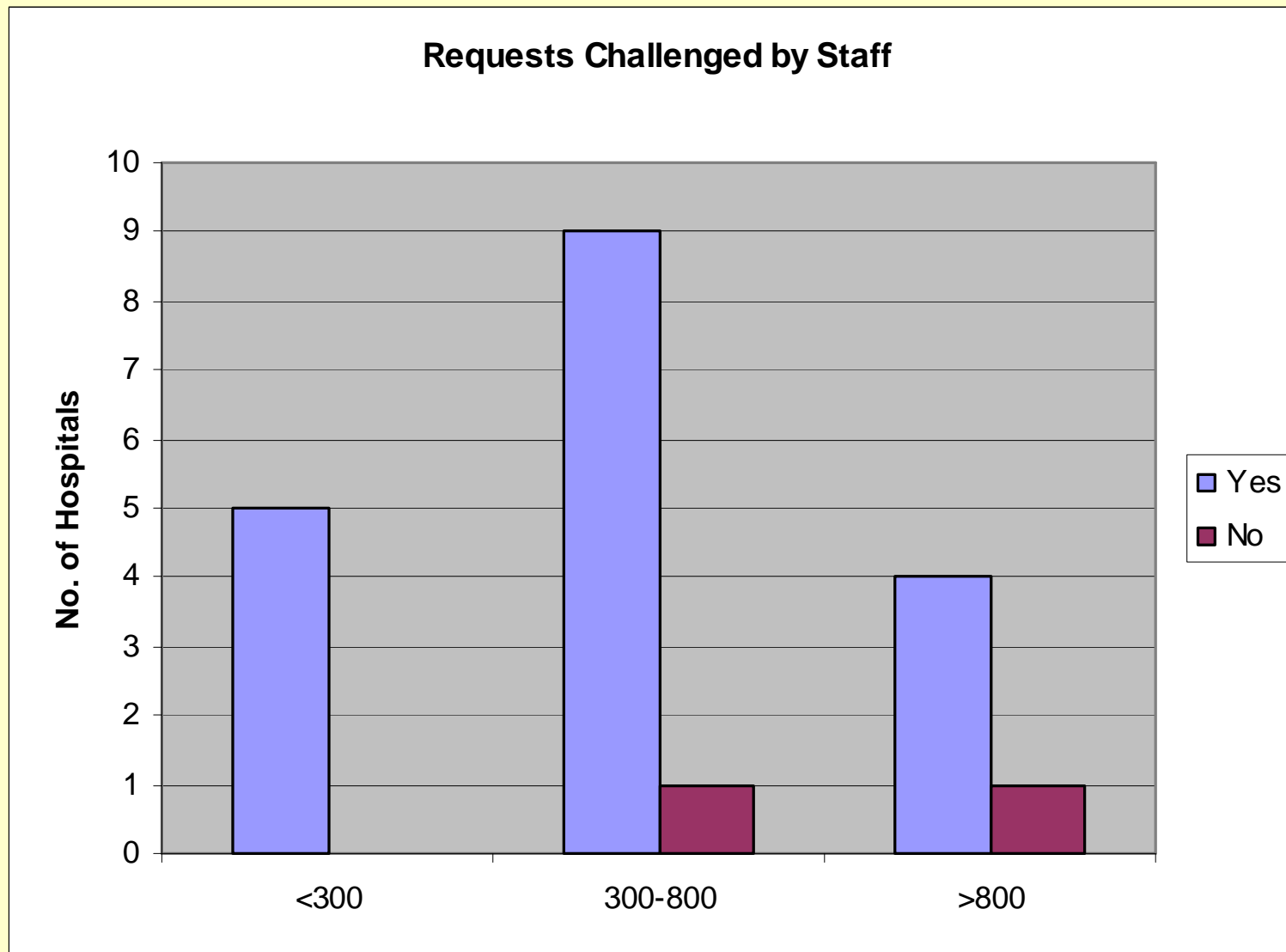
2017 35% (7 out of 20)

Crossmatch

2016 10% (2 out of 20)

2017 25% (5 out of 20)

Request for Transfusion where indication unclear usually challenged

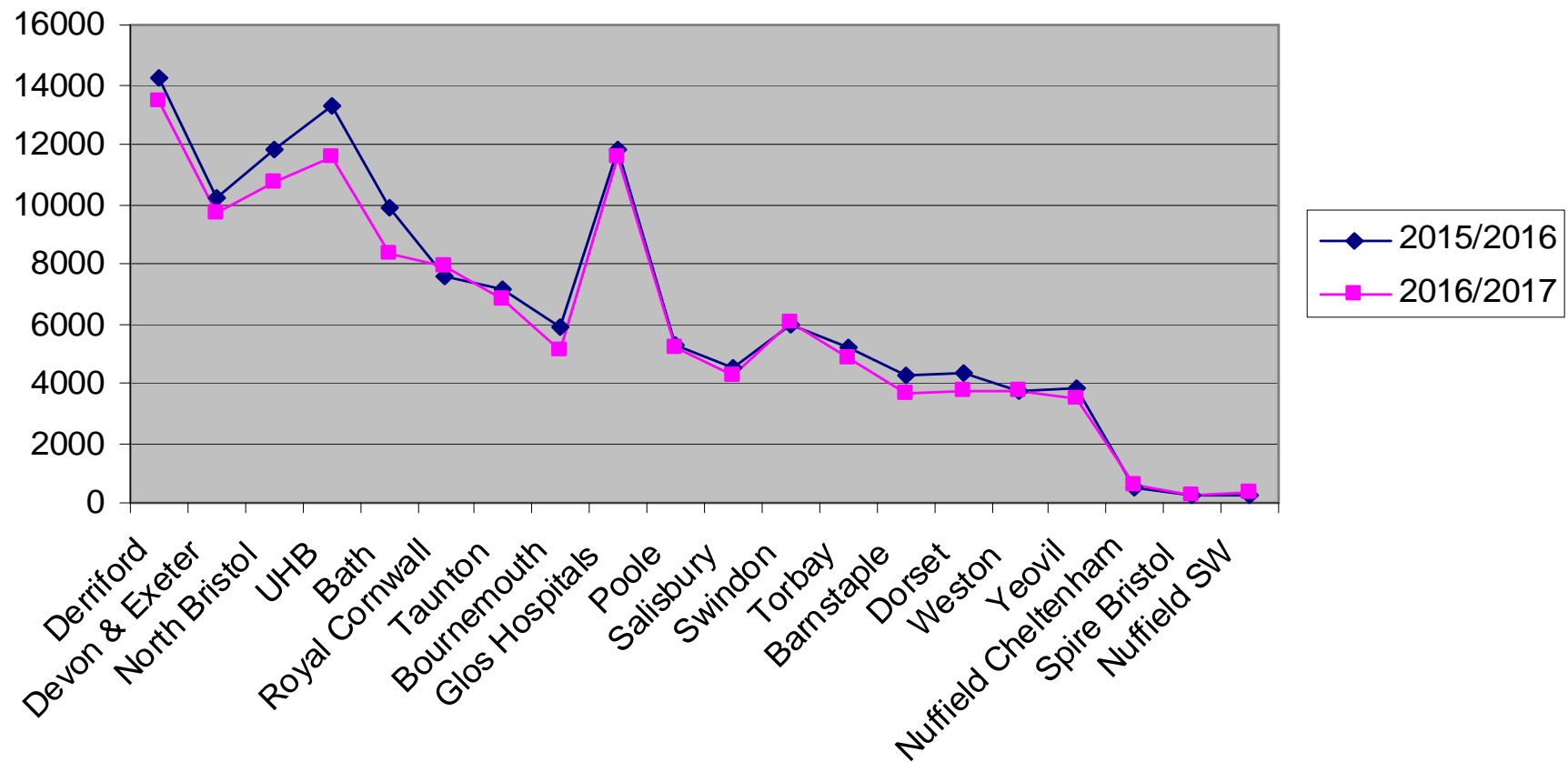


Single unit red cell transfusions as a percentage of all red cell transfusion episodes:

Weston	10.0%
Barnstaple	15.0%
Nuffield Cheltenham	4.0%
Nuffield South West	25.0%
Spire Bristol	30.0%
Royal Cornwall	22.0%
Salisbury	19.0%
Bournemouth	17.0%
Torbay	50.0%
Poole	25.0%
Yeovil	32.0%
RD&E	47.0%
Plymouth	10.0%

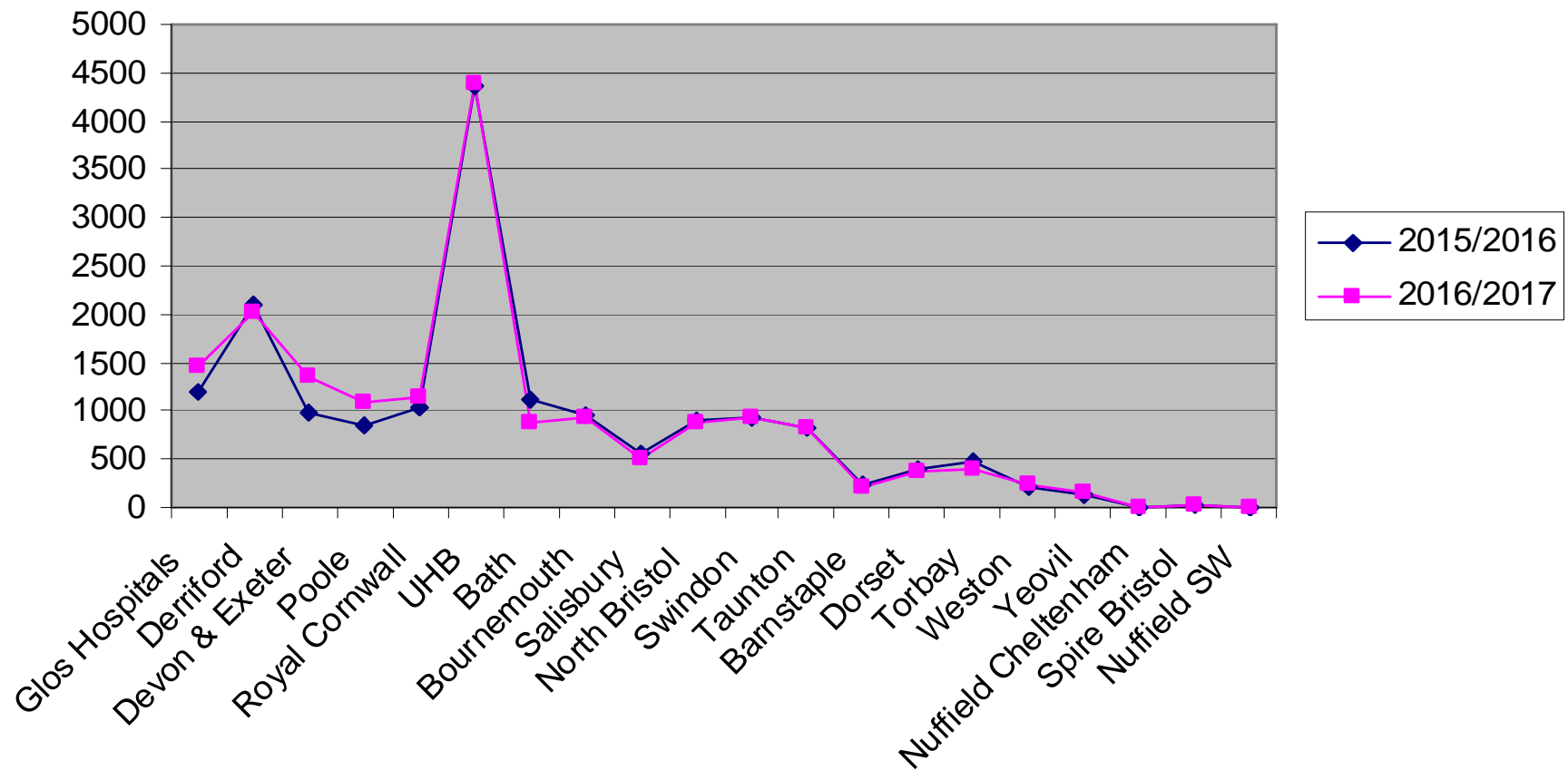
RBC Issues

RBC issues to hospitals in the SWRTC region for the last two financial years



Platelet Issues

Platelet issues to hospitals in the SWRTC region for the last two financial years



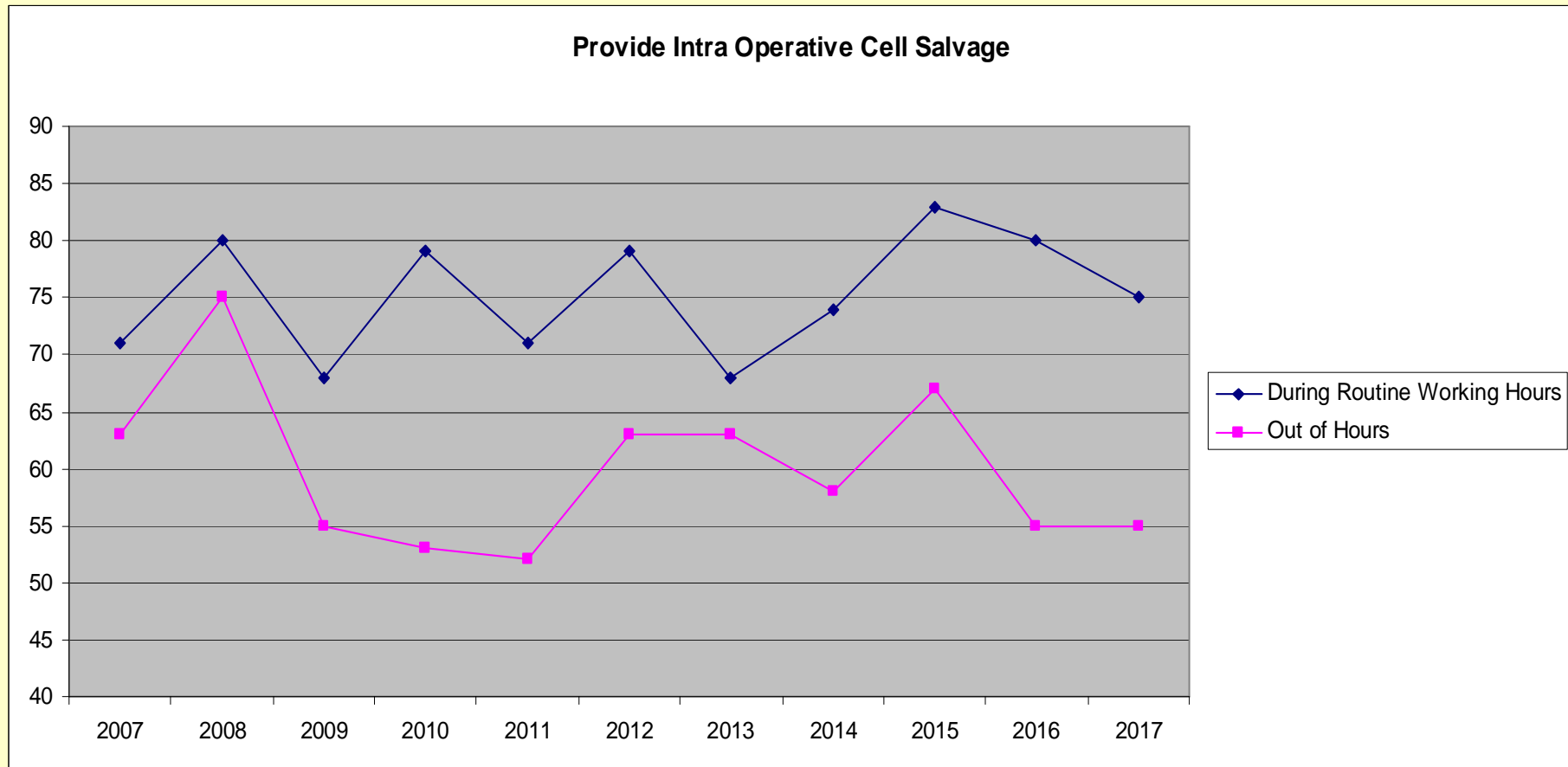
General Patient Blood Management

	Yes	No	NG
Depts use EPO as alternative to tx	10	10	0
Trust has tx triggers	18	2	0
Are these in line with NBTC Codes	16	2	0
Guidelines incorporate single unit use	17	3	0

Surgical Patient Blood Management

	Pre-Operative Assessment		Provide Point of Care Testing	
	Identify & Treat Anaemia	Provide Information Leaflets	Identification of Hb	Measurement of clotting parameters
Trustwide	17/20	18/20	7/20	3/20
Specific Departments	1/3	0/2	12/13	4/17

Intra-Operative Cell Salvage

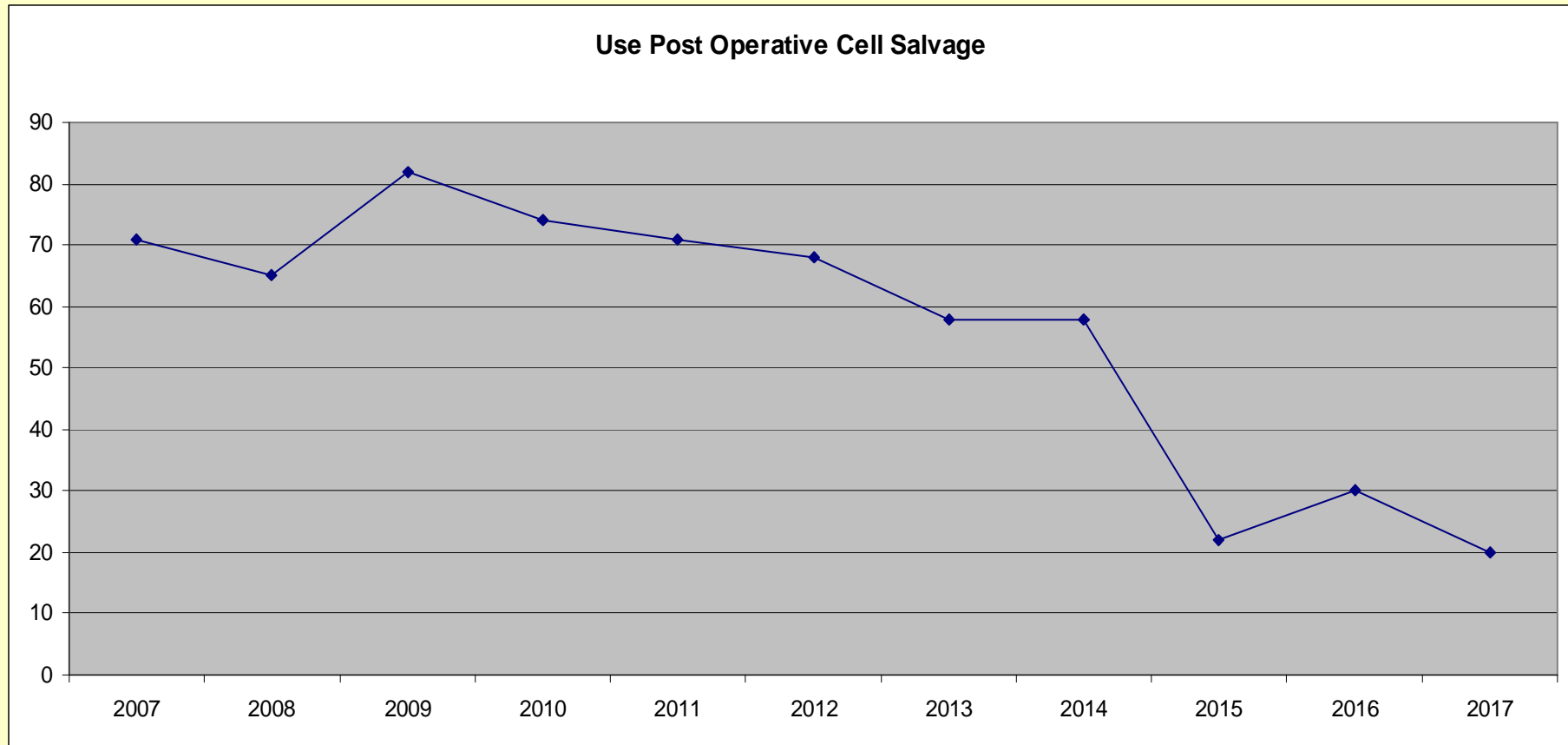


Is Tranexamic Acid used:

YES: 19

NO: 1

Post Operative Cell Salvage



Medical Patient Blood Management

	Identify & Treat Anaemia	Provide Information Leaflets
Trustwide	9/20	19/20
Specific Department algorithm	4/11	0/1

Use of rFVIIa

Hospital Stocks		2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
		13	14	14	14	13	13	12	123	13	11	12
Haemophilia	1-5	10	9	11	7	6	6	7	10	9	4	5
	6-10	0	1	0	0	1	1	1	1	1	3	1
	>10	2	2	1	2	3	2	1	1	2	1	4
Non-Haemophilia	1-5	12	11	11	12	12	12	10	9	10	9	9
	6-10	2	3	2	1	0	0	0	0	0	3	1
	>10	1	1	2	0	0	1	1	1	1	0	0

PCC - all NHS hospitals and one private hospital stock and none said did not use

Obstetric Practice (NHS Hospitals Only)

All hospitals gave a Single Dose 28 – 30 weeks

% Issued Traceable to Named Patient

- 11 -100%
- 5 - \geq 95%
- 1 – 90%

All hospitals had a Strategy/Policy to identify and treat maternal anaemia

Summary

- Participation all NHS & private hospitals (20/20)
- Structure –
 - All hospitals have HTT
 - In 8 NHS hospitals CH has no dedicated sessions
 - HTC attendance – haematology & anaesthetics good, medicine & surgery poor
- Regular training – only 8 achieved >75% for permanent medical staff
- Electronic-issue ~90%, requesting <40%, full/part blood tracking <50%, EDN 50%
- RBC annual issues ↓6.5% platelet issues ↑3.0%
- PBM – 3 no guideline to use single unit RBC's
- PBM surgical – 2 hospitals no pre-op anaemia management and 1 no TXA use. IOCS static, post op CS ↓