East of England Regional Transfusion Committee

Regional Transfusion team

UNAPPROVED Minutes of the meeting held on Tuesday 27th March 2012 at Cambridge Donor Centre at 2.00 pm.

Present:

Name	Hospital	Name	Hospital
Jim Bamber **JB** *Chair*	Addenbrooke's	Brian Hockley **BH**	NHSBT. Audit Support
Erika Rutherford **ER**	NHSBT	Charlotte Alford **CAl**	Luton & Dunstable
Debbie Asher **DAs**	Norfolk & Norwich	Elaine Parris **EP**	NHSBT
Michaela Lewin **ML**	Papworth	Donella Arnett **DAr**	Watford
Claire Atterbury **CAt** from 2.30	Queen Elizabeth KL	Sharon Kaznica **SK**	Ipswich
Jane Keidan **JK** from 2.30	Queen Elizabeth KL	Jane O'Brien **JO'B** *Minutes*	NHSBT

Apologies received from: Dora Foukaneli (DF), Bal Appadu (BA), Debo Ademokun (DAd)

1. **Welcome:** JB welcomed everyone to the meeting and round the table introductions were made.
2. **Minutes of last meeting:** Agreed as accurate. One small change made for clarity. Actions: EP contacted Addenbrooke's PALS with a view to identifying a patient representative for the RTC, but was unable to gain any information. DF is to take this forward.
   Dr Balraj Appadu, Consultant Anaesthetist and HTC Chair at Peterborough City Hospital, has joined the RTT. We are still looking for a new laboratory manager representative.
3. **NBTC and RTC Chairs Meetings:** JB attended these meetings held on Monday 26th March.
   RTC Chairs: Each region provides an annual report prior to the meeting.
   - Interest was expressed in the platelet audit currently underway in the region
   - The fact that 4 hospitals within the region had no representation at any RTC meeting in the past year was met with concern. *Action: JB to write to hospitals concerned to encourage attendance at future meetings*
   - Professor Mike Murphy expressed surprise that there was concern within the region about the "hub and spoke" model of pathology modernisation. DAs said concern within her group of hospitals included staff cuts, especially of senior staff, which would lead to an inevitable reduction in transfusion training. In her opinion the model requires considerable capital investment in IT and other equipment to be successful. *Action: DAs to review concerns for the September meeting of the RTC Chairs group*
   - Items of interest or concern from other regions include:
     - increased platelet use in most regions
     - the use of TEG in cardiac surgery
     - new blood transport boxes

- ❖ laboratory staff empowerment to challenge inappropriate requests
- ❖ proposal for NBTC to purchase electronic voting technology for RTC meetings and education events
- ❖ reason for FFP requests written into case notes
- ❖ challenging platelet requests
- ❖ competency transfer between regional hospitals.

NBTC:

- There is concern that time constraints amongst staff limit RTC and HTC attendance.
- The Review Group of the NPSA SPN 14 (chaired by Dr Di Harvey and including EP). Recommendations include putting more emphasis on underlying knowledge and understanding of transfusion practice. To this end, observational assessment will take place for new staff but follow up assessments will be knowledge based (available as e-learning). JB reports that with the disbandment of NPSA, NBTC has become involved in ownership of competency and will discuss the recommendations with the Dept. of Health.
- The Education Working Group are undertaking a review process, which is indicating that transfusion training for medical and nursing staff is varied in amount and content.
- The Patient Involvement Working Group are to produce patient information leaflets on specific blood diseases.
- The Blood Component Working Group has decided not to recommend the extension of the life of thawed FFP. Bacterial testing of platelets has revealed a 0.5% contamination rate and a 0.02% infection rate. SaBTO has recommended that because of leucodepletion, the CMV negative requirement be dropped for all patient groups except neonates and pregnant women.
- The Royal Colleges reported they have completed a guidance document on epidurals and thrombocytopenia and the need for a platelet factsheet for clinical staff to be available on the website.
- The Better Blood Transfusion Team are holding a National meeting on June 18th on transfusion avoidance with the Dept of Health Medical Director as the key note speaker. A regional roll out of education events will follow.
- NHSLA proposes to remove transfusion standards, but NBTC and SHOT plan to express their concern at this.
- NHSBT reports that demand for RBCs is stable although there has been an increase in O negative use. Integrated Laboratory Services (ITS) is a proposed NHSBT stock management scheme due to be piloted in summer 2012. It is anticipated that RCI testing would take place in "hub" hospitals.
- SHOT report an increase of incidents and are proposing a checklist for the administration of blood and anti-D. There is concern that maternal anti –D levels are erroneously being interpreted as prophylactic. Data on adverse incidents involving the use of PCC for warfarin reversal will be collected. SHOT communication with MHRA continues.
- MHRA emphasised the need for Root Cause Analysis on incidents as human error is a common cause of mistakes.

4. **Action Plan:** The new action plan for 2012 – 13 was distributed and is attached with these minutes.

- Pre-operative anaemia: DAs had collected data from 10 pre-operative assessment clinics with a total of over 4,000 cases. In total 2.5% of patients had a haemoglobin (Hb) of <10g/dl and 13.8% had an Hb of 10 – 12%. Some specialisms had a much higher percentage of reduced Hb than others (e.g. colorectal, orthopaedic, gynaecology and urology). However she reported that despite encouragement, there is no pre-op assessment representation on the HTC.
  DAr collated data from 50 randomly selected pre-operative patients and found approximately 10% had Hb of less than 12.
  CAt reported that at Queen Elizabeth pre-operative patients showing anaemia are returned to the care of the GP for treatment. BH reported that the South Central RTC are considering looking into the role of GPs. JK suggested contacting Toby Richards, Vascular Surgeon at UCH, who has a good presentation which he may allow us to use. She suggests that presenting a problem together with a solution in more likely to have a receptive audience. *Actions: JB to discuss with DF how best to proceed. EP to contact Toby Richards.*
- Education events: JO'B and EP are looking at 2 possible new venues this week, south of Cambridge and near trunk routes. It was agreed to hold the successful "Mums, Babies & Blood" again in September this year and open it up to student midwives, using sponsorship if needed to help with expenses. The main education event will be based around transfusion avoidance. EP reports that she and CAt have devised a cell salvage survey for TPs to investigate the degree and scope of use in the region and that an education event for TPs and pre-op nurses may result. *Action: EP, JB and DF to meet to discuss main education event.*
- Patient consent: Queen Elizabeth hospital are re-designing all forms for patient consent including transfusion. JK felt it should be stressed that provision for patient consent should be a Trust responsibility with input from the transfusion team. DAr said Watford are considering the idea of adding a section to the final discharge letter to indicate if the patient has had a transfusion. EP reported that the UK Better Blood Transfusion Teams are collaborating on information for patients who receive a transfusion. JB suggested a survey to determine which hospitals are moving forward on patient consent for transfusion. *Action: JO'B to devise survey monkey on this topic with results available for meeting on July 4th.*

5. **Regional Guidelines on Transfusion Reactions:** The draft version of the BCSH guidelines was circulated prior to the meeting. CAt and SK have collected some policies from around the region and begun looking at them in conjunction with the BCSH guidelines. All agreed that a flow chart was a very good idea but the one in the draft version has too much detail. ML noted that there is no index in the national draft and EP said she should pass on that comment. *Action: SK and CAt to feedback to next meeting.*
6. **Audit of massive blood loss and massive haemorrhage protocol:** The version of the massive haemorrhage algorithm designed to go into the Trauma Network Manual was distributed and agreed to be adopted. It was noted that it contains the ratios of blood and components that must be used by all hospitals in trauma cases. It was suggested that a space for individual hospitals phone and bleep numbers would be useful. *Action: JB to contact Media Studio to suggest the addition of a box labelled "important numbers" or similar to allow the placement of a label with relevant numbers prior to lamination of the post for display in relevant areas.*

JO'B sent out a survey monkey to lab mangers asking if incidents of massive haemorrhage are audited and if the RTC minimum dataset is used. 11 out of 18 have so far responded. 1 hospital conducts no MH audits, 9 state that they could provide data for a retrospective audit, but 2 hospitals use less than the RTC agreed minimum. It was agreed to re-visit this in July.

7. **Update of RTC audit activity:** BH has been visited 5 other RTCs since coming into post and will be producing a quarterly audit newsletter from around the regions.
    - South Central RTC have developed a draft audit on the use of blood products in chronic liver disease. They are also developing audits on the use of tranexamic acid and the use of fibrinogen concentrate and PCC
    - 4 RTCs have or will be conducting massive haemorrhage audits. Other popular topics for audit are platelets, patient consent and pre-operative anaemia.

    BH recommends www.clinicalaudittools.com which provides free downloadable audit resources.
8. **RTC Update:** EP reports that we will end the financial year several hundred pounds in credit. This is because we have to allow for such costs as transport claims for speakers, which we are rarely charged.
9. **NHSBT Update:** ER reported that the new transport boxes will begin trialling on 2nd April. NHSBT are to begin a 6 month period of validation of new blood packs on behalf of the European Blood Alliance (EBA) prior to tender.
10. **A.O.B:**
    - JK suggests that the region produce posters for the BBTS conference in September. Suggestions were: massive haemorrhage and the collaboration with the trauma network, cell salvage and the platelet audit. EP agreed to lead on this suggestion.
    - With regard to the SaBTO guidelines on the use of CMV negative blood for neonates and pregnant women, JK felt there was a discrepancy in the wording. In the pregnancy section it states: *"CMV seronegative red cell and platelet components should be provided for elective transfusions during pregnancy (not during delivery)."* The summary states that: *"CMV seronegative blood components should be provided where possible for pregnant women, regardless of their CMV serostatus, who require repeat elective transfusions during the course of pregnancy (not labour and delivery). This mainly applies to patients with haemoglobinopathies who ….. "*The response from Stephen Thomas from SaBTO is as follows: "*The intention is to provide CMV negative components for any elective transfusion during pregnancy, where they could be ordered in from the blood service, but not to require stock to be held at hospitals just in case a pregnant woman needed an emergency transfusion. If I understand your query correctly, I think that you can disregard the word 'repeat' in the summary section, and apply this to ALL pregnant women. I hope this provides the clarity you need? Thanks for bringing this to our attention - I will see if there is an appetite for revising the text, or if there have been any other comments regarding this."*
      JK felt that all women under 50 should be treated as potentially pregnant due to the severity of a CMV infection in the first trimester.
      Several members of the group expressed disappointment that the recommendations were not more definitive.
    - JK reported on a current debate with regard to the necessity of irradiated products, which may be reviewed. Currently if a patient with requirements for irradiated blood receives non irradiated blood this is SHOT reportable

- JB reports that having contacted Sue Cotton of BSMS, with regard to the production of confidence intervals on issue data, BSMS are going to trial new analysis on East of England data.

Next meeting: 22nd May at 2.00 pm at the Cambridge Donor Centre

Action	**Responsibility**	**Due date / Status**
Write to HTC Chairs of hospitals who have not recently attended RTC meetings	JO'B, JB	
Re-visit laboratory concerns on pathology modernisation prior to next RTC Chairs meeting		11th September
Discuss how to further proceed with pre-operative anaemia	JB, DF	
Contact Toby Richards for permission to use his presentation	EP	
Initial meeting to discuss speakers and topics for main education event	JB, DF, EP	
Develop survey monkey questionnaire re: patient consent for transfusion	JO'B	4th July 2012
Report on progress with regional guidelines on transfusion reactions	SK, CAt	22nd May 2012
Contact Media Studio to request additional box on MH algorithm for distribution to hospitals	JB	Contact made, awaiting response
Develop poster presentation(s) on regional work for BBTS	EP	