

QS138 Regional Audit Results

Anwen Davies

Patient Blood Management
Practitioner, NHSBT

South East Coast RTC

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South East Coast Regional Transfusion Committee



Blood and Transplant

Background





- NICE Blood Transfusion Quality Standard QS138 published December 2016,
- 4 Quality Statements (QS) describing high-quality care in priority areas for improvement
- Are we compliant? As a hospital? As a region?
- Gap Analysis needed, easy for the region to use
- Online audit tool developed by SEC Transfusion Practitioner group in collaboration with NHS Blood and Transplant in July 2018
- Tool endorsed by NICE September 2018



The QS138 Tool:

- Guidance Notes



 **QS138 Tool Guidance Notes**  **Blood and Transplant**

South East Coast Regional Transfusion Committee

This document provides additional guidance to the online audit tool available here:
[NICE Quality Standards Audit Tool Blood Transfusion](#)

Information to note:

-An Audit proforma

 **QS138 Tool Audit proforma**  **Blood and Transplant**

South East Coast Regional Transfusion Committee

Location – Please indicate the name of your organisation

Q1 Please state the hospital to which the audit relates

- A Snap Survey

**National Institute for Health and Care Excellence (NICE) Quality Standard
Transfusion - QS 138**

This NICE guideline offers best practice advice on the care of adults, children and young people who need a blood transfusion. A copy of the quality standard is available for download at:

www.nice.org.uk/guidance/qs138

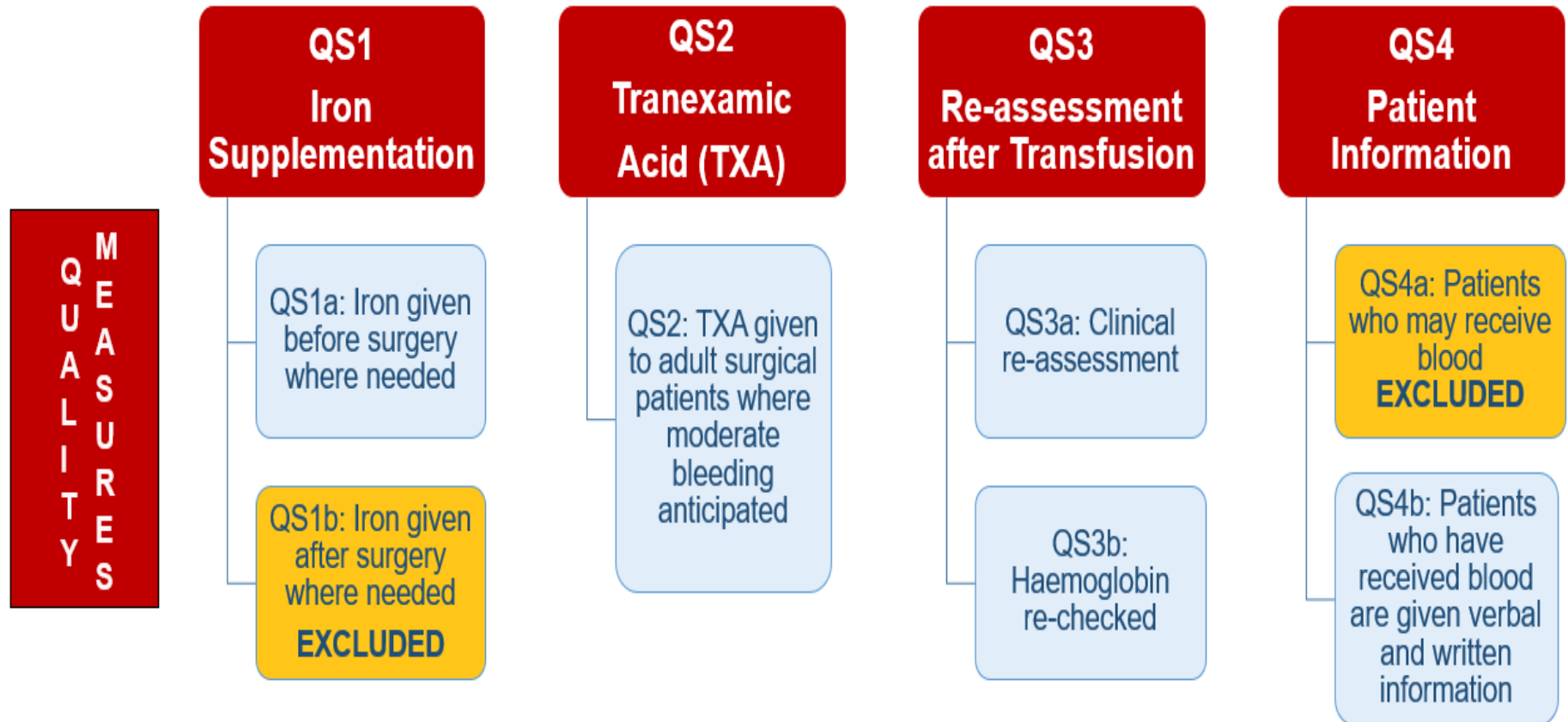
This online audit has been developed by the NHSBT Patient Blood Management Team to support hospitals to audit their practice against this standard.

This has been developed based on feedback during piloting with the South East Coast RTC Region.





What our Tool audits....



So....Where are we so far in South East Coast?.....

3 Audit cycles: August 2018
 November 2018
 May 2019



 Data received from **13** sites

Number of patients audited:

QS1a **143**

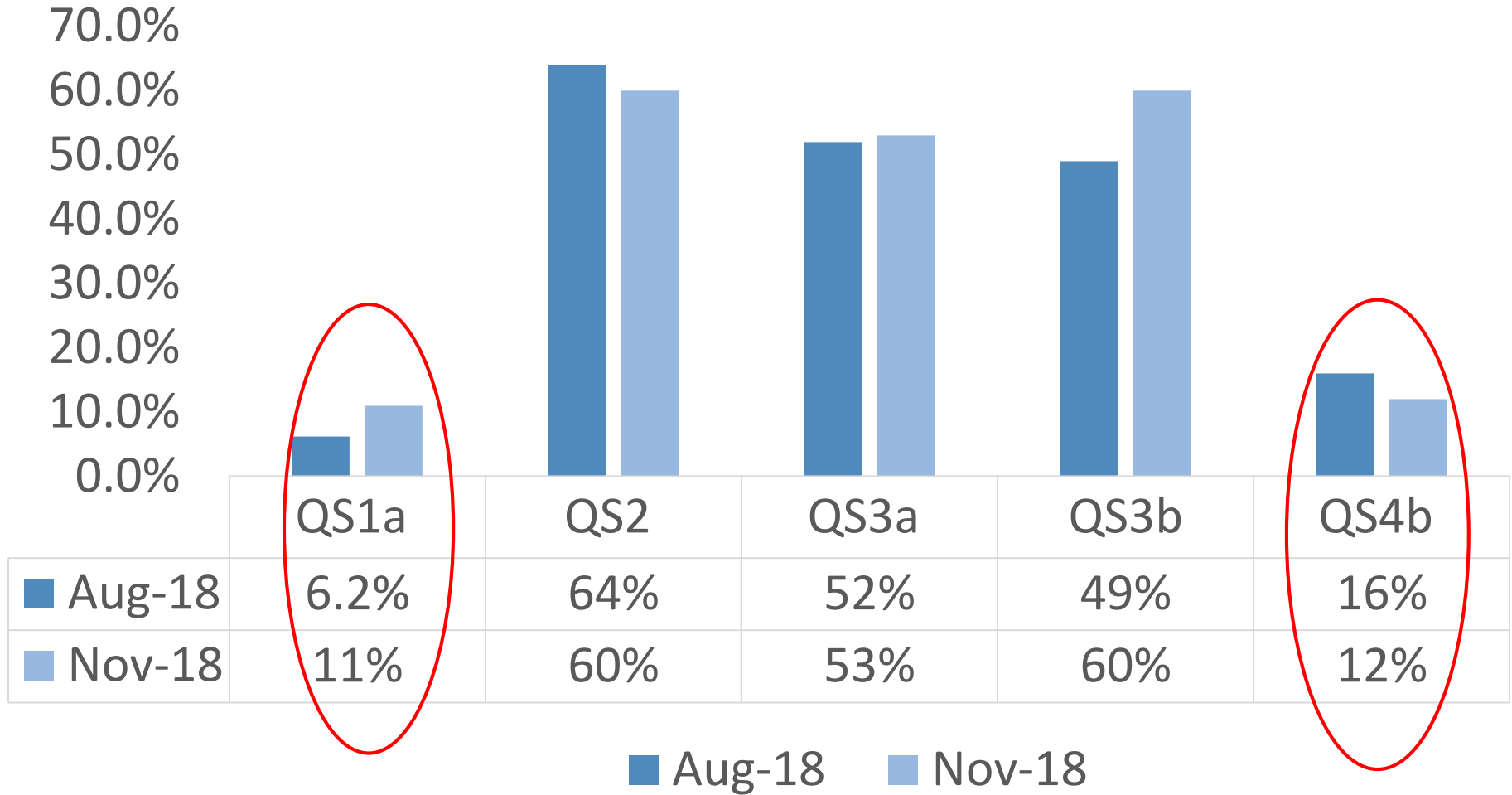
QS3 **225**



QS2 **227**

QS4b **249**

Aug v Nov 2018 % Compliance ALL SEC

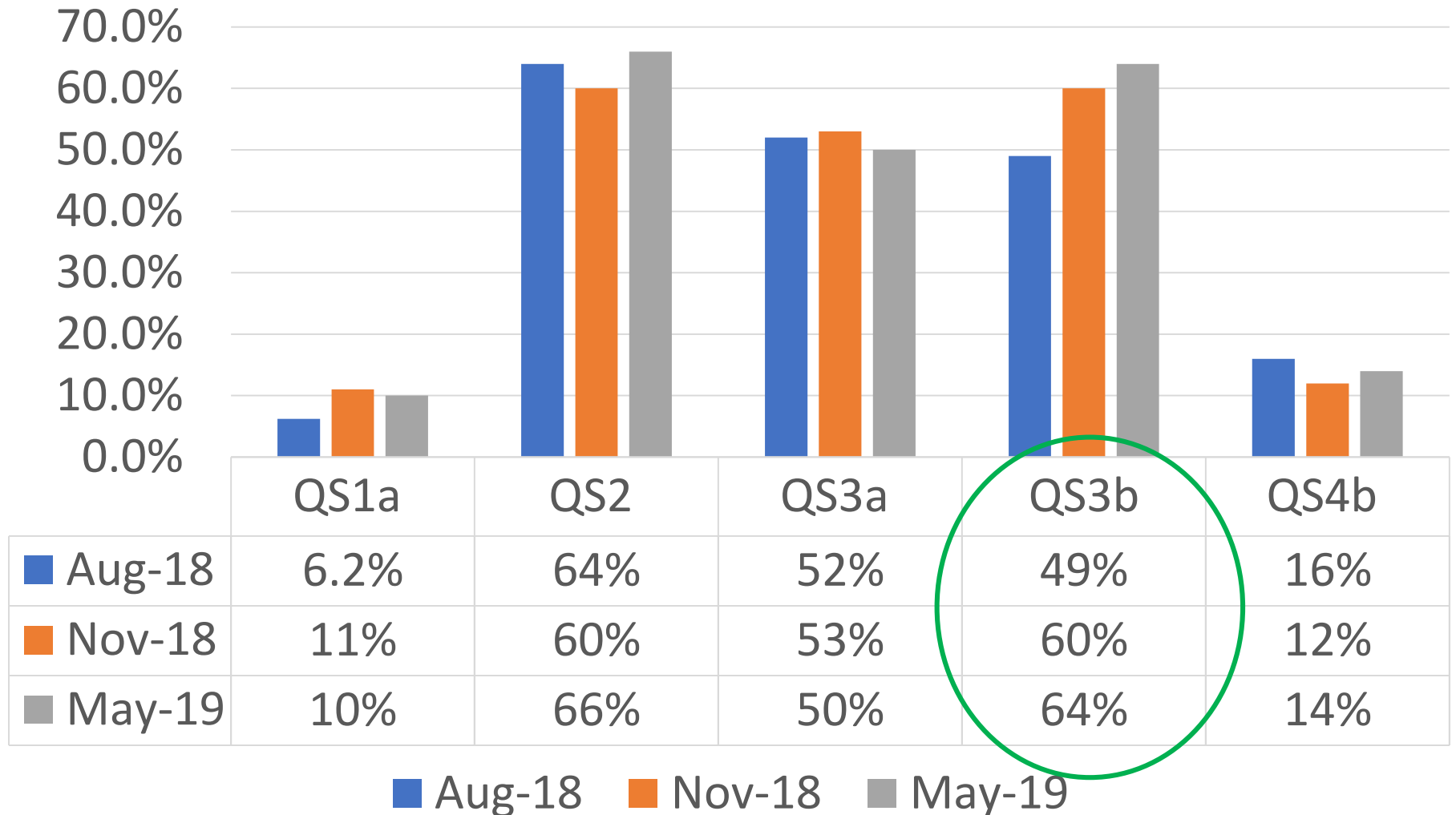


Cumulative data to November 2018

QS1a (N=42), QS2 (N=95), QS3 (N=99), QS4b (N=107)

ALL SEC Data % Compliance

3 Audit Cycles Aug 18 - May 2019

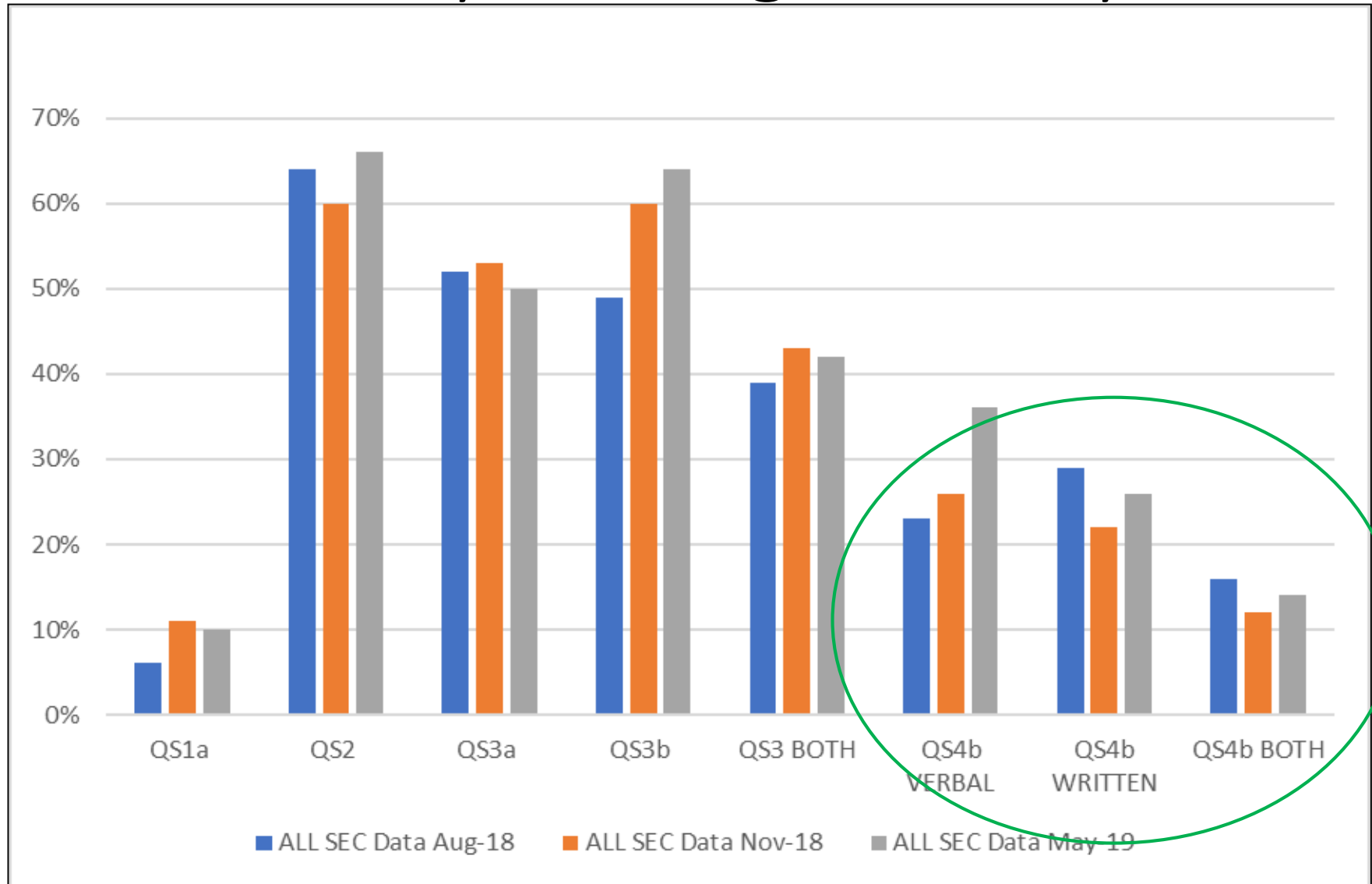


Cumulative data to May 2019

QS1a (N=143), QS2 (N=227), QS3 (N=225), QS4b (N=249)

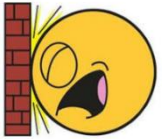
ALL SEC Data % Compliance

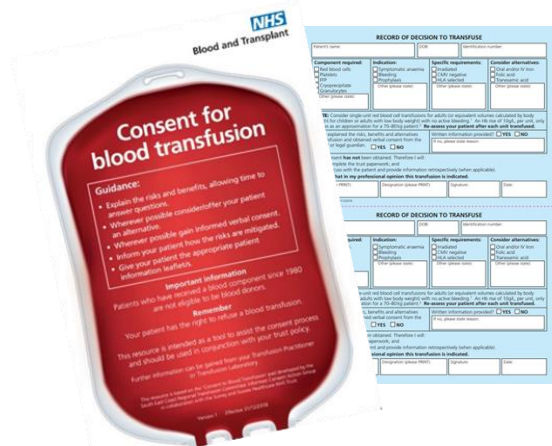
3 Audit Cycles Aug 18 - May 2019



So where are we now?

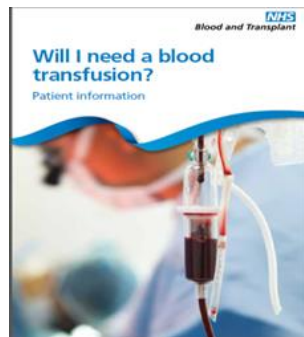
- Gap analysis is not as simple as we first thought
- As a region our relative strengths lie with appropriate use of TxA and red cells
- There is room for improvement around consent
- The results for QS1a indicate poor compliance but further work needs to be done to capture the right audit population





TACO Checklist		Red cell transfusion for non-bleeding patients
	Does the patient have a diagnosis of 'heart failure' congestive cardiac failure (CCF), severe aortic stenosis, or moderate to severe left ventricular dysfunction?	<p>If 'yes' to any of these questions</p> <ol style="list-style-type: none"> 1 2 3 <ul style="list-style-type: none"> Review the need for transfusion (do the benefits outweigh the risks)? Can the transfusion be safely deferred until the issue can be investigated, treated or resolved? Consider body weight dosing for red cells (especially if low body weight) Transfuse one unit (red cells) and review symptoms of anaemia Measure the fluid balance Consider giving a prophylactic diuretic Monitor the vital signs closely, including oxygen saturation
	Is the patient on a regular diuretic?	
	Does the patient have severe anaemia?	

SHOT Serious Hazards of Transfusion



Indications for the use of Blood Components in Adults

This guidance is based on the NBTC Indication Codes for Transfusion (June 2016).

Red cell concentrates

Dose – if no bleeding and anaemia reversible, use the minimum number of units to achieve a target Hb. Assume an increment of 10g/L per unit for a 70kg adult.

- **R1 Acute Bleeding** Once normovolaemia achieved, frequent measurement of Hb (including by near patient testing) should be used – see suggested thresholds below.
- **R2 Hb $\leq 70\text{g/L}$** if stable acute anaemia. Use a target Hb of 70-90g/L. Follow local protocols for post cardiac surgery, traumatic brain injury, acute cerebral ischaemia.
- **R3 Hb $\leq 80\text{g/L}$ if cardiovascular disease** Use a target Hb of 80-100g/L.
- **R4 Chronic transfusion dependent anaemia** Maintain an Hb which prevents symptoms. Suggest an initial threshold of 80g/L then adjust as required. Haemoglobinopathy patients require individualised Hb thresholds.
- **R5 Radiotherapy** Limited data for maintaining Hb of 110g/L.
- **R6 Exchange transfusion.**

Audit
resources
already
available

<https://hospital.blood.co.uk/patient-services/patient-blood-management/consent-for-transfusion/>

Moving forward....



Continue auditing twice per year



Feedback results to appropriate clinical teams



Share results at regional level



Learn from each other



Formulate action plans



Share resources and ideas



Develop new resources?

