

Confirmed Minutes of the South Central RTC Education Symposium & Meeting

Held on 6 February 2013

Regency Park Hotel

Theme Audits

Attendees		
Diana Agacy (DA)	TP	Southampton Hospital
Edward Aguillon (EA)	Senior Staff Nurse	Queen Alexandra Hospital
Aishatu Ali (AA)	Paediatric Specialty Trainee	Milton Keynes Hospital
Vivien Ballon (VB)	BMS	Wexham Park Hospital
Donna Beckford Smith (DBS)	TP	Stoke Mandeville Hospital
Jatinder Bhamra (JB)	BMS	Royal Berkshire Hospital
Kevin Bird (KB)	BMS	Royal Berkshire Hospital
Michael Cheung (MC)	TLM	Nuffield Hospital Hampshire
Caroline Cooper (CC)	Senior Nurse High Tech Care	Berkshire Healthcare
Pushkar Dadarkar (PD)	HTC Chair	Wexham Park Hospital
Kim East (KE)	TP	Wexham Park Hospital
Christine Ellis (CE)	TP	Wexham Park Hospital
Andrew Endersby (AE)	BMS	Royal Berkshire Hospital
Edward Fraser (EF)	TP	John Radcliffe Hospital
John Grant-Casey (JGC)	NCA Project Manager	NHSBT
Cheryl Hasell (CH)	TP	Milton Keynes Hospital
Barry Hearn (BH)	TLM	Queen Alexandra Hospital
Amanda Heath (AH)		Stoke Mandeville Hospital
Sue Howard (SH)	Nurse	Spire Thames Valley
Baiju Kurian (BK)	Staff Nurse	Queen Alexandra Hospital
Carolina Lahoz (CL)	Consultant Haematologist	Wexham Park Hospital
Christopher Marks (CM)	Patient Representative	Oxford HLC
Eileen McDonnell (EMc)	BMS	John Radcliffe Hospital
Peter McQuillan (PMc)	HTC Chair	Queen Alexandra Hospital
Christine Meeks (CM)	BMS	Queen Alexandra Hospital
Jacky Nabb (JN)	RTC Administrator	NHSBT
Terrie Perry (TP)	TP	Wycombe Hospital
Shelina Sachedina (SS)	Haematology Junior Doctor	Milton Keynes Hospital
Lorraine Samuel (LS)	BMS	Wexham Park Hospital
Nigel Sargent (NS)	Consultant Haematologist	Hampshire Hospitals Trust
Louise Sherliker (LS)	TLM	NHSBT
Dawn Smith (DS)	TLM	Southampton
Simon Stanworth (SS)	Consultant Haematologist	NHSBT
Chris Stevens (CS)	SODP	Wexham Park Hospital
John Travers (JT)	TLM	Hampshire Hospitals Trust
S Turner (ST)	BMS	John Radcliffe Hospital
Apologies		
Liza Keating	Chair of HTC	Royal Berkshire Hospital
Barbara Cripps	Manager Blood Safety & Conservation	Oxford University Hospitals
Neene Price	CSM	NHSBT
Susan Rockley	TLM	Wexham Park Hospital
Kay Heron	TP	Queen Alexandra Hospital
Liane Simons	HTC Chair	Buckinghamshire Hospitals
Tanya Hawkins	TP	Royal Berkshire Hospital
Nicky Mundy	TLM	Royal Berkshire Hospital
James Henry	TP	North Hampshire Hospital
Finella Brito- Babapulle	Consultant Haematologist	Berkshire Independent
Denis Cave		Oxford HLC

1 Welcome

SS welcomed the group to the meeting and discussed the format for the day

2 Presentations

PowerPoint presentations from the RTC Education Symposium will be posted on the SC section of the RTC website

<http://www.transfusionguidelines.org.uk/index.asp?Publication=RTC&Section=28&pageid=1053>

1. The Medical Use of Red Cells – John Grant-Casey

Selected points from the discussion following the presentation

- a. Gate keeping is a problem as it is difficult to challenge senior Clinicians. Experienced lab staff challenge Clinicians but the response often received is that the patient is symptomatic and therefore needs the blood
- b. Propose that guidelines state 'No transfusion beyond this Hb level unless a special case authorised by a Consultant'
- c. There are not many physicians on HTCs at the moment
- d. Need to target GPs on reversible anaemia. It was felt that it is difficult to give IV iron in a community environment, it has however been made easy to get a patient transfused
- e. **Proposal** - Develop a phone app and to use junior doctors to develop it
- f. **Proposal** – Form a working group, to include physicians, to agree a regional policy. This should include whether or not iron products are going to be used and adjust thresholds accordingly.

2. South Central Double Dose Platelets – Louise Sherliker

Selected points from the discussion following the presentation

- a. Comparison between JR and Southampton to investigate what trigger is used at each Trust
- b. Look at what is going on within cardiac. We are awaiting the data from the cardiac audit, we will look at some of the other large cardiac audits
- c. Wexham Park has reduced the number of double dose platelets by analysing double doses over the year.
- d. Platelet count is being used as a trigger rather than platelet function, devices to analyse platelet function are not widely used, they are considered a research tool rather than diagnostic. How relevant is platelet count to determine transfusion?
- e. Proposal – look at own practice and reaudit within own Trust. Individual report to be supplied and feedback at next RTC
- f. DD developing anti bodies – **Action** SS to share guidelines

3. Blood Sampling & Labelling – Vivienne Ballon & Lorraine Samuel

Selected points from the discussion following the presentation

- a. Wycombe Hospital identified a lack of knowledge in the community leading to training needs.
- b. The signature on a lot of samples cannot be read. **Propose** using last 4 digits of assignment number and one letter i.e. P for Phlebotomist.
- c. JR outpatients have wristbands, patient checks details in phlebotomy
- d. EF trains student midwives in Brookes University, it was suggested that this needs to happen everywhere
- e. All to review the number of identifiers in the policy in relation to labels. **Action** ALL
- f. Request that the presentation includes some slides by site.
- g. JGC to provide a 'quick audit'. This would be better at lab level for the audit. JGC to provide instructions on how to change the current limit of audit questions to 10.

4. Audit of indication for neonatal red cells, platelets and FFP – Aishatu Ali

Selected points from the discussion following the presentation

- a. A copy of the presentation to be sent to DA to provide to the neonatal unit at Southampton. **Action** JN.
- b. Any other Trust requiring a copy to request from JN. **Action** ALL

5. Discussion

- a. SS requested pilot hospitals to identify what they do with audit results and what makes feedback better or worse, a range of hospitals is needed. Trusts to contact SS if interested in taking part

6. What next

a. Medical Anaemia- Actions

- i. John Radcliffe, Wycombe and Wexham Park to send Anaemia Guidelines to JN. **Action** EF/TP/KE
- ii. Develop phone app involving junior doctors. **Action**

- iii. Involve Medics on HTCs. **Action** ALL
 - iv. Audit of Geriatric Day Care. **Action** TPs to discuss at next meeting
 - b. Blood Sampling
 - i. Standard guidelines, JN to produce Survey Monkey audit, DA and BH will help with questions. **Action** JN
 - ii. Site specific slides to be produced for the presentation. **Action** JGC
 - iii. Quick Audit - **Action** JGC
 - c. Double Dose Platelets
 - i. Reaudit within own Trust and feed back at next RTC. **Action** ALL

1/13 The minutes of the last meeting November 7 2012 were signed off

2/13 Update from the NBTC

- Anthony Stock has stepped down as RTC Chair; a new RTC Chair will be in place by the next meeting.
- Communications – it is proposed that the communication sheet be used once per annum and a database of results produced. JN to send proposed database

3/13 Individual Trust Update

Selected points from the discussion at the meeting

- **Hampshire Hospitals**
 - Currently combining two sites, merging two IT systems, standardising procedures and moving into a new Lab
- **Wexham Park**
 - Pushkar Dadarkar is stepping down as HTC Chair and a new Chair will be appointed
 - Bloodtrak has been updated with new kiosks
 - Rolling out the massive transfusion drill and considering producing a DVD
 - Enhanced recovery, CE has joined the group
 - Barcode on wristband going through
 - Looking at haematology nurses writing up transfusion prescriptions
- **Milton Keynes**
 - There is currently a staff shortage in the laboratory
 - The TPs have concentrated on training and have increased the % trained from 56% to 76% over 12 months
- **Buckinghamshire Hospitals Trust**
 - Following retirement of laboratory managers Katy Cotton has been appointed as Lab Manager over both sites.
 - A new Consultant Haematologist has been appointed
 - Moving wards between hospitals
 - Made changes to the Datex system to ensure the TPs receive all events relating to Transfusion.
 - Are providing training in the community
 - Planned – local audits, consent for multiple transfused patients and post transfusion information for patients
 - Need clarity around patients who have received more than 80 units, SABTO recommendation. JN to ask Julie Staves and send to all trusts. What is the policy once the patients have been identified? **Action** JN
- **Southampton**
 - A new HTC Chair has been appointed
 - Have become a pilot site for SPICE
 - Traceability: from October last year they ceased using two systems, paper and electronic. Traceability for Oct-Dec 2012 was 99%, compared to 93% for the same period the year before
 - New BCSH compatibility guidelines state a need for 2 samples; they are a 1 sample lab.
 - Rolling out Bloodtrak for all blood sampling
 - Suggested topic for next meeting, JR and Southampton to share experience - **proposal**
 - Involved with consolidation with Portsmouth and IOW
 - Have reached sign off phase for a 2nd TP 3 days per week
 - Big project to rewriting blood policy. Specialities are writing their own, paediatrics and obstetrics

- **John Radcliffe**
 - E learning – major enhancements have been made to Learn Pro and they no longer use NLMS. This can be configured to any hospital on request from Learn Pro.
 - Developing decision support module at blood ordering. Request outside of guidelines will produce a message to say this request is inappropriate; there will be an automatic link to latest blood result. This will provide better data on the reason for transfusion
 - Putting together three years of wristband audit data
- **Queen Alexandra**
 - Have continued with labelling audit, 40% rejection from A&E samples. Considering zero tolerance across the board for the 4 key identifiers
 - Are developing a patient safety working group to try to improve practice
 - Wrong blood in tube previously a near miss has been increased to amber
- **Reading**
 - Main (laboratory) achievement of last year was to reduce usage of O negs as a direct result of introducing O pos emergency stock. We have also reduced our overall blood usage over the last 12 months.
 - This year, so far, have reduced stock reservation time to 24 hours (from 48 hours), have implemented the new BCSH guidelines and are in the process of putting in the Haemonetics ward enquiry system to allow better access to transfusion information for the wards.
- **Liver Audit**
 - SS requested all Trusts to remind their contacts of the Liver audit taking place this month
- 4/13 TP Feedback**
 - The development workshop which took place last October received great feedback and they are looking to take it to the next step
- 5/13 User Group Feedback**
 - Request for training for Lab staff, SS to speak to Janet Birchall. **Action** SS
 - Day to day lab staff / Could Filton training be provided at other sites? /Workshop to empower the BMS – **Proposal**
- 6/13 Transfusion 2012**

Selected points from the feedback provided by TP & DA

Major Haemorrhage

 - Tranexamic Acid improving survival Clinical trials show that we need to be thinking about using it now.
 - Moving away from Massive Transfusion to Massive Haemorrhage. Proposal that we ask NE to speak at one of our meetings

Transfusion and Critical Care

 - ITU patients lose 80 mls of blood per day due to blood samples.
 - Transfusion does not always increase survival

Sickle Cell Patients are 10 times more likely to form blood group antibodies

Fluid resuscitation in Children in Kenya

 - Bonus doses proved to have a higher mortality rate, but the change in practice is not coming through

Gene therapy and Haemophiliacs

 - Study in 10 patients, given Factor 9 two or three times per week via IV; change by up to between 4 & 6%. Cost on 10 \$10,000,000, in practice the cost should come in at \$1,000 per patient

Cord Blood Transplantation

 - Fifty percent of cord bloods stored go to adults

Future of transfusion medicine

 - Compared transfusion practices in under developed countries to developed countries
- 7/13 Blood Issue across the region**

Selected points from the discussion

 - Milton Keynes increased red cell usage due to spate of violent incidents
 - John Radcliffe O Neg – EF would like to look at clinical usage
 - Hampshire Hospitals – increase linked to particular patients
 - Southampton FFP due to major trauma centre and liver patients
- 8/13 RTC Budget**
 - Funding had been provided for RTC members to attend Transfusion 2012 and BGS Reading
 - There would be more demand on meeting rooms in next year's budget for meeting rooms due to the NHSBT move to the John Radcliffe Site.

9/13 Future meetings

- Patient Blood Management – we are expecting guidance in the next 2-3 weeks. We are proposing a one day event in June or September focusing on HTTs and champions. Workshop style day looking at what has come out and how it can be taken back to hospitals. We will be asking for feedback from the RTC when guidance has been received. **Action** RTT
- Transfusion Bites, November 6 2013, to be held at Regency Park Hotel, Thatcham
- Other venues, if anyone has or knows of venues that can be used for meetings please let JN know. **Action** ALL

10/13 AOB – there was no AOB

Unconfirmed