

Audit of Blood Transfusion in Community Hospitals

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Reason for Audit

- Concern over quality of GP prescribing from Transfusion Practitioner working in community
- Concerns within our Hospital Transfusion Team over lack of GP training
- 1 report of TACO in the last 2 years

Transfusion within our Community Hospitals

- RD&E supplies blood to 6 Community Hospitals in Mid and East Devon
- Over 1000 units per year are transfused; all prescribed by General Practitioners
- Valued by patients

Audit of Blood Transfusion in Community

- Details of Community Transfusion over 3 rd Quarter(Oct to Dec) 2014 collected from LIMS
 - Reason for Transfusion/ Diagnosis
 - Pre transfusion Haemoglobin
 - Numbers of units Transfused
 - Post Transfusion Haemoglobin

Results

- Number of units transfused 182
- Number of transfusions 70
- Number of patients transfused 50

Reason for transfusion

Diagnosis	Number of Patients (n=50)
Cancer	20
Normochromic/normocytic anaemia of chronic disease	12
Haematological Diagnosis (MDS, myeloma)	6
Iron deficient picture	5 (2 had also received iv iron)
Acute Sepsis or recovering from sepsis	4
General Debility, chronic GI bleed, uncertain	3
Drug induced (sulphasalazine)	1

Pre Transfusion Haemoglobin levels

Pre Transfusion haemoglobin levels (n=70)

No Hb found	less than 60g/l	60 – 70 g /l	71- 80 g/l	81- 90 g/l	91- 100 g/l	Over 101 g/l
2	7	10	16	20	12	3

How many units per transfusion?

1 unit	2 units	3 units	4 units
5	35	26	4

Transfusions outside National Guidelines: 10 patients

- 88 yr old with malabsorption, weight loss and debility with a pre transfusion level of 92g/l transfused 3 units
- 99 yr old with normochromic normocytic anaemia pre transfusion Hb of 79 g/l transfused 3 units
- Patient with chronic iron deficiency, had monofer in past, pre transfusion Hb 83g/l transfused 3 units
- Patient on sulphasalazine, Hb 83g/l transfused 3 units
- Microcytic anaemia, short of breath, Hb 84g/l transfused 2 units
- Normochromic normocytic anaemia of 70g/l in 96 yr old lady declining investigations transfused 3 units

Palliative care or cancer diagnosis

- Elderly patient with carcinoma of bowel with pre transfusion level of 102g/l transfused 3 units, post transfusion Hb 147g/l
- Carcinoma of bladder, pre transfusion Hb 90g/l transfused 3 units
- Palliative care carcinoma of stomach, pre transfusion Hb 87g/l transfused 4 units
- Heart failure, anaemia, cancer with pre transfusion Hb of 99g/l was transfused 2 units

Results

- In 50% of transfusions the haemoglobin trigger was over 80g/l
- In 37% of transfusions 3 or more units of blood were transfused
- Very few patients have a post transfusion Haemoglobin recorded
- The transfusions most likely to be outside national guidance are spread between the 6 community hospitals

General Observations

- Patients transfused in the community are often frail and very elderly
- Cancer is the most common diagnosis and reason given for transfusion
- 16 out of the 50 patients transfused died within the 3 months of the audit

Conclusions

- This is but a snapshot of community prescribing, done without looking at the patient notes and purely from the LIMS
- It is often difficult for these elderly frail patients to get to the hospitals, one can understand the rationale for making the most of having the patient in hospital
- Community transfusion is highly valued by patients and should be supported
- However there is evidence of GP prescribing that has moved away at times from National Guidance

What do we intend to do?

- Move to a maximum 2 unit transfusion policy
- We have contacted the CCG and GP employers in Community and told them of mandatory training and provided them with a GP update PowerPoint presentation
- We are considering introducing a GP proforma or community transfusion form with prompts re indication codes etc
- Hospice Care consultant shown results and will support GP decisions
- Re audit next year

Safe and appropriate transfusion in the Community

Mission impossible?