



South West Regional Transfusion Committee

RTC DATABASE

April 2015 – March 2016

Dedicated Tx Sessions

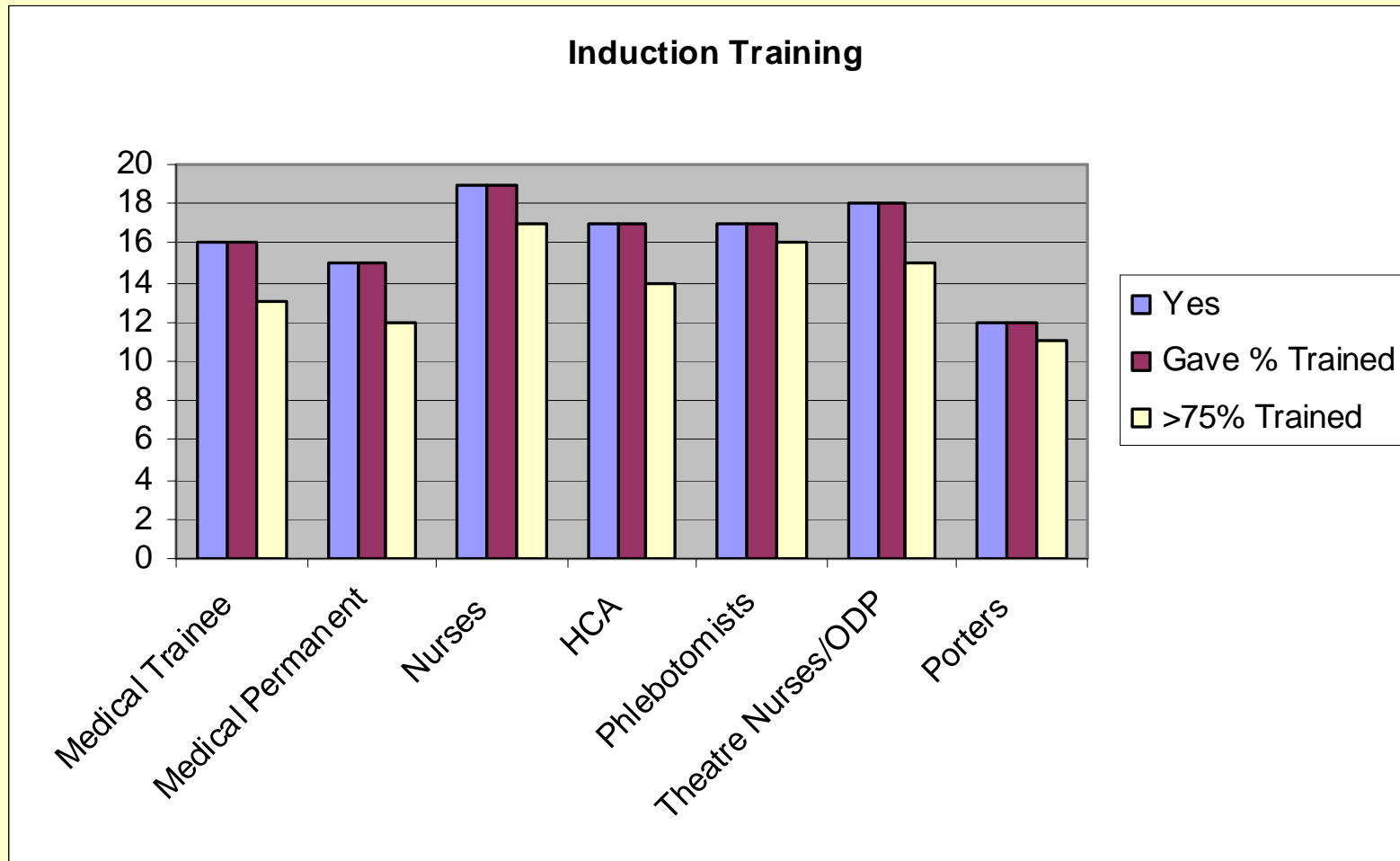
- HTC Chair – 6 shared sessions with the role of CH responsible for Tx
- TLM – range between 0-10, with just over half 10
- TP – range between 0-25
- CH for Tx – 5 with no sessions

HTC Attendance By Specialty

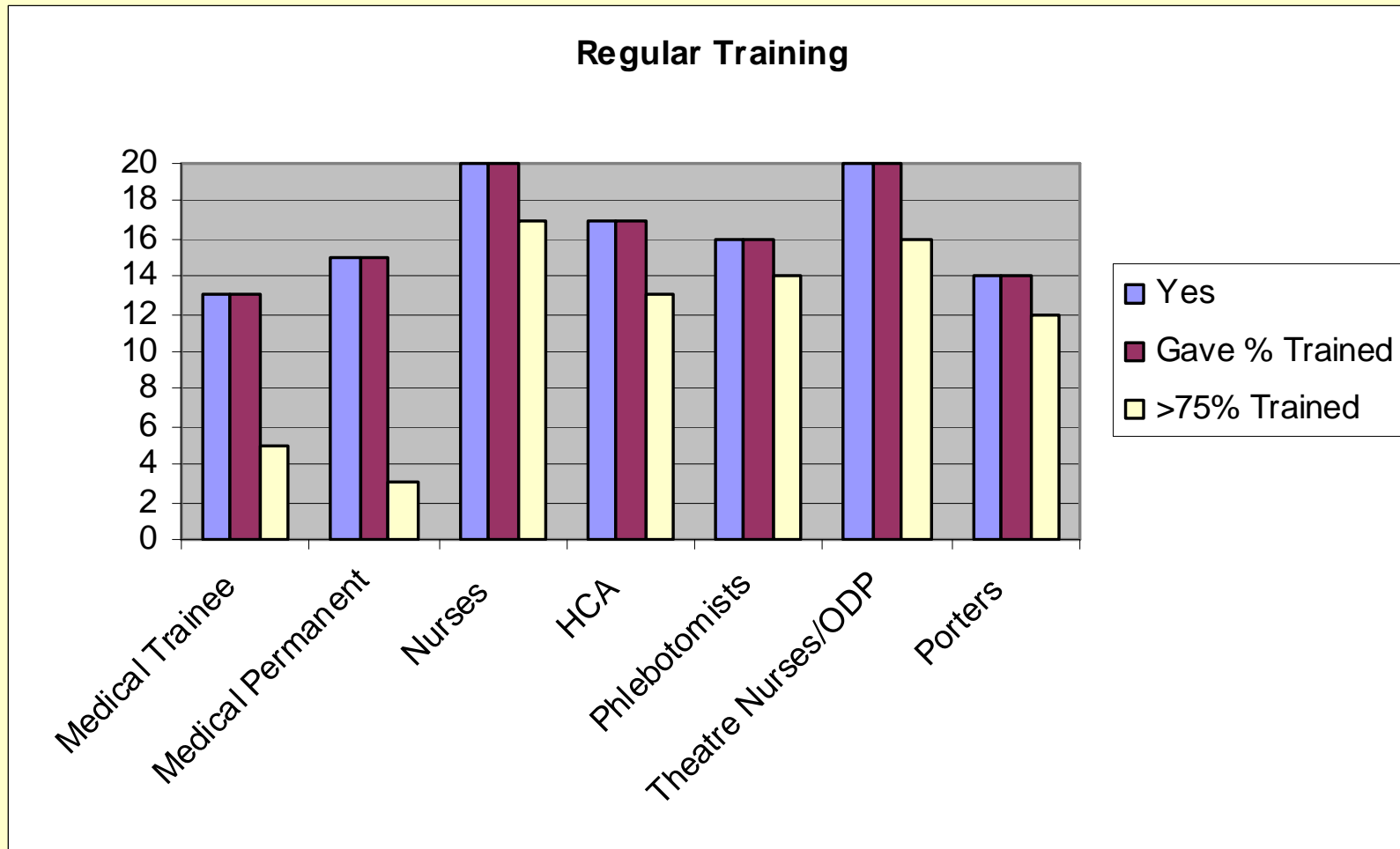
	Always	Frequently	Sometimes	Never	NA
Medicine (excl. Haematology)	1	5	5	9	0
Haematology	16	2	1	1	0
Anaesthetics	12	3	4	1	0
Obs & Gynae	4	5	7	4	0
Surgery	1	3	11	5	0
Orthopaedics	1	2	10	7	0
Emergency Department	4	3	10	3	0
Clinical Governance	3	3	6	8	0

Make Transfusion Safer

Induction Training (20 hospitals provided data)



Regular Training (20 hospitals provided data)



LIMS System Supports Electronic Dispatch Note

	<300	300-800	>800
Yes	2	8	2
No	2	4	2
If Yes, do you use EDN			
Yes	1	7	2
No	1	1	0

Electronic / Radiofrequency technology throughout tx process

	<300	300-800	>800
Yes	2	5	1
No	2	7	3

Laboratory Information

All CPA and NEQAS compliant

11 not yet UKAS accredited

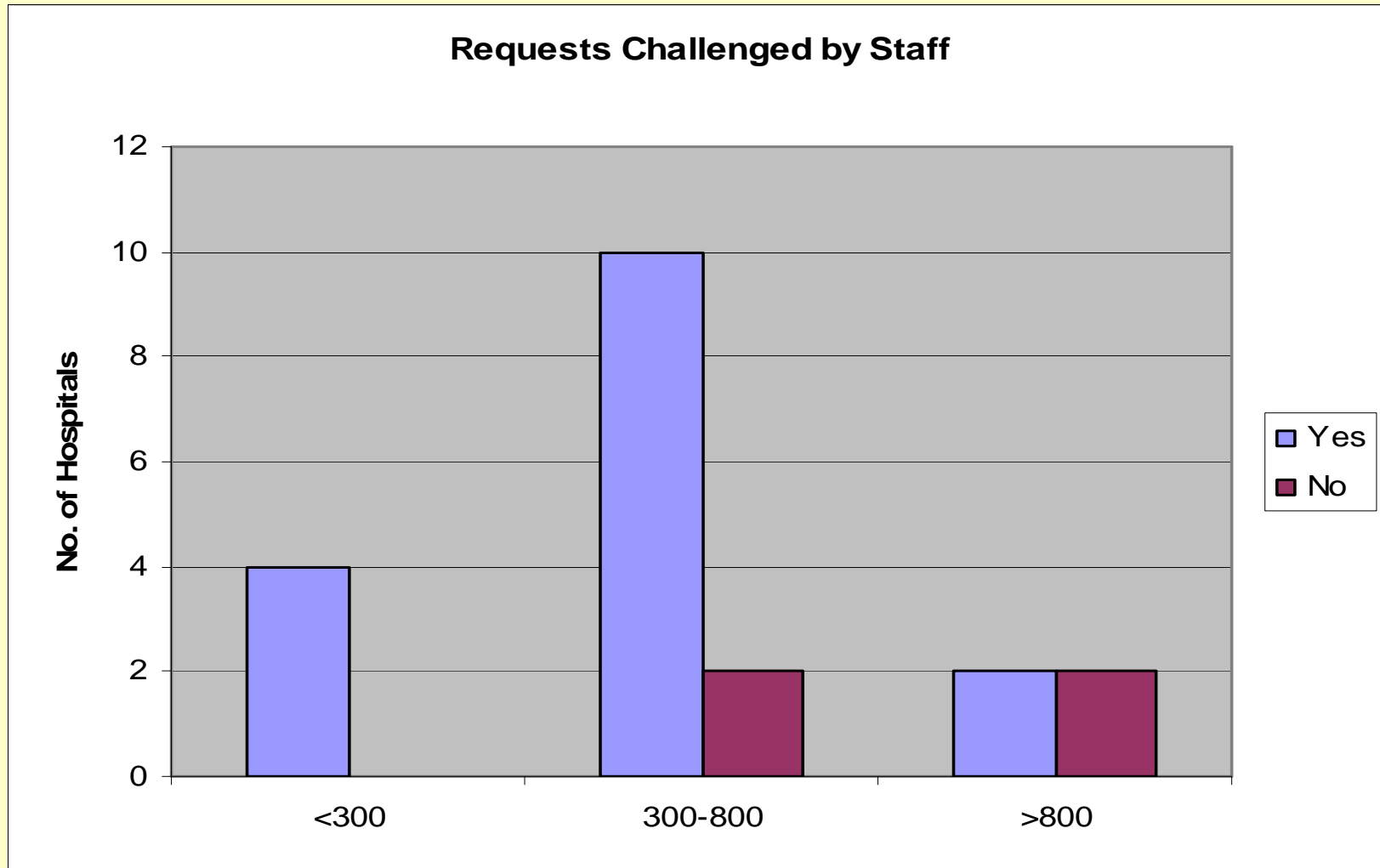
Electronic Issue

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)

Electronic Pathology Requesting

Group & Save	25% (5 out of 20)
Crossmatch	10% (2 out of 20)

Request for Transfusion where indication unclear usually challenged

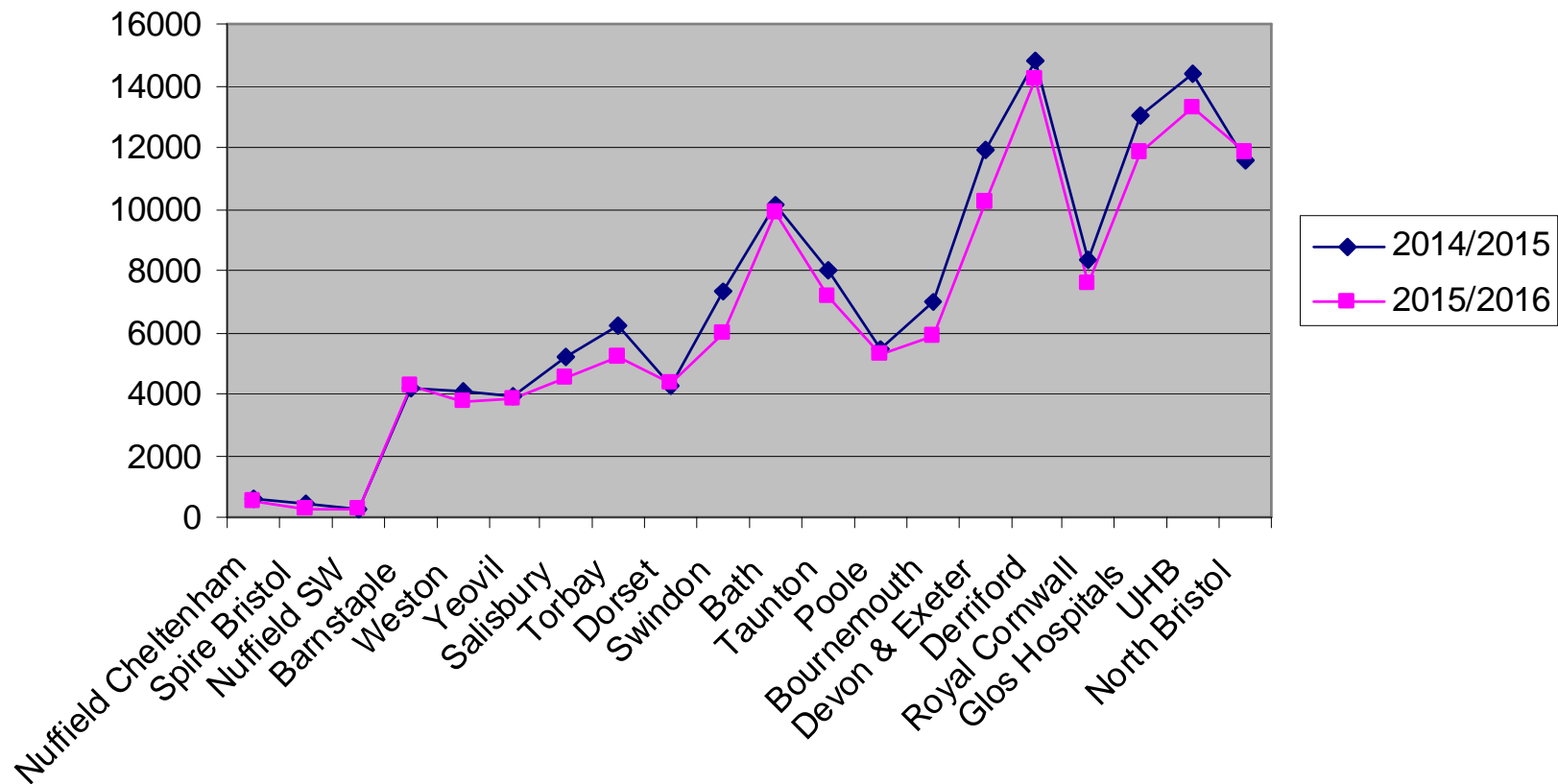


Single unit red cell transfusions
(within 24 hours) as a percentage
of all red cell transfusion episodes:

Poole	30.0%
Torbay	29.5%
Royal Cornwall	25.9%
Royal Bournemouth	23.0%
Nuffield South West	15.0%
Southmead	10.6%

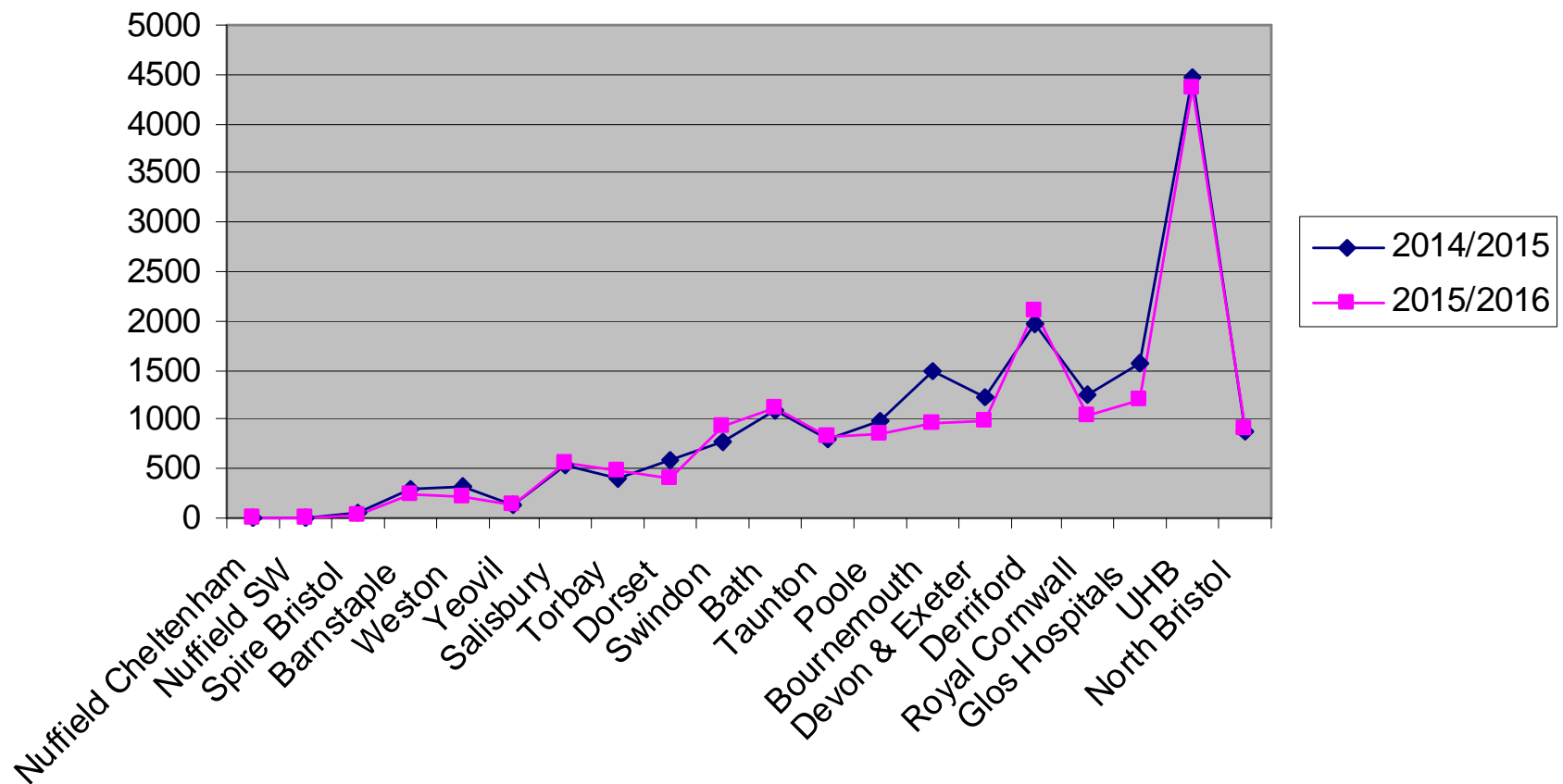
RBC Issues

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	11	9	0
Trust has tx triggers	18	2	0
Are these in line with NBTC Codes	17	0	3
Guidelines incorporate Single unit use	15	5	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	16/20	20/20	6/20	5/20
Specific Departments	2/4	--	12/14	5/15

Cell Salvage

	Provide Intra Operative Cell Salvage		Use Post Operative Cell Salvage
	During Routine working Hours	Out of Hours	
2007	71%	63%	71%
2008	80%	75%	65%
2009	68%	55%	82%
2010	79%	53%	74%
2011	71%	52%	71%
2012	79%	63%	68%
2013	68%	63%	58%
2014	74%	58%	58%
2015	83%	67%	22%
2016	80%	55%	30%

Is tranexamic Acid used:

YES: 19

NO: 1

Medical Patient Blood Management

	Identify & Treat Anaemia	Provide Information Leaflets
Trustwide	8/20	18/20
Specific Department algorithm	4/12	1/2

Use of rFVIIa

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

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

Obstetric Practice (NHS Hospitals Only)

15 NHS hospitals gave a Single Dose 28 – 30 weeks
2 did not answer

% Issued Traceable to Named Patient

- 7 -100%
- 8 - $\geq 95\%$

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

Summary

- Participation all NHS & private hospitals
- Structure –
 - All hospitals have HTT
 - In 5 NHS hospitals CH has no dedicated sessions
 - No HTC attendance – medicine, haematology (1 NHS), anaesthetics, obs & gynae, surgery, orthopaedics, ED, CG
- Regular training – only 3 achieve >75% for permanent medical staff
- Electronic-issue ~90%, requesting <30%, full/part blood tracking <50%, EDN 50%
- RBC annual issues ↓8% platelet issues ↓7.6%
- PBM – 5 no strategy to use single unit RBC's
- PBM surgical – 2 hospitals no pre-op anaemia management and 1 no TXA use. IOCS ↓, post op CS ↑