



South West Regional Transfusion Committee

# RTC DATABASE

April 2014 – March 2015

# Dedicated Tx Sessions

- HTC Chair – 7 shared sessions with the role of CH responsible for Tx
- TLM – range between 1-10, with 2/3rds 10
- TP – range between 1-15
- CH for Tx – 4 with no sessions

# HTC Attendance By Specialty

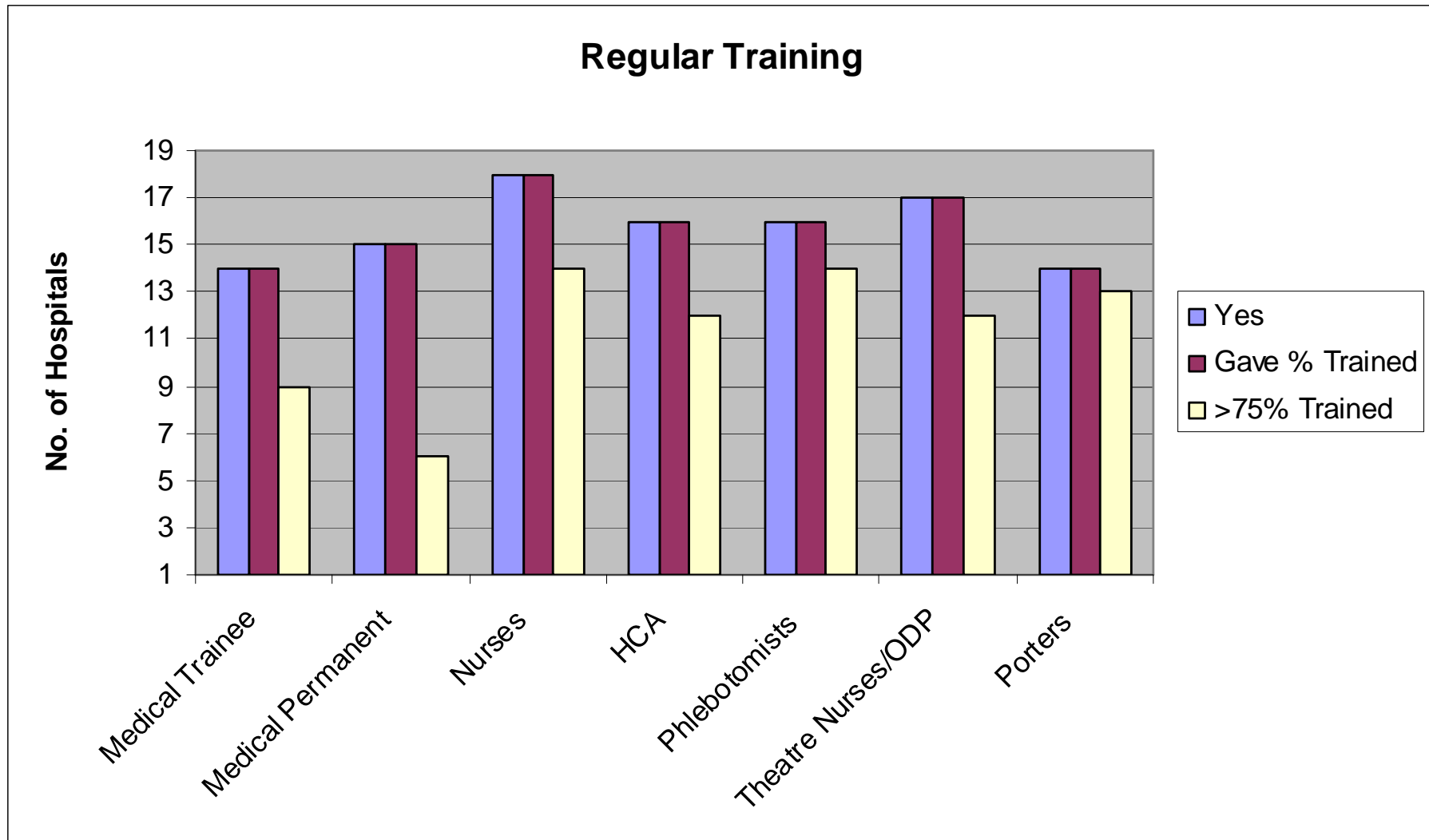
	<b>Always</b>	<b>Frequently</b>	<b>Sometimes</b>	<b>Never</b>	<b>NA</b>
<b>Medicine (excl. Haematology)</b>	<b>1</b>	<b>5</b>	<b>5</b>	<b>7</b>	<b>0</b>
<b>Haematology</b>	<b>14</b>	<b>4</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Anaesthetics</b>	<b>10</b>	<b>5</b>	<b>1</b>	<b>2</b>	<b>0</b>
<b>Obs &amp; Gynae</b>	<b>2</b>	<b>8</b>	<b>5</b>	<b>3</b>	<b>0</b>
<b>Surgery</b>	<b>1</b>	<b>6</b>	<b>6</b>	<b>5</b>	<b>0</b>
<b>Orthopaedics</b>	<b>0</b>	<b>4</b>	<b>5</b>	<b>9</b>	<b>0</b>
<b>Emergency Department</b>	<b>1</b>	<b>6</b>	<b>7</b>	<b>2</b>	<b>2</b>
<b>Clinical Governance</b>	<b>3</b>	<b>3</b>	<b>3</b>	<b>9</b>	<b>0</b>

**Make Transfusion Safer**

# Induction Training (18 hospitals provided data)



# Regular Training (18 hospitals provided data)



# LIMS System Supports Electronic Dispatch Note

	<300	300-800	>800
Yes	2	6	1
No	1	6	2
If Yes, do you use EDN			
Yes	1	5	1
No	1	1	0

## Electronic / Radiofrequency technology throughout tx process

	<300 Full / Part	300-800 Full / Part	>800 Full / Part
Yes	1 / 1	5 / 5	0 / 1
No	1	2	2

# Laboratory Information

All CPA and NEQAS compliant  
10 not yet UKAS accredited



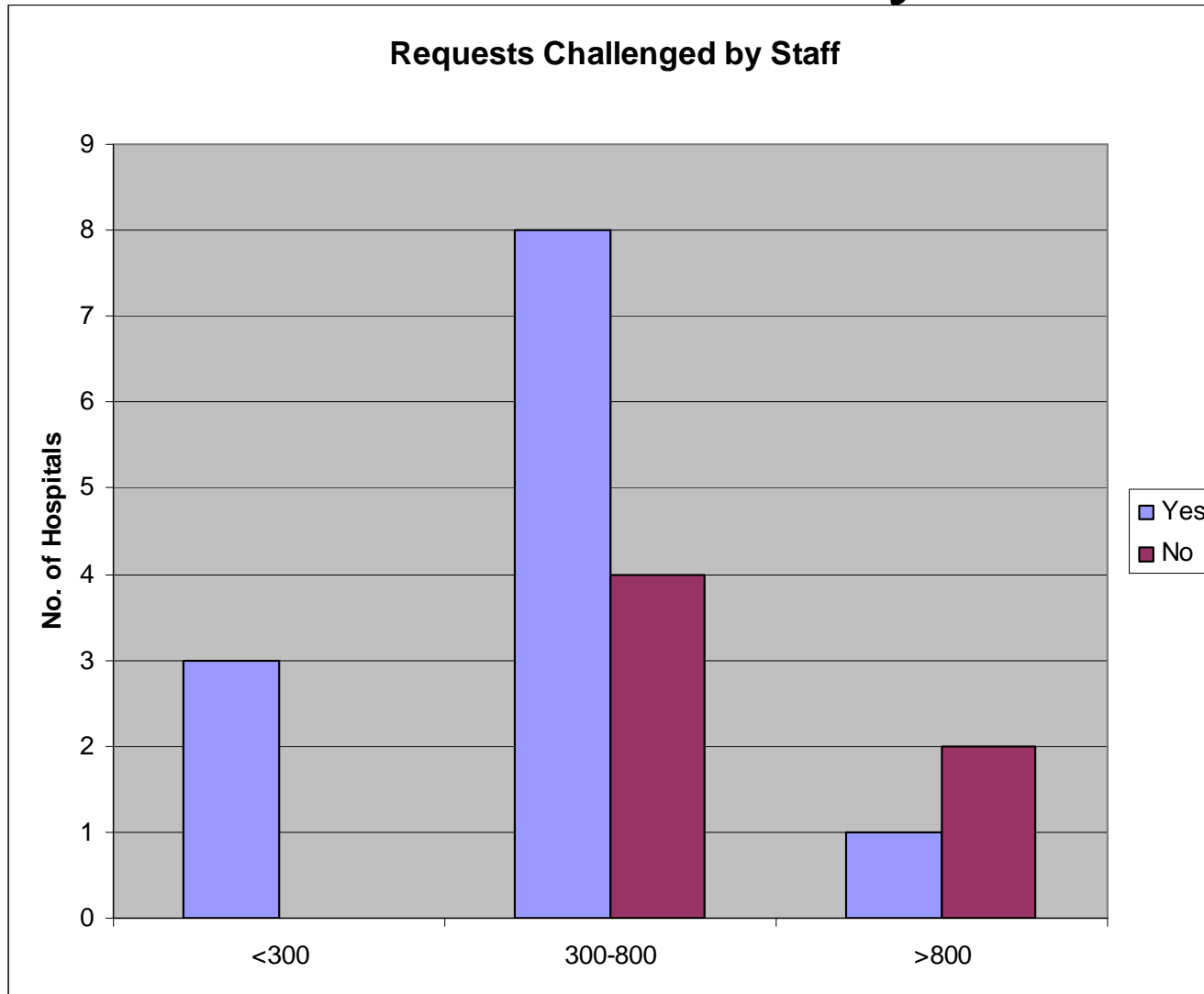
# Electronic Issue

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)

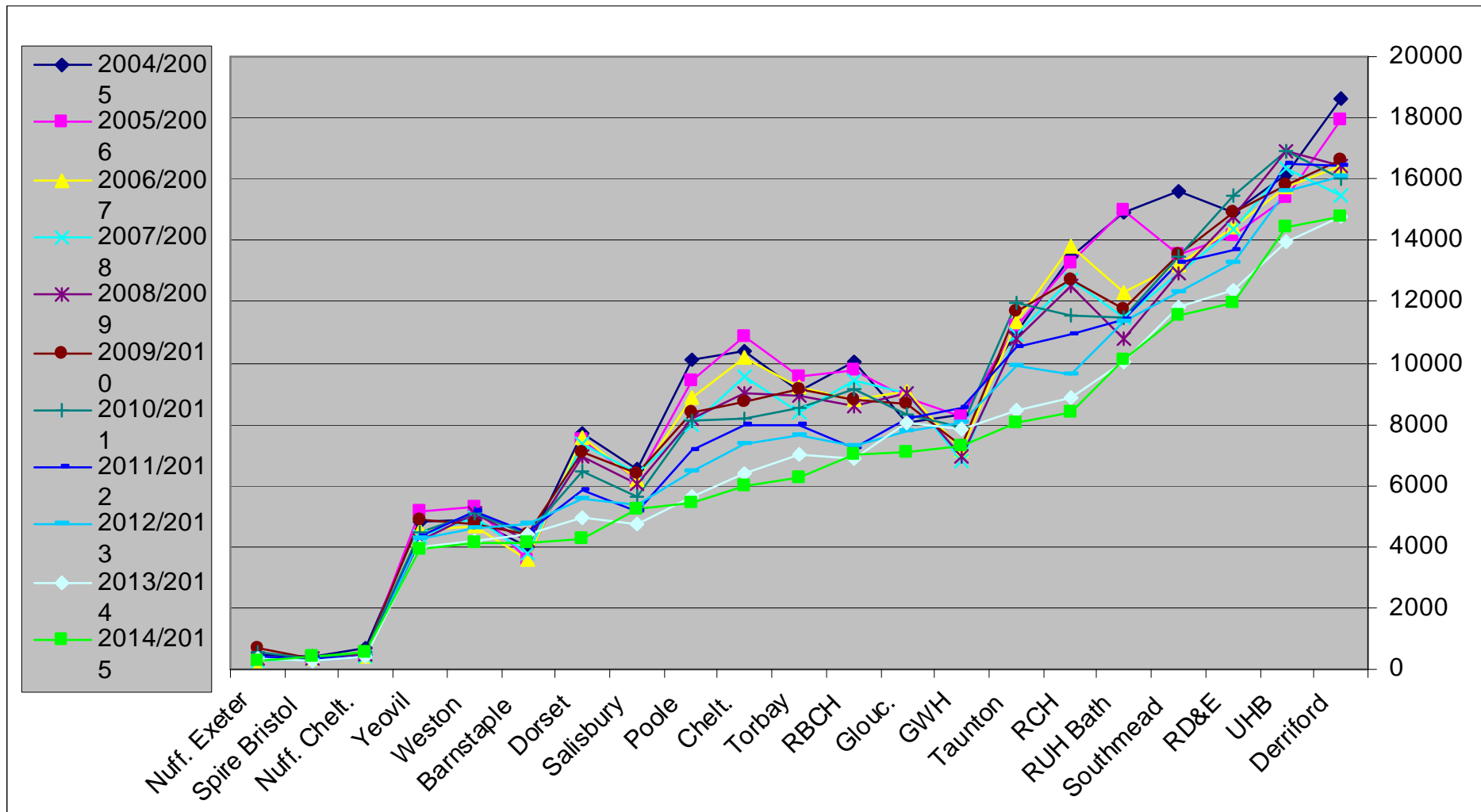
## Electronic Pathology Requesting

Group & Save	28% ( 5 out of 18)
Crossmatch	17% ( 3 out of 18)

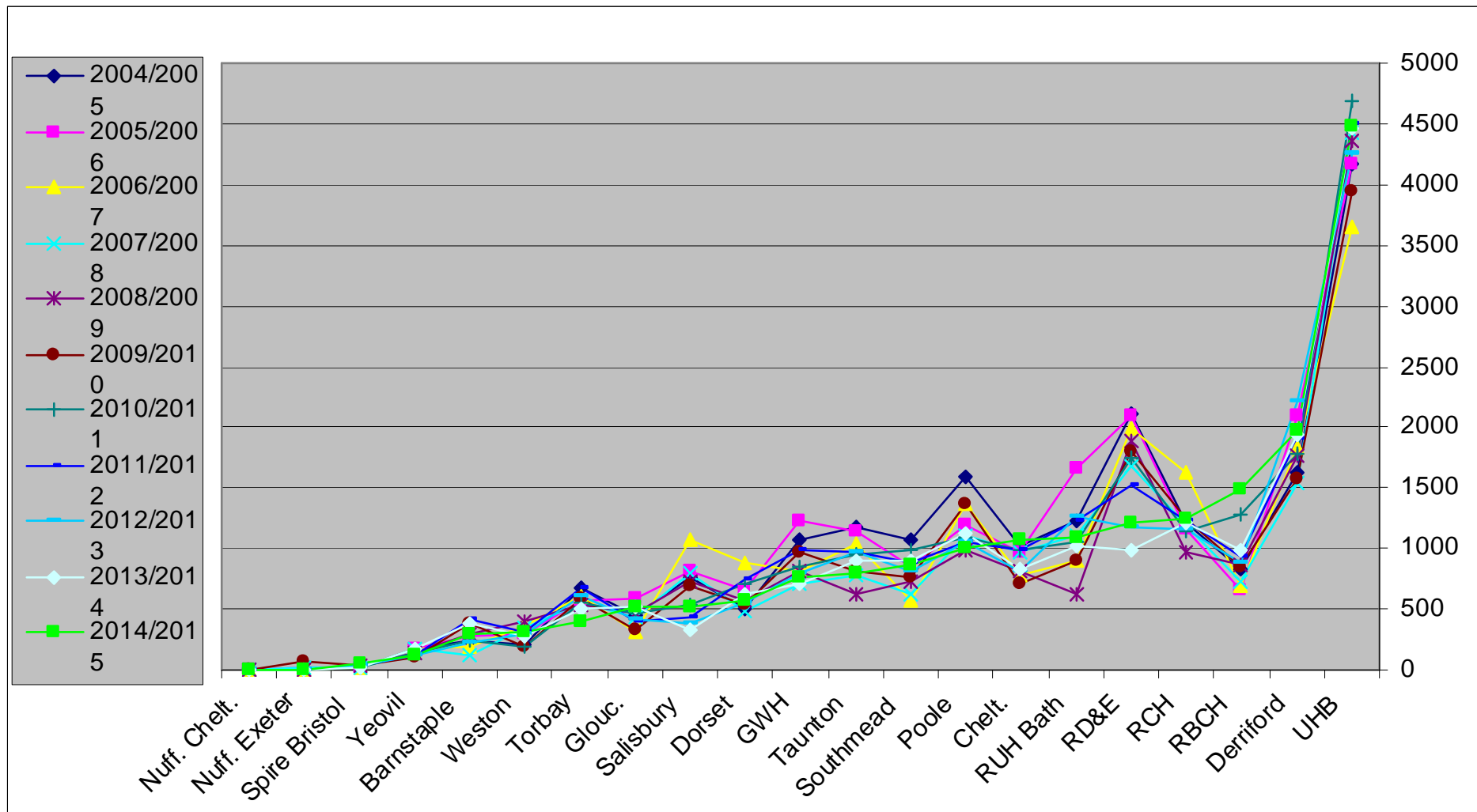
# Request for Transfusion where indication unclear usually challenged



# RBC Issues



# Platelet Issues



# General Patient Blood Management

	Yes	No	NG
Depts use EPO as alternative to tx	11	7	0
Trust has tx triggers	15	3	0
Are these in line with NBTC Codes	14	0	1
Guidelines incorporate Single unit use	15	3	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	13/18	15/18	7/18	2/18
Specific Departments	1/5	0/3	10/11	7/16

# 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%

Is tranexamic Acid used:

YES: 16

NO: 2

# Medical Patient Blood Management

	Identify & Treat Anaemia	Provide Information Leaflets
Trustwide	8/18	14/18
Specific Departments	6/10	2/4



# Use of rFVIIa

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

PCC - all NHS + 1 private hospital stocks and none said did not use

# Obstetric Practice (NHS Hospitals Only)

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

% Issued Traceable to Named Patient

- 9 - 100%
- 6 - > 95%
- 1 -  $\geq$ 90%

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

# Summary

- Participation all but one NHS & 2 private hospitals
- Structure –
  - All hospitals have HTT
  - In 4 NHS hospitals CH has no dedicated sessions
  - No HTC attendance – anaesthetics, surgery, orthopaedics, CG plus NHS hospitals medicine & ED
- Regular training – only 6 achieve >75% for permanent medical staff
- Electronic -issue ~90%, requesting <30%, full/part blood tracking >70%, EDN 50%
- RBC annual issues ↓ 2.9%, platelet issues ↑ 4.7%
- PBM – 3 no strategy to use single unit RBC's
- PBM surgical – some hospitals no pre-op anaemia management, leaflets or TXA use. IOCS ↑, post op CS ↓