

Year on year audit of Transfusion practice in a busy General District Hospital

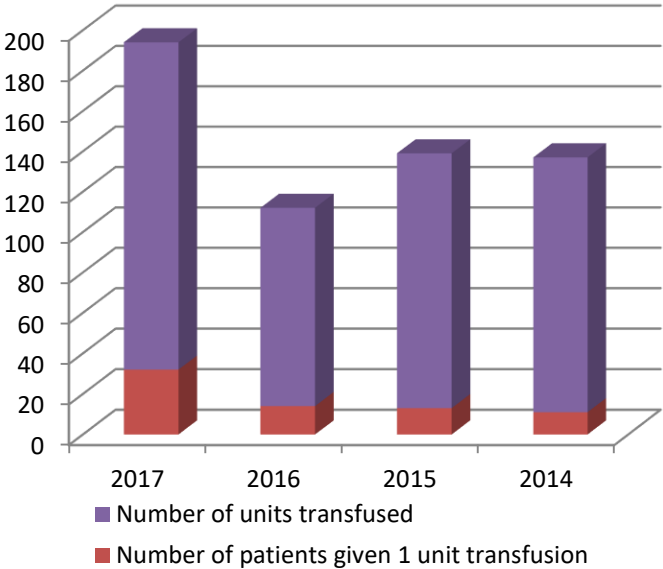
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We have audited the transfusions in a 2 week period at Surrey and Sussex NHS trust since 2014. We assess the number of patients transfused, number of units transfused, the iron status of the individual patients. Over this time period we have noticed trends and made trust wide changes. The purpose of the audit is to optimise transfusion use in a busy NHS trust.

Challenge 1.

Increase the number of 1 unit transfusions as per NICE.

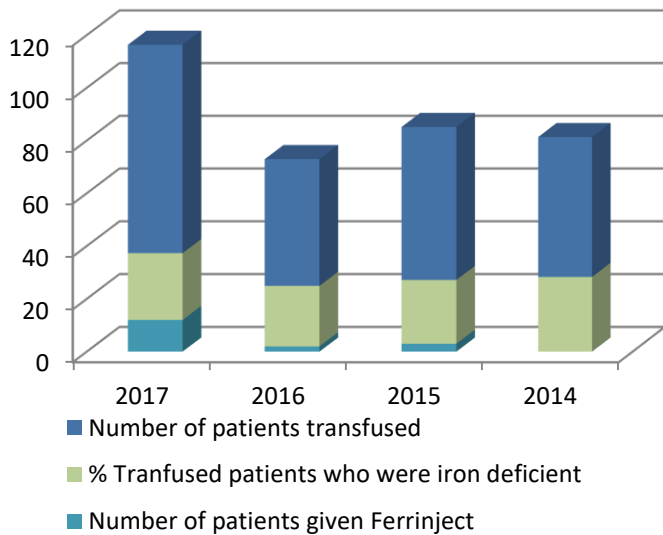
The number of transfusions varies year to year, and 2017 demonstrated a particularly busy period after year on year falls in transfusion. The proportion of 1 unit transfusions is rising. The challenge is to change practice from 2 unit transfusions to single unit, and this is achieved via MAST teaching and BMS/Haematology interventions when a single unit would be deemed clinically appropriate.



Challenge 2.

Decrease the number of Iron deficient patients transfused

Part of the problem here is educating staff on how to identify IDA, especially in the context of infection and malignancy. The increasing use of IV is testament to how practices are changing. Although the number of transfusions went up in 2017, the % of those transfused who were iron deficient hasn't yet changed, but the % patients given IV iron is climbing year on year. Use of oral iron is unchanged over the 4 year period. Clearly, identifying, and managing IDA remains a challenge.



Challenge 3.

Engage and educate the SASH staff and change practice.

Plans for the coming year

Business case for pre-op anaemia clinic.
Trial of iron studies requested for **all** transfusions.
Target teaching to key teams – O&G, Surgery, GI.

- 1. Identify IDA in lab.** BMS staff are encouraged to add on Ferritin and iron studies to anyone who has microcytic hypochromic anaemia and who has a transfusion request.
- 2. Challenge transfusion.** All transfusion requests to ?IDA are alerted to a haematology consultant to discuss with transfusing team, and suggest IV iron and single unit transfusion
- 3. GP education.** Since 2017, letters are sent to the GP of all patients transfused for IDA to educate in identifying IDA and to inform of next day IV iron service. Yearly GP training is provided by Haematology team.
- 4. Continuing to work with individual SASH teams to change practice** - #NOF, Obstetric, cancer surgery.
- 5. Support the increase in cell saver use in surgery** to reduce surgical blood loss.