

SW RTC Meeting

26TH MAY 2021

(VIA MICROSOFT TEAMS)



HTC Chairs Report Highlights

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Why change?

Following format of National RTC Chairs meeting

Allows for detailed response to changes in usage and wastage

Opportunity to highlight trusts displaying examples of best practice/excellence to region/NBTC.

Resource for topics for future meetings

Allows more nuanced responses

Format

1

Present highlight of the reports due to time limit of virtual meeting

2

Full reports will be e-mailed/posted to be accessible to the region.

3

Resource to get contact details to help develop your services/audits

Common themes

Responses from 13/17 trusts. Only Yeovil, RD&E, Weston and Dorset no report.

Red cell / O-ve wastage went up substantially during pandemic, now settling.

Many trusts are reducing their stocks of blood products to reduce wastage.

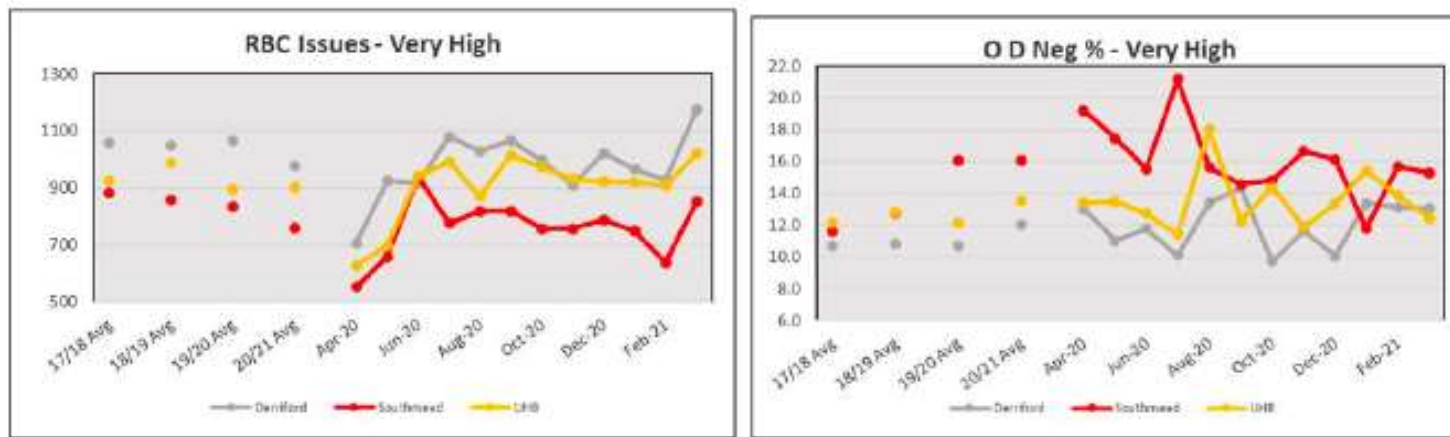
General move towards O+ve in bleeding males.

Many trusts follow NICE QS guidance (TXA/anaemia/single unit and reassess etc.) but struggle to audit compliance with standards.

Usage and Wastage – V.High Usage Trusts

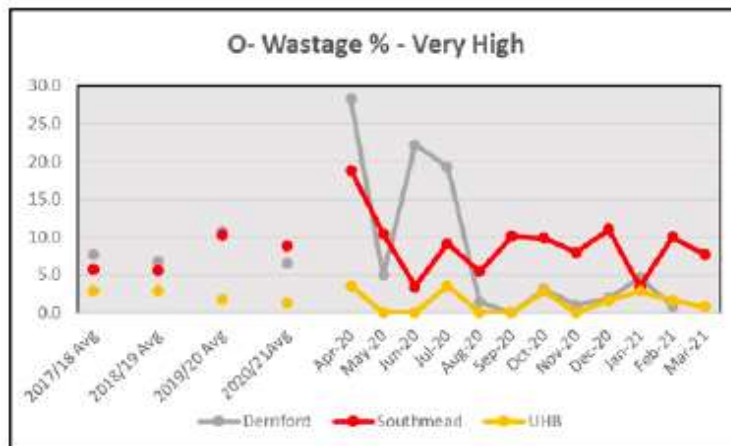
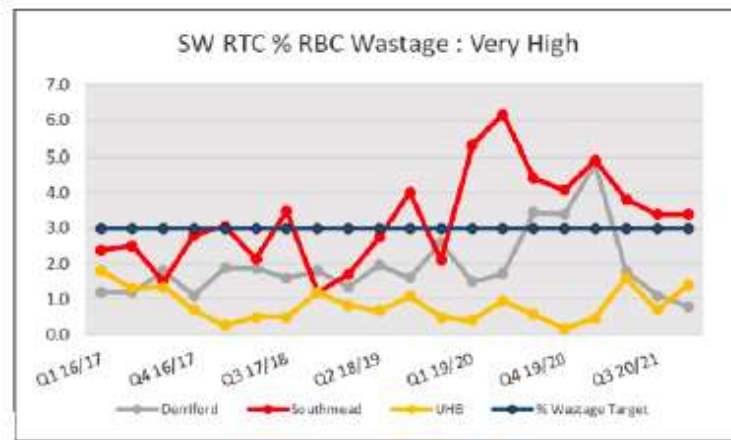
University Hospitals Plymouth
University Hospitals Bristol
Southmead

RBC / O-ve issues



- General trend on increasing RBC whilst O-ve usage returning to pre-COVID levels
 - UHP: ED/Trauma very busy, cardiac/general theatres approaching normal levels.
- FFP back to baseline pre-COVID.
- All three trust have O+ve in bleeding males policy.

RBC / O-ve wastage

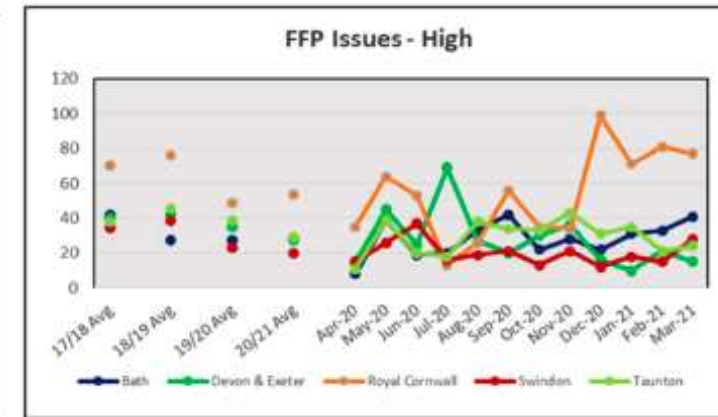
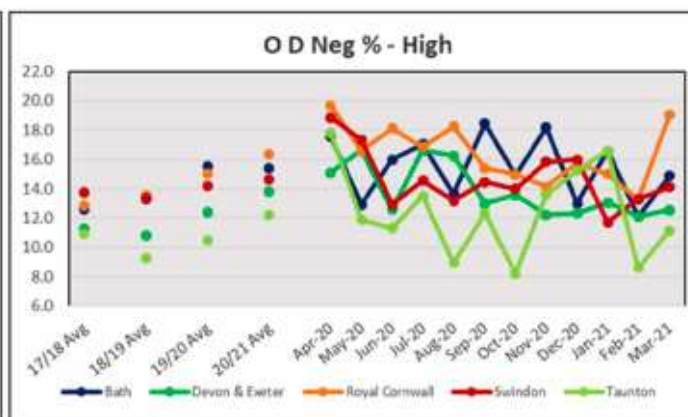
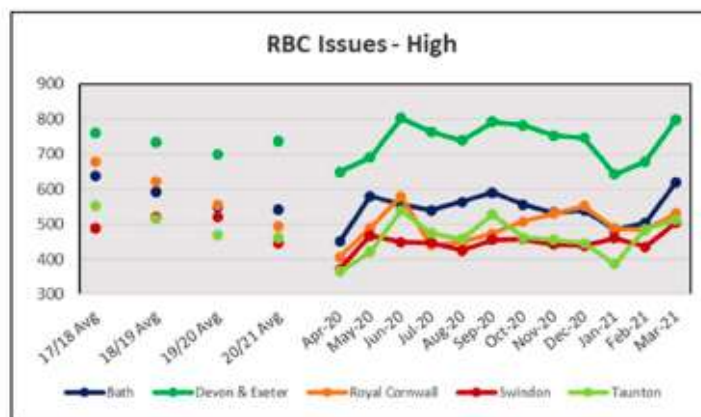


- Wastage seen during COVID-19 pandemic resolving
- Southmead levels of wastage remain high, attributed to use of blood boxes in major haemorrhage.
 - Different coloured boxes brought into address, time of expiry on boxes.
- UHB wastage levels particularly impressive throughout pandemic – how did they achieve this?

Usage and Wastage – High Usage Trusts

Royal United Hospital Bath
Royal Cornwall Hospitals
Somerset Hospitals.

RBC /O-ve issues



- All showing slight increases in RBC use as hospitals return to normal activity
- Increase in O-ve use seen in pandemic trending down.
- Increase in FFP use in RCHT attributed to supplying Cornwall air ambulance.
- Wastage general good.
- RUHB and Somerset have O+ve in bleeding makes, on action plan at RCHT.

Usage and Wastage – Moderate Usage Trusts

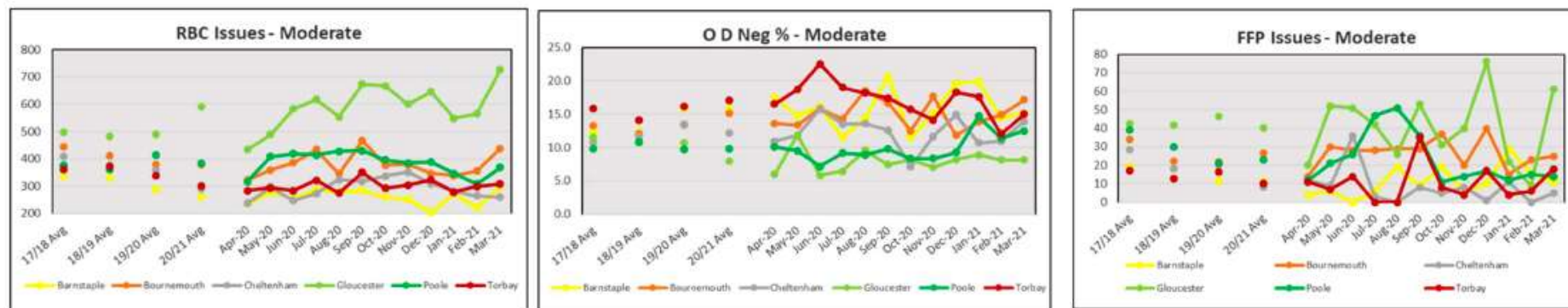
Gloucester

North Devon

Poole

Royal Bournemouth

FBC / O+ve /FFP issues



- Gloucester high use of RBC/FFP – higher than pre-pandemic.
- Wastage levels consistently higher in Barnstaple.
- Gloucester and Poole have O+ve in bleeding-males policy, Bournemouth developing, North Devon no plans as yet.

NICE Quality Standards – Pre-op Anaemia Mx

- Many trusts have policy for treating anaemia but limited in those able to audit activity.
 - North Bristol, Gloucester recently audited service
 - UHP developing referral pathways to treat tertiary referral patients in their local trusts
 - Bath have been given official recognition of their surgical anaemia service from Jan 21 – 1 WTE Band 7 nurse and 1.4 WTE band 6 nurse
 - Poole – Pan Dorset Anaemia project – GPs encouraged to send Hb with surgical referral then triaged by virtual anaemia clinic.
 - UHB have commenced pre-op anaemia service for cardiac surgery.

NICE QS 2 - TXA

- No trust offer TXA universally to all moderate risk surgical patients.
- Common areas where TXA policy exists: -
 - Elective Joint Arthroplasty
 - Fractured NOF surgery
 - Obstetrics.
- UHP recently audited TXA in elective joints
- North Bristol audited Obstetrics and fractured NOF
- Great Western – Audited ED for major trauma/major haemorrhage, monitored in fractured NOF
- Poole – good use in Obstetrics but discrepancy with anaesthetists as to CI for TXA with previous cardiac/neurological thrombotic event.

NICE QS 3 - Single unit and reassess

- Most trusts have this as hospital policy, many find it difficult to audit.
- Poole had extensive audit data on this.
- Great Western check Hb after every unit, audited in bedside audit.

Single Unit Requests –quarterly data from 2017 - 2021

Orthopaedics stable at 70% of requests single units

Critical care - up to 70% from 50%

Oncology –60% from 20%

Haematology – 30% from 20%

Medicine – 60% from 50%

Surgery – 50% from 40%

Elderly care - 60% from 50%

ED – 50% from 30%

Paeds – very case specific but up to 70% from 50%

Obs – up to 20% from 10% (note a lot of stand by units which impacts on percentage single unit requests)

Gynae – not improved over last couple of years. Trend running around 30% but last 6months have seen decrease in single unit requests - may be gynae oncology patients.

NICE QS 4– Verbal and Written information

- Another area where hospital policy present but many find difficult to audit
- Taunton – Audit chronically transfused patients – 40% consented
- Poole - have tear off sheet on prescription sheet that is given to patients
- RCHT – working on blood prescribing checklist to aid consent
- RCHT – Have developed prompt on e-prescribing for blood to aid consent
- UHP – Previously attempted to have transfusion automatically added to e-discharge, some progress but never fully achieved.

Regional Objectives – Maternal Anaemia

UHP – have developed new midwife delivered anaemia pathway in maternity. Presented at last meeting,

RCHT – have recently audited and developed pathway – presenting at this meeting.

Other trusts looking to review now that COVID-19 pandemic settling.

Other comments.

UHB – Impact of COVID-19 has reduced capacity to deliver training, impact on adherence to PBM.

Several trusts looking to roll out electronic tracking.

Poole have developed post-op anaemia algorithm that is awaiting approval

Gloucester recently introduced ROTEM and introduced fibrinogen concentrate in MHP. Blood conservation practitioner appointed to support PBM.