2015 National Comparative Audit of Lower Gastrointestinal Bleeding and the Use of Blood

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Why are we doing this audit?

- Lower gastrointestinal bleeding (LGIB) affects 30-40 people per 100,000 adults and accounts for up to 19,000 hospital admissions a year in the UK.

- There is very little evidence-based guidance, which may lead to wide variation in diagnosis, management and outcomes. This may negatively impact on patient outcomes.

- There is an opportunity to reduce the use of blood and the variation in management.
Method

• Sites were asked to identify all patients with a Lower GI Bleed in the period 1\textsuperscript{st} September to 31\textsuperscript{st} October 2015. These could be admitted with LGIB or developing LGIB while admitted for another reason.

• Data was collected using audit booklets provided and there was an organisational questionnaire.
Sample size

• Data were collected by 143 hospitals across the United Kingdom, which includes 84% NHS Trusts in England.

• 138 hospitals provided data on the provision of services for LGIB in an organisational questionnaire

• 139 hospitals provided data on 2528 patients
I’m going to cover

• Transfusion triggers
• Number of units transfused
• Massive Haemorrhage Protocol
Summary of key findings – Transfusion Trigger

- 666/2493 (26.7%) patients received a red cell transfusion as part of their LGIB management
- Of these 666, 599 (89.9%) met the criteria for restrictive transfusion practice
- Transfusion guidelines suggest a restrictive trigger of 70g/L in patients without major bleeding or acute coronary syndrome
- Only 117 (18.5%) of these patients had an Hb ≤70g/L
- Potential to save blood, reduce the risk of transfusion and save money
Summary of key findings – Units transfused

- The median number of red cell units in transfusion was 2.
- Most patients were transfused to a threshold of more than 90g/l
- The indication for the transfusion was often not clear.
- As well as representing an opportunity to reduce the volume of red cells transfused, this may expose the patient to risks of over-transfusion.
Summary of key findings – Massive Transfusion Protocol

- **5/138** hospitals said they did not have a Massive Transfusion protocol. This probably reflects some surgeons’ awareness that one exists, rather than one not being in existence.

- DH guidance says that MHPs must be available on the Intranet and displayed in admission units.

- While most sites had the MHP on their intranet, **only 36 (26%) displayed it in the admission areas**.

- Thus the standard for having the MHP on the Intranet and displaying it in admission units was met by **only 25% of hospitals**.

- Several patients who had ≥4 units of blood and other products **did not** trigger the MHP. Perhaps they should.
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