

# Tri-regional Shared Care Document

## Survey Results

# Thank You

- Royal Marsden NHS Foundation Trust
- Hammersmith Hospital
- Ealing NHS Trust
- Whipps Cross University Hospital
- Hospital of St John & St Elizabeth
- Chelsea and Westminster Hospital
- Queen's Hospital and King George Hospital
- Royal National Orthopaedic Hospital
- St Anthony's Hospital North Cheam
- Guy's & St Thomas' Hospital
- Royal Brompton Hospital
- Bart's & The London NHS Trust
- HCA International
- Whittington Hospital
- Barnet Hospital
- Parkside Hospital
- Kings College Hospital
- Kingston Hospital
- St Mary's Hospital
- North Middlesex Hospital

# Results

- 11 use the Tri-regionally developed shared care document
- 15 do not
  - 5 have another system
  - 9 say not necessary
- Patient population: Haematology > Oncology > Patients with Antibodies.
  - 3 Said all specialities
- Shared Care Document/other system is mainly completed by the Blood Transfusion Lab

If you have another system in place, what type of system is it?

- 'We use a version of the form that has been modified by the Specialist Medicine care group'
- Informal process, of enquiring on patients history and follow up from information provided and results available.
- Informal process on an individual patient need basis
- Internal form for transfer of blood with patient to another hospital
- We assume that the referring doctor will outline the transfusion requirements on the referring history
- Blood Transfusion/Pathology not normally involved in patient transfers, and/or not normally informed of patient movement between hospitals.
- All pertinent information are highlighted in hospital PAS, as well as in patient's notes. It is the consultant's responsibility to pass on relevant information in the referral letter.

What system does your hospital have for internal notification of special blood requirements from clinical area to lab?

- Include in request form – 6
- Special request form (letter) – 11
- On-line/IT request – 1 (1 live in September)
- E-mail/fax/telephone/verbal/manual – 6
- Details stored on PAS/LIMS (Flags) – 8
- No formal system – 1
- Blanket policy for certain special requirements - 1

# RTC Special Requirements Template

- 8/11 will find this useful as they are not using the Tri-regionally developed Shared Care Document
- If not:
  - Already have one that fits need – 2
  - More complex than required – 3
  - Implementation/enforcement issues – 1
  - Not required – 1
  - Infrequent use – 1
  - Other:
    - NBS central system
    - Possible use in conjunction with form or include on request form

Document title Blood Transfusion Special Requirement Request

Patient Details:

Hospital Number: ..... NHS Number: .....  
First name: ..... Surname: .....  
Date of Birth: ...../...../.....

Referred patient\* Y / N Referring Hospital: ..... \* Mandatory

Diagnosis / Reason for Special Requirements: .....

(See Reverse for indications for special blood requirements)

Component requirements

Irradiated Components	Yes/No
CMV Negative Blood required	Yes/No (CMV Status: Positive / Negative/ Not Yet known)
HLA/HPA Matched Platelets	Yes / No
Washed cells	Yes / No
Atypical antibodies present	Yes / No Details:.....

Signed: ..... Bleep: ..... Date: .....

Print name: ..... (Registered Doctor/Transfusion co-ordinator only)

Form/copy sent to Laboratory: Yes / No

**KEEP COPY OF FORM IN PATIENT NOTES**

Lab Use Only - Treating Hospital: Received in lab (Date/Time/By): Entered on LIMS (Date/Time/By): Referred patient Y/N ..... If yes date and time faxed to referring hospital:	FAX Number: [Insert Hospital Fax Number]
Lab Use Only - Referring Hospital: Confirmation of receipt of lab on Date/Time/By: Existing patient Y/N ..... Entered on LIMS (Date/Time/By): PLEASE SEND Response fax back at number above Faxed to Treating Hospital (Date/Time/By):	
[for document control number]	

*(Indications from the Transfusion handbook & H&A User Guide, to be CI)*

**Indications for irradiated Cellular blood components**

Transfusion from first- or second-degree relatives

Any granulocyte transfusion for any recipient

HLA-selected platelet units

Patients receiving purine analogues (fludarabine, cladribine, deoxycytosine)

Intraveterine transfusion (IUT)

Exchange Transfusion

to cell or platelet transfusion in neonates – if there has been a previous IUT

recipients of allogeneic haematopoietic stem cell (HSC) grafts

if transfused to allogeneic HSC donors before or during the harvest of their HSC

nts who will have autologous HSC graft:

Any transfusion within 1 days of the collection of their HSC

Any transfusion from the start of conditioning therapy until

- o 3 months post transplant
- o 6 months post transplant if conditioning TBI has been given

is disease, at all stages of the disease

in immunodeficiency with defective cell-mediated immunity (e.g. SCID, CI George syndrome, purine nucleoside deficiency, residual dysgenesis, ADA, Adria telangiectasia, chronic (1 or 2 deficiency)

for CMV-antibody-negative components

negative pregnant women

negative recipients of allogeneic stem cell grafts

situation (IUT)

disease

LA/HPA Matched Platelets

fractionness

LA class I or HPA antibodies or both

BO compatible platelet concentrates on two occasions

*(Please give patient information leaflet indicate)*

**KEEP COPY OF FORM IN PATIENT NOTES**

Insert Hospital/Trust LOGO

Document title Blood Transfusion Special Requirement Request

PATIENT Details:

Hospital Number: ..... NHS Number: .....  
First name: ..... Surname: .....  
Date of Birth: ...../...../..... Gender: M / F

Referred patient\* Y / N Referring Hospital\*: ..... \* Mandatory

CLINICAL Details: Tick as appropriate

- ☐ Pre BM/PBSC transplant: donors (autologous/family) – up to 14 days before harvest
- ☐ BM/PBSC Organ patients Allogeneic recipients- from initiation of conditioning until immune reconstitution occurs (lymphocytes >1x10<sup>9</sup>/l)
- ☐ BM/PBSC patients Autologous= 3 months after transplant, although 6 months, if conditioning included total body irradiation
- ☐ Hodgkins – for all stages regardless of their disease status – irradiate indefinitely
- ☐ Treatment with Purine analogues (e.g. Fludarabine, Cladribine, Bendamustine, Clofarabine) or Campath – irradiate indefinitely
- ☐ Granulocyte or Buffy Coat Transfusions
- ☐ Congenital immune deficiency (including HIV patients) & IgA deficiency
- ☐ Aplastic anaemia patients receiving immunosuppression with ATG
- ☐ Patients with chronic GVHD on immunosuppression therapy
- ☐ Transfusion from first or second-degree relatives
- ☐ Other Please specify (e.g. pregnant women) .....

Component requirements: NO BLOOD WILL BE ISSUED/STATUS CHANGED UNLESS SIGNED FORM RECEIVED BY LAB

Irradiated Components	Yes/No	(If Yes: give patient NHSBT information leaflet in irradiated blood and alert card)
CMV Negative Blood required	Yes/No	(CMV Status: Positive / Negative/ Not Yet known)
Inform Lab as soon as possible of CMV status, and if CMV negative components are no longer required. If unknown, request screening		
HLA/HPA Matched Platelets**	Yes / No	(** More than 24 hour notice required)
Washed cells**	Yes / No	
Atypical antibodies present**	Yes / No	Details:.....

**FILE FORM IN PATIENT RECORDS**  
**A COPY OF THIS FORM MUST BE SENT TO BLOOD TRANSFUSION**

Signed: ..... Bleep: ..... Date: .....  
Print name: ..... (Registered Dr/Tx co-ordinator only) Form/copy sent to Laboratory: Yes / No  
**ALERT STICKER ON PATIENT'S BLOOD PRESCRIPTION CHART REQUIRED?** ☐

Lab Use Only - Treating Hospital: Received in lab (Date/Time/By): Entered on LIMS (Date/Time/By): Referred patient Y/N ..... If yes date and time faxed to referring hospital:	FAX Number: [Insert Hospital Fax Number]
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[for document control number]	

**Work on Generic regional paperwork**

**Draft 2: patient & Requirement details only**

**Do we need the prompt for decision on the back?**

**Draft 1: it was decided too many words.**

## Process when Tri-regionally developed shared care form received

- 50% yes, 50% no
- Process if yes:
  - Enter requirements on Hospital Computer System/LIMS- 11
  - Hard copy retained in lab – 4
  - Copy sent to patients Clinical Team -1
  - Data entry checked by different BMS – 1
  - Covered in Handover (out of hours) - 1

E.g. 'Form is faxed to BTL at time of BMT decision. LIMS checked and updated and information is transcribed onto document. This is faxed or emailed to referring centre and filed pending confirmation receipt. If no receipt in 7 days form is chased up- although very time consuming as only get about 15% returns'



How does the clinical area identify if a patient is from another Trust?

*Aspects to incorporate into policy? (Total 4)*

- Patients inform clinical area- 2
- Pre-admission assessment covering BT – 1
- Prompt on blood ordering system - 1

*Aspects to look into further.....(Total 12)*

- Referral letters – 5
- Consultant referral – 3
- Case notes/history – 3
- Own documentation – 1

*Other (Total 10)*


- Unaware/unsure – 7
- Results obtained – 1
- Referrals not taken – 1
- Treatment hospital – blanket policy – 1

Communicated to lab: Phone, fax, e-mail, verbal > Request form > Shared care/special request form

# Recommendations


- Action and discuss by Working Party
  - 7 people expressed interest in joining
- Discuss
  - RTC Special Requirements Template
  - Breakout session actions
  - Survey results
- All details will be on RTC website

# All details will be on RTC website



*Regional Transfusion Committees*

[Regional Transfusion Committees](#) > [London RTC](#)



## Welcome to the London RTC

### NEWS

[Hospital Transfusion Committee Update 4, \(October 2011\)](#) (pdf 12KB)

#### Transfusion practitioners' teamwork recognised

Two transfusion practitioners working cross-site at Imperial Healthcare Trust in London have won an award for teamwork. Wendy McSporran and Rachel Moss work together to cover Hammersmith Hospital, Charing Cross Hospital and St Marys Hospital in Paddington and were nominated for the award by their colleagues. Many congratulations to both Wendy and Rachel, it is wonderful that their hard work has been recognised.

#### 2010 SHOT annual report

The 2010 annual report was launched at the SHOT annual symposium on 6th July 2011. Both the report and summary are available on the [SHOT website](#).

#### SaBTO public meeting: 11 October

The topic of SaBTO's annual public meeting in London this year will be consent for transfusion. [Flver](#) (pdf 76KB)

#### Learncellsalvage website

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