



BMT RCA

July 2014



•SHOT 2011 REPORT LEARNING POINTS:

- Clinical staff have a duty of care to the patients to ensure that all requests for blood and blood components are properly completed and include any information indicating special requirements.
- Clinical staff in haematology departments continue to forget to inform laboratories of patients' special and changing requirements.
- Patients transferred between departments and between hospitals are at particular risk that the documentation of special requirements will be missed.
- Patients with a history of disease or treatment requiring lifelong irradiation of cellular products are at risk of this being missed when admitted for other reasons and to other departments or hospitals.



What usually happens?

- BMT co-ordinators fill in shared care document and e-mail to blood.transfusion@uhb.nhs.uk
- This e-mail address checked Monday to Friday (on daily task list signed off)
- Special requirements and donor information added to recipient's notes on LIMS.

Shared care document



SECTION 1 – this section must be completed by a member of the clinical team at the specialist treatment hospital and emailed to own NHS.net account.

PATIENT DETAILS	TREATMENT DETAILS	DONOR/ RECIPIENT DETAILS	SPECIAL CLINICAL REQUIREMENTS
Full Name:	Referring hospital:	Patient ABO / D group:	Irradiated Y / N
NHS Number / Transplant centre hospital number:	Specialist Treatment Hospital:	Donor ABO / D group:	CMV Negative Y / N
D.O.B:	Diagnosis:	Section completed by:	
Address:	Specialist treatment received:	Contact details:	
	Date received:	Date completed:	

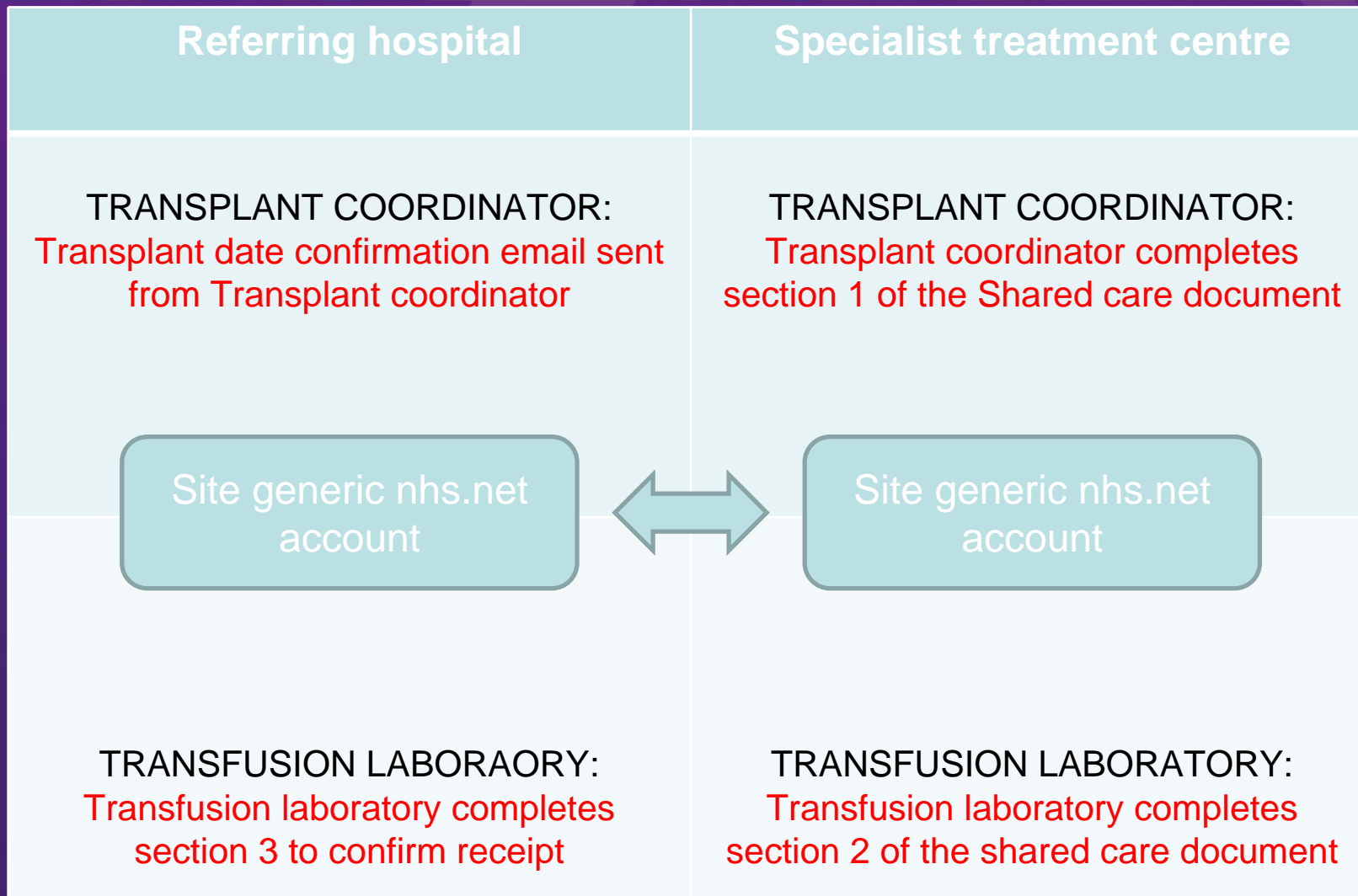
SECTION 2 – this section must be completed by the Transfusion laboratory at the specialist treatment hospital then emailed to the referring NHS.net email account

CURRENT REQUIRED ABO / D GROUP REQUIRED FOR TRANSFUSION:	ANTIBODY STATUS	ADDITIONAL SPECIAL REQUIREMENTS
Red cells:	Red cell antibodies: Current antibody screen positive? Y / N	Red cell phenotype:
Platelets:	HLA / HPA antibodies: Y / N Specificity:	Washed red cells Y / N
Plasma:	Current DAT:	Washed platelets Y / N
Section completed by:		Date completed:

SECTION 3 – to be completed by the referring hospital Transfusion laboratory and sent back to the specialist treatment hospital NHS.net email account.

Confirmation of receipt by the referring hospital Transfusion laboratory	Date:
Specialist requirements updated in patient record on LIMS Y / N	Section completed by:

Shared care – flow of information





How it is intended to be used

- **The Consultant, or in our case the BMT nurse coordinator, delivering the specialist treatment fills out section one.**
- **Then they send it to the Blood Transfusion department, in our case to a generic blood.transfusion@uhb.nhs.uk e-mail address.**
- **The Transfusion lab fills out the middle section.**
- **They then send the form to the transfusion lab at**
- **the referring/ receiving hospital by secure e-mail.**
- **The referring / receiving hospital then confirm**
- **receipt and use the information to update the**
- **patient s records**



What happened?

- Female age 18 originally blood group A RhD positive and requiring irradiated blood/platelets found to have anomalous blood group.

Male age 58 originally blood group A RhD positive and requiring irradiated blood/platelets found to have anomalous blood group.

Required ABO/D group components for mismatches



	Donor	Recipient	Red cells	Platelets	Plasma
Major ABO Incompatibility	A	O	O	A	A
	B	O	O	B	B
	AB	O	O	A	AB
	AB	A	A	A	AB
	AB	B	B	B	AB
Minor ABO Incompatibility	O	A	O	A	A
	O	B	O	B	B
	O	AB	O	A	AB
	A	AB	A	A	AB
	B	AB	B	B	AB
Unidirectional ABO Incompatibility	A	B	O	B	AB
	B	A	O	A	AB
D Incompatibility	RhD Pos	RhD Neg	RhD Neg	RhD Neg	N/A
	RhD Neg	RhD Pos	RhD Neg	RhD Neg	N/A



Service Improvement Intervention



Service Improvement Intervention

- Process: three iterations of a round table exercise to map the current BMT process. BMT, Division and Blood Bank attended.
- Purpose: to process map the current BMT process and identify issues, risks and controls points; offer recommendations for improvement
- Outcome – two key themes data quality & communication. Total of 11 points of issue in the current pathway.



Recommendations

- Improve pathway efficiency:
 - Consultants to identify what blood samples patients need at point of referral to mitigate BMTCO having to read through and interpret referrals
 - Revise Monday clinic patient flow so patient sees professionals in an order to ensure all aspects of care are covered at appointment: Consultant, BMTCO & Apheresis Nurse
 - Organise porter service support to transport blood samples to NBS



Recommendations

- Process Controls – build controls into the process
 - Transcription – use electronic forms & have master document templates to limit opportunities for transcription error.
 - Donor ID - register unrelated donors to PAS to make information available that is not transcribed for checking.
 - Agree roles and responsibilities & competence documentation, review existing protocols and SOPs to align with current practice/changes to process
 - Audit – regular audits against protocols/SOPs/Competence
 - Protocol sign off – review & check document



Recommendations

- Communication
 - Rationalise BMTCOs email addresses & use 2 maximum for all correspondence
 - Agree terminology for ‘shared care document’
 - Correspondence between consultants & NBS copied to BMTCO
 - Trust labs to agree standard way of logging donor blood samples to improve ability to retrieve



Exec RCA meeting Tues 25th March

- **Summary of proposed improvements**
- **Bone Marrow Transplant – Recipient and Related/Unrelated Donor Preparation for Transplantation**
- **Following an error incident, Service Improvement were asked to map the current process followed by the Bone Marrow Transplant Co-ordinators from the point of referral for a bone marrow transplant (BMT) to recipient admission. A number of factors were highlighted that create risk or inefficiencies in the current process and should be reviewed as part of any process redesign work.**

[JP1] This may be wording but add read receipt to emails that you send out too?

[JP2] Although labs will send the receipt may not be within 48 hrs due to delivery

[JP3] This needs to be discussed with Sharon Lewis and CSL

[JP4] Was it confirmed when this document was sent?

[JP5] Documents should not be stored on C drive of computer due to data protection.

Blood Bank/BMTCO RCA Corrective Actions Meeting 29th April 2014

Summary/Actions following meeting

Present: Jo Phillips, Jane Tidman, Shirley Aston, Jo Hallawin, David Waldron, Jenny Jesson.

•Emails to blood.transfusion@uhb.nhs.uk

1. BMTCO – to add read receipt to all emails to blood transfusion [JP1]

•G&S report back on unrelated donor

1. Set KPI as report back within 48hrs of sample being sent [JP2] .

•Private Patients

•Protocols

1. Must always use a blank template to start writing a protocol [JP4]

•Inter-hospital/Shared Care/Blood requirements form

1. Still ongoing debate re nhs.net accounts vs nhs.uk accounts

•Cancellation checklist

1. Need to ensure blood bank and others are informed of any cancelled transplants as there will be notes on patients files which may no longer be necessary.

•Change of donor

1. older and re-name file (patient – cancelled donor do not use)

•Preparation for Monday Clinic

•Clinical ABO incompatible transplant SOP to be updated BP5-10

1. Jen to finish – email to all for review

•Porters for Monday clinic samples

Next Meeting: Tuesday 10th June 2.30pm. Trust HQ (room 1)

Any issues arising in between please email so can be addressed/discussed.



Any Questions?