

South West Regional Transfusion Committee

RTC DATABASE

April 2018 – March 2019

Dedicated Tx Sessions

- HTC Chair
 - 5 shared sessions with the role of CH for Tx
- CH for Tx 12 with sessions
 5 CH for Tx with no sessions
- TLM range between 0-10
- TP range between 1-20

HTC Attendance By Specialty

	Always	Frequently	Sometimes	Never
Medicine (excl. Haematology)	1	2	10	4
Haematology	15	1	1	0
Anaesthetics	10	3	4	0
Obs & Gynae	0	6	9	2
Surgery	2	2	8	5
Orthopaedics	1	3	6	7
Emergency Department	0	6	6	5
Clinical Governance	3	4	4	6

Make Transfusion Safer update

12

10

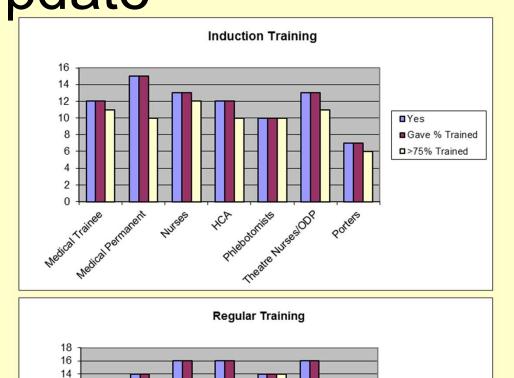
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6 4 2

Medical Traines

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Induction Training (17 hospitals provided data)



Treatenueses OF

Porters

Phebotonists

HCA

NUISES

Yes

Gave % Trained

□>75% Trained

Regular Training (17 hospitals provided data)

Laboratory Information

16/17 CPA/UKAS compliant 17/17 NEQAS compliant

LIMS	System Supports	Electronic	Dispatch Note
	<300	300-800	>800
Yes	3	7	3
No	1	1	2
lf Yes, o	do you use EDN		
Yes	3	6	3
No	0	1	0

Electronic / Radiofrequency technology throughout tx process

	<300	300-800	>800
Yes	1	3	2
No	3	5	3

Electronic Issue

2011 81% (17 out of 21) 2012 79% (15 out of 19) 2013 79% (15 out of 19) 2014 84% (16 out of 19) 2015 89% (16 out of 18) 2016 90% (18 out of 20) 90% (18 out of 20) 2017 89% (16 out of 18) 2018 2019 88% (15 out of 17)

Electronic Pathology Requesting

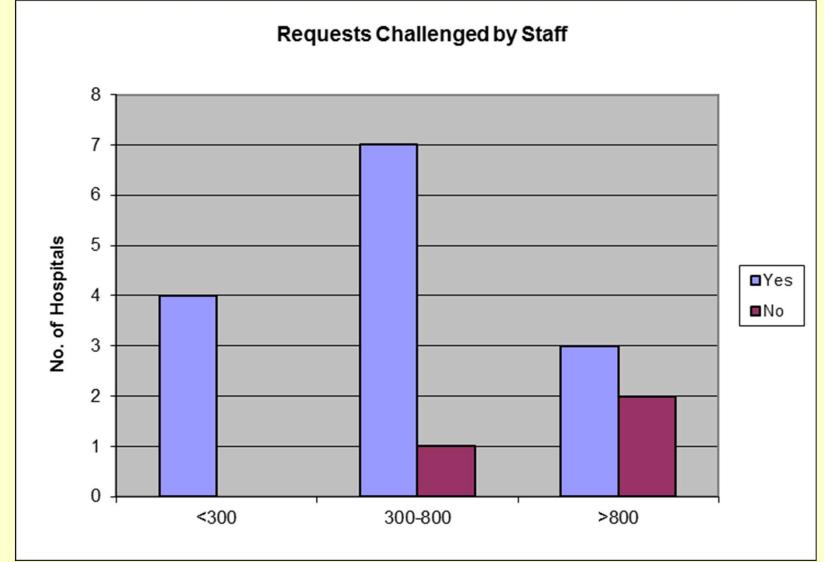
Group & Save

- 2016 25% (5 out of 20)
- 2017 35% (7 out of 20)
- 2018 22% (4 out of 18)
- 2019 18% (3 out of 17)

Crossmatch

- 2016 10% (2 out of 20)
- 2017 25% (5 out of 20)
- 2018 11% (2 out of 18)
- 2019 18% (3 out of 17)

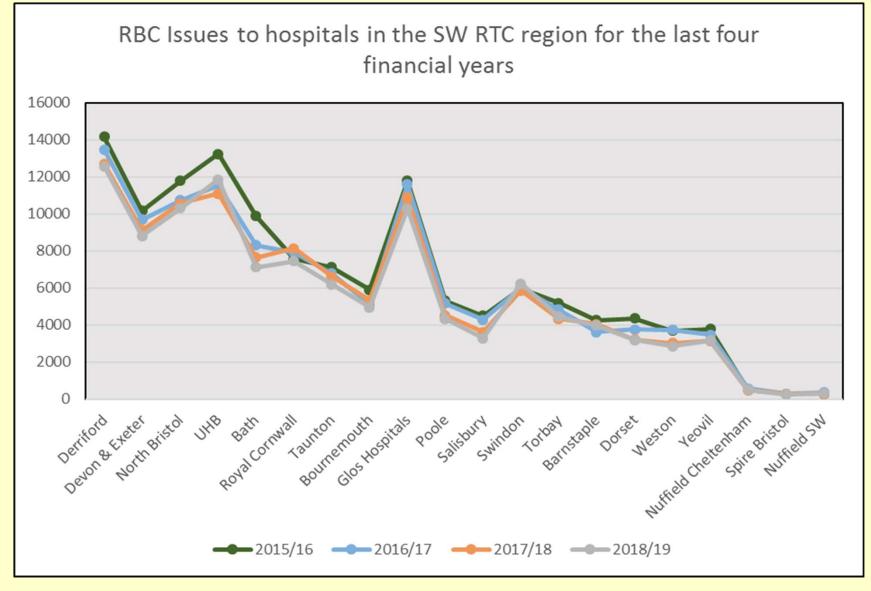
Request for Transfusion where indication unclear usually challenged



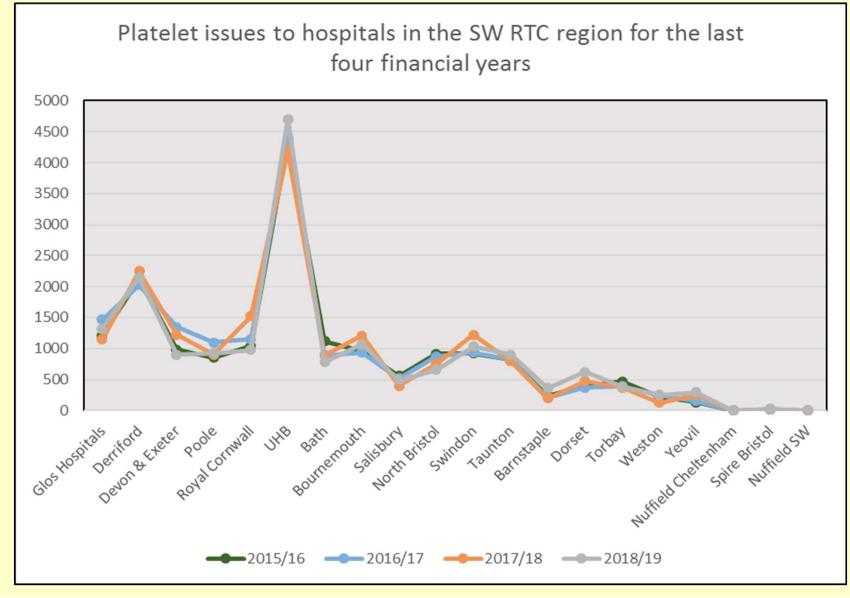
Single unit red cell transfusions as a percentage of all red cell transfusion episodes:

UHB	75%
Derriford	70%
Bournemouth	49%
Salisbury	47%
Spire Bristol	47%
Swindon	47%
Nuffield SW	40%
RUH	33%
Poole	32%
Dorset	13%

RBC Issues



Platelet Issues



General Patient Blood Management

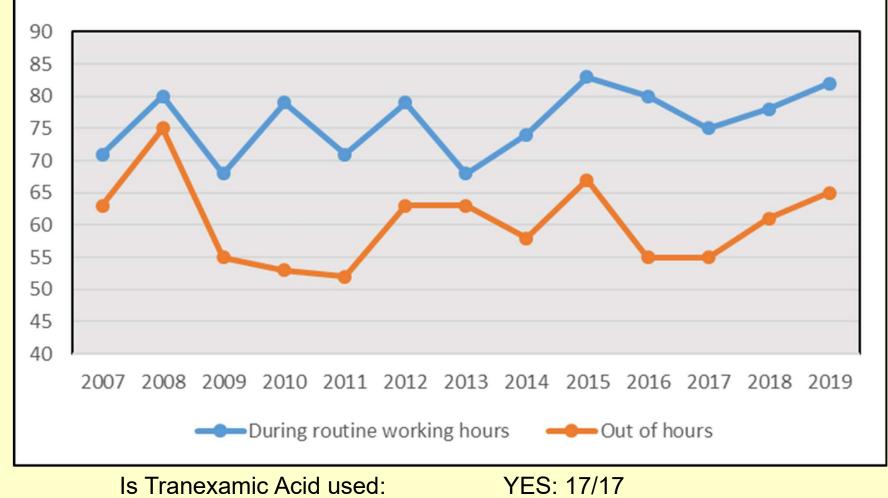
	Yes	No	NG
Depts use EPO			
as alternative to tx	10	7	
Trust has tx triggers	16	1	
Are these in line with			
NBTC codes	14	1	1
Guidelines incorporate			
single unit use	17		

Surgical Patient Blood Management

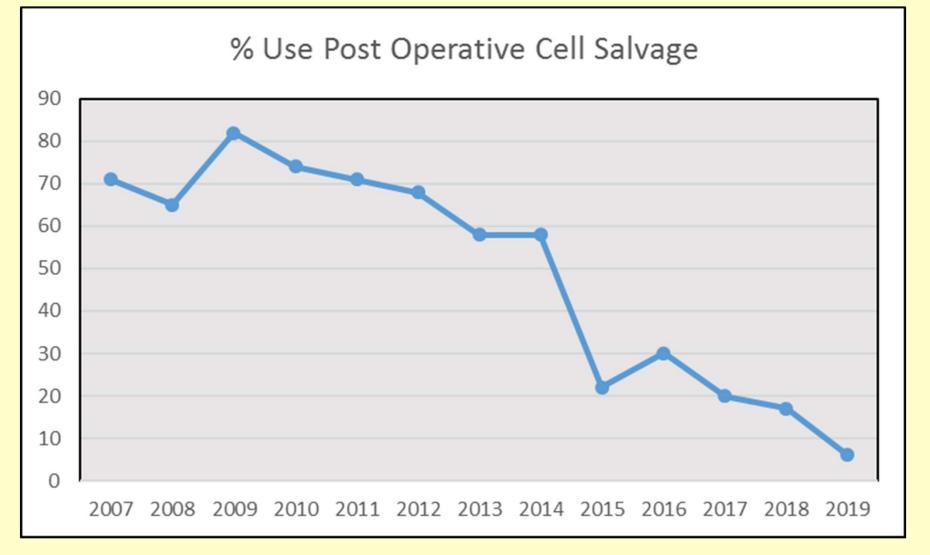
	Pre-Operative	e Assessment	Provide Point of Care Testing			
	Identify & Treat Anaemia	Provide Information Leaflets	Identification of Hb	Measurement of clotting parameters		
Trustwide	16/17	17/17	9/17	7/17		
Specific Departments	1/1	-	8/8	6/10		

Intra-Operative Cell Salvage

% Provide Intra Operative Cell Salvage



Post Operative Cell Salvage



Medical Patient Blood Management

	Identify & Treat Anaemia	Provide Information Leaflets
Trustwide	7/17	16/17
Specific Department algorithm	5/10	1/1

Use of rFVIIa

Hospital Stocks		2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
		13	14	14	14	13	13	12	13	13	11	12	8	8
Haemophilia	1-5	10	9	11	7	6	6	7	10	9	4	5	3	5
	6-10	0	1	0	0	1	1	1	1	1	3	1	2	2
	>10	2	2	1	2	3	2	1	1	2	1	4	1	-
Non- Haemophilia	1-5	12	11	11	12	12	12	10	9	10	9	9	5	6
	6-10	2	3	2	1	0	0	0	0	0	3	1	0	-
	>10	1	1	2	0	0	1	1	1	1	0	0	0	-

PCC - all hospitals stock and none said did not use

Obstetric Practice (NHS Hospitals Only)

All hospitals (15/15) gave a Single Dose 28 – 30 weeks

% Issued Traceable to Named Patient

- 9-100%
- 6 <u>></u>95%

13/15 hospitals had a Strategy/Policy to identify and treat maternal Anaemia

1/2 hospitals policy is written and awaiting ratification before going live

Summary

- Participation 15/17 NHS & 2/3 private hospitals (17/20)
- Structure
 - All hospitals have HTT
 - In 5 NHS hospitals CH has no dedicated sessions
 - HTC attendance haematology & anaesthetics good, medicine, surgery & orthopaedics poor
- Regular training 9 hospitals achieved >75% for permanent medical staff
- Electronic-issue 88%, requesting <18%, full/part blood tracking 59%, EDN 71%
- RBC annual issues $\downarrow 2.4\%$ platelet issues $\downarrow 1.0\%$
- IOCS stable, post op CS \downarrow