# EAST OF ENGLAND TRANSFUSION PRACTITIONERS NETWORK

Minutes of the meeting held on Thursday 1st October 2020
Microsoft Teams Meetings
10:00am – 12:00noon.

**Attendees:**

| Name | Hospital | Name | Hospital |
|---|---|---|---|
| Tracy Nevin **TN Chair** | Princess Alexandra | Joanne Hoyle **JH** | West Suffolk |
| Frances Sear **FS** | NHSBT | Alison Rudd **AR** | NNUH |
| Ben Sheath **BSh** | Watford | Andy King-Venables **AKV** | Hinchingbrooke |
| Donna Beckford Smith **DBS** | Watford | Sheila Needham **SN** | Lister |
| Loraine Fitzgerald **LF** | Bedford | Susan Turner **ST** | Colchester |
| Julie Jackson **JJ** | James Paget | Rebecca Smith **RS** | Ipswich |
| Sharon Kaznica **SK** | Ipswich | Clare Neal **CNeal** | NHSBT |

**Apologies: Kathy Ford, Monzeer Ibrahim, Gilda Bass, Karen Baylis**

1. **Welcome**: **TN** welcomed everyone to the meeting.

2. **Minutes of the previous meeting** Minutes were agreed as correct. **AKV** now has the iron consent and will send over to **CNeal**.
   **Action 1:- AKV** to forward iron consent

3. **NHSBT Updates**
   **FS** shared presentation.
   - NHSBT have tried to get some new resources up and running.
   - NBTC have managed to catch up.
   - Irradiated guidelines went for publication a couple of weeks ago and should be out imminently. The updated Clinical Indication Codes came out last week, and are on JPAC. NBTC will be forwarding links shortly. **FS** - can send a catch up list of everything published in the last few weeks:-.
     - Checklist for emergency plan
     - Screen savers - you can use in your Trusts
     - PBM toolkit - checklist for clinicians. Quick summary resources, guidance and research.
   - APP in final stages of pilot. Hoping to be out end 2020 / beginning 2021. This will be your handbook in an APP.
   - Pre-op Toolkit will be available soon.
   - Anaemia e-learning package - end of 2020 / beginning of 2021.
   - NBTC - rolling programme so once a month there will be something to access. Encourage to complete the survey.
   - Welcome to access PBM YouTube Channel as this will be growing. We may have a regional channel.

   **Action 2:- FS** to send a catch up list of everything being published

4. **Updates**
   **TN** - **FS** put me forward to help the National Steering Group on O D Positive blood, so I will be taking our audit forward where we were looking at use of O Negs and possible use of D Positive. We are looking at auditing before, during and after to see how people are rolling this out and the data will be used to set up a tool kit.

   Anyone else got any updates they would like to share?

**AKV** – there have been incidents around extravasation staining with Ferrinject so that's how we have come about formal consent. We have put together checklists. We have had 11 patients with permanent staining. I will circulate information to disseminate. **TN** – would you be able to share any information? I am actually relocating to Scotland so will there be a TP post available at Hinchingbrooke. Not sure on what form that will take. **TN** we wish you all the best and thank you for all your contributions to the group. **AKV** will ask the IV Nurse to see if they can provide a presentation.

**Action 3:- AKV** to ask IV Nurse to help with sharing any information on the investigation outcome

**LF** we had a 58 year old man v train incident that was too poorly to go to Addenbrooke's Hospital and we had a 3 minute alert he was coming. There were a few issues and had a big debrief with MTC over the last few days and we are now making a form for the transfusion lead so they will have a checkbox list and on the reverse it will have pack one, pack two. This is something we are currently working on to help us with our traumas. The patient had below knee amputation, arrested twice, facial injuries, degloving of buttocks and hip. There wasn't anything on his body that wasn't affected. He miss timed the train so survived and is now 100 days post injury. **TN** would you like to share this with us? **LF** I have got one in draft form so can share. **TN** we also have a Major Haemorrhage Activation form I can share.

**ACTION 4:- LF** to present case at later TP meeting – **LF** to liaise with **CNeal**

**ACTION 5:- TN** to share MH Activation Form

**LF** also has pre-op bloods on the risk register because they are not routinely being done and then being done on the day of surgery. We had a pan reactive antibody patient on the table so that is now on the risk register. **TN** has anyone else had any issues around pre- op bloods?
**BSh** we have had issues with changing rules. We had been asked to extend from 7-10 days but that wasn't long enough for the 14 day quarantine. Due to out LIMS everyone changed to 21 day validation. Pre-op went 7-10-14-21-7 again. We are not sure how the quarantine works so it is an ongoing issue. **BSh** we are on Winpath
**ACTION 6:** - check with LIMS system and feedback to **BSh**.

**TN** we have an issue with the emergencies that come through the door, first group check is done but the Surgical Team don't do one so it has been put back on the Theatre checklist. **SN** our main problem was where we were doing NHS surgery at private hospitals and ensuring we get the correct hospital numbers for bedside checks. They had got the private hospital number where the surgery was taking place rather than the Lister Hospital numbers. It resulted in rejected samples. It was all implemented very rapidly without talking to Pathology and Pre-op Assessment. **RS** we had issues with pre-op assessments for maternity c-sections. Pre op bloods were moved out to the Community and timings (72 hours) weren't understood as well as they were taking bloods on the morning 3 days before so by the time they arrive for their c-section the samples were not covering them anymore. It is slowly moving back to the antenatal clinic. They get their swabs done 3 days before so were getting bloods done at the same time.

**AKV** we get it once or twice a month where a patient has made it to Theatre before bloods are taken. Most of the time they don't need blood. Slight issue with A&E that they are sending two samples all the time and we suspect they are taking them back to back. We are advising them to just take one sample and if they really need blood we can issue Group O. **TN** we don't have those issues as we have a second colour coded tube issued from the lab and if there is a request for blood brought into the Lab, they take the bottle back so we can have a sample before transfusion. The bottles are numbered. If we have two samples taken close together we won't accept both of them.

**LF** we had the Labs merge in July and had all new analysers. Has anyone had issues with the Bekton Quarter Analyser? We have had problems with the middleware talking from the Winpath

system to the ICE system. We had Winpath 5 to Winpath enterprise all at the same time. We've had HB's of 44 but the Bekton Quarter didn't do a second check on that sample and it was found later the HB was actually 131 not 44. Luckily it only went to 141 post transfusion. The lab manager is doing a 3 month review with the lab staff and that will go on the investigation.

**SN** just getting back to **AKV**. We make a big thing in training around 'An intention to deceive', where they are maintaining they have taken two samples at two different times. We try and deter from taking two samples at the same time. We couldn't use separate colour tubes as we couldn't get one to match our system. **AKV** that is very powerful. **SN** we do say that if that happens then we will report it. People do make mistakes and we do support them in that.

**TN** Update from the National TP Meeting. They are currently looking at the events for 2021 and are asking for 1-3 volunteers in-particular from the East of England, whether there is a topic you can speak on or whether you can join the group. Please advise **TN** if you would like to put your name forward. We looked at a big project, we looked at issues from COVID and what sort of incidents happened and how we could learn from them. The key issues that came back were the issues we had identified around paper based systems and infection control and how it was difficult to have a generic process in place. There was also recommendations that came out of it was communications and early communication about guidance coming out. Key themes were all the processes such as taking the sample, laboratory, quarantine. There is a National Component Workshop – they are looking at things like extending life of FFP and the use of whole blood at the roadside. They are looking at powdered plasma. This is all ongoing and will hopefully update at the next meeting. There is ongoing work with the TP Framework, looking at putting together a generic job description and then you can add in your responsibilities. That will give clarity and put us on that KSF Framework. We also looked at training and educational events.

**ACTION 7:- ALL** volunteers to join 2021 Education events, please advise **TN/CNeal**

**5. TP Queries**

BS I asked about NHSP Workers (Bank Staff) - training for those people so they could administer / collect blood. Most people were being asked to complete the onsite training and would also have to their practical competencies the same as anyone else.

**BSh / DBs** - documentation for prescribing. **DBs** nearly everyone sent back replies so thank you for all your help. Only two Trusts are using a drug chart, everyone else has a bespoke prescription chart for blood. We are looking at designing a bespoke prescription chart for blood products to suit us and how we work.

**BSh** - 30 minute rule. Thank you for your responses. Not a lot evidence out there either way. Some people are allowing blood to be out of the fridge for up to an hour once and some are allowing up to 3 times. At our next HTC we will have a discussion and it will hopefully help to reduce wastage. **TN** we still stick to a 30 minute rule for clinical staff but allow Lab staff60 minutes but units must quarantine for 6 hours.

**ACTION 8:-** RTC as an agenda item **TN**.

**SN** we had a serious incident and as part of the action, we have to investigate electronic requesting of blood products. Does anyone have anything other than EPIC? **AKV** we still order all on paper or over the phone. We have had a slight incident and came away from electronic ordering for massive haemorrhage as it wasn't quite set up properly. Just factor that in. **TN** we are just about to look into this. I would agree with major haemorrhage being phoned through. **JJ** rolling out soon from ICE. **AR** in emergency they still have to phone the lab. **JJ** I will share the pathway we adopt. **AR** there is discussion ongoing, we looked at how many questions you can ask / how many drop downs you can have before people start just randomly click on answers. **JJ** we should make staff complete properly and they should be trained accordingly. Acute bleeds will be telephone call to the lab. I will share pathways that we put together.

**ACTION 9:- AR** – questions and cheats guide to requesting blood components to ICE / JJ Pathway.

**6. TP Online Training**

**TN** we would like to set up monthly training sessions for TP's to present.
**FS** they would be presentations you would usually have at TP Meetings.

- **BSh / DBs** we can perhaps amend ours to Communication Issues in Major Haemorrhage.
- **JH** Anti-D Case
- **LF** Major Trauma - Train Case
- **KB** Case study on Convalescent Plasma.
- **JJ** Case study on Convalescent Plasma.

**TN** these will be as monthly training sessions. CP would be a good topic to cover at next TP meeting.

**7. AOB**

**TN** there was an acquired bleeding hub presentation. I wasn't able to attend. It is an e-learning tool. **CNeal** Ann is more than happy to speak to everyone individually if needed. PCC has been added to shot. Don't know if there were any issues regarding PCC that anyone has reported to SHOT. **JH** we have reported to SHOT several delays.

**JJ** we have Comark as a monitoring system, on one of our satellite fridges the alarm went off and the Locum BSM ignored it and let it alarm. There was a unit of blood in the fridge. When we looked into the, the electronic Comark error alarm but the fridge wasn't alarming. The comark alarm was 6.1 degrees but the fridge alarm was 5.8 degrees. You could see the generator was going crazy. The reason both locums hadn't had training was because the person who completed the training was shielding so they weren't in the Trust and it wasn't on their competencies. Will now be part of competencies for everyone. We avoided disaster. MHRA were very interested in the failure of providing lab training.

**TN** we had an incident regarding PCC, we don't have a huge area in the Lab for storage. We asked pharmacy to put it in their stores. We issued it for a Gynae patient, who was going to Theatre. It got issued by pharmacy but was the wrong dose and the BMS rang the ward to say it still hadn't been collected and was told it was already given. **TN** went up to the ward, wrong dose and issued by Pharmacy. Make sure that if it is stored elsewhere that they know it is not theirs. **AKV** has anyone noticed a lower issue of PCC. We have noticed a drop in the amount we are using.
**BSh** how did you get pharmacy to hold stock of albumin for you? **TN** we have never issued Albumin. Can anyone help **BSh.** **TN** I know there has been some new legislation. **JJ** we removed Albumin. I argued that it is not a blood component, no reason for lab to issue and don't need to do any testing on it. Argument was nothing to do with transfusion so why are we issuing it. **JH** we struggle the same and have tried and interested. **RS** we have the same issue, I might be able to get it moved to pharmacy if the Haematology Consultants are willing to give up the responsibility. **ST** suggested **RS** advise that Colchester don't have albumin in the lab and now we are one hospital we should be the same.

**ACTION 10:- All** please advise **BSh** on how you managed to remove Albumin from lab.

**BSh** we are overhauling our transfusion education, we are going to entirely online programmes. How is everyone doing it / dealing with it? **JH** we are doing less face-to-face as we don't have the capacity. Trying to catch up on mandatory training via e learning packages. They are going to use the learn blood transfusion package. Will go through a face to face competency to prepare them for the future. **JJ** put together workbooks as still on waiting list for hip operation so working from

home so face-to-face is difficult. Refining workbook. I would like to move to e-learning but they won't. We have got Blood Track but IT has reduced the print quality so barcodes don't scan when scanned. **JJ** is currently having a re-think on this, but can email workbooks but presentations are videos so they may not send but will hopefully be them onto YouTube.
**ACTION 11:- JJ** to email training workbooks.

**RS** was in a Post Grad meeting where they were talking about all the things they can do and trying to encourage us to do TEAMS presentation. IT team have looked at setting up Team YouTube Channel for each team in the Trust. Maternity group send out videos on WhatsApp as long as they are not confidential. We are trying to put together web pages on the intranet to link all resources on there.

**SN** we have fought to maintain face-to-face training in smaller numbers. We are now training every 3 years but they still have to do competency training. Phlebotomists who are only taking samples are completing e-learning. Collectors are training yearly.

**TN** small face to face training. Looking at updates online for bigger groups via Microsoft Teams. All the inductions face to face. Still running Blood Link workshops but in small groups.

**RS / ST** have e-learning package on Moodle, can put questions, presentations, pictures on.
**TN** really depends on what IT systems you have in your hospitals.

**TN** maybe we can audit training available in each Trust to see who is doing what. Snapshot audit to see what everyone is doing.

**TN** is there an update on the WBIT audit? **FS** waiting for us to say that we have got everything in it. **TN** I did send in some changes to **BH**. **TN** you will have to back date once this goes live.

**ACTION 12:-** **TN** set up Regional Audit of training of who is using what. Give us some power for our IT system and set up some training packages.

**8. Meeting Close – Data and Time if Next Meeting**
19th November 2020, 10:00am – 12:00Noon via Microsoft teams