

Feedback from the 2017 SW TP group meetings

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of SWRTP group meetings for 2017



May 2017 TP meeting

progress

3 'tasks' to consider:

1. Transfusion record
2. Consent sticker
3. Knowledge based assessment template

1. Transfusion record

- After discussion, some of the group interested, some not.
- Decided that those with a transfusion record would share it with those that didn't have a record/single documentation process that would like one.
- Email group set up for all those interested
- **Action for Sept meeting** - All those with an existing record to share examples on the RTC website

May 2017 TP meeting progress

2. Consent sticker

- Discussion revealed great variation between hospitals as to how they record transfusion episodes - a consent sticker not required by many trusts
- This requirement therefore developed into a template for the decision to transfuse rather than a specific consent sticker.
- Those trusts with a consent sticker were happy to share examples with anyone that was interested
- **Action for Sept meeting** – generate a template for a ‘decision to transfuse’ record



May 2017 TP meeting

progress

3. Knowledge based assessment framework

- Discussed the draft BSH guidelines for blood administration and the key action point summary
- Suggested gap analysis between this and existing training templates
- **Action for Sept meeting**, develop a training package template to be used as a basis, guide for e-learning and or face to face training

September 2017 TP meeting

- Prior to the Sept TP meeting, feedback from Katy, no longer able to share templates/documents via the RTC website
- This is due to documents/policies not being kept up to date
- How can we as a TP group support each other?
 - Katy agreed to be a central record holder
 - All TP's to email Katy with a list of documents they would be willing to share with existing/new TP's as required
 - This would also include the willingness of a TP to be a new TP's 'Buddy' (something we already do but just making a record for confirmation)
- 1. To share Transfusion Records on RTC website - now to share availability of these documents with Katy creating a central document bank.

September 2017 TP meeting

Progress

2. Decision to transfuse record

- At the previous meeting, a minimum criteria decision to transfuse template proved interesting
- Attempted to make a draft list of 'essential items' for decision to transfuse and 'optional items'
- It again became apparent that due to the variation in recording transfusion episodes across the different hospitals, a single template was not actually useful to many trusts.
- Difficult to use a template with minimum criteria when multiple areas of the medical notes often utilised for recording information around a transfusion episode.
- This request therefore evolved again, all those with examples of Transfusion Records which included Decision to Transfuse section would share them via the 'Katy document bank'

September 2017 TP meeting

Progress

3. Knowledge based assessment framework

- A presentation was developed – 60 slides!
- This covered all the topics from the key action summary in the draft BSH blood administration guidance
- Presentation broken down into topics enabling the presentation to be split into smaller, role specific presentations:

Introduction	Blood groups	Storage	Decision to transfuse
Single unit policy	Patient information and consent	Prescribing	Sampling
Positive patient identification	2 sample rule	Laboratory component provision	Major Haemorrhage
Collection	Administration	Monitoring	Confirmation of fate
Transfusion reaction			

- The idea being, the presentation could be used in full as an e-learning template or could be truncated for use in face to face training but provide the evidence for spoken aspect
- However, this alone did not encompass the assessment criteria

September 2017 TP meeting Progress

3. Knowledge based assessment framework continued
 - Action: to create assessment questions based on 4 sections of the transfusion process
 - Sample collection
 - Blood component collection
 - Administration and monitoring
 - Prescription, transfusion reaction
 - Leads assigned for each, questions to be produced which can be used by TP's to perform gap analysis with existing assessments or as templates for implementation
 - Action: to create questions pre SWRTC meeting for finalising next TP meeting in March.

Overall Summary of TP activity

- Regional transfusion competencies created 2016
- Central resource held by the NHSBT representative for documents, templates, policies and 'TP Buddy's'
- Regional knowledge based learning presentation template created 2017
- Regional knowledge based assessment template in progress, finalised March TP group meeting 2018
- 3 other 'topics' that have also been discussed over the last 6 months:
 1. TP group Chair and Vice Chair
 2. TP group Terms of Reference (ToR)
 3. TP group affiliation to SWRTC group

1. TP group Chair & Vice Chair

- The TP group Chair and Vice Chair need to be appointed from within the TP group (not NHSBT representative)
- At the Sept TP meeting, discussion around how to 'appoint' successive Chairs
- Volunteers were requested post meeting however non have been forthcoming
- Potential worry for the continuation of the group despite the fact that all the TP's feeling the group is a useful and important resource.
- To be discussed at the March meeting.....



2. TP group Terms of Reference

- Current Terms of Reference (ToR) for TP group from 2010
- ToR requires updating and regular review moving forward – every 2yrs
- Role of chair and vice chair and how these are to be appointed to be reviewed and documented
- Link to RTC to be cemented



3. TP and SWRTC affiliation

- Discussed the potential pros and cons of the TP group being linked to the SWRTC moving forward
- TP group were asked to comment and vote on whether to stay 'standalone' or be affiliated with the SWRTC by 1st Nov

Pro stand alone	Con stand alone	Pro SWRTC	Con SWRTC
Able to have more informal discussion without necessarily having a purpose/ action driven	topics not always relevant to all TPs as discussions may be location/TP specific	Potential for topic based actions disseminated from the RTC relevant to whole region	Not so much time on agenda for informal discussion
Topics of choice for discussion, less pressure to produce tangible evidence of meeting	Having to find a sponsor for meeting with associated presentation on agenda or have meeting in 'a hospital location/room' self-catered	? Potential for funding and RTC support	Potentially more 'work' for the attendees as evidence of action required
	Potential loss of RTC personnel support if meetings aren't proactive with clear 'useful' regional goals	Continued support of Katy and Jackie for tasks such as agenda, support of chair, wastage/usage figs, minutes etc	RTC feedback required every meeting (bit of pressure for chair of TP meeting)
	With the ever increasing budget cuts, will hospital continue to support offsite attendance of meetings if not directly linked to RTC with clear output which is relevant regionally?	Potentially more 'attractive' for hospital support of offsite attendance if directly linked to RTC with clear output which is relevant regionally.	
	??Potential for 'negative' impact on relationship between TP and RTC group???? Just a thought here!!!	Affiliating with RTC should mean 'good' relationships between the groups	
	Difficult to arrange educational presentations as potential lack of contacts?	More support for educational input into meetings?	

10 TP's responded, overwhelming majority want to be affiliated with the SWRTC