

West Midland RTC Cell Salvage Support Group



Monday 28th January 2013
NHSBT Blood Donor Centre,
65 New Street, Birmingham

Meeting notes from Monday 18th May 2012

Present / introductions:

Present:	
Falguni Choksey (FC)	University Hospitals Coventry and Warwickshire
Andrea Harris (AH)	NHS Blood and Transplant
Suzy Biggs (SB)	NHS Blood and Transplant
Glenda Widdowson (GW)	University Hospitals Coventry and Warwickshire
Chandra Bhimarasetty (CB)	Royal Orthopaedic Hospital
Alison Hanson (AHa)	Royal Orthopaedic Hospital
Gill Kelly (GK)	Heart of England (Good Hope)
Juliette Stone (JS)	Worcestershire Hospitals
Kate O'Connor (KO)	Dudley Group hospitals
Paula Allen (PA)	University Hospital North Staffordshire
Apologies:	
Charles Baker (CBa)	University Hospital North Staffordshire
Davinia Bennett (DB)	University Hospital Birmingham
Maxine Boyd (MB)	Royal Wolverhampton Hospitals
Matt Coombe (MC)	University Hospital Birmingham
Frederick Gittoes (FG)	Wye Valley Hereford Hospitals
Andy Tatman (AT)	Birmingham Children's Hospital

AM 1. General Cell Salvage Overview from Attendees – All:

A round the table introduction was made by each member to the group.

AM 2. Update from the National UKCSAG (plus East of England regional survey) - Andrea Harris:

UKCSAG:

- A trial is being done looking at cell salvage in vaginal haemorrhage.
- Updates have been posted on the BBT toolkit – including revised Competency Assessment book
- The UKCSAG have been asked to provide a teaching session at this years British Blood Transfusion Society (BBTS) annual meeting in Birmingham on 18th October 2013. Further details to follow.
- Hannah Grainger (from UKCSAG) posed a question to us about post operative cell salvage – with the advent of enhanced recovery (and therefore no post-op drains) is the increase in homologous transfusion? CB stated that ER has had an impact on post-op cell salvage, but has not seen any data about blood usage. They do use iron pre-op (pre-optimisation), and for patients who refuse blood sometimes also EPO (although GPs do sometimes question the cost of this).

ACTION: CB to investigate and feedback

This led onto a discussion about pre-op assessment. AH stated that regionally there are plans (in the next couple of weeks) to re-survey pre-op assessment clinics with regards to Hb pre-optimisation. TP's in each hospital will pass it onto the appropriate contact. There was a good response 6 years ago and we are hoping for the same again.

ACTION: AH to present pre-op audit results at a future meeting

The British Committee for Standards in Haematology (BCSH) are currently drafting pre-op management of anaemia guidelines, and NICE are also forming a group to look at transfusion related guidelines. The BCSH are looking at accrediting their guidelines with NICE.

The BCSH are also drafting some Intra-operative cell Salvage Guidelines, but uncertain what aspects of cell salvage will be included.

ACTION: AH to ask BCSH Cell Salvage writing group for further information

East of England 2012 Cell Salvage Survey:

- The East of England Region have recently completed a survey of cell salvage practice. The full report is still being compiled.

ACTION: AH to circulate East of England Cell Salvage Report once finalised.

Preliminary results were presented. Findings are generally comparable with the West Midlands survey completed 2011. There does appear to be some variation over mandatory training, and what staff groups this applies to (5 trusts stated mandatory, 8 stated non-mandatory, but additional comments implied not for all staff / not in reality). Cell salvage is used most in orthopaedics, obstetrics and vascular, with small use in cardiac, maxillofacial and urology. 2/17 trusts stated that cell salvage is not audited.

The North East Region are also planning a survey, which will include questions relating to all aspects of surgical blood conservation, not just cell salvage.

Action: AH/SB will add to the agenda for September.

AM 3. Regional Data Collection – any problems experienced - Falguni Choksey:

All present using data collection form. Some are having problems getting pre and post-op Hb. Advised to try linking in with the lab / TP. If not, as much data as possible will be included.

This data collection is due to finish on 31st January 2013.

Action: AH/SB will email a reminder with a deadline for returns 20th February

There was a general discussion about local audit / data collection. GW said she does not use the form supplied by Sorin, but has a Trust one she has adapted herself which can be completed electronically. In theory, each person who uses the machines should complete the form.

PM 1. Cell salvage Training, SOPs and CAEs - All:

It was agreed that there was a lot of variation in training – hospital to hospital and within hospital – often newer more enthusiastic staff have got better training records than longer term members of staff. On-call staff might be trained but have not used it for 12 months and this caused problems with competence and a lack of confidence.

In some Trusts, cell salvage usage is reducing, and therefore problems keeping staff competency assessed.

As a way of practicing and to keep skills up to date, expired homologous blood is often used.

This led to a discussion about age of homologous blood and increased potassium and haemolysed cells – could, in theory, ‘washing’ the blood with a cell saver decrease these levels? – although this practice may invite interest from the MHRA, as blood may be seen as being ‘processed’.

ACTION: AH to ask Joan Jones for advice on this as she used to be a co-chair of Cell Salvage Action Group, and is very knowledgeable about quality and legal issues.

A research study is currently looking at the Age of Blood (ABLE study) to see if older blood has any negative effects in critical care patients.

Note: for information about the ABLE study, go to: <http://www.ncbi.nlm.nih.gov/pubmed/21550205>

Default settings on cell salvage machines was discussed, with one (older model) machine that does not reset back to default settings. Staff must always check prior to use, which could lead to error. Newer model machines are apparently different.

Different types of cell savers were discussed, with invitations for group members to attend other hospital sites to see other cell savers in action.

PALL filters are not being used by some for all cases. Also some are not using two suction suckers.

Washing of swabs – apparently Dideco have introduced ‘wash bags’ which makes swab washing much easier.

The regional cell salvage conference from 2010 was discussed. Hannah Grainger’s presentation had stated that only full bowls (not part-filled bowls) should not be processed

Action: AH/SB to email presentation to attendees.

PM 2. Problem solving forum / discussion - All:

Incident with a scoliosis patient – big bleed – used a combination of IOCS / POCS and homologous blood. After the homologous blood had been given, and during infusion of the unwashed POCS blood – patient experienced a febrile hypertensive reaction (with bradycardia). This is currently being investigated: ?White cells may have been activated / ?development of antibodies due to donor blood / ?other cause.

Another incident with a scoliosis patient – big bleed - one sucker in use – surgeons used a topical haemostatic agent which clotted off the cell saver. There was a delay obtaining homologous blood and so the salvaged blood was re-processed and used. Discussions around whether two suckers should have been used, although if they had, there would not have been any salvaged blood to re-process.

Some are having problems with quality control samples. KO states she sends a quality control sample, every 6 months, from each of the Cell Salvage machines (labelled as 'Cell salvage QA test'). Others are finding their transfusion labs will not allow this practice, and lack of clarity at what quality indicators should be included.

ACTION: CS to investigate Quality Indicators and present at next meeting.

Also, if sample was related to a clinical incident, there is no known recommended pathway to get autologous blood investigated by the transfusion laboratory.

ACTION: AH to ask UKCSAG / BCSH Cell Salvage Writing Group if guidance is being written.

KO reported a recent problem where the tubing became dislodged – faulty batch.

Another incident where Hartmann's had been used instead of saline.

One query raised whether cell salvage is being used in laparoscopic procedures. None present aware.

ACTION: AH to ask UKCSAG

PM 3. Notes from previous meeting:

The notes from 18th May 2012 were agreed as a true record.

PM 4. Future Plans of the Group/AOB

All agreed that the group should continue to meet. Most find it very useful to network and as a problem sharing and trouble shooting forum.

It was agreed that cell salvage companies should not be invited (as previously agreed) unless a specific reason is identified.

Future meeting topics to include:

- Regional Cell Salvage Data Collection results
- UKCSAG – Hannah Grainger came to the regional conference 2010 and first group meeting 2011. We could invite her back but we would need specific topics of interest - ?? SHOT reporting
- Invite individuals from other regions to share their experiences e.g. Malcolm Chambers from Nottingham

AOB:

Previously the group had discussed and shared training / competency requirements, with a view to possibly producing some regional guidance and recommendations. AT had presented his competency documentation and GW is now using this locally.

ACTION: AH / SB to recirculate

The group will need to review this at future meetings, and also look at what the BCSH Cell Salvage Writing Group are planning to include in their guidelines, to see if anything is still needed regionally.

PM 5: Date and time of next meeting:

Monday's appear to be a good day for members to attend. Therefore, the dates of 23rd September 2013 and 30th September 2013 are being held. Date TBC.