

NI Transfusion Committee

Draft Minutes of Meeting 29 January 2016

Date of issue: February 2016

Apologies:

Alison Geddis, Quality Manager, BHSCT
Helen Gilliland, Consultant Anaesthetist, BHSCT
Sheena Gormley, Consultant Anaesthetist, BHSCT
Don Hull, Consultant Haematologist, SHSCT
Kathryn Maguire, Consultant Haematologist, NIBTS
Veronica McBride, WHSCT
Elma McLoughlin, HP, SEHSCT
Kieran Morris, NIBTS
Bronagh O'Neill, HP, WHSCT
Shonagh Reilly, HP NHSCT
Audrey Savage, BMS BHSCT
Patricia Watt, HP SHSCT

1. Present:

Cheryl Armstrong, HP SEHSCT
Dr Susan Atkinson, Consultant Anaesthetist, BHSCT (Chair) - SA
Dr Damien Carson, Cons Anaesthetist, SEHSCT (Audit & Implementation Lead) – DC
Sinead Carty, BMS, SEHSCT - SC
Adrian Crawford, BMS, WHSCT - AC
Patricia Dunlop, BMS, SEHSCT
Carol Ann Henry, BMS, NHSCT
Stephen Kane, BMS BHSCT
Aine McCartney, Regional HP Coordinator - AMcC
Chris McCauley, Specialist Trainee in Haematology, NIBTS
Carmel McCaughern, HP, NHSCT
Carolyn McLaughlin, HP BHSCT
Mary P McNicholl, HP, WHSCT - MPMc
Graham Scott, BMS, SHSCT
Sara Wallace, HP BHSCT

2. Minutes of NITC Meeting 2 October 2015

Approved.

SA welcomed Stephen Kane to the NITC. He has taken up post as Blood Bank Operational Manager for RVH/ MIH in BHSCT.

3. Matters arising

Covered in agenda items.

4. Standardization of Transfusion related documentation - SA

4.1 Regional Kleihauer request form

Following successful pilot, application has been made to Regional Procurement for draft revision and printing.

Action: SA to work with Printing Company on agreed revisions and to circulate updated version to NITC Members.

4.2 Transfusion record

SA thanked the HP Team, which has undertaken a snapshot audit of compliance in entry of blood component volumes on front of Trust fluid balance charts. Compliance varied from 86% to 100% and was best in Trusts where blood components are authorized in the Transfusion Record, rather than on the back of a fluid balance chart. AMcC has discussed this topic with Hyponatraemia Working Group in BHSCT,

which has consented to moving blood product authorization to the Trust Transfusion Record. The consensus of NITC Members present was that the regional standard should be that blood components should be authorized in the Trust Transfusion Record and the associated volumes should be recorded on the front of a fluid balance chart.

Action: NITC to continue to work towards a regionally standardized Transfusion Record. The “consent” section is to include prompts for healthcare professionals to discuss risks and benefits with patients, in keeping with SaBTO recommendations.

Action: PW requested to share SHSCT Transfusion Record with NITC Members

4.3 Regional Bloodless Pathway documentation

The NITC recommends that Trusts implement this pathway, which has undergone a lengthy consultation process. [SA subsequently received feedback from DHSSPS NI Legal Services on afternoon of NITC Meeting and will make minor recommended amendments before writing to Chairs of Trust Transfusion Committees.]

4.4 Implementation of Anaemia Pathway

A number of guidance tools have been disseminated to Trusts, i.e. posters and leaflets for Pre-assessment Units, Endoscopy Suites and Primary Care, which are also available on the NITC website (<http://nitransfusion.com/Publications.html>).

Members present agreed that additional steps are required to promote regional implementation, which should be included in the NITC work plan.

Action: SA to contact AMDs for Primary Care re uploading relevant tools onto GP website.

5. Audit subgroup - DC

5.1 NITC Regional Audit of Appropriate use of Anti-D Immunoglobulin

The findings of this regional audit were presented at the NITC educational conference on Transfusion Practice in Obstetrics and Paediatrics in November 2015 and 4-page summary leaflets have been disseminated to Trusts. An electronic version of the full report will be available shortly, on GAIN and NITC websites. It will include data on early pregnancy loss from all five Trusts. AMcC enquired whether it would be possible to provide individualized Trust reports.

Action: DC to complete final report and individual Trust reports.

5.2 National Comparative Audit (NCA)s

DC attended a face-to-face meeting of the NCA Group in London on 16 November 2015. He stated that a number of NC audit reports are awaited, including the 2013 Blood use in Neurocritical Care, 2014 audit of transfusion in children with sickle cell disease and 2015 audit of lower gastrointestinal bleeding. Data has been submitted from NI Healthcare Trusts for an NCA of red cell and platelet transfusion in adult haematology patients.

Trusts have been sent individualized reports of the first phase of the 2015 NCA Patient Blood Management in Surgery audit, which included 3897 patients. DC stated that outcomes from this national audit have skewed by the inclusion of total hip replacement procedures for emergency patients with neck of femur fractures. It is anticipated that this audit will be repeated in July 2016. Instructions for improving clinical practice have been issued to participating Trusts, as part of the AFFINITIE project.

5.3 START (Supporting Trust Audit Related to Transfusion)

DC informed the NITC that all 7 local audits of transfusion practice in HSC Trusts have been completed and presented either regionally or nationally. Michael Stokes has commenced two audit projects in 2016 in WHSCT with the assistance of MPMc, which concern preoptimisation and use of tranexamic acid in orthopaedic patients.

Action: Hospital Transfusion Committees requested to inform healthcare staff that guidance and support in conducting new local audits in 2015/6 can be obtained by contacting DC.

5.4 Submission to GAIN for sponsorship to undertake a new regional project in transfusion practice

2015 START projects undertaken in one NI healthcare trust, including promotion of single-unit red cell transfusion, preoperative optimization and correction of chronic anaemia with transfusion alternatives have resulted in a 14% reduction in red cell transfusion in that Trust. However application (October 2015) for GAIN sponsorship to roll out these initiatives during a 5-year project in all NI Healthcare Trusts has been declined. NITC Members agreed that alternative funding should be sought to undertake this project, to enable the current NITC work plan to proceed.

5.5 Honest Broker Service and Data Access Agreements

DC informed Members that all regional audits, which have already been approved for GAIN sponsorship, have been put on hold until data access agreements have been established with Trust Governance Departments. Business Services Organisation has set up an Honest Broker Service, which may facilitate governance procedures and sharing of anonymized and pseudonymised data between HSC and DHSSPS organizations, in line with data protection and patient confidentiality requirements.

5.6 Regional audit of Prothrombin complex concentrate

Local data collectors for this audit have now been identified in most Trusts. However commencement of this audit is deferred until all Trusts have data access agreements in place.

6.0 Blood Component and Product Issues - DC

Red cell issues from NIBTS continue to decrease; currently the moving average has fallen below 26 per 1,000 of the population. The consequent reduction in red cell collection may now impact on provision of plasma products; NIBTS is working on a strategy to account for this trend. The demand for platelet transfusions is increasing, despite successful promotion of single unit dosing. A new centre for platelet donations is to be established in WHSCT to cope with the ongoing demand for this blood component. Issues of fresh frozen plasma and cryoprecipitate are essentially unchanged, at 2.4 -2.5 per 1000 and 0.5-0.6 per 1000 head of the population respectively.

The recent "leveling off" in issues of Ig G to approximately 140,000 units per year may be attributable to the appointment of a dedicated full-time pharmacist in BHSCT and prospective audit of requests for this expensive blood product.

7. Education in Transfusion Practice – AMcC / SA

7.1 Anaemia posters and 4-page leaflets for Pre-assessment Clinics, Endoscopy Suites and Primary Care
See 4.4 above.

7.2 Education conferences

The NITC conference on Transfusion Practice in Obstetrics and Paediatrics, which was held on 20 November 2015, included presentations by local and national experts. It was well attended by a multi professional audience, however Members agreed that a larger venue should be identified to run future similar sized educational conferences.

SA thanked AMcC as interim lead of the newly formed Educational Subgroup, the main remit of which is to support Trust Transfusion Committees in the organisation of future educational conferences and meetings. SA informed Members that appointment to this non-funded lead position could be voted on if any self-nominations are received.

Action: All Trust Transfusion Teams to submit at least one representative for Educational Subgroup.

Action: Self-nominations for position of Educational Subgroup Lead to be submitted to SA by 31 March 2016.

Action: NITC Members requested to propose themes for next regional half-day or full day educational conference.

7.3 NPSA RPRB Knowledge and Competencies in Transfusion Practice

Following additional consultation the NITC consensus is that healthcare staff involved in blood sampling or administration should update transfusion knowledge (by Learn Blood Transfusion e-learning and/or face-to-face haemovigilance provided sessions) and relevant competencies every 3 years. Staff that collect blood components should undertake the relevant competency every 2 years, in keeping with BSQR

regulations. Healthcare professionals who only authorize blood transfusion should undertake Learn Blood transfusion e-learning and/or face-to-face HP sessions, with assessments every 3 years. AMcC reported that the HP Team has standardized the procedure and associated questions for NPSA competency assessments. The HP Team is examining the suitability of the LearnPro Phlebotomy pathway for staff that only take blood samples; the associated video has been removed.

Locum Agency staff: Locum Agencies are now advised of the regionally standardized knowledge and practical competencies in transfusion practice that must be undertaken before their employees can take up posts in HSC Trusts. They have also been requested to maintain a central database of their staff training in transfusion practice. Local arrangements are being made between Trusts and Locum Agencies for the provision of NPSA competency based assessments.

Medical undergraduates are required to undertake Learn Blood Transfusion e-learning modules and subsequently attend a generic face-to-face seminar during the Work Shadowing clerkship, followed by assessment of blood sampling (1) and administration (4) competencies.

Nursing undergraduates are to receive face-to-face seminars in transfusion practice in year 2 and undertake LBT e-learning modules in year 3. Portfolios are to be adapted accordingly and will include patient monitoring during blood transfusion.

8. Haemovigilance Team – report given by AMcC

8.1 Staffing

SHSCT – currently short of a Band 6, leaving a single Band 7 with administrative support.

WHST has full quota of HPs; a request has been made for administrative support staff

NHSCT – full quota after 0.5 Band 7 returns from maternity leave. Full-time administrative support is being provided as a seconded post.

SEHSCT – Full-time Band 7 in place on a 1-year temporary basis. The vacant senior HP post has been interviewed, awaiting outcome from HR.

BHSCT has a shortfall of 0.5 WTE Band 7 on secondment and 1 WTE band 6 on maternity leave. A Band 4 Haemovigilance Support Officer has been appointed.

8.2 Patient Information Leaflet

Each Trust has ordered new patient information leaflets on “Anaemia” and “Fresh frozen plasma and cryoprecipitate”.

8.3 Identification Band Scanning project – a pilot is to be undertaken in RBHSC Haematology Unit and there are plans for a second pilot to be undertaken in BCH.

8.4 Remote release Blood Fridges in BHSCT – the first of these is to be utilized in MIH; training is in progress in relevant clinical areas.

8.5 Cell salvage - new saver machines have been purchased for theatre suites in BHSCT and training programme has being organized for users.

9. Patient Identification – registration of unknown patients

A table-top exercise involving clinicians, administrative staff and managers who work with PAS, NIECR, NIMATS and ED admissions in BHSCT and WHST has been organized for Tue 2 February 2016, in conjunction with Dr Lavery from HSC Safety Forum and BSO to consider the feasibility of this proposal and the associated naming convention. Further work on this project will include stakeholders from all Trusts.

Action: SA to present proposal at Medical Leaders Forum on 7 March 2016.

10. Blood Bank aspects of transfusion practice

AMcC reported that Blood Banks are looking at standardization of blood bag compatibility labels, which should be compatible with the Bloodhound system.

11. National Transfusion guidelines

11.1 NICE guidelines on Transfusion:

Dr Woods issued a Circular (HSC (SQSD) (NICE NG24) 2/16 to CEOs of HSC Board, PHA, RQIA, Special Agencies and NDPBs and HSC Trusts on 18 January 2016 to advise that these recently published NICE guidelines have been endorsed by the DHSSPSNI for implementation in NI. Of note the circulation list does not include the NITC. Members present raised concerns about the Circular's short time line for action and implementation, since it will be necessary to revise regional guidelines, the regional transfusion request form and individual Trust policies and transfusion records. The consensus of Members present was that regional coordination of NICE NG24 should be undertaken by the NITC, to ensure revision of regional documentation and to oversee standardized implementation in all NI HSC Trusts.

Action: SA and DC to write to Dr Woods to advise him of previous NITC involvement in the successful regional implementation of national guidelines and to ascertain whether input from the NITC is to be considered for implementation of NICE NG24.

11.2 BCSH guidelines on Transfusion of Blood Components for adults:

Publication of these guidelines is anticipated shortly. SA reported that the latest draft recommends, "All staff involved in the blood transfusion process should undertake regular (at least 2-3 yearly) training and competency assessment for the processes they are involved in (Grade 2D)".

Action: SA and AMcC are to attend the BBTN meeting in Birmingham next week and will ascertain how policies on knowledge and competency based assessments in transfusion practice in Scotland, England and Wales compare with current practice in NI and the recommendations in the draft BCSH guidelines.

12. Correspondence

No additional items

13. Any other Business

Forthcoming national conferences in transfusion practice

AMcC informed Members that the NATA conference is taking place in Dublin, 14, 15 April 2016: MPMc has submitted an abstract on behalf of WHSCT and 2 abstracts have been submitted on behalf of the NITC for poster presentation.

Annual SHOT meeting Manchester 7 July 2016

BBTS conference, Harrogate, 21 September 2016

14. Date of next meeting:

NIBTS Lecture Room, Friday 3 June 2016 14.00 – 16.30 hr.