

NI Transfusion Committee

Draft Minutes of Meeting 27 January 2017

Date of issue: 31 January 2017

Apologies:

Adrian Crawford, Blood Bank Operational Manager, WHSCT

David Hamilton, Blood Bank Manager, NHSCT

Stephen Kane, Blood Bank Manager BHSCT

Jo Monaghan, WHSCT

1. Present:

Monique Abela, Registrar in Transfusion Medicine, NIBTS

Susan Atkinson, Consultant Anaesthetist, BHSCT (Chair) – SA

Louann Birch, HP SEHSCT

Catriona Briars, Lead Nurse SEHSCT Rapid Response Team

Damien Carson, Cons Anaesthetist, SEHSCT (Medical Audit & Implementation Lead) – DC

Sinead Carty BMS, SEHSCT - SC

Matt Gillespie, Blood Bank Operational Manager, NHSCT

Helen Gilliland, Consultant Anaesthetist and Chair of HTC, BHSCT – HG

Don Hull, Consultant Haematologist, SHSCT

Kathryn Maguire, Consultant Haematologist, NIBTS- KMa

Aine McCartney, Regional HP Coordinator - AMc

Mary P McNicholl, HP, WHSCT – MP

Kieran Morris, NIBTS - KM

Lois Neill, HP, BHSCT

Bronagh O'Neill, HP and Blood Bank Quality Manager, WHSCT

Lyndsey Parker, Blood Bank Operational Manager, BHSCT

Mairead Richmond, HP, NHSCT

Patrick Sheridan, HP, SHSCT

Patricia Watt - HP SHSCT

SA welcomed Patrick Sheridan and Sonia Blair as new members of the NITC, in their new roles as Haemovigilance Practitioners in SHSCT and BHSCT respectively.

2. Minutes of NITC Meeting 30 September 2016

Approved.

3. Matters arising

SA informed the NITC that NI Healthcare Commissioners have approved funding for the continuation of the NITC posts of Chairperson and Medical Audit & Implementation Lead.

4.1 Audit sub-group

A regional audit of where red cells are being transfused in NI is in progress after GAIN approved funding in October 2016. The project group comprising representatives from all Trusts met 8 December 2016 to discuss the audit design and data collection proforma. The audit will examine all red cell units transfused in a 2-week period and indications for transfusion and data collection will ideally be completed the day after transfusion. DC presented an A3 sized instruction sheet with indication codes and an A3 size proforma that has been designed to facilitate retrospective data collection at ward level and anonymized data input for analysis. All Trust coordinators have been requested to pilot this documentation ahead of data collection, which is planned for a 2-week period; 20 February to 5 March 2017. SEHSCT Audit Department has agreed to undertake data collation for analysis by the end of March 2017.

Action: Trust-based coordinators requested to liaise with DC in piloting audit proformas and process. DC informed the NITC that GAIN is expected to make a decision on the funding of the proposed TRUST project in April 2017.

4.2 National Comparative Audits

WHST and SHST participated in the National Comparative re-audit of red cell use (Patient Blood Management) in Autumn 2016. Other NI Trusts decided not to participate in the re-audit, given concerns about the design and data interpretation of the initial audit. DC reported that although fewer UK Trusts provided data in the re-audit the NCA Working Group has sufficient information to pursue the associated AFFINITIE project.

An NCA audit of red cell use in palliative care was completed in Autumn 2016.

Trusts have been invited to participate in a 2017 NC audit of red cell and platelet transfusions in Haematology patients. A national audit of the management of patients at risk of Transfusion Associated Circulatory Overload (TACO) is also planned for 2017; DC has provided the NCA Working Group with feedback on the proposed design and patient exclusion criteria.

4.3 Audit of Octaplex usage in BHST

AMc informed the Committee that data collection for over 60 cases has been completed and is now being analysed.

5. Blood component use

5.1 Component issues

Red cell issues are continuing to decrease, currently at 24.5 per 1,000 head of population. There has also been a recent reduction (2%) in demand for platelets. However it is anticipated that with an aging population the requirement for platelets will increase and work is in progress to produce a new platelet apheresis unit in WHST. Of note there has been an increase in demand for FFP since September 2015, which may reflect changing practice in the management of major haemorrhage. Exact figures for wastage of this blood product are unknown but are not perceived to be significant. NITC members agreed that FFP use and wastage should be re-audited if demand continues to rise. Requests for cryoprecipitate remain essentially static.

There has been a steady overall downward trend in NIBTS issues of blood components since the NITC formed in 2003, with decreasing demand for red cells being the major contributing factor.

5.2 HEV negative components

KM stated that the planned introduction of routine screening of blood donations for HEV status in NI is likely to commence in a few months time.

5.3 Blood sampling for pregnant patients

It is standard practice that pre transfusion samples taken from pregnant women are retained for up to 7 days by NI Healthcare Blood Banks, in anticipation of requests for blood components. BSH guidelines (2012) for pre-transfusion compatibility procedures in blood transfusion laboratories, states that "serological studies should be performed using blood collected no more than 3 days in advance of actual transfusion when the patient has been transfused or pregnant within the preceding 3 months". However BSH guidance also states deviation from the 3-day rule may be considered for women that require blood on stand-by for conditions such as placenta praevia. Members discussed the relative risks of atypical antibody production versus repeated maternal sampling and possible delays in the emergency provision of blood components.

It was agreed that there should be wider consultation on this topic, including local obstetricians and UK haematologists.

Action: SA / AMc to include this topic on BBTN meeting agenda next week.

Action: KM to write to authors of current BSH guideline on pre transfusion sampling.

Action: SA to write to local obstetricians and midwives.

5.4 Confirmation blood sample prior to transfusion

This BSH 2012 recommendation is now current practice for first-time patients in four out of five Trusts. NHST Blood Bank has ordered an additional laboratory analyzer to facilitate an increase in blood samples to be processed. The overall number of wrong blood in tube (WBIT) incidents in NI is unknown.

Action: DC to coordinate an audit of WBIT incidents in the next 6 months.

Trusts report variation in timing of when confirmation samples are being drawn and sent to hospital blood banks. Some clinical units are taking second samples before BMS staff have requested them. Off-site blood banks and time-limited readiness for surgery for same day admission patients may be contributing factors. However this practice could in some circumstances significantly increase the throughput of unnecessary sample processing for hospital blood banks. SA suggested it might be possible to resolve such variances in practice by local discussion between stakeholders. Members also considered that this problem could warrant regional investigation.

6.0 Haemovigilance Team (full report to be disseminated with NITC minutes) AMc

6.1 Haemovigilance Staffing

AMc reported that all Trust Haemovigilance teams are fully staffed, except for NHST with a 0.5 WTE vacancy.

NHSBT patient information leaflets "Will I need a Transfusion?" are now only available as hard copies or downloadable pdf format in the English language, whereas pdf versions were previously available in different languages.

Action: AMc & SA to discuss this concern at BBTN meeting next week.

6.2 TACO

Following a number of TACO SAIs reported to SHOT, Trust Haemovigilance and Transfusion Teams are reviewing local guidance for monitoring, rate and duration of transfusion in patients at risk of TACO. One Trust has implemented a 3.5 hour transfusion period with more frequent clinical observations for patients considered to be at risk of TACO. The recently revised BHSCT Transfusion record contains a SHOT tool on patient risk assessment for TACO. BSH guidance on the Administration of Blood Components, which is in final draft, recommends that respiratory rate be monitored routinely before, during and after transfusion. NITC members agreed that an increasing number of older patients with significant comorbidities are being transfused and that there is little evidence base to support specifics such as frequency of vital signs monitoring and administration of diuretics. NITC Members welcomed the work of Haemovigilance Teams and Transfusion Committees on increasing in staff awareness of TACO.

6.3 Vital signs monitoring by student nurses

AMc reported that the Royal Colleges of Nursing and Midwifery and Directors of Nursing in Trusts and QUB supervisors have agreed that it is acceptable practice for student nurses to undertake vital signs monitoring during blood transfusion, provided they have completed patient observations training and are directly supervised by a ward nurse who has up to date RPRB competency assessments.

It was agreed that this recommendation could apply to the supervision of clinical staff that does not have current RPRPB competencies by a nursing colleague with current competency based training.

7.0 Education and Staff Training

7.1 Course on Non-Medical Authorization of Transfusion

AMc and Dr Robert Cuthbert have revised and updated this local course. Eight Haematology staff with identified mentors have expressed an interest in enrolling for the course, which is due to commence in April 2017. AMc stated that this course could run again next year, provided there are sufficient mentors and trainers for interested students.

7.2 Right Patient, Right Blood Training for F0/F1 doctors

Haemovigilance Teams deliver face-to-face and competency-based RPRP training for F0 doctors during their assistance ship in March. AMc and SA have contacted Professor Spence who coordinates this QUB F0 course to see if competency assessments could be provided in the Trust where these new doctors will spend their F1 year. Unfortunately it is not possible to confirm Trust allocation in advance of the F0 assistance ship and new doctors trained in QUB are required to undertake RPRB competencies in F0 year.

Action: AMc & SA to explore the possibility of re-introduction of face-to-face training session during F1 induction programme so that information on Trust specific transfusion practice can be provided in August.

7.3 www.nitransfusion.com

Work is in progress to produce an education page on this website. DC reported that it may be necessary to move this website to another provider, due to an increase in current provider fees.

7.4 Education For Transfusion Practice Community Interest Company (CIC)

DC presented an up to date financial summary of the NITC's Limited Company account; current assets being £1,218.49. DC and SA, as Company Directors, have approved use of this CIC account to hold delegate fees and cover expenditure for the March ESTM Course, which is being hosted in Belfast by NIBTS.

8 Standardization of Transfusion related documentation

8.1 Kleihauer Request Form

SA thanked NITC Members who have already provided feedback on this 3rd draft version. Although the NIMATS system may not recognize the terms "Twin A", "Twin B" or "Triplet A, "Triplet B, "Triplet C" NITC Members agreed that a recommendation to use "INFANT" instead of INFANT A" for a singleton would clarify whether a newborn is a singleton or one of a multiple birth. There was also concern that "INFANT A" could be confused with an infant of blood group A.

AMc stated that she had recently met with NIMATS production team, which is currently revising the NIMATS system regarding the use of Health and Care number as the primary patient identifier.

Action: SA to contact NIMATS production team about naming process for newborns.

Action: NITC Members requested to provide additional feedback on 3rd draft version of this request form by 6 March 2017, including confirmation of local Blood Bank contact details.

8.2 Regional Transfusion Request Form

SA stated that she has received a number of suggested changes from NITC Members and that she plans to convene a subgroup to revise this regional request form, which should also consider the 2015 NICE CG 24 recommendations and standards.

Action: NITC Members requested to send suggested changes to SA by Fri 17 March 2017.

8.3 Regional Bloodless Pathway

This completed document has been re-circulated to NITC members with the 2016 Royal College of Surgeons reference on the "Caring for patients who refuse blood". It is currently under consideration for implementation by individual Trust Standards and Guidelines Committees.

8.4 NI Regional Transfusion Policy

AMc has collated and returned comments from NITC Members on the final draft of the BSH guideline on the Administration of Blood Components. SA recommended that the corresponding NI policy should be revised following publication of the BSH guideline.

8.5 NICE CG 24 Transfusion

SA has provided Jonathan Houston in the Public Health Agency with an update of NITC activity to implement CG 24 recommendations concerning the use of red cells.

9 Registration of unknown patients

AMc, MP and SA met with Eilish Meehan of HSC Demographics Service and Denise Lynd, Director for Medical Records in BHSC to revisit the options available to develop a regional process for registration of unknown patients that require emergency medical care. It has now been agreed that this process would only be implemented for unconscious patients that require transfer to another hospital site or Trust during an episode of emergency care. SA is planning to hold a workshop in Spring 2017 at which managers from all Trusts with responsibility for electronic patient record systems, including PAS, Symphony and NIECR can assess the feasibility of the updated proposal.

10 National / regional networking

10.1 BBTN and JPAC website

NITC officers are chairing the 2017 BBTN meetings; the next one is taking place in Birmingham on 3

February. The BBTN agenda has been revised with an emphasis on sharing of regional transfusion practice team structures and work plans and trouble-shooting hot topics. Bronagh O'Neill and AMc represent NI on the JPAC writing group. The future of the JPAC website is uncertain, since regular updating of the educational information is labour intensive and the current chairperson (Karen Shreeve) is retiring.

10.2 Working group on anaemia in care of the elderly

One of the companies that produce intravenous iron (Vifor) has recently facilitated evening meetings for hospital and community –based healthcare professionals to promote management of anaemia. DC stated that the NITC could potentially coordinate additional educational opportunities for healthcare professionals and that financial support could be sought from all such companies that produce intravenous iron, to avoid any conflict in interest.

10.3 ESTM conference, Belfast March 2017

SA congratulated KM on the recent recognition of NIBTS as an ESTM Operational Centre. Several NITC Members will be giving presentations at a 3-day ESTM course in Belfast on 22-24 March 2017. Registration is open until 24 February.

11. National Transfusion Guidelines

Re BSH Guideline on Administration of Blood Components - See 8.4 above

12. Any other business

12.1 An NHSBT conference on Paediatric and Neonatal transfusion is taking place on 2 February 2017.

12.2 SC proposed that an NITC workshop is held to produce a regionally standardized protocol for the management of major haemorrhage. This proposal was approved.

Action: NITC Members requested to send her existing Trust based protocols so they can be shared in advance of a workshop in April 2017. SA requested expressions of interest to participate in this workshop.

12.3 BHSCT Cell salvage working group produced a business case for a cell salvage coordinator two years ago, but it has yet to be approved for funding. Currently cell salvage is only available in BHSCT, although it is not yet optimally utilized. WHSCT is undertaking a feasibility assessment to introduce a similar service.

Action: SA to write to the CMO to seek advice on the business case.

12.4 AMc informed the NITC that pre-thawed Group A Octaplas is to be made available for trauma patients being treated in the RVH Emergency Department; the advantage of this product is that it is pathogen inactivated and has a longer lifespan. Members discussed whether this blood product would be beneficial for more rapid provision of coagulation factors in other emergency departments and in obstetric units.

Post NITC meeting note:

The next NATA conference will take place in Florence on 20th & 21st April 2017. The registration fee for biomedical scientists, nurses and transfusion practitioners is only 15 Euro, compared to 440 Euro for medical staff.

13. Date of next meeting:

Friday 19 May 2017 14.00 – 16.30 hr. NIBTS Seminar room.