

NI Transfusion Committee

Draft Minutes of Meeting 29 September 2017

Date of issue: 3 November 2017

Apologies:

Sinead Carty, Blood Bank Operational Manager, SEHSCT
Adrian Crawford, Blood Bank Operational Manager, WHSCT
Jeremy Hamilton, Consultant Haematologist, SHSCT
Claire Hewitt, BMS, blood Bank SEHSCT
Don Hull, Consultant Haematologist, SHSCT
Kathryn Maguire, Consultant Haematologist, NIBTS
Josephine Monaghan, HP WHSCT
Bronagh O'Neill, HP, WHSCT
Lorna Palmer, HP SEHSCT
Lynsey Parker, Biomedical Scientist, BHSCT
Shonagh Reilly, HP NHSCT

1. Present:

Susan Atkinson, Consultant Anaesthetist, BHSCT (Chair) – SA
Louann Birch, HP SEHSCT
Mark Bridgman, Consultant Haematologist, NIBTS - MB
Damien Carson, Cons Anaesthetist, SEHSCT (Medical Audit & Implementation Lead) – DC
Helen Gilliland, Consultant Anaesthetist and Chair of HTC, BHSCT – HG
Sheena Gormley, Consultant Anaesthetist BHSCT
Stephen Kane, Blood Bank Manager BHSCT
Aine McCartney, Regional HP Coordinator - AMC
Mary P McNicholl, HP, WHSCT – MP
Kieran Morris, NIBTS – KM
Mairead Richmond, HP, NHSCT
Asma Sadiq, Specialty Doctor, NIBTS
Graham Scott, Lead Biomedical Scientist SHSCT
Sara Wallace, HP, BHSCT
Patricia Watt - HP SHSCT

2. Minutes of NITC Meeting 19 May 2017

Approved with amendment to penultimate sentence in 9.1 Kleihauer Request Form to now read “ It is recommended that the cord / newborn hospital number for a singleton will still be the mother’s hospital number prefixed with an “A (e.g. RMH15/A1234), as is currently the case in all Trusts except for WHSCT”.

3. Matters arising

Covered in Agenda items.

4.1 Blood component use

Red cell issues have decreased further, currently at 23.4 per 1,000 head of population. The demand for platelets continues to decrease, since the NITC / NIBTS audits of use. Fresh frozen plasma monthly issue had increased in the last year but is now down to ... per 1,000 head of population. The demand for cryoprecipitate is essentially unchanged. The overall use of blood components continues to gradually decrease in Northern Ireland; however the recent “Where Does the Blood Go in Northern Ireland?” audit demonstrated scope to promote further reduction in inappropriate or avoidable use of red cells.

5. Audit sub-group**5.1 Regional audit of red cell use.**

The draft report of “Where Does the Blood Go in Northern Ireland?” was consulted on in June 2017 and individual Trusts were issued with a report of their own results on 23 June 2017. The final draft report

was edited in August / September 2017 and is now ready for formatting by the RQIA. It includes an additional bar chart, which demonstrates the percentage of red cells transfused in surgical patients by (anonymized) Trust. There is scope to improve on patient blood management in Trusts with a relatively high percentage of red cell transfusions in surgery.

5.2 “TRUST” project proposal

The GAIN work programme was transferred from the Department of Health to the RQIA on 1 April 2015. The RQIA will consider audit proposals and quality improvement project applications to commence from April 2018. Dr Lourda Geoghegan, Medical Director and Quality Improvement Lead of RQIA has informed DC that the RQIA will only consider one-year projects; not a 5-year project, such as the NITC “TRUST” proposal, which was originally submitted to GAIN to request funding in 2015. NITC Members acknowledged that the “TRUST” project is designed to run concurrent audits and implementation programmes, with potential for a further 8% reduction in red cell use in Northern Ireland a 5-year period. Sponsorship of smaller one-year projects is likely to result in fewer improvements in transfusion practice with lesser financial savings over a protracted period. NITC Members considered the potential financial benefits of Healthcare Trusts funding local projects to improve on transfusion practice.

5.3 New proposals for NITC

NITC members endorsed the running of a half-day NITC Strategy meeting to consider NITC priorities for the next 5 years, after meeting with the CMO.

Action: SA to request a meeting with the CMO to consider how the future work of the NITC should be directed and resourced.

Action: SA to invite NITC representatives from all Trusts to participate in a Strategy meeting, once a date has been set.

5.4 National Comparative Audits

Sickle cell anaemia audit – report on NCA website

Patient risk assessment for TACO – data collection completed.

Repeat red cell (PBM) audit – data collection completed.

Audit of O negative red cell use – planned for Autumn 2017.

6.0 NITC website and EFTP CIC account

EFTP Accounts and annual statement have been submitted to Companies House. Corporation tax of £224.84 has been paid for the year ending 31 August 2016. The current balance in EFTP CIC is in the region of £4,000, with approximately £1,000 Corporation tax to be paid. The annual license fee for the NITC website is now paid out of EFTP CIC.

7.0 Haemovigilance Team - AMc

7.1 Haemovigilance Staffing

AMc reported that applications for the NHSCT 0.5 WTE and SHSCT 1WTE posts have now closed.

Haemovigilance practitioners presented 4 posters at the September 2017 BBTS conference in Glasgow.

7.2 Reduction of frequency and volume for blood sampling

SA congratulated AMcC and BHSCT Haemovigilance Team on conducting a successful project in RICU, which has reduced weekly blood-sampling volume by 48% for critically ill patients. Small internal volume sampling tubes for laboratory tests and smaller heparinized syringes for blood gas analysis have been introduced and frequency of blood sampling has been closely monitored. The plan is to promote this project in other clinical units in BHSCT and in other Trusts. It will be important to determine minimal sampling volumes required when single blood samples are taken for multiple tests (e.g. FBP, ESR, HbA1C). All three companies that have entered the current regional tender for blood sample tubes can provide small volume sample tubes.

8.0 Education and Staff Training

8.1 LearnPro

AMcC informed the NITC that the LearnPro platform does not presently allow users to revalidate their Learn Blood Transfusion knowledge until their e-learning certificate has expired. The LearnPro user group has been requested to see if it would be possible to permit users to revalidate before date of expiry. Future development proposals include an increase in access to e-learning modules on mobile devices, following the recent successful introduction of an app. for the Special Requirements module.

8.2 Undergraduate training for nurses and midwives

Two cohorts have now received face-to-face training and undertaken e-learning in Safe Transfusion Practice.

8.3 Blood sampling errors

AMcC reported a recent increase in the rate of blood sampling errors in BHSCT. The BHSCT Haemovigilance Team is investigating the reasons for this increase, including whether the recent local change in practice, to undertake confirmation blood group samples for all patients that require perioperative group and screen tests, is a contributory factor.

8.4 NITC regional conference on “Red Cells in Perspective” - 9 February 2018, Riddel Hall, QUB, Belfast. Speakers will include Dr Simon Stanworth, Dr Paula Bolton-Maggs and Dr Ravi Rao Baikady Ravishankar, in addition to presentations from local speakers. Registration will open in early November 2017.

9 Standardization of Transfusion related documentation

9.1 Kleihauer Request Form

SA thanked NITC members for their feedback on the 8th draft. There is some inter Trust variation in the identification process of cord blood samples. It has been recommended that maternal weight should be entered for Kleihaeuer testing, so that hospital blood banks can recommend appropriate dosing of Anti-D immunoglobulin.

Action: SA to liaise with Trust Blood Bank Managers to make final amendments before printing.

9.2 Regional Transfusion Record

The Haemovigilance Team has made great progress towards the development of a regionally standardized Transfusion Record. Some aspects will require consultation with NITC members, including the content of TACO risk assessment tools, bedside checklists and single or two-person pre transfusion checking of components.

9.3 Regional Blood Transfusion request form

This form requires a number of amendments, in keeping with changes in local and national guidelines.

Action: SA to set up a working group to update this form.

10 Massive transfusion protocol for regional trauma service – MB

MB and the BHSCT Haemovigilance Team have been working with BHSCT Blood Bank and RVH Emergency Department staff to develop a massive transfusion protocol for the management of adult major trauma patients. AMcC reported that BHSCT HPs have followed up recent activations of this protocol, to provide feedback to stakeholders. MB suggested that this protocol could be shared with other Trusts to facilitate regional implementation.

Action: SA to circulate RVH protocol with other Trusts via NITC members.

11 Registration of unknown patients

SA met with Denise Lynd, Director for Medical Records in BHSCT and Brian Conway of HSC Demographics (NIECR) on 29 September 2017 to discuss naming convention and criteria for registration of patients of unknown identity. A proposal will be submitted to the regional PAS group after local testing in BHSCT.

12 National Transfusion Guidelines

12.1 BSH Guideline on Administration of Blood Components has now gone to press for publication in Transfusion Medicine. NITC Members considered the implications of the new recommendation in this

BSH guideline; to allow red cell components to be re-issued if they have been out of cold chain for up to 60 minutes, instead of 30 minutes. It was agreed that this change in practice would require reliable tracking processes. AMcC proposed that recommendations concerning saline flushes after or between blood component transfusions should be removed from the NI policy for the administration of blood components, since it is no longer advocated in national guidelines.

Action: SA to coordinate updating of NI regional guideline on the administration of blood components.

12.2 BSH Guideline on the management of anaemia and red cell transfusion in adult critically ill patients is to be updated.

13. National / regional networking

13.1 BBTN: The most recent BBTN meeting was held during the BBTS conference in Glasgow. BBTN Terms of reference have been updated. The Learn Blood Transfusion (LBT) Project Group will continue to provide activity reports to the BBTN. It is evident that Transfusion Practitioner and PBM team structures and lines of accountability are under review in other countries. Risk assessment tools for TACO and pre transfusion bedside checklists have been implemented in all countries. A number of Healthcare Trusts in England have requested that information on local transfusion policies and procedures be incorporated into LBT e-learning modules, to reduce the requirement for face-to-face training sessions. LBT Project Group is assessing whether this request is feasible.

13.2 Future conferences:

Scottish Clinical Transfusion Advisory Committee annual conference – 27 November 2017, in Edinburgh, SHOT Annual conference – 12 July 2018, Lowry Building, Manchester.

14. Any other business

A regional working group has been set up to consider identification procedures for transgender patients.

NITC Members approved a proposal to provide a Leadership and Change study day for HTC representatives from all Trusts. This will be held in the Beeches in early 2018.

The Royal College of Nursing Annual Congress 12 – 16 May 2018 meeting is taking place in the Waterfront, Belfast. Patricia Mackey, NIBTS, is investigating the possibility of running a fringe event on the role of the nurse - from donation to the administration of blood.

15 Date of next meeting:

Friday 26 January 2018, 14.00 – 16.30 hr. NIBTS Seminar room.