

NI Transfusion Committee

Draft Minutes of Meeting 30 September 2016

Date of issue: 21 November 2016

Apologies:

Sinead Carty BMS, SEHSCT - SC
Adrian Crawford, Blood Bank Operational Manager, WHSCT
Robert Cuthbert, Consultant Haematologist, BHSCT
Patricia Dunlop, BMS, SEHSCT
Sheena Gormley, Consultant Anaesthetist, BHSCT
Jeremy Hamilton, Consultant Haematologist, SEHSCT
John Harty, Chair HTC SHSCT
Don Hull, Consultant Haematologist, SHSCT
Stephen Kane, BMS BHSCT
Kathryn Maguire, Consultant Haematologist, NIBTS
Jo Monaghan, WHSCT
Shonagh Reilly, HP NHSCT
Patricia Watt - HP SHSCT

1. Present:

Cheryl Armstrong, HP, SEHSCT
Susan Atkinson, Consultant Anaesthetist, BHSCT (Chair) – SA
Ni Ni Aung, Consultant Haematologist, NIBTS
Louann Birch, HP SEHSCT
Catriona Briars, Lead Nurse SEHSCT Rapid Response Team
Damien Carson, Cons Anaesthetist, SEHSCT (Medical Audit & Implementation Lead) – DC
Matt Gillespie, BMS, NHSCT
Helen Gilliland, Consultant Anaesthetist and Chair of HTC, BHSCT - HG
Zona Kelly, HP, BHSCT
Aine McCartney, Regional HP Coordinator - AMcC
Mary P McNicholl, HP, WHSCT – MPMc
Kieran Morris, NIBTS
Bronagh O’Neill, HP, WHSCT
Mairead Richmond, HP, NHSCT
Graham Scott, Transfusion Laboratory Manager, SHSCT – GS
Sara Wallace, HP, BHSCT
Philip Windrum, Consultant Haematologist, NHSCT

2. Minutes of NITC Meeting 3 June 2016

Approved.

Alison Geddis was congratulated on her recent appointment in NIBTS and Dr Ni Ni Aung was welcomed to the NITC, as a recently appointed Consultant Haematologist in NIBTS.

3. Matters arising

Covered in agenda items.

4. Funding for NITC work plan and NITC Officers

DC and SA recently met with the Deputy CMO and have also contacted Commissioners about future funding to enable the NITC to undertake its annual work plan, which includes the 5-year “TRUST” project on red cell use and regional coordination of NICE clinical guidelines on Blood Transfusion. In red cells alone there has been a 32% reduction in use in the last 12 years, since the NITC commenced activity, equivalent to more than 125,000 units and product and administration costs of £20 million (NICE 2015 valuation). DC informed the NITC that there is potential to make an additional 8% reduction in red cell use by undertaking the “TRUST” project in NI Healthcare Trusts.

5. NICE Clinical Guideline 24 - Transfusion

All Trusts have informed the PHA that it will not be possible to fully implement this guideline in a 12-month period, given that it addresses all blood components and transfusion alternatives. It will be necessary to determine the current use of blood components in all hospitals before focusing on areas requiring improvement, producing educational tools and revising regional and local documentation. NITC members have agreed that red cell usage should be considered in the first instance.

AMcC and HG reported back on a number of topics following attendance at the BBTS Conference in September. Concerns have been expressed from other UK regions about the short timescale for implementation of CG 24, the limitation of evidence base to that published since 2010, especially concerning cell salvage and the recommendation for a blanket restrictive red cell transfusion trigger of 70 g/L except for patients with ACS.

Action: SA to provide feedback to PHA on NI Trust responses.

6 Audit subgroup

6.1 NITC Regional audits

DC has submitted 2 applications to GAIN on behalf of the NITC for 30 Sept 2016 deadline. One of these regional audit proposals is to provide up to date information on red cell use and associated data, including indication for transfusion and relative use in each hospital specialty. This audit would provide a baseline for the TRUST project which has been resubmitted to GAIN. If approved it is anticipated that funding to conduct the latter project will be available from April 2017.

6.2 Data Access Agreement

All Trusts except one have made data access agreements with the NITC. GAIN now has overarching data access agreements with all NI Trusts, so that GAIN approved regional audits can be undertaken in all Trusts. DC emphasized that all staff participating in such audits must have completed data protection training.

6.3 National Comparative Audits

- 2015 Audit of Patient Blood Management in adults undergoing elective, scheduled surgery. The report is published and available on line.
2015 Audit of lower gastrointestinal bleeding and the use of blood. The report is published and available on line.
- 2016 Audit of Red Cell & Platelet transfusion in adult Haematology patients - Audit completed and the report is available on line.

Upcoming audits include:

- 2016 Re-audit of Patient Blood Management in adults undergoing elective, scheduled surgery – due for re-audit in October 2016
- 2016 Audit of Red Cell transfusion in Palliative care due to commence in autumn 2016.
- 2017 Audit of Red Cell & Platelet transfusion in adult haematology patients is due for re-audit in spring 2017.

6.4 Regional audit of Prothrombin complex concentrate

This audit is now planned for BHSC only in the first instance, to accommodate the design and data collection process. Other Trusts may decide to undertake a local audit of appropriate use of this product. It was agreed that there would also be scope to audit compliance in traceability of this product, given that a number of Hospital Blood Banks have reported that they do not always receive confirmation of administration from clinical units.

7 Blood component use

7.1 Trends in component use

DC updated the NITC on blood component use in NI. Red cell issues continue to decrease, currently at 24.6 per 1,000 head of population. Overall there has been an additional 6% reduction in red cell issues since November 2014 but of note, a 19% reduction in one Trust in the same period, largely as a result of ongoing initiatives to promote a single unit transfusion project. This project was undertaken as a START pilot in South Eastern Trust and has been followed up with an ongoing programme of initiatives tailored to the Trust to augment the initial improvement in practice. DC informed the Committee that the "TRUST" regional project would involve an initial baseline assessment of red cell transfusion patterns, including appropriateness of use and post transfusion checks. This audit will ascertain what improvements in red cell use can realistically be achieved in each Trust and how best to bring these about.

The Platelet index has leveled off at <5.0 per 1,000 head of population; FFP and cryoprecipitate usage is essentially unchanged.

7.2 HEV negative components

KM discussed the additional costs incurred in screening a proportion of donated units for HEV. Maintenance of up to date electronic databases of patients that require HEV negative components and ensuring that HEV negative components are requested for these patients when they require emergency care are additional problems. It is anticipated that SaBTO may recommend that universal screening of donors for HEV when this body convenes in November 2016. This would reduce the donor pool by only 1 per 3,000 donors and HEV positive donors, most of which would be eligible to donate six months later.

8. Haemovigilance Team – report given by AMcC

8.1 Staffing

SHSCT – currently short of a Band 6 for the last 9 months, leaving a single Band 7; was also without administrative support for a period of time. The full-time Band 6 post has been advertised due to the recent retirement of Elma McLoughlin.

WHSCT has full quota of HPs but still require administrative support staff

NHSCT – 1.5WTE filled, short of one part-time HP post due to retirement of Carmel McCaughern in October.

SEHSCT – Full-time complement of HP staffing and now have administrative support for meetings and for HRPTS training records.

BHSCT - Band 7 HP resumes work in August following maternity leave. Due to a requested reduction in Band 7 working hours, shortfall and secondment funding, a full-time Band 4 Haemovigilance Support Officer has been appointed and a 0.6WTE Band 6 2-year temporary post is to be filled.

All Haemovigilance teams would benefit from dedicated administrative support, especially since they are now responsible for maintaining to update HRPTS records in RPRB training.

9. Education in Transfusion Practice – AMcC

9.1 Staff training

Trusts and NIMDTA have been informed of the revised NITC recommendations for RPRB training. MPMc and AMcC are working on an education section for inclusion in the NITC website www.nitransfusion.com.

9.2 Course in Non-medical Authorization of Blood Transfusion

AMC reported that Haematology Specialist Nurses from different Trusts have expressed interest in participating in this course, which is being coordinated by Dr Cuthbert and AMcC on behalf of the NITC. It is anticipated that this course will commence in March 2017 following review of the competency framework and course content. Provision of this course will greatly facilitate community transfusions, and potentially reduce frequent hospital visits for transfusion-dependent patients.

9.3 LearnPro e-learning

Healthcare staff can now access a Decision Support Tool for special requirements for blood components via a new mobile app, using their Learn-Blood-Transfusion.org log-in details. Learn Pro has requested

feedback on a proposal to rename individual modules by their headings, i.e. "Safe Blood transfusion" instead of Module 1 and "Blood Components and Their Indications for Use" instead of Module 2. It has also been suggested that the "Porters Pathway" should be renamed "Blood Collection" since different staff groups make use of this module. The NI haemovigilance Team has agreed to these changes.

10 Standardization of Transfusion related documentation - SA

10.1 Regional Kleihauer request form

SA thanked NITC members for providing feedback on the draft A4 version of this request form, which will be amended and re circulated for additional comments before printing. KM informed NITC Members that NICE guidance on the use of antenatal screening of Rh negative women for fetal Rh status is in consultation phase. Once this new screening test has been introduced the indications for cord blood and Kleihauer tests in the request form booklet will be amended accordingly.

10.2 Regional Transfusion Request form

NITC Members discussed suggested revisions to this form. It was agreed that the recommended red cell transfusion triggers should be retained on the front of the form, although they will require modification post endorsement of NICE clinical guideline 24 in NI.

Action: SA to set up a working group to revise this request form

10.3 Transfusion records

The BHSCT record has been updated and includes spaces for authorization of blood components and SHOT tools for TACO risk assessment and a pre-transfusion checklist. This now means that all NI Healthcare Trust Transfusion Records include authorization of blood components.

10.4 Regional Bloodless Pathway documentation

Minor changes to the wording of the advice on use of cell salvage and insertion of a signature where a patient declines to consent for a blood group and screen test have been made to this document, which is now ready for approval by individual Trust Standards and Guidelines Committees (or equivalent governance body).

10.5 Regional Transfusion Policy

Publication of the revised BCSH guidance on blood sampling and administration of blood components is awaited but it was agreed that work should commence on the corresponding NI policy.

11. Registration of unknown patients - SA

Progress in this project was delayed for a period of time, pending review of patient eligibility criteria for use of a 395 H&C number. HSC Demographics Service has recently proposed a modified registration process for unknown patients that require emergency care and transfer to another site or Trust, which is to be tested at a table top exercise.

12 National / Regional Networking

12.1 Better Blood Transfusion Network

It is the turn of NI representatives to coordinate 2017 meetings of this group, which will require new representation from other UK regions following retirements and changes in job roles. The terms of reference, standing agenda items and frequency of meetings are under review.

12.2 JPAC website

Production of up to date guidance in transfusion practice is in development, although ongoing funding of this website is uncertain. Completed guidance could still be made accessible on regional websites, including www.nitransfusion.com.

12.3 BBTS conference

HG and AMcC provided feedback from this conference, which included updates on cool boxes for transportation of blood, use of a freeze-dried preparation of plasma (Lyoplas), pre-administration check

by a single practitioner and lean body weight for IgG prescription.

12.4 AMcC presented a summary of the 2015 SHOT Report.

13. Any other Business

13.1 AMcC informed NITC Members that Haemovigilance staff have been approached by Trust Nursing Education to provide dedicated face-to-face presentations on transfusion for new overseas nurses, for whom English is not their first language. The number of such new staff taken on by Trusts is uncertain since they will be required to pass an English exam.

13.2 ICS Coordinator

BHSC Cell Salvage Group has recommended that a Clinical Cell Salvage Coordinator should be appointed, to facilitate staff training and promote greater use of cell salvage. The source of funding for this post will in part depend on whether the role should be considered a regional or a Belfast Trust post.

14. Date of next meeting:

Friday 27 January 2017 14.00 – 16.30 hr., NIBTS Seminar Room