

NI Transfusion Committee

Draft Minutes of Meeting 2 October 2015

Date of issue: 26 October 2015

Apologies:

Catriona Briers, Lead Nurse CNRRS, SEHSCT
Adrian Crawford, BMS, WHSCT
Alison Geddis, Quality Manager, BHSC
Dr Sheena Gormley, Consultant Anaesthetist, BHSC
Carol Anne Henry, BMS, NHSCT
Dr Don Hull, Consultant Haematologist, SHSCT
Kathryn Maguire, Consultant Haematologist, NIBTS
Veronica McBride, WHSCT
Elma McLoughlin, HP, SEHSCT
Dr Philip Windrum, Consultant Haematologist, NHSCT
Graham Scott, BMS, SHSCT

1. Present:

Dr Susan Atkinson, Consultant Anaesthetist, BHSC (Chair) - SA
Gary Benson, Consultant Haematologist, BHSC
Dr Damien Carson, Cons Anaesthetist, SEHSCT (Audit & Implementation Lead) – DC
Sinead Carty, BMS, SEHSCT
Patricia Dunlop, SEHSCT
Helen Gilliland, Consultant Anaesthetist, BHSC
Patricia Mackey, HP, SEHSCT
Jo Monaghan, HP, WHSCT
Aine McCartney, Regional HP Coordinator - AMcC
Chris McCauley, Specialist Trainee in Haematology, NIBTS
Carmel McCaughern, HP, NHSCT
Mary P McNicholl, HP, WHSCT - MPMc
Kieran Morris, NIBTS
Bronagh O'Neill, HP WHSCT
Shonagh Reilly, NHSCT
Audrey Savage, BMS, BHSC
Patricia Watt, HP, SHSCT

2. Minutes of NITC Meeting 5 June 2015

Approved.

3. Matters arising

3.1 Amendment to BBT3 (NI) concerning updated risk of transfusion transmitted vCJD

The CMO sent out a letter to Trusts on 8 July 2015 to inform healthcare staff of this amendment.

3.2 NITC Membership

SA has contacted the DHSSPS to ascertain who will replace Dr Elizabeth Reaney, following her retirement as Departmental representative on the NITC.

4. Standardization of Transfusion related documentation

4.1 Regional Kleihauer request form pilot

Three Trusts recently piloted a draft form and SA and AS met to discuss feedback received from the participating Maternity Unit and Hospital Blood Bank personnel. In summary participating Trusts agreed that a dedicated request form for cord blood grouping and Kleihauer testing would be beneficial.

Action: SA to approach contracted Printing Company to request production of an A4 version of this new form with booklet covers, incorporating additional suggested amendments to pilot form. When available,

the updated version will be circulated to NITC Members and other Trust stakeholders.

4.2 Regional Bloodless Pathway documentation

The NITC recommends that Trusts implement this pathway, which has undergone a lengthy consultation process.

Action: SA to write to Trust Transfusion Committees to make this recommendation.

4.3 Transfusion record

All Trusts have implemented a transfusion record. Lynne Charleton, Head of Nursing, Quality Safety and Patient Experience (Quality 2020 initiative) has enquired about the possibility of a regional transfusion record, in response to requests made by doctors in training in the Quality 2020 project. Currently not all Trust transfusion records include blood component or product prescriptions and/or vital signs documentation. It was acknowledged that medications are usually prescribed in a patient's Medicine Kardex, not on the back of a fluid balance chart, even when there is a requirement for the drug volume to be recorded on the front of the patient's fluid balance chart.

Action: Trust Transfusion Committees are requested to audit local compliance in documentation of authorization (prescription) and volume transfused for blood components, to ascertain whether a regional transfusion record should include an authorization (prescription) section.

5. Audit subgroup

5.1 Proposed regional audit of use of Prothrombin Complex Concentrate (PCC)- Octaplex

Dr Gary Benson presented the rationale and proposed design for this audit. The main aim of the audit is to ascertain whether the increase in supply, dosing and associated expenditure for this blood-derived product is appropriate and whether traceability records are being maintained, now that it can be issued within hospital emergency departments. Up to date regional guidelines on the use of PCC are required to include advice on indications, dosing and follow-up investigations, including INR. Anticipated start date for data collection is beginning of January 2016, after an updated proformas has been piloted. AMc recommended that an organisational audit should also be undertaken to look at storage and traceability of this blood product.

Action: GB to update data collection form. Hospital Transfusion Committees and Transfusion Teams to nominate data collectors for this audit.

5.2 NITC Regional audit of platelet transfusions

The full report of this audit is now ready for printing and is available to view on the NITC website. (<http://nittransfusion.com/Publications.html>).

5.3 NITC Regional Audit of appropriate use of Anti-D Immunoglobulin

The findings of this regional audit will be presented at the NITC's educational conference in November 2015. It is anticipated that hard copies of a 4-page audit summary will also be available for this conference. The full report of this audit will subsequently be accessible on the GAIN and NITC websites.

5.4 National Comparative Audit (NCA)s

Four Trusts have registered to participate in the NCA audit on use of blood transfusion for lower gastrointestinal bleeding. DC informed the NITC that there is still time for the other Trust to participate in this national audit.

The report on the NCA of blood use in elective surgery is scheduled to be available in October 2015.

A new national audit of blood use in Haematology is due to commence in January 2016.

5.4 START (Supporting Trust Audit Related to Transfusion)

DC informed the NITC that 7 Trust based audits of transfusion practice, involving 11 doctors in training have now been completed, some of which will be presented in poster format at the November 2015 Transfusion Practice conference. Three Trusts have participated in this phase of the START initiative and

the NITC is also aware of several other blood related audit projects running well in the other two Trusts assisted by members of the NITC. The findings of some of these Trust based audits indicate that there is scope to follow up with regional projects, to make further improvements in safe and appropriate use of red cell transfusions in all NI Trusts. Completed START audits will soon be available on www.nitransfusion.com website.

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.

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

DC presented suggested two possible new regional projects for the NITC to coordinate, a) single unit red cell transfusion initiative, b) audit of red cell use in medical patients. The NITC will require additional resource of both time and funding to both develop and implement these large regional audits / improvement programmes.

Action: Dr Carson to liaise with GAIN and other funding sources about the provision of finance.

6.0 Blood component and product issues

Red cell issues from NIBTS continue to decrease; currently the moving average has fallen below 27 per 1,000 of the population. It is estimated that cumulatively over 100,000 fewer units of red cells have been transfused to patients across NI since the NITC was established in 2003 and commenced its initiatives to reduce unnecessary red cell use by targeting inappropriate transfusion, over transfusion and management of anaemia. This is an enormous contribution to patient safety and benefits Trusts in not having to pay for unnecessary use of this blood component by £2 Million worth of product per year (£14 Million value of cumulative product since 2003).

DC informed the NITC that new initiatives continue to be identified to further improve transfusion practice. Multiple piloting and auditing of a staged implementation of a "single unit" initiative in SEHSCT within the START initiative has recently resulted in a 14% reduction in red cell use in that Trust. With appropriate resources – similar initiatives could be rolled out across other Trusts.

Overall there has been more than a 55% decrease in the use of Fresh Frozen Plasma over the 10 years since the NITC first examined the use of this product regionally in 2005 and issued guidelines for use. The trend of decreasing FFP use has currently "leveled off" and further examination of current practice will be required here.

The demand for platelet transfusions has temporarily stabilized following the recent detailed NIBTS and NITC platelet audits and action plans. Both audits found low rates of inappropriate use and additional gains are unlikely to be sustainable in the long term. KM stated that the NIBTS corporate plan for the next financial year will allow for an anticipated continual increase in demand for platelet transfusions, partly attributable to the rising mean age of the NI population.

Immunoglobulin use is still increasing in NI, the projected rate of increase being 1.1% for 2015/2016. Recommended measures to rationalize prescribing and dosing following a regional audit of clinical use this blood product in 2010 are still in progress and a full time pharmacist has been appointed to manage use of this single product.

7. Education in Transfusion Practice

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

These documents are currently being printed by GAIN before dissemination to all NI Healthcare Trusts and are available on the NITC website. (<http://nitransfusion.com/Publications.html>).

7.2 Education conferences

There has been a lot of interest from multi professional healthcare and biomedical staff to attend the forthcoming one-day conference on Transfusion Practice in Obstetrics and Paediatrics on 20 November 2015. The closing date for submission of posters is the end of October 2015.

DC proposed that the NITC forms an Educational Subgroup, with at least one representative from each Trust. The main remit of this Subgroup would be to plan future educational conferences and meetings and to support Trust organizing teams in the preparation of these meetings.

Action: All Trust Transfusion Teams to submit at least one representative by end of November 2015.

Due to the lack of a healthcare sponsor or predictable funding in a financially challenging time - the potential of the NITC remains quite restricted. A not for profit Community Interest Company has been created by the Officers of the NITC in order to facilitate current and future NITC innovations and initiatives including educational conferences, local and regional audit activity, purchasing of implementation aids, website maintenance, development and printing of educational materials, pursuit of relevant/related safety goals etc. "Education For Transfusion Practice CIC" (EFTP CIC) is now legally registered to act as a not for profit company, purely to facilitate financial support for the work of the NITC. A bank account tied to this Company is also being created. It is envisaged that the NITC Educational Subgroup will advise on expenditure for all projects run from EFTP funds.

Action: Education Subgroup to be formed and draft terms of reference in conjunction with EFTP articles of memorandum.

7.3 E learning and NPSA Competencies in Transfusion Practice

DC and SA met with Haemovigilance Practitioners on 26 August 2015 to discuss regional standardization of minimum requirements for knowledge updates and competency based assessments in transfusion practice. A summary proposal from this meeting was circulated to NITC Members for consideration. It was agreed that Healthcare staff should undertake NPSA Competencies relevant to their clinical practice every 3 years. The HP Team has produced regionally standardized certificates for these competencies.

Consensus is still to be confirmed for the minimum requirement for knowledge updates in transfusion practice, which would include medical staff that prescribe but do not take blood samples or administer transfusions. DC proposed that knowledge updates should be undertaken at least every 3 years, preferably separated in time from the NPSA Competency assessments. Knowledge updates would usually be face-to-face seminars or e-learning modules with assessments on the Learn Blood Transfusion web site.

Action: NITC Members requested to feedback to SA on this suggestion from Trust based Transfusion Committees.

AMc informed the NITC that the Safe Transfusion stand-alone video is to be removed from the NI portal of the Learn Blood Transfusion website. The module 2 equivalent for prescribers will be raised at the forthcoming BBTN meeting in October. AMc will also discuss use of LearnPro e-learning materials by UK Agencies with the LearnPro user group.

AMc stated that the wording of the current contract agreement between Locum Agencies and Trusts requires revision, since not all locum jobs necessitate competency assessments 1 and 4, and a "desist from practice" notice is no longer required for staff who do not need to participate in transfusion practice tasks. The revised contract agreement should also emphasize that Locum Agencies should be monitoring RPRB assessment status and only forwarding Locum staff who have the required up to date competencies for the job they are commencing. Trusts should monitor compliance in accordance with their Trust policies.

7.4 MSc in Advanced Specialist Blood Transfusion Practice, Swansea University

AMc informed the NITC that there are no vacant places left for this course, due to overwhelming national interest.

7.5 NITC Web page: www.nitransfusion.com

There are plans for this website to have a Haemovigilance section where visitors can find contact details for Trust based Haemovigilance practitioners. There will also be new START and Education sections.

8. Haemovigilance Team – report given by AMcC

8.1 Staffing

SHSCT has full haemovigilance (HP) staffing, including administrative support.

WHST has full quota of HPs but no administrative support staff
NHST has an HP shortfall of 1.5 WTEs; it does have administrative support.
SEHST has a shortfall of 0.75 WTE from early October and HP staffing may decrease further by the end of 2015, leaving no HP staff in this Trust. AMcC has been in discussion with the SET HP line manager to try and ensure that Trust HP systems and working practices are handed over to newly appointed staff or bank staff before this staffing shortage arises.
BHST has a shortfall of 1.5 WTE band 7 and 1 WTE band 6. The unfilled 0.5 WTE band 7 is to be re-instated. New template job descriptions for band 7 HP (with and without lead responsibilities), band 6 HP and Haemovigilance Support Officer (band 3 or 4) are being prepared.

8.2 Post transfusion Patient Information Leaflet

The Haemovigilance Team plans to ensure that all Trusts provide written advice for patients following day case or community blood transfusions, similar to that produced by the SHST and WHST Transfusion Teams. It will include information on signs of delayed transfusion reactions and how to obtain healthcare assistance.

9. Patient Identification

AMcC, SA and MPMc met with key managers from BSO and H&C Index on 1 October 2015 to discuss whether a regional mechanism for registration of “unknown patients” could be developed to facilitate urgent investigation and management, including transfusion. One possible solution is to generate a new H&C number for an “unknown patient” that would remain active until a patient’s original H&C number and identification has been verified and the emergency procedures/ interventions are complete. Pre-populated H&C numbers could be generated centrally for all Trusts, to be used for single or multiple patients of unknown identity who require emergency or urgent healthcare. Trusts would have to establish robust systems to ensure that patient records with the new H&C numbers are merged at an appropriate time with any known previous records for the patients concerned.

Action: SA to contact Dr Gavin Lavery of Patient Safety Forum to discuss how this work should be taken forward.

10. Blood Bank aspects of transfusion practice

No new information to report.

11. National Transfusion guidelines

11.1 NICE guidelines on Transfusion:

Feedback from NITC members was submitted to the NICE working group. The final NICE guidelines are to be published in November 2015.

11.2 BCSH guidelines on Transfusion of Blood Components for adults:

SA has participated in working group on behalf of NITC. It is anticipated that the final guidelines will be available in the new year.

11.3 BCSH guidelines on the Identification and Management of Pre-Operative Anaemia were published on the BCSH website in September 2015.

12. Correspondence

12.1 SA thanked the SHST Transfusion Team for sharing their excellent Transfusion Team Newsletter. It was agreed that Trust newsletters and other Trust transfusion practice information and educational tools could be shared by uploading onto the www.nitransfusion web site via DC (web administrator).

12.2 Forthcoming Transfusion related meetings include:

BBTS Red cell SIG on 30 October 2015

Spotlight on Platelets 11 November 2015

Irish Haemovigilance conference 11 November 2015

13. Any other Business

13.1 BHSCT is piloting the use of 2D bar coding of patient identification bands for blood sampling and transfusion in RBHSC to be used with bedside sample label production. If implemented this process would obviate the requirement for a second blood sample prior to transfusion of “new patients”.

13.2 KM informed the NITC that NIBTS is formulating a different collection model for its 2016/2017 corporate plan, since whole blood collection requirements are decreasing.

14. Date of next meeting:

NIBTS Lecture Room, Friday 29 January 2016 14.00 – 16.00 hr.