

## **NI Transfusion Committee**

Minutes of Meeting 3 June 2016

Date of issue: June 2016

### **Apologies:**

Catriona Briars

Sinead Carty BMS, SEHSCT - SC

Adrian Crawford, BMS, WHSCT - AC

Alison Geddis, Blood Bank Manager, BHSCT

Helen Gilliland, Consultant Anaesthetist, BHSCT

Sheena Gormley, Consultant Anaesthetist, BHSCT

Carol Ann Henry, BMS, NHSCT

Don Hull, Consultant Haematologist, SHSCT

Kieran Morris, NIBTS

Shonagh Reilly, HP NHSCT

### **1. Present:**

Cheryl Armstrong, HP SEHSCT

Dr Susan Atkinson, Consultant Anaesthetist, BHSCT (Chair) - SA

Louann Birch, HP SEHSCT

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

Dr Robert Cuthbert, Consultant Haematologist, BHSCT

Dr David Donaldson, ST4 Haematology, NIBTS

Dr Patricia Dunlop, Associate Specialist, Downe Hospital, SEHSCT

Matt Gillespie, BMS NHSCT

David Hamilton, BMS NHSCT

Stephen Kane, BMS BHSCT

Dr Kathryn Maguire, Consultant Haematologist, NIBTS - KMa

Aine McCartney, Regional HP Coordinator - AMcC

Mary P McNicholl, HP, WHSCT – MPMc

Lois Neill, HP BHSCT

Bronagh O'Neill, HP, WHSCT

Graham Scott, BMS, SHSCT - GS

Patricia Watt, HP SHSCT - PW

### **2. Minutes of NITC Meeting 29 January 2016**

Approved with additional amendment concerning updated requirements for training in transfusion practice, in line with letter to HTC chairs from SA on 17 March 2016.

SA requested that Joanne Dowie be thanked for the very helpful administrative support she has provided for the NITC. Alison Geddis is congratulated on her recent appointment, as Senior Blood Bank Manager for BHSCT and Louann Birch was welcomed to the NITC, as a recently appointed HP in SEHSCT.

### **3. Matters arising**

Covered in agenda items.

### **4. Education in Transfusion Practice – AMcC**

#### 4.1 Updated regional recommendations for staff training

SA has written to Trust HTC Chairs on behalf of the NITC with new NITC consensus recommendations on “Knowledge and Competency based Assessments in Transfusion Practice pertaining to NPSA SPN 14: Right Patient Right Blood (RPRB) recommendations (2006)”. SA highlighted that the recommendations are agreed minimum requirements for knowledge and competency updates and some Trusts may wish to continue more frequent training for particular staff groups. Transfusion teams have produced additional local guidance or flow charts to delineate Trust specific training requirements. New staff can contact the local HP Team to be advised of Trust specific training requirements; e.g. whether Band 2 or 3 locum staff

can take blood bank samples following training.

**Action:** SA to inform NIMDTA and AMDs for General Practice in writing about updated regional recommendations for RPRB training.

#### 4.2 Locum staff training

It is now a regional contract requirement that Locum staff must have appropriate up to date RPRB training in order to work in any NI Healthcare Trust. The responsibility of supplying locum staff with relevant transfusion training and maintaining a record of their transfusion training rests with the Locum Agencies. Locum Agencies and Staff are advised to contact the local Haemovigilance Team for Trust arrangements in provision of training.

#### 4.3 Desist from Practice Notices

Temporary Notices for serious errors in practice were withdrawn in Trusts. However BHSCT has decided to re-introduce these to facilitate Trust records and for Medical staff appraisal processes.

#### 4.4 Work shadowing for F1 doctors

F1 doctors that have studied at Queens University Belfast (QUB) must complete knowledge training and competency-based assessments in RPRB before QUB can "sign them off. Some F1 doctors have completed RPRB assessments in one NI Trust but are intending to take up F2 posts in another NI Trust. This may necessitate additional face-to-face training to ensure that they are au fait with the latter Trust procedures, such as documentation, confirmation sampling, ordering and tracking of blood components. Furthermore at least 30% of this year's F1 doctors are continuing their training outside NI, where they may be required to undertake a different RPRB training programme.

NITC Members present agreed that RPRB training arrangements for next year's QUB F1 doctors should be streamlined to prevent duplication and additional workload for HP Teams:

- i) All QUB Medical Undergraduates should continue in RPRB training programme so they can be signed off by QUB in this regard
- ii) Contact NIMDTA to request option for F1 doctors to undertake RPRB training in next NI Trust they will be working in
- iii) Continue to provide RPRB training for non-QUB doctors at induction or start of employment in NI Trusts

**Action:** Letter to NIMDTA and Trusts to request half-day release for F1 doctors to attend RPRB competency assessments in appropriate NI Trust.

#### 4.5 Vital signs monitoring by student nurses

Universities (QUB, UU & Open University) and some Trust nursing education teams have asked the NITC what training requirements are necessary to allow nursing and midwifery undergraduates to monitor vital signs during blood transfusion. It was agreed that the Royal Colleges of Nursing and Midwifery and Directors of Nursing in Trusts should be contacted for any pre-existing guidance. There are currently no known regional or national recommendations concerning vital signs monitoring by undergraduate staff in the workplace; should they only observe, undertake observations under direct supervision or without direct supervision and report abnormal findings to a supervisor?

**Action:** AMc to report back to NITC on progress

#### 4.6 University Course in Non-medical Authorization of Blood Transfusion

AMC informed the NITC that some Trust Departments and Home Transfusion Team leaders are keen for this previously successful course to run again. Currently in Primary Care Home staff must obtain authorization from General Medical Practitioners before they can administer home transfusions. Re-establishing this course was agreed in principle by the NITC, which will probably require renewed accreditation by a NI University and participation from senior medical staff to teach and be clinical supervisors.

**Action:** AMC to explore feasibility and course requirements with local Universities.

### **5. Haemovigilance Team** – report given by AMcC

#### 5.1 Staffing

SHSCT – currently short of a Band 6 for the last 9 months, leaving a single Band 7, currently without

administrative support. The Band 6 full-time post will be advertised due to the recent retirement of Elma McLoughlin.

WHST has full quota of HPs but still requires administrative support staff

NHST – 1.5WTE filled, short of one part-time HP post due to long-term sick leave.

SEHST – Full-time complement of HP staffing.

BHST - 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.

#### 5.2 HRPTS system

HP Teams in all Trusts have been informed that they have to maintain up to date records of staff attendances and completion of all training in RPRB (face-to-face and e-learning) on HRPTS. This is an onerous and time-consuming unexpected addition to HP job plans. In some Trusts this administrative role is undertaken by Learning and Development Departmental staff.

### **6 National / Regional Networking**

6.1 Better Blood Transfusion Network: This group last met in February 2016 and it is anticipated that face-to-face meetings will be reduced to one or two per year, given regional work commitments and changes in regional representatives. The JPAC writing group is keen to complete the Transfusion Practice educational projects in progress, although support, including funding for this website may not be sustained. NITC Members discussed the option to promote greater use of [www.nitransfusion.com](http://www.nitransfusion.com) as an educational resource in NI.

#### 6.2 National Conferences

NATA Conference, April 2016 in Dublin was very informative, especially on the topics of perioperative anaemia and patient blood management. Four posters were displayed by NITC Members; i) NITC START programme ii) “Who am I?” iii) NITC coordinated activity to improve management of anaemia and reduce red cell use and iv) NIBTS audit of transfusion in patients with upper gastro-intestinal bleeding.

The next SHOT Meeting is on 7 July in Manchester. MP will give an oral presentation on “Who am I?”  
BBTS meeting – 21-23 September 2016 in Harrogate.

### **7 Standardization of Transfusion related documentation - SA**

#### 7.1 Regional Kleihauer request form

Regional Procurement has approved funding for printing and distribution of this new request form. Revised costing for A4 sized forms instead of A5 pilot size is awaited.

**Action:** SA to work with the printing company on agreed revisions and to circulate updated version to NITC Members.

#### 7.2 Regional Transfusion Request form

NITC Members agreed that another 6-month supply of the current version of this regional request form should be purchased, since production of an updated version will require regional consultation, including consideration of NICE CG 24 recommendations.

#### 7.3 Transfusion records

BHST is to be updated to include a section for authorization of blood components and products. It was agreed that in the near future a regional Transfusion Record should be developed and include a revised section on patient information.

#### 7.4 Regional Bloodless Pathway documentation

The NITC and the Hospital Liaison Committee have approved this guidance with Advance Directive, which incorporates suggestions from DHSSPS NI Legal Services.

#### 7.5 Implementation of Anaemia Pathway

The regional pathway has been uploaded onto the GP Intranet site.

**Action:** SA to produce specialty specific PowerPoint presentations to highlight problems associated with anaemia and optimal management for use in Trusts.

NITC is considering production of additional educational tools to promote implementation of regional pathway.

### **8. Patient identification - SA**

An NITC project to produce a regionally standardized process for registration of unknown patients, in conjunction with HSC Demographics Service has been endorsed by the Medical Leaders Forum. Trust Emergency Departments have been requested to provide details of currently used naming conventions and registration processes. This will provide a baseline for a regional workshop, planned for 16 June.

## **9. Audit subgroup – DC**

### 9.1 Data Access Agreement

NITC data access agreements have been reached with Belfast, Southern, South Eastern and Western Trusts to allow NITC audits to proceed. It is anticipated that an agreement will be reached with NHSCT shortly. This will mean that anonymized audit data can leave Trusts and be centrally compiled and analysed by the NITC. An appropriate data guardian within each Trust will retain pseudo-anonymised master records in case a “look back” is required. This data access agreement is specific to NITC audits and does not cover other bodies or organizations that will need separate agreements with Trusts.

### 9.2 START (Supporting Trust Audit Related to Transfusion) Programme

A number of new START projects are underway in the Western Trust on the use of Tranexamic acid and pre-optimisation in orthopaedics. Since the single use red cell project in the SE Trust was initiated there has been continued activity to sustain the 16% reduction in red cell use. The NITC presented a poster on the START at NATA, which was well received.

### 9.3 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. Data collection closed in December 2015 and the report is expected soon.
- 2016 Audit of Red Cell & Platelet transfusion in adult Haematology patients - Audit completed and the report is expected in July 2016.

Upcoming audits include:

- 2016 Re-audit of Patient Blood Management in adults undergoing elective, scheduled surgery due for re-audit in September 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.

### 9.4 Regional audit of Prothrombin Complex Concentrate

Local data collectors for this audit have now been identified in most Trusts and the final proforma has been produced. Trusts have been requested to trial the proforma for suitability and to report back to Zona Kelly by the end of June. Data collection is scheduled to commence in September 2016.

## **10 Blood component issues**

### 10.1 NIBTS issues - DC

DC presented data trends. Red cell use continues to decrease, now at 25 units per 1,000 of the population, following publication of the NITC pathway and algorithms for management of anaemia.

Platelet use had leveled off in the previous 12 months but demand is increasing again; currently at 4.96 units per 1,000 of the population. The 12-month stabilization occurred after the NITC and NIBTS audit reports were produced, both of which demonstrated that platelets were transfused for appropriate indications in 92%+ of occasions. It is likely that clinical demand for platelets will continue to increase, given the aging population. KMA informed the NITC that a second apheresis platelet collection unit is due to open in Omagh in April 2017.

There has been a marginal increase in FFP (to 2.6 units per 1000) use over the last year but overall there

has been a 57% reduction in use in the last 11 years.

Cryoprecipitate use remains steady under 0.6 units per 1000 of the population.

Immunoglobulin usage has decreased by 1.5% over the last year since a full time pharmacist was appointed to examine the appropriateness of use of this product.

#### 10.2 Fibrinogen Concentrate vs Methylene Blue Treated (MBT) Cryoprecipitate for patients born 1996 onwards

Patients born in 1996 or later are now of child-bearing age and it is likely that there will be an increase in demand for MBT treated FFP and cryoprecipitate. The latter costs £1,800 per single donor pack; however a corresponding therapeutic dose of fibrinogen concentrate is still more expensive and does not replace all coagulation factors. It was agreed that new regional guidance on the use of FFP, cryoprecipitate and fibrinogen concentrate should be developed.

#### 10.3 HEV negative blood components

Donor screening for HEV negative components was introduced in NI on 16 May 2016. HP Teams have requested regional guidance on which patient groups fulfill this special requirement. Failure to transfuse components with this special requirement will be reportable to SHOT. Although most of these patients will be under the care of Consultant Haematologists and Renal Transplant Clinicians (who have already been made aware by NIBTS), requirement for HEV negative components may not be appreciated if they attend different clinical units. It was recommended that all eligible patients' records are updated and added to a Special Requirements register, to inform all NI Blood Banks.

**Action:** KMa to provide information on which patient groups should have HEV negative blood components.

#### 10.4 Tracking of component requests and issues

RBHSC Haematology Unit, following a successful pilot project, is purchasing two bedside scanners to facilitate patient sampling. Additional pilots of this commercially available 2-D bar code scanning system are planned for BCH Day of Surgery Unit and then RVH Cardiovascular Ward. BHSCCT may also introduce this system for final bedside checking before component transfusion.

SG informed the NITC that the Blood Hound tracking project is in progress in SHSCT.

#### 10.5 Product traceability

NITC Members have examined national guidelines and consulted other regional Blood Transfusion organizations, including BBTN to determine whether all blood derived products should be fully traceable. KMa has referred to current BSQR, which stipulates that every unit of blood and or blood component should be traceable for 30 years. Non-EU plasma-derived blood products are subject to the 30-year traceability rule. KMa informed the NITC that there is potential for viral disease transmission from human pooled plasma fibrin sealant. Currently BHSCCT is the only Trust that can capture this information electronically. Records of fibrin sealant use in Trust Theatre Units are being maintained, however it is more difficult to maintain traceability of Prothrombin Complex Concentrate when stored in other clinical units.

**Action:** AG requested to obtain feedback on this topic from the National Quality Manager meeting.

### **11. National Transfusion guidelines**

#### 11.1 Implementation of NICE Clinical Guideline 24 in NI

SA presented summary of Trust responses that were sent to the Public Health Agency in May 2016. All have outlined a requirement for an operational, funded NITC to undertake baseline audits of transfusion practice and an educational implementation strategy. Members are concerned that NITC activity will cease again if the NITC Officers' posts are not funded from 1 April 2017. Funding has not yet been secured to undertake the proposed 3-5 year NITC work plan, which all Trusts have stipulated will be required for full implementation of CG 24.

**Action:** SA to write to PHA to recommend that when funding is identified for the NITC work plan the priority would be to improve red cell use by promoting a single unit strategy in stable patients and patient blood management programmes.

**11.2 BCSH Guidance on Transfusion of Blood components.**

SA reported that this document should be published shortly. It will itemize RPRB training requirements for each UK region. A joint Working Group of SACBC and SACTTI now considers that the 30-minute rule for time out of controlled temperature setting for red cells which are not set to transfuse, could be extended to 60 minutes provided a number of conditions are met. It was agreed that whereas this condition could apply to Blood Banks, it could introduce additional risks in the clinical arena.

**Action:** Updated regional guidelines on blood sampling and transfusion are required, following publication of BCSH guidance.

**12. NITC Work plan / funding of CIC**

**12.1 NITC Work plan**

As reported previously GAIN has declined the option to fund the NITC multilayered plan of action which could potentially reduce red cell use by 8% over a 5 year period and meet NICE Guideline 24 recommendations for this component. The NITC officers attended the NI Medical Leaders Forum in March 2016 and although Trust representatives were extremely receptive to the project, funding is unlikely to be forthcoming, since this would establish a precedent for direct funding from Trusts. The NITC will continue to seek funding for next year's work plan.

**12.2 Education For Transfusion Practice Community Interest Company (CIC)**

A short financial summary of the EFTP CIC aligned to the NITC was presented. This CIC was used to cover expenditure in running the NITC Transfusion Practice in Obstetrics and Paediatrics Conference in November 2015. Net assets are £866.71.

**13. Any other Business**

**Zika Virus**

NHS Staff have requested up to date advice about donor exclusion following travel to particular countries. KMa stated that donors should contact NIBTS for advice.

**14. Date of next meeting:**

Friday 30 September 2016 13.30 – 16.00 hr.

Jim Elliott Room, old corridor of Royal Victoria Hospital