

## **NI Transfusion Committee**

Draft Minutes of Meeting Friday 17 May 2019

Date of issue: 1 June 2019

### **Present:**

Suhaila Almanji, visitor from Oman

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

Stephen Boyd, Haematology Registrar, NIBTS

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

Sinead Carty, Blood Bank Operational Manager, SEHSCT - SC

Patricia Dunlop, Assoc. Specialist, SEHSCT

Matt Gillespie, Blood Bank Manger, NHSCT

Stephanie Hill, HP, NHSCT

Zona Kelly, HP BHSCT - ZK

Aine McCartney, Regional HP Coordinator – AMcC

Josephine Monaghan, HP, WHSCT

Kieran Morris, Medical Director, NIBTS – KM

Lorna Palmer, HP SEHSCT

Lynsey Parker, Blood Bank Operational Manager, BHSCT

Shonagh Reilly, HP NHSCT

Asma Sadiq, Specialty Doctor, NIBTS

Jason Scorer, Project Manager for Blood Production & Tracking (BPAT) Project

Patrick Stewart, Chair of HTC, WHSCT - PS

SA welcomed Suhaila Almanji who has recently set up a Haemovigilance Service in Oman and Jason Scorer, BPAT Project Manager.

### **1. Apologies:**

Louann Birch, HP SEHSCT

Beverley Craig, Head of Laboratory Services, BHSCT

Kathryn Maguire, Cons Haematologist, NIBTS

Amanda Malone, ECAH Coordinator, SEHSCT

Sara Martin, HP, SHSCT

Mary P McNicholl, HP, WHSCT - MP

Graham Scott, Lead Biomedical Scientist SHSCT- GS

Patricia Watt - HP SHSCT – PW

### **2. Minutes of NITC Meeting on 25 January 2019**

Approved.

### **3. Matters arising**

Covered in Agenda items below.

### **4. Standardization of Transfusion related documentation**

#### **4.1 Kleihauer request form**

This form has gone to print.

**Action:** SA to inform NITC Members when form is available to order.

#### **4.2 NI Transfusion Record (TR)**

SA has produced 7<sup>th</sup> draft version, which includes changes to layout for TACO assessment, as previously discussed with the HP Team, i.e. before authorization of individual blood components. The authorization section also emphasizes a requirement to reassess the patient and to check blood tests before another blood component is authorized for a non-bleeding patient.

It is anticipated that this regional TR will be replaced by an electronic version within the next few years, when the paperless ENCOMPASS patient records are implemented.

**Action:** AMcC to forward SA with changes to draft 7, which were agreed at Regional Haemovigilance meeting in January 2019.

**Action:** SA to then send updated draft 8 to all NITC Members for feedback.

#### 4.3 NI Transfusion Request form

All NITC Members have been invited to review the format and content of the current request form. SA thanked ZK for very constructive feedback, which prompted useful discussion. PS suggested that a Survey Monkey would facilitate clinical user feedback.

**Action:** HP Team requested to obtain feedback from clinical staff, including F2 doctors in all Trusts.

**Action:** HP Team requested to provide reports of most common errors associated with this request form.

**Action:** PS requested to prepare draft Survey Monkey for staff feedback.

**Action:** SA to collate all feedback for consideration by an NITC subgroup.

### **5. Review and Implementation of National Guidelines in Northern Ireland**

#### 5.1 Guidelines on red cell transfusion in NI

The NITC sent out an invitation (by email) in January and again in 29 March 2019 to all clinical staff that authorize blood components in NI Healthcare Trusts to participate in a consultation on the regional guidelines for the use of red cells. SA presented a report of the responses.

The following report summary has been updated following the NITC meeting on 17 May 2019:

50 healthcare professionals (mainly consultants) provided feedback from 14 different hospital specialties, including a group response of 10 consultants in renal transplantation, 1 Associate Specialist, 2 Band 7 Nurses and 1 HTC group response (10 individuals). The majority of respondents (21 + HTC group of 10) stated that they did not take issue with the adoption of 2015 NICE guidelines for red cell thresholds, but 19 healthcare staff did have concerns. The main concerns were adherence to a restrictive trigger in frail elderly patients at risk of moderate intraoperative blood loss or following renal transplantation, inappropriate adoption in patients with ongoing major haemorrhage and the conflicting evidence about restrictive vs a more liberal strategy on outcomes in patients with ischaemic heart disease. Respondents also stressed the importance of individual patient assessment in Haematology and Palliative care.

**Action:** SA and DC to respond to participants and to draft updated regional guidelines for red cell transfusion.

### **6. Blood component use**

#### 6.1 Trends – report by DC

Northern Ireland reached an all-time low of 21.5 red cell units per 1,000 head of population in June 2018, but there has been 2% increase in demand for this component in the last 10 months, during which time the NITC has been unsuccessful in securing funding for a 5-year work plan to make further improvements in red cell use. Monthly issues of platelet use have also

increased, whereas overall use of FFP and cryoprecipitate continues to decrease.

## 6.2 Group O D negative red cell availability and use - KM

KM reported that hospital requests for this component have periodically exceeded local stocks, despite 15% of donations being collected from group O D negative individuals; only 8% of the population are of this blood type. NIBTS imported group O D negative red cells from the UK on 8 occasions in the last two and half years to maintain emergency supplies to all five healthcare Trusts. In a snapshot audit the indication for transfusion was deemed appropriate for 95% of O D negative red cells issued, mainly for emergency transfusion of non-grouped patients, with minimal wastage. NITC Members agreed that a detailed retrospective audit of the use of group O D negative red cells should be undertaken to better understand the actual use of this product. KM and Dr Stephen Boyd agreed to proceed with this audit.

**Action:** KM requested to share an outline of this proposed audit, including data access requirements with NITC Members.

## **7. Audit subgroup**

### 7.1 AFFINITIE project

This project was designed to assess whether and how recommendations following National Comparative Audits of PBM are implemented in the UK. The findings are to be presented at a conference in London in June 2019, which is free to attend at <https://www.eventbrite.co.uk/e/improving-the-impact-of-national-clinical-audits-what-can-we-learn-from-research-tickets-58287268790>

## **8. NITC work plan and funding**

### 8.1 Funding for NITC work plan

DC and SA are writing a business case for a 5-year NITC work plan to enable further improvements in red cell use in NI. DC reported that without funding for new NITC initiatives there is likely to be a recurring 1.7% annual increase in demand for red cells in NI in the next 5 years, since the most frequently transfused age group (50 years and older) will increase in the population by 2% per year. New NITC initiatives, if funded, including audits of anaemia in medical patients, pre transfusion haemoglobin checking and use of tranexamic acid could halt and potentially reverse the current increasing trend of red cell use across Northern Ireland. However it was noted that additional medical input is required to fully implement PBM and introduce a regional anaemia strategy in every Trust, in order to achieve and sustain a target reduction in red cell use of 19 units per 1,000 head of population. The NITC is recommending the appointment of clinical specialty leads in both PBM and Anaemia improvement in each Trust. AMcC expressed concern about the staff requirement to undertake PBM projects that do not directly involve blood components and transfusion. AMcC requested that either the HP job description is reviewed to include PBM or alternative PBM staff are identified to liaise with PBM Clinical leads and Trust-based Haemovigilance Practitioners. A recent review of the HP staff role, undertaken by the regional HP Team, concluded that the current HP staff are fully utilized and that no job elements were considered to be inappropriate or unnecessary.

**Action:** DC and SA to submit business case to Commissioners and to present the NITC work plan to QSE (Quality and Safety Experience) on 3 July 2019.

## **9. Education and Staff Training – AMcC.**

### 9.1 LBT – future use and funding

The most recent BBTN meeting on 1 May 2019 focused on this topic, following SNBTS' request to review funding for LBT. All regions in UK and Ireland finance and provide unpaid expertise into the development and updating of this e learning package on transfusion practice. LBT continues to be a useful educational resource and BBTN has requested details of job plans of LBT staff in SNBTS. New modular developments and a gaming programme have been deferred until additional funding streams are identified.

### 9.2 RPRB training for Physicians Associates

Physicians Associates have recently been appointed in all NI Healthcare Trusts and the Haemovigilance Team has requested clarity on their registration status, prior to RPRB training. NITC Members agreed that individual Trusts should decide whether this group of staff should be trained to administer blood components.

**Action:** AMcC to investigate who is responsible for training of Physicians Associates and to determine what transfusion roles and associated RPRB training are applicable to this staff group.

### 9.3 Course on Non-medical Authorization of Blood

This successful training programme is running again from May 2019 for 3 Haematology Nurse Specialists (2 in NHSCT 1 in BHSCT) and 3 Neonatal Nurse Specialists (all from SEHSCT). Multi professional healthcare staff are providing a 2-day intensive teaching programme in May, following which students are required to undertake training with mentors in the clinical arena. Haematology staff from BHSCT and NHSCT, Sinead Carty, Blood Bank Manager in SEHSCT and senior medical staff in NIBTS have produced excellent presentations for this course.

### 9.4 UK Future Nurse, Future Midwife Programme

AMcC reported that undergraduate curricula and training for nurses and midwives is under review and will include administration of blood components.

**Action:** AMcC to meet with Evelyn Mooney from the Central Nursing Team on 30<sup>th</sup> May, to obtain an update on the Nurse Training Programme.

## **10. Blood production and Tracking (BPAT) Project**

Jason Scorer, Project Manager for BPAT provided an outline of this project, which will work alongside the new regional LIMS. The BPAT Project Board, which has NITC and Haemovigilance Team representation, will hold its first meeting on 31 May 2019. An RFI (Request For Information) exercise is underway and it is anticipated that a fully costed business case will be submitted in the Autumn.

NITC Members raised questions about the linkage of this blood tracking system with ENCOMPASS, the regional paperless patient records system, which is to be fully implemented in NI Healthcare Trusts by 2023. It was agreed that ENCOMPASS and BPAT project team managers should meet as

soon as the former contract is signed-off on 8 June 2019, to ascertain how these two systems could work together.

The NITC would like assurance that healthcare staff will only be required to use one patient identity scanning and computer system in the clinical arena, for transfusion and all other near patient processes, including drug prescribing and administration. The need for a regionally standardized and barcoded patient identification band for all clinical interventions was emphasized. DC met with the ENCOMPASS programme manager in SEHSCT on 16 May 2019, who advised that there would be a complete digitization of all current paper documentation. Such IT integration incurs an immense initial challenge but enormous opportunity for improvement in the current transfusion process pathway. The NITC will be required to remodel the transfusion process and redesign RPRB competencies; the latter will also include staff assessment in the use of the ENCOMPASS digital interface. A train the trainers programme will be required to expedite new healthcare staff competency assessments before ENCOMPASS is introduced.

**Action:** BPaT and ENCOMPASS project teams should meet without delay to ensure full integration and relevant data flow back to BPaT from ENCOMPASS bedside devices. This will be monitored and potentially facilitated by the NITC.

**Action:** NITC to engage with ENCOMPASS as soon as possible to request a pathway development group which would explore the ENCOMPASS systematic abilities and limitations, optimal digital design, competency redesign, assessor and staff retraining.

### **11. Registration of Unknown Patients Policy**

All Trusts were issued a Patient Safety Alert in January 2019 to develop “Safer temporary identification criteria for unknown or unidentified patients”. Eilish Meehan, BSO Demographics has written to the Department of Health to recommend that this topic be progressed by the pre-existing NITC-facilitated regional project group and not by individual Trusts. The regional project group is currently revising the naming convention for patients of unknown identity to comply with the January 2019 Patient Safety Alert. A regional multi professional workshop is planned for June 2019 to test the updated policy for individual patients and mass casualty situations.

**Action:** SA to coordinate regional multi professional workshop.

### **12. Future National / Regional Conferences**

AFFINITIE project conference – 6 June 2019 -London

Annual SHOT Symposium – 9 July 2019 – Harpenden.

BBTS 18 - 20 September 2019 – Harrogate.

NITC PBM conference 22 November 2019 – Riddel Hall, Belfast

### **13. National / Regional Networking**

BBTN meeting held on 1 May 2019 focused on future use and funding of LBT – see above.

### **14. Any Other Business**

#### **14.1 Infected blood inquiry**

KM reported that a Public Hearing is being held next week in the Waterfront. The experiences of 16 witnesses concerning Hepatitis C infection from plasma components and products will be heard over a 4-day period. The core

participants in this inquiry are NIBTS, BHSC, Department of Health and the HSCB. The UK Court hearing is scheduled for Spring 2020.

**15. Date of next meeting**

Friday 18 October 2019: 2 – 4.30 pm

Venue: NIBTS Lecture room