NI Transfusion Committee
Draft Minutes of Meeting 18 May 2018
Date of issue: 25 May 2018

Present:
Susan Atkinson, Consultant Anaesthetist, BHSCT (Chair) – SA
Louann Birch, HP SEHSCT
Damien Carson, Cons Anaesthetist, SEHSCT (Medical Audit & Implementation Lead) – DC
Sinead Carty, Blood Bank Operational Manager, SEHSCT
Sheena Gormley, Cons Anaesthetist, BHSCT
Sharon Hope, HP, NHSCT
Aine McCartney, Regional HP Coordinator – AMc
Josephine Monaghan, HP, WHSCT
Kieran Morris, NIBTS – KM
Mairead Richmond, HP, NHSCT
Graham Scott, Lead Biomedical Scientist SHSCT
Tracey Steenson, HP, SEHSCT
Trevor Thompson, Blood Bank Manager, SHSCT

1. Apologies:
Mark Bridgham, Consultant Haematologist, NIBTS
Adrian Crawford, Blood Bank Operational Manager, WHSCT
Helen Gilliland, Consultant Anaesthetist and Chair of HTC, BHSCT
Stephen Kane, Blood Bank Manager BHSCT
Sara Martin, HP, SHSCT
Mary P McNicholl, HP, WHSCT
Bronagh O'Neill, HP, WHSCT
Lorna Palmer, HP SEHSCT
Lynsey Parker, Biomedical Scientist, BHSCT
Shonagh Reilly, HP NHSCT
Patricia Watt - HP SHSCT

2. Minutes of NITC Meeting on 27 January 2018
Approved

3. Matters arising
Covered in Agenda items.

4. **Audit sub-group** – report given by DC
4.1 The NITC report of "Where Does the Blood Go in Northern Ireland?" has been subjected to several edits, at the request of GAIN and then RQIA, between August 2017 and February 2018. The actual outcomes and recommended action plan are unchanged.
The most recent 2018/19 funding application to RQIA "Determining Factors that influence Red Cell Prescribing in Northern Ireland" was declined in April 2018.
4.2 National Comparative Audit Projects
The 2016 NCA of red blood cell use in Hospices - published.
The 2016 repeat PBM Audit report is also available on the NCA website. Most (74%) red cells were transfused postoperatively. PBM has slightly improved compared to the previous 2015 NCA of PBM; however the cohort of transfused patients does not reflect the relative use of red cells in high and lower transfusion specialties. There is still scope to increase the perioperative use of tranexamic acid.

2017 Repeat NCA of Red Cell and Platelet Transfusion in Haematology – published.
2018 NCA of patient assessment for TACO – data collection completed.

Planned NC audits for 2018 include:
-Use of FFP and cryoprecipitate in children and neonates
- Laboratory audit of O negative red cells
- Massive haemorrhage
- Maternal anaemia

5. Blood component use

5.1 Report given by DC

Monthly issues of red cell issues continue to decrease, currently approximately 22 per1000 head of population. There has been an 8% reduction in red cell transfusions in BHSCT Haematology patients. It was agreed that the reason for fewer transfusions in these Haematology patients should be investigated to determine whether this downward trend is likely to continue.

Action: AMc to coordinate an investigation of reduction in red cell use in BHSCT Haematology.

Demand for platelet issues has stabilized. The recent 40% reduction in platelet transfusions in BCH Haematology Unit was mainly due to attrition of patients with bone marrow failure. There has been a 100% increase in use of platelet transfusions in WHSCT in 2017/2018 compared to 2016/2017.

Action: KM to raise this issue at forthcoming WHSCT HTC meeting.

FFP issues continue to decrease since the relatively short-lived increase in demand in 2017. Demand for cryoprecipitate is essentially unchanged. Overall, blood component (mainly red cells) has fallen below 30 units per 1,000 head of population.

5.2 Transfusion and Mass Casualty Situation Planning

SA has written to Trust Transfusion Committees to recommend that they seek greater engagement with local Disaster Planning Groups, to ensure that Trusts include a strategy for provision of blood components in a Mass Casualty Situation. The development of a regional policy for the transfer of unallocated blood components between Trusts in the event of a Mass Casualty Situation may require consultation with the MHRA. The existing regional policy for the inter hospital transfer of blood components with individual patients is to be updated.

Action: Blood Specialty Forum to revise regional policy for the inter hospital transfer of blood components.

5.3 Confirmation blood sample prior to transfusion

In BHSCT clinical units have been sending two blood samples per patient for "Group and Screen" requests. This variance in practice has resulted in unnecessary blood sampling. Following HTC consultation with the Trust Medical Director, clinical staff will be advised by the Medical and Nursing Directors to only take a second confirmation of blood group sample if requested by the Hospital Blood Bank, in keeping with the 2012 BSH Guideline.

Action: AMcC to clarify whether a confirmation blood sample is required for issue of red cells from remote blood fridges on the different sites.

5.4 Pre donation for surgery

A Consultant Anaesthetist recently raised this topic. Although NIBTS can facilitate pre surgery donation, this service has not been requested for some time. Hospital blood banks would have to identify a dedicated blood fridge for the isolated storage of patient-specific donated blood. Pre donation itself causes a decrease in preoperative haemoglobin and increases the risk of perioperative transfusion requirement. The NITC Members agreed that preoperative correction of haematinic deficiencies is more effective than pre donation in reducing allogeneic transfusion requirement.

5.5 Cell salvage and SHOT reporting

SG has requested that clinical staff in BHSCT areas that use cell salvage are informed of the criteria for reporting cell salvage incidents to SHOT Reporting criteria have been expanded to include situations where cell salvage is requested but not available, in addition to operator and machine errors. SG has recommended that "Cell salvage" option is included in preoperative WHO checklists.

6. **Education and Staff Training**

6.1 Haemovigilance Practitioners and Blood Bank Biomedical Scientists will be attending a dedicated Leadership and Change workshop on 23 May in the HSC Leadership Centre.

6.2 A national user evaluation of the Learn Blood Transfusion modules is awaited. This year's license fee for NI users has been paid – (£9,000 + £5,000 development fee). A paediatric revalidation module is to be developed for mobile devices. AMcC will be participating in the forthcoming LBT editorial board meeting.

6.3 Undergraduate training in transfusion practice. Training (LBT e learning and face to face sessions) are ongoing annually for 2nd year Undergraduate Nurses and Midwives in QUB and UUMagee. Arrangements are currently being made to do the same with the open University Nursing School. RPRB competency assessments have also been provided for Queens University-trained final year Medical Students in their Work Shadowing clerkship.

7. Standardization of Transfusion related documentation

7.1 Kleihauer / cord status request form. SA thanked Blood Bank Managers and Haemovigilance Practitioners for the most recent input in content and layout. A printer's proof of Draft 12 will be circulated to stakeholders, when available.

7.2 Regional Bloodless Pathway. The Witness Liaison Committee would like confirmation that all Trust Standards and Guidelines Committees have approved this pathway and that it is available on Trust intranet sites for healthcare staff access. SA has contacted the BHSCT Policies Facilitator to request a broadening of search terms for this pathway.

Action: SA to contact Trust HP Teams for confirmation that this pathway has been approved by respective Trust and is accessible on local intranet.

Action: NITC Members recommend that search terms for this pathway are standardized in Trusts to, "Jehovah", Transfusion", Consent for transfusion", "Bloodless" and "Advance Directive".

8. Strategy for Blood Health / Patient Blood Management

NITC Members support the development of a NI Blood Health Strategy, the aim of which would be to improve on the management of anaemia and further reduce avoidable red cell transfusion. The Strategy would be applicable to surgical, medical and obstetric patients undergoing hospital care in addition to community-based patients. Members agreed that although this project could be coordinated by the NITC it should not detract from other NITC projects or impact on HP job roles.

Action: SA to coordinate development of a Blood Health Strategy Business Case and to request this item be included at next HSC Advisory Committee.

9. Registration of Unknown Patients

Following consensus on a naming convention HSC Demographics (NIECR) Service and Denise Lynd (Director of BHSCT Medical Records) are currently undertaking electronic testing of the corresponding protocol, which is used to generate a 395 H& C number.

Action: SA to request that electronic testing includes linking in with BSO and LinkLabs software systems.

10. National / Regional Networking

The next BBTN meeting will take place in November in Belfast, coordinated by NITC Officers.

Patricia Mackey, Lead Nurse manager in NIBTS and AMcC were congratulated on their an excellent presentation "The Whole Bleeding Story: donor to patient, the nurse's role" at this week's RCN conference in Belfast.

Forthcoming conferences:

SHOT Symposium, Manchester – 12 July 2018,

BBTS Brighton, – 3-5 October 2018,

ROI National Haemovigilance Office Day – 24 October 2018.

11. Any Other Business

<u>11.1 NITC Work plan</u>

This continues to be hampered by lack of funding for planned major regional audit and quality improvement projects. SA and DC have written to the Chief Medical Officer to request a meeting of the HSC Advisory Committee to explore how this problem should be progressed.

<u>11.2 Future NITC Meetings.</u> The day of the week is to alternate between Tuesday and Friday afternoons to accommodate more NITC Members.

12. Date of next meeting

Tuesday 18 September 2018: 2 – 4.30 pm

Venue: NIBTS Lecture room