**NI Transfusion Committee**
Minutes of Meeting 16 September 2014
Date of issue: 20 September2014

**Apologies:**
Catriona Briers Lead Nurse, Rapid Response SEHSCT
Sinead Carty, Blood Bank Manager, NHSCT
Adrian Crawford, Lead Blood Bank Manager, WHSCT
Dr Robert Cuthbert, Cons. Haematologist. BHSCT
Alison Geddis, Quality Manager, BHSCT
Veronica McBride
Aine McCartney – HP NHSCT - AMc
Tom McFarland, Lead Blood Bank Manager, SHSCT
Elma McLoughlin, HP, SHSCT
Dr Liz Reaney, DHSSPS

**1. Present:**
Dr Susan Atkinson, Cons Anaesthetist, BHSCT (Chair) - SA
Dr Damien Carson, Cons Anaesthetist, SEHSCT (Audit & Implementation Lead) – DC
Patricia Dunlop
Dr Helen Gilliland, Chair, Transfusion Committee, BHSCT – HC
Dr Sheena Gormley, Clinical Lead for Cell Salvage, BHSCT - SG
Irene Griffin, Blood Bank Operational Manager, BHSCT
Claire Hewitt, Blood Bank Section Head, SEHSCT
Dr Don Hull, Cons Haematologist, SHSCT – DH
Zona Kelly, HP, BHSCT
Fionnuala Lennon, HP, BHSCT - FL
Lorna Palmer, HP NHSCT
Kathryn Maguire, Cons Haematologist, NIBTS - KMa
Mary P McNicholl, HP, WHSCT
Josephine Monaghan
Audrey Morris
Dr Kieran Morris, Medical Director, NIBTS – Kmo
Bronagh O'Neill, HP, WHSCT
Mairead Richmond
Patricia Rodgers
Audrey Savage, Blood Bank Manager, BHSCT - AS
Patricia Watt, HP, SHSCT

**2. Minutes of NITC Meeting 16 May 2014**
Amended minutes, previously circulated, were approved.

**3. Matters arising**

**Membership of NITC**
SA welcomed Dr Sheena Gormley as a new member of NITC, in her role as Clinical Lead for Cell Salvage in BHSCT. SA also thanked Biomedical Scientists and Haemovigilance Practitioners who were attending the meeting in place of colleagues who were unable to attend. She requested that Trust representatives, such as Chairs of Hospital Transfusion Committees, nominated alternative Trust representatives who could attend future NITC meetings in their absence.

**NITC Terms of Reference**
Approved

**Patient Information Leaflets**

Standard NHSBT "Will I need a blood transfusion?" and "Information for patients needing irradiated blood" leaflets are now available in all Trusts. KMo stated that this supply could continue to be funded and supplied through NIBTS. Central stores could dispense leaflets, but would probably charge a handling fee. It was agreed that information leaflets for other less frequent circumstances, such as paediatric transfusions, can be downloaded from NHSBT website.

Action: BSO to be contacted by NIBTS to see if BSO would provide handling fee and possibly take over stocking and supply to Trusts.

**4. Haemovigilance Staffing**

Regional Haemovigilance Practitioner post was advertised in August but was temporarily withdrawn to amend essential criteria, following discussion with BHSCT Human Resources. This post has been re-advertised 16 May 2014, with closing date of 2 October 2014. It is anticipated that the post will be interviewed in November 2014.

FL has informed SA of current shortfall in Haemovigilance staffing in BHSCT, which is expected to worsen in forthcoming months: 0.5WTE Band 7 post has been working on remote blood fridge project for last 1 ½ years; 0.5WTE Band 8b vacant since April 2014; 0.5WTE Band 7 – central funding for this post, but not yet located within BHSCT, Band 6 WTE expected to be vacant by November and 1.0 WTE Band 7 on Maternity leave from Dec 2014.

FL has notified the BHSCT Haemovigilance Practitioner line manager that this drastic shortfall in staffing will significantly limit the HP work plan to mandatory staff training and investigation of transfusion incidents.

There is no shortfall in HP staffing in other Trusts, but DH highlighted that the clerical post agreed by Trusts in the 2009 Regional Business Case for Haemovigilance has not yet been appointed in SHSCT.

**Action:** SA to meet with Trish McKinney, Service Manager for Laboratory Services in BHSCT about critical HP staffing in BHSCT and NITC concerns.

**5. NIBTS coordinated audit of platelet use in BHSCT**

KMo presented the findings of the previous (June 2013) and most recent (June 2014) audits of platelet transfusions in BHSCT, where the majority (> 70%) of donations, are transfused. The fate of all platelet packs issued to BHSCT in approx. 11-day period was determined. Transfusion by appropriate indication remains high at 92%. Overall multiple doses of 2 or more packs of platelets have declined. Time-expired platelets account for only 1.5% of the packs issued to BHSCT.

Since the findings of the previous NIBTS audit, RGH Blood Bank holds a small stock of platelets; the size of this stock may be reviewed, to guarantee local supply and hence further reduce multiple-dose ordering by specialties such as cardiac surgery.

KMo reported that in the last few years there has been a relative reduction in platelet use in Haematology to 50% of all platelets issued, while transfusion of this component in cardiac surgery and intensive care has increased.

There has also been a 45% increase in demand for platelets, compared to 5 years ago. DH stated that this trend is likely to increase because of an aging population and an increase in patients with cancer and bone marrow depression.

**Action:** SA to contact Dr Mark Bridgham to request presentation of this audit to BHSCT Anaesthetists.

All NITC Members requested to promote single platelet transfusions, followed by platelet count check.

**6. Audit**

**NITC Regional audit of platelet transfusions**

DC presented the draft report (already circulated to NITC Members and other stakeholders), which showed 92% compliance with recommended indications for transfusion. The number of platelets transfused was considered to be excessive to requirements in almost 16% of cases. Tranexamic acid was routinely administered to cardiac surgery patients with bleeding, but seldom to other patients with bleeding that warranted multiple units of red cells. Aspirin and other anti-platelet drugs were usually discontinued for an adequate period of time prior to elective surgery.

The draft report will be revised before forwarding to Prof Mike Murphy, external assessor.

**Action:** NITC Members requested to provide feedback on report if not already done so.
SA to organize a half day education meeting on transfusion in February 2015, at which final audit report will be presented.

**NITC Regional Audit of appropriate use of Anti D Immunoglobulin**

DC reported that due to staffing shortages, GAIN has not been able to collate and analyze the data electronically. Instead the SEHSCT Audit Department will undertake this work, using the residual GAIN funding. Data entry will take approximately 3 months (350 hours) and a draft report should be available for consideration by January NITC.

**National Comparative Audits**

Final reports of NCA of i) Anti D Immunoglobulin use and ii) Patient Information and Consent are not yet available.

**7. Standardization of Transfusion related documentation**

Regional Bloodless Pathway documentation

A new updated version of this documentation has been circulated to NITC Members and members of the Witness Liaison Committee for feedback. In particular SA requested opinion as to whether the data entry boxes, for blood tests and treatment options should be replaced with guidance statements only, since most Pre-assessment and Surgical Units would probably prefer to complete their own Care Pathways. The regional documentation would however still contain an Advance Directive to be completed by patient and clinician. DC was concerned that the wording in the revised Advance Directive pertaining to the risk of death in the event of major haemorrhage when transfusion is declined, is not sufficiently explicit.

**Action:** SA to revise draft, in light of comments and suggestions. NITC members requested to provide feedback by end of October 2014.

SA outlined a UK Route Cause Analysis Report, which had been forwarded to her by a member of the Witness Liaison Committee. This concerned a JW patient who was incompetent at the time of being transfused, although he had an active Advance Directive in his clinical notes. The Report recommendations were to introduce additional patient armbands and alerts in clinical notes to highlight presence of Advance Directive. However NITC members considered that promoting staff communication during shift handovers and inclusion of reference to an active Advance Directive in Electronic Care Records might be more appropriate.

**8. Blood Group Confirmation Check – second blood sample (BCSH guidelines 2012)**

This topic was discussed at an extraordinary meeting of NITC Members on 26 August 2014.
Trust Blood Bank Managers have reported that there would be a significant increase in workload and cost if blood group and antibody screen tests had to be repeated in all first-time patients. In BHSCT this would increase samples to be processed by an estimated 26.5%, compared to an increase of only 5.8% if blood group confirmation checks were only undertaken when blood components were actually requested. However the latter option could incur a delay in urgent provision of cross matched blood components. NHSCT would require an additional blood bank analyzer adopt this change in practice.
KMo stated that some paediatric units in UK have chosen not to implement this BCSH recommendation.

FL reported that wrong blood in tube has occurred 7or 8 times per year in the last 3 years in BHSCT. It was agreed that ongoing education and training in transfusion is essential and that blood group confirmation check might reduce but would not prevent blood sampling and processing errors.

**Action:** Trust Blood Bank Managers requested to provide cost and resource implications for implementation of second blood sample for group confirmation check, if not already done so.
SA to provide Dr Corrigan in DoH with a report of cost and resource implications.
SA will consult with BBT Network Members next week.

**Revision of Regional Request form:**

i) An updated list of special requirements was agreed at subgroup meeting on 26 August. This will be printed on the inside cover of the Regional request book.
ii) The 24-hour rule between sampling and transfusion will be removed, in keeping with BCSH guidelines.
iii) If a patient has been transfused in the preceding 3 months a blood sample should be taken within 72 hours of a subsequent transfusion.
iv) If a patient has never had a transfusion or the last transfusion was more than 3 months ago, a blood sample can be taken and held for up to 7 days before next transfusion.
v) Under "Indication for Red Cell Transfusion" the trigger for patients with bone marrow depression will be changed to < 90g/l.
vi) SA is awaiting consensus from Oncologists whether to change trigger for patients on chemo or radiotherapy to <90g/L or <80 g/L.
vii) At the top of request form, the "S" from "FIRST NAME" will be removed to promote standardization to one first name for patient identification.
viii) "Date" is to be removed from HISTORY section and be replaced with "Grade of staff member".

The existing request form supply should last a few months, until the revised form has been finalized.

**9. Other Blood Bank aspects of transfusion practice**

**Kleihauer test:**

NITC Members and senior midwives have provided useful feedback on the draft form for this test, which has been produced by AS. SA has contacted Regional Procurement to see if the final form can be included in the existing contract for Regional blood request forms, after it has been piloted. KMa stated that NIBTS uses a different request form for flow cytometry.

**Paediatric sample tubes:**

At the NITC subgroup meeting on 26th Aug 2014 it was agreed that paediatric sample tubes and labels should be standardized in NI. SA has contacted Regional Procurement to see whether contract for these tubes could be included in the existing contract for standard blood bank sample tubes.
**Action:** Trust Blood Bank Managers requested to provide SA with estimate of annual usage and cost per item of currently used paediatric sample tubes.

**Emergency transfer of blood components between Trusts:**

AS reported that some cool boxes currently being used for this purpose have not undergone a satisfactory validation or seal process, resulting in wastage of blood components when they arrive in the receiving hospital. The number of patients being transferred between hospitals with blood components may have decreased in recent years, although annual figures, including wastage, are not currently known. SG stated that sometimes patients arrive from another hospital with blood but no armband for bedside checking. SA recommended that an NITC subgroup convene to resolve this issue.

**Platelet shortage activation July 2014:**

SA thanked KMa for providing Trusts regular and comprehensive updates during the recent amber phase platelet shortage. The communication pathway for activation within BHSCT is being amended to further improve the communication cascade during and out of normal working hours. HG reported that surgery was deferred for some patients in BHSCT. No problems were reported in the other 4 Trusts.

**10. Haemovigilance aspects of transfusion practice**

**Risk of vCJD associated with blood transfusion.**

A NI Department of Health letter was issued to NI Trusts in January 2014 to advise that the TSE Risk Management subgroup of the Advisory Committee on Dangerous Pathogens has updated guidance on vCJD. The risk of secondary vCJD following blood transfusion is now considered to be significant if an individual is exposed to 300 donors or more since 1990, instead of 80 or more donors. SaBTO has informed Dr Reaney that it does not advise on operational matters, such as how patients should be informed of this risk. SA has contacted Dr Benson about patient information leaflets about risks of frequent transfusion, including vCJD.

**Action:** SA to circulate draft amendment to BBT3(NI), concerning the above.

**11. Education in Transfusion Practice**

**E learning in Blood Transfusion**

FL, AMc and LN are now Learnpro Administrators for Learn Blood Transfusion. FL reported that the Learnpro editorial board intends to produce a tailor made Learn Blood Transfusion module for GPs who authorize (prescribe) transfusions. This will mean that the module will be reviewed and updated regularly.

**Action:** SA to discuss at BBTN meeting next week.

KMo confirmed that the current license fee (£11,000) for NI access to Learnpro has been paid through NIBTS.

**Provision of RPRB Training and Competency assessment for Nursing Agency Staff**

Balmoral Nursing Agency has contacted BHSCT to request training and competency assessments for its nurses. However many of the nurses employed by this Nursing Agency are not NHS employees and they work in a number of NI Healthcare Trusts, which differ in expected NPSA Competencies. It was agreed that it would not be practical to charge the small proportion of healthcare staff that work for private agencies to access to Learnpro e –learning modules. The regional Haemovigilance Team has insufficient resources to undertake additional competency assessments.

FL stated that Balmoral Nursing Agency currently has one employee who can undertake NPSA competency assessments. DC suggested that such a private healthcare agency should have its own NPSA assessors, who could be initially trained by Trust based Haemovigilance Practitioners.

**NITC Web page**

Following a meeting with David Moore (IT in NIBTS) SA and KM, DC has trialed 3 possible options for production of a web page for NITC information. A Google drive could contain a set of information folders but it would not be possible to undertake a Google search, files could be inadvertently deleted and this option could not be uploaded to Trust computers without approved software. There is a local document library on Learnpro, access would be password protected for NITC Members, but it would not be searchable by non-NITC members. The best option is for NITC to have its own website, which can be purchased from a Web host company. It would be possible to search for the website via Google and in addition to public access to read only files, it would facilitate a password protected NITC Members section, for Meeting minutes and agendas etc. It was agreed that the latter option should be trialed, with the website being called www.nitransfusion.com

**Half day Seminars**

WHSCT is hosting a half-day meeting entitled "Blood Safety in a Major Incident" on Fri 19 September 2014. SA is planning the next half-day educational meeting in BHSCT, which will include a presentation on the regional platelet audit report.

**Cascading education in Trusts**

DC proposed that medical staff in training from any relevant specialty should be encouraged to become more involved in transfusion practice by undertaking audit projects and providing local education in transfusion. SA suggested that Trust Educational facilitators could be contacted to nominate interested doctors. DC offered to mentor 3-5 trainees per year to undertake transfusion related audits.

**12. Correspondence**

None over and above that referred to above

**13. Any other Business**

None

**14. Date of next meeting:**

Fri 23 January 2015 2-4 pm, NIBTS Lecture Theatre