NI Transfusion Committee
Minutes of Meeting 16 May 2014
Date of issue: 3 June 2014

Apologies:
Dr Gary Benson, Cons Haematologist, BHSCT
Dr Sheena Gormley, Cons Haematologist, BHSCT
Dr Kathryn Maguire, Medical Director, NIBTS
Josephine Monaghan, HP, WHSCT

1. Present:
Dr Susan Atkinson, Cons Anaesthetist, BHSCT (Chair) - SA
Dr Mark Bridgham, SpR Haematology
Catriona Briers Lead Nurse, Rapid Response SEHSCT
Dr Damien Carson, Cons Anaesthetist, SEHSCT (Audit & Implementation Lead) - DC
Sinead Carty, Blood Bank Manager, NHSCT
Adrian Crawford, Lead Blood Bank Manager, WHSCT
Dr Robert Cuthbert, Cons. Haematologist. BHSCT - RC
Patricia Dunlop, Assoc. Specialist in Medicine, SEHSCT
Alison Geddis, Quality Manager, BHSCT
Matt Gillespie, Blood Bank Operational Manager, BHSCT
Dr Helen Gilliland, Chair, Transfusion Committee, BHSCT - HC
Irene Griffin, Blood Bank Operational Manager, BHSCT
Claire Hewitt, Blood Bank Section Head, SEHSCT
Dr Don Hull, Cons Haematologist, SHSCT - DH
Fionnuala Lennon, HP, BHSCT - FL
Patricia Mackey, HP, SEHSCT - PM
Aine McCartney, HP, NHSCT
Tom McFarland, Lead Blood Bank Manager, SHSCT
Elma McLoughlin, HP, SHSCT
Mary P McNicholl, HP, WHSCT
Dr Kieran Morris, CE, NIBTS - KMo
Lois Neill, HP, BHSCT
Dr Liz Reaney, Senior Medical Officer DHSSPS - LR
Audrey Savage, Blood Bank Manager, BHSCT - AS
Patricia Watt, HP, SHSCT

2. Membership of NITC
SA welcomed members, following an 18-month recess of Committee activity. She gave thanks to recently retired ex members, including Geraldine McIlwaine, Shirley Murray and Ken McLoughlin and noted untimely death of Dr Ghandhi. Dr Gormley has accepted invitation to join NITC as Clinical Lead for Cell Salvage in BHSCT.

3. NITC Terms of Reference (TOR) (circulated before meeting).
SA presented proposed revised terms of reference.
DHSSPS NI now appoints Chair and Audit and Implementation Lead. NITC is to strengthen links with Primary Care.
Action by All: feedback to SA to approve or amend draft TOR.

4. NITC Work plan 2014/15 (circulated before meeting)
This was agreed upon, following presentation by SA

5. Haemovigilance Staffing
SA stated that appointment of a new regional Haemovigilance Coordinator is urgently required to promote regional activity and to represent NI at a national level. The job description (band 8b) for this post is currently under review. FL is currently acting up as lead HP in BHSCT.
A number of Trusts are lacking administrative assistance for Haemovigilance, although funding for the latter was approved in the 2003/4 NI Regional Business Case. BHSCT has HP shortage at present – 0.5WTE band 8 and 0.5WTE band 7; central funding is still being provided for these posts. Other Trusts currently have full complement of HP staff.
Action: SA to write to Trusts to enquire about administrative support for Haemovigilance and to follow up progress in appointment of Regional Haemovigilance Coordinator post.

6. Standardization of Transfusion related documentation
Regional Bloodless pathway documentation
SA thanked Haemovigilance Practitioners (HP) s for forwarding most recent versions of Trust Bloodless pathways and Major Haemorrhage policies. SA recently met with members of JW Liaison Committee to review last draft of regional pathway.
Action: SA to update regional bloodless pathway and guidance, in conjunction with HP team and JW Liaison Committee, prior to review by Departmental Legal Team.

Management of Major Haemorrhage
Trusts have comprehensive policies in place with locally adapted activation protocols. It was agreed that a regional template of minimum dataset would be appropriate, rather than a regional policy at this stage.
Action: SA to work on regional template for management of major haemorrhage

Implementation of BBT3
Outstanding items to implement include bloodless pathway, traceability of blood products (see below) and agreed process for informing patients of increased vCJD risk when they have been exposed to 80 or more donors. Given the gravity and implications Committee members considered that only an appropriately trained Healthcare Professional should give advice about vCJD risk. DIS electronic systems in all Trusts except BHSCT will soon have capability to keep a record of donor exposure of transfused blood components +/- blood products.
Action: SA to ask Dr Reaney to review recent SaBTO discussions on this topic for possible guidance.

Patient Information Leaflets on transfusion
FL has ordered 5,000 “Will I need a blood transfusion?” and 1,000 information leaflets on Irradiated components for £420 from NHSBT for BHSCT. NHSBT is now charging Trusts in England for these patient information leaflets. KM has ordered 20,000 “Will I need a blood transfusion?” and 2,000 leaflets on Irradiated Blood Components, which will be available for all Trusts on a recurrent basis. SA thanked KM on behalf of NITC for this undertaking. Local production of such leaflets has been considered are likely to be considerably more expensive.
Action: FL to liaise with NIBTS to seek central cost centre code by which Trusts could order leaflets from NIBTS.

7, 8. Audit Topics and Monitoring of Blood use
Blood component and product issues in NI
DC presented up to date trends in NIBTS issues of red cells, platelets, FFP and cryoprecipitate. The current red cell transfusion index has decreased to 27.5 per 1000 head of the NI population, compared to 32 and 34 per 1000 head of the population in England and Wales combined and Scotland respectively. There is a close temporal relationship between this latest reduction in red cell use in NI and the issue of NITC regional guidance on anaemia, which was endorsed by the CMO in June 2012. A reduction in transfusion threshold for some haematology patients from 100 to 90 g/l may also be a contributing factor for the

decrease in red cell transfusions. There is potential for further reduction in red cell transfusions in medical patients.
The regional transfusion index for FFP has also decreased to 28 per 1000 head of population; substitution with Octaplas is likely to be a contributing factor.
Demand for platelet transfusions continues to rise in NI and in other regions of UK. The cause of this increase in usage is not yet known, although more aggressive treatment of bone marrow depression in the elderly may be one factor. In particular there has been a notable increase in demand for platelet transfusions in WHSCT since 2010. KMo informed the Committee that there are plans to set up a platelet donation centre in WHSCT to accommodate this. Apheresis platelets currently make up 85% of issues in NI; they provide a higher yield of platelets than the buffy coat alternative.

Regional Audit of Platelet Transfusions
SA presented a preliminary report of audit results; of note only 6% of transfusions were deemed to be inappropriate; 55% of patients were transfused with 2 or more packs of platelets in a single treatment episode. Transfused patients were most commonly in the 61- 80 years age group. The apparent paucity of use of tranexamic acid in cases of major bleeding (except for cardiac surgery) will merit further investigation. The final report and action plan of this audit should be available within the next six months.

Regional Audit of Anti-D Immunoglobulin use
Data collection has been completed. GAIN had originally agreed to undertake data collation and analysis, but now have insufficient resources. Finding suitable alternative assistance is likely to delay this process. DC anticipates that data input will employ a skilled fulltime administrator for 8 weeks.
DC proposed future audits to be coordinated by NITC in 2014/5, which include an organizational audit of the management of anaemia in hospital pre-assessment clinics, perioperative administration of parenteral iron and tranexamic acid administration during surgery. He also outlined the ongoing and planned National Comparative Audits, including an audit of consent for transfusion. The National Comparative Audit working group has been granted £2 million sponsorship to undertake AFFINITIE (Audit and Feedback) project, which will measure the improvement in transfusion practice as a result of national audits of blood use in haematology and surgery.

Immunoglobulin (Ig G) use
Issues of this product continue to increase in NI, by more than 4% in the last financial year compared to the previous year, including issues to WHSCT and SHSCT. The BHSCT Immunoglobulin Assessment Panel currently reviews Ig G prescriptions retrospectively but is seeking funding for a Pharmacist to oversee and challenge Ig G issues prospectively.

Fibrin sealants
The Committee was informed that full traceability of these and other human derived products is not yet assured in all Trusts.
Action: SA to write to Heads of Pharmacy Departments and Blood Bank Managers for details of traceability processes employed in each Trust.

Learning Letter (LL/SAI/2014/025) concerning "Head Injury in Patients on Warfarin – Treat as a Medical Emergency"
SA thanked NI HP Team for bringing this Letter to the attention of the NITC. In the case of the 2 deaths referred to it is apparent that there were significant delays in assessing and undertaking CT scans and blood tests. The Committee raised two main concerns about the recommended action plan: i) the administration of Prothrombin Complex Concentrate (PCC), prior to obtaining an INR result or a CT brain scan, is not without risk of serious adverse outcome, if the patient has a pro thrombotic state and INR is not prolonged; ii) the local storage of PCC in Hospital Emergency Departments will require careful monitoring to ensure full traceability and may result in inappropriate administration by trainee staff. DH stated that a consultant haematologist must be contacted to authorize administration of PCC in the SHSCT Emergency Department.
Action: SA to inform Dr Harper of concerns raised by NITC.

9. Blood Sampling for Transfusion
SA referred to BCSH "Guidelines for pre-transfusion compatibility procedures in blood transfusion laboratories" (2012) in which it is recommended that in the absence of a secure electronic patient ID system a second blood sample should be requested for a "first time patient" prior to transfusion, except when blood is required in an emergency. To date only SEHSCT and SHSCT blood banks have implemented this change in practice, which potentially increases workload for blood banks by at least 15%. It may actually increase the risk of sampling and blood processing errors in the clinical units and it would certainly create difficulties for blood sampling in neonates, infants and other vulnerable patients.
Tony Davies from SHOT has informed SA that the new BCSH guidelines on transfusion in neonates and children are being edited and likely to recommend that neonates are transfused Group O red cells. If this BCSH recommendation is not introduced each Trust Hospital site (with or without a blood bank) will have to undertake a risk assessment of blood sampling and blood bank processing. However a second blood sample to confirm a patient's blood group will also be a requirement for remote electronic issue of red cells. It was agreed that a regional consensus in practice is required.
Action: SA to have further discussions with Better Blood Transfusion Network colleagues

10. Blood Bank aspects of Transfusion Practice
SA thanked Blood Bank Managers for an informative update meeting on 15 May 2014 (DC sent apologies). Topics discussed included blood sampling, traceability of fibrin sealants and Emergency Department stocks of PCC, use of a new validated cool box for inter hospital transfer of blood components (see points above for actions) and:

Cord and maternal blood samples at delivery for Kleihauer and possible flow cytometry testing
Following discussions with Haemovigilance Practitioners and with Blood Bank Managers it is evident that there is considerable inter Trust variation in the cord and maternal blood identification details recorded on blood sample tubes and forms. Some Trusts use the standard regional request form for each cord or maternal sample; others send all cord / maternal samples to the hospital blood bank with one dedicated Kleihauer test request form.
Action: SA to liaise with Trust Blood Bank Managers, Haemovigilance Practitioners and midwives to standardize this process regionally.

Patient identification details on BD blood sampling bottles
Blood sampling errors have increased since the introduction of BD sampling bottles in NI, because of a change in the printed prompts on the labels. Dr Kathryn Maguire (KMa) and KMo have contacted the supplier to request that patient identification number should appear after last and first names.
DC reported at NITC that a regional audit has shown great variation within and between Trusts in the use of hand written and printed patient identification wristbands. It was agreed that a regional standard is urgently required to facilitate bedside checking for blood administration and other patient specific procedures.
Action: SA / DC to write to CMO to request standardization in use of wristbands.

Regional Request forms
AS stated that the Supplier has been requested to update the information printed on the back of these forms, in keeping with the most recent BCSH (2012) guidance on previous transfusion to blood sampling intervals. NITC members agreed that it would be beneficial to also have a list of special requirements printed on back of these forms
Action: AS to contact supplier to request above addition to regional request forms.

Cold Agglutinins
Blood Bank Managers have requested clarification of who should take responsibility to advise on the use of a blood warmer when a patient has cold agglutinins, following a confirmation report by NIBTS. RC stated at NITC meeting that this is a clinical decision and a blood warmer is indicated for relatively few

cases. HG has discussed this concern with KMo and KMa wrt cardiac patients.
Action: SA to seek guidance on this with KMo and KMa.

11. Haemovigilance aspects of Transfusion Practice
SA thanked Haemovigilance Practitioners for an informative meeting with SA and DC on 16 April 2014. Items discussed included:
Haemovigilance staffing (see item 5 above)
Variation in sampling process for cord and maternal bloods at delivery (see 10. above)
Patient information leaflets (see 6. above)
BCSH (2012) recommendation for blood group confirmation (see 9. above)
Progress in regional audits (see 7,8. above)
Donor exposure and risk of vCJD (see 6. above)

General Medical Practitioner (GMP) authorization of blood transfusions
Haemovigilance Practitioners have requested consensus guidance on the learning or face-to-face training GMPs should have before they can authorize (prescribe) transfusions. NITC Members discussed the possible alternatives for authorizing blood component transfusions in the Community. There are currently only 3 Transfusion Practitioners in NI who can authorize blood transfusions within their area of expertise (Haematology). Many of the patients who benefit from home transfusions are receiving palliative care. Specialist Nurse Practitioners, such as Palliative Care Nurses, who have completed an Independent Prescribing Course for drugs would require additional training before they could authorize blood transfusions. It was agreed that GMPs should continue to have up to date knowledge of transfusion practice, by attending a face-to-face training session or completing relevant e learning before they can authorize blood transfusions. The Committee discussed the merits of identifying certain topics in modules 1 and 2, which could be grouped together to produce tailor made modules for General Medical Practitioners and other Healthcare Professionals who only prescribe blood components.
Action: SA to contact Associate Medical Directors of General Medical Practice.
Action: FL to see if topics in current LearnPro modules can be moved to create an e learning module with certificate to accredit GMPs and hospital based Medical Practitioners as transfusion prescribers.

Blood Component Prescription and Transfusion Record. All but BHSCT have one in use and there are minor variations in data entries. It was agreed that there should be a regionally agreed minimum dataset for these documents, including patient information and consent process on front page.
Action: SA to work with Haemovigilance Practitioners on Transfusion Record template, to include prompts on consent.

Ig G prescribing. HPs reported an increase in prescribing of IgG outside of BHSCT. Different brands of this product are issued from NIBTS, making it difficult to produce standard guidelines on preparation for administration. DC and SA have discussed this with KMo and KMa. BHSCT Ig G policy for monitoring use of this expensive product has been shared with all HPs.

12. Education in Transfusion Practice
E learning in Blood Transfusion
Minimum e learning requirements for staff currently vary between Trusts, some require module 1 only, and others require module 1 and clinical module 2. It was agreed that there should be a regional consensus on minimum e learning requirements. Relevant competencies are still required for Healthcare Professionals who participate in blood sampling, ordering and administering blood components.
Action: FL to see if topics in current LearnPro modules can be moved to create one e learning module with certificate to accredit hospital based Healthcare Professionals who undertake blood sampling and administration.

NITC Web page
DC has arranged to meet with David Moore in NIBTS to assess logistics of hosting this web page on NIBTS Website. NIBTS and NI DHSSPS have already given approval for this project.

<u>Half-day Educational Seminars on Transfusion Practice</u>
DC has suggested that two half-day multi professional seminars with a particular theme in transfusion practice should be provided annually in Trusts. Each Trust would be requested to host such a seminar every two years. PM / DC who have previously hosted a very successful half-day on major haemorrhage in SEHSCT, have volunteered to run a half-day seminar on anaemia in the autumn. SA stated that BHSCT could coordinate a half-day on transfusion in obstetric practice in the new year, to include a report of the regional audit of anti-D Immunoglobulin.
Action: NITC Members requested to provide talks and themes for future seminars

13. Correspondence
None over and above that referred to above

14. Any other Business
None

15. Date of next meeting: Tuesday 16 September 14.00 h
Seminar room 3, Cancer Centre, Belfast City Hospital – **please note change of venue**