

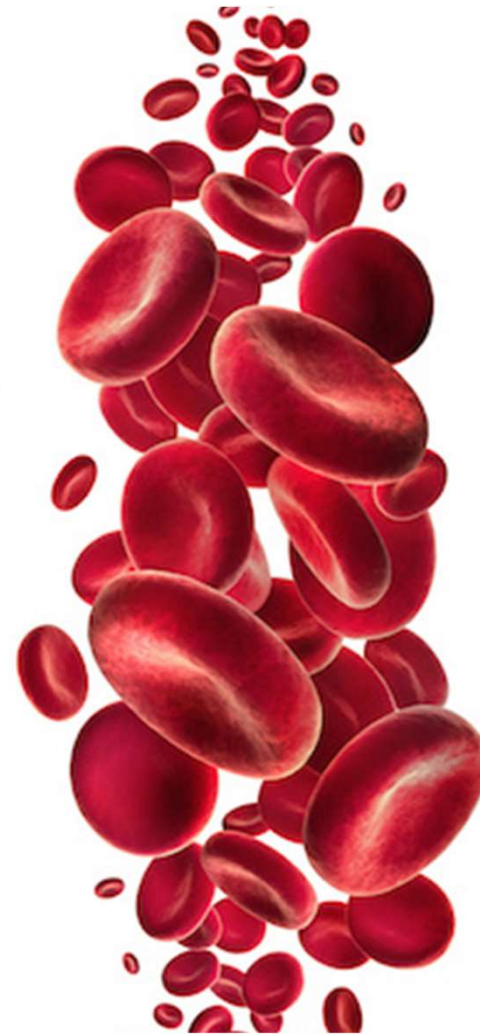
Hospital Transfusion Committee Reports

South West Regional Transfusion
Committee meeting

23 November 2022

Dr Stuart Cleland

Chair of the South West RTC



Introduction

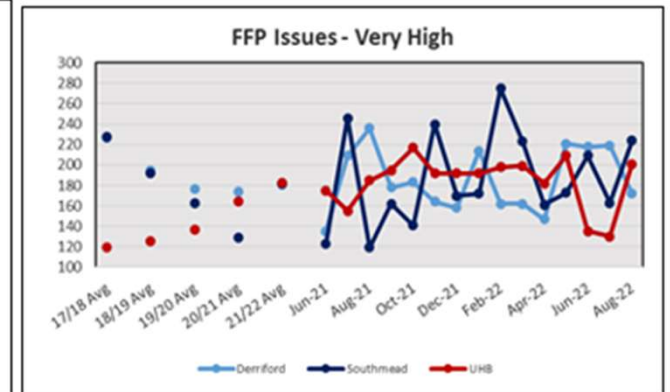
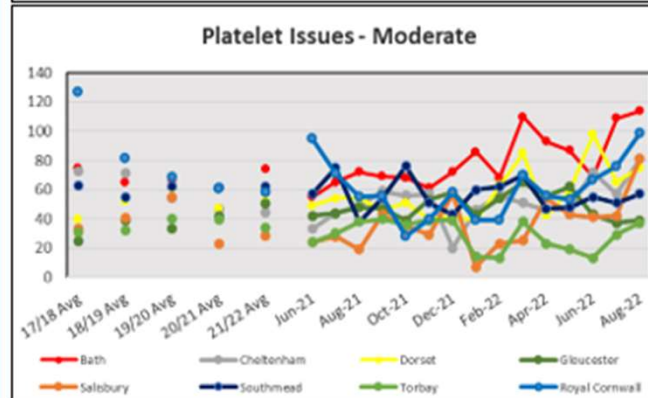
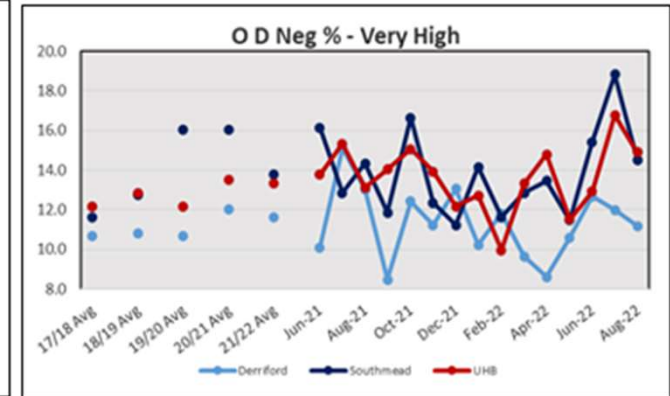
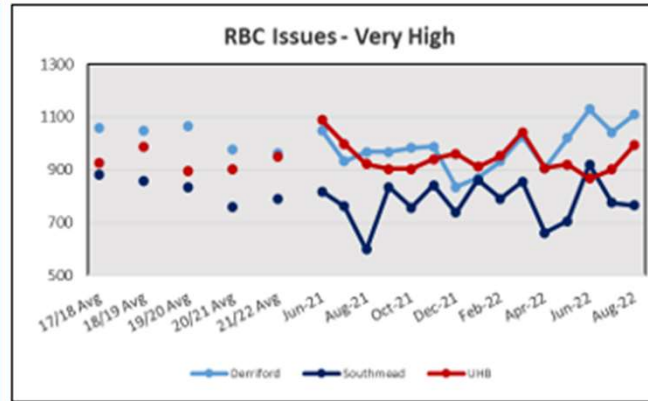
- 4th Meeting with presentation of HTC reports at SWRTC
- Responses from 17/18 trusts this round, highest response to date

Responses

Hospital	May 21 (pilot)	November 21	May 22	November 22
Derriford	✓	✓	✓	✓
Southmead	✓	✓	✓	✓
University Hospitals Bristol	✓	✓	✓	✓
Bath	✓	✓	✓	✓
Royal Devon + Exeter		✓	✓	✓
Royal Cornwall	✓		✓	✓
Great Western		✓		✓
Taunton	✓	✓		✓
Barnstable	✓			
Bournemouth	✓	✓	✓	✓
Cheltenham	✓	✓	✓	✓
Gloucester	✓	✓	✓	✓
Poole	✓	✓	✓	✓
<u>Torbay</u>	✓	✓	✓	✓
Dorset				✓
Salisbury	✓	✓		✓
Weston		✓	✓	✓
<u>Yeovil</u>		✓	✓	✓

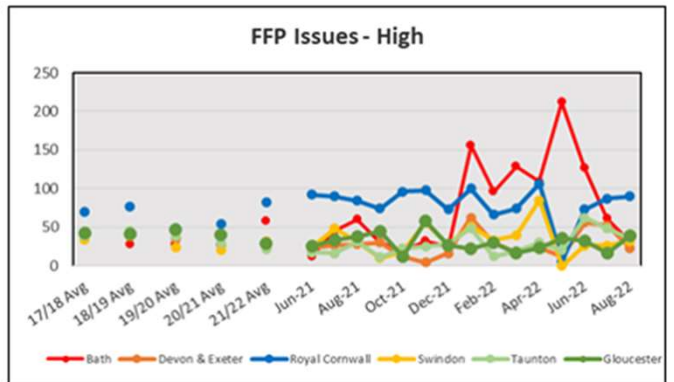
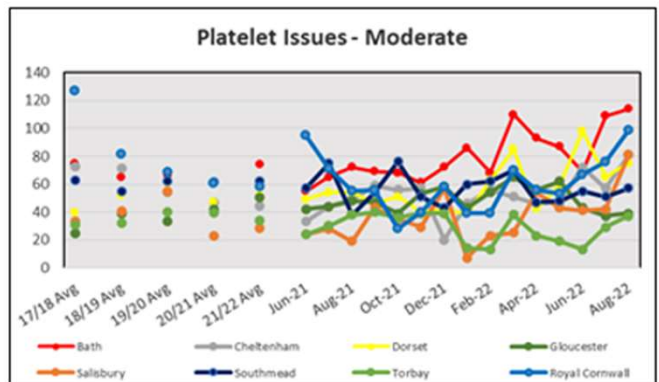
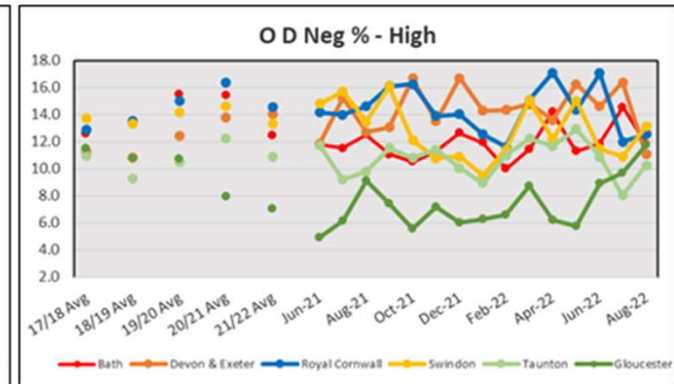
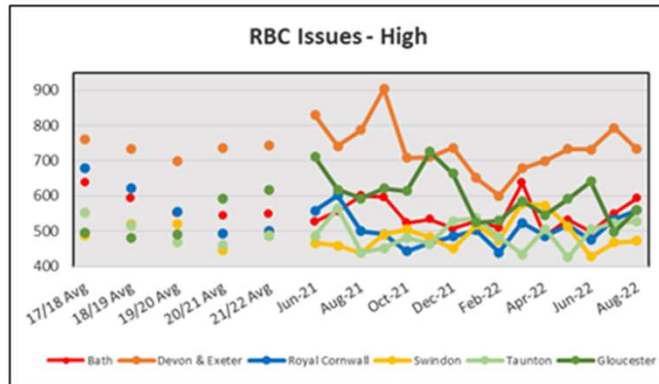
Usage – Very High Usage

- **Bath** – Platelet trend increasing, stock levels increased for weekend.



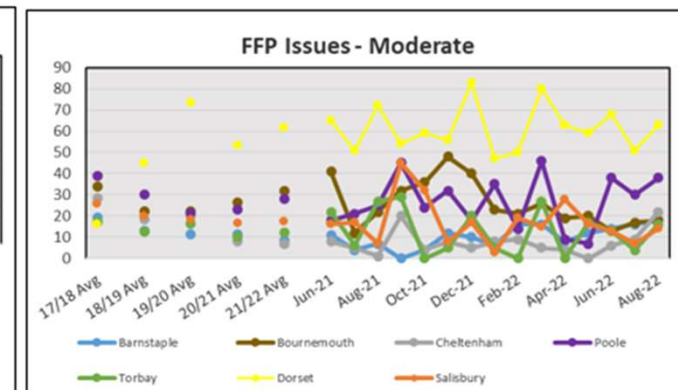
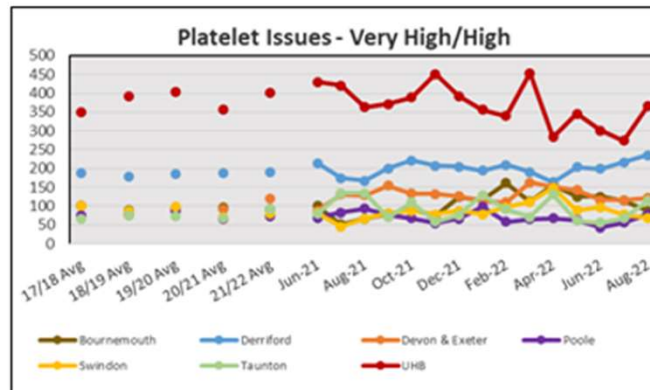
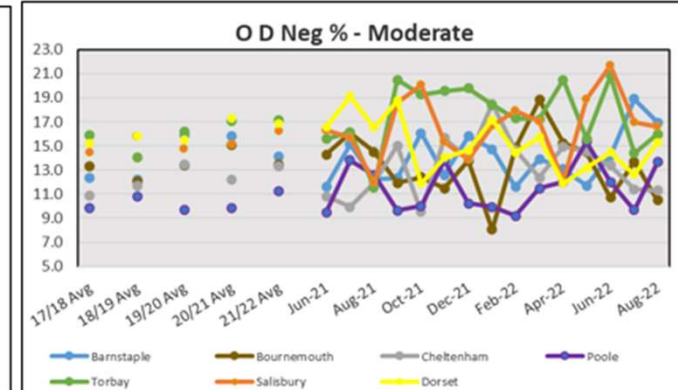
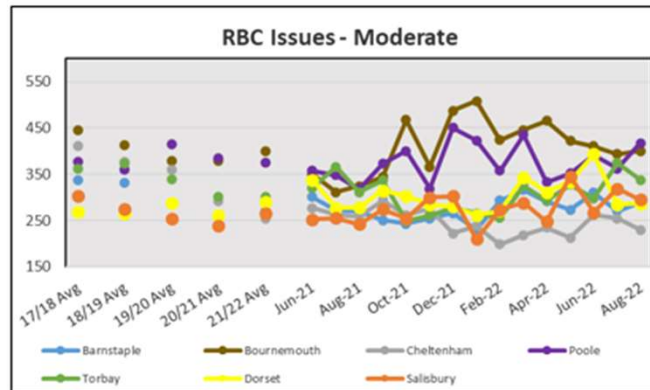
Usage – High Usage

- **Bath** – FFP usage high due to plasma exchange by apheresis team at NHSBT
- **GW** – Looking to increase utilization of cell salvage to reduce usage.

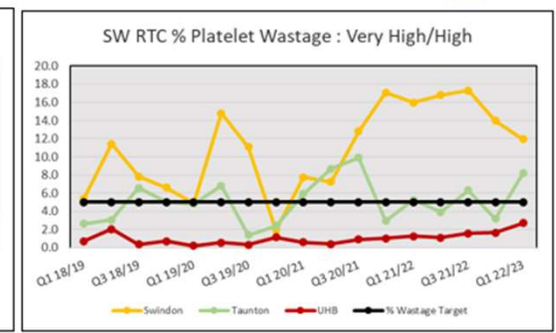
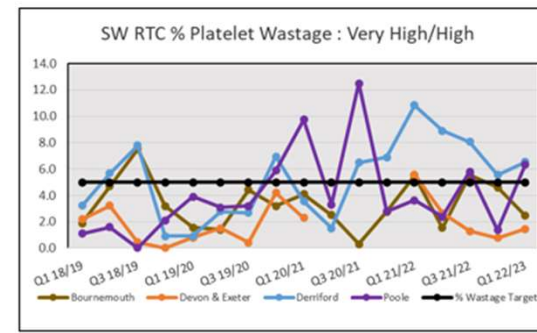
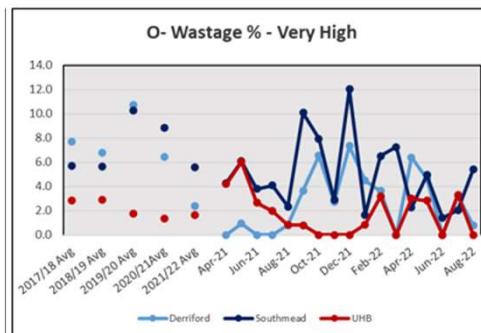
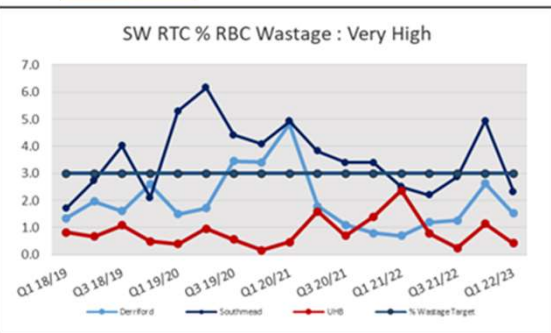


Usage – Moderate use

- **Bournemouth** – Few complex haem-onc patients with high platelet requirements.
- **Torbay** – O-ve usage high but overall RBC low, working on O+ve policy



Wastage – Very High Usage



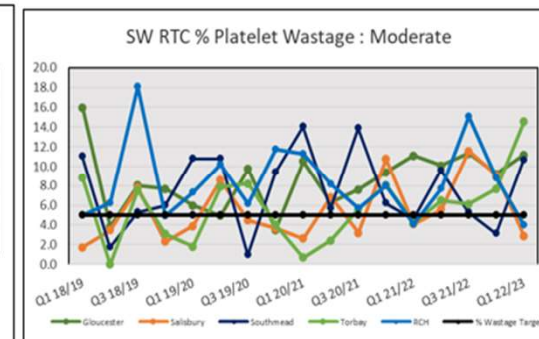
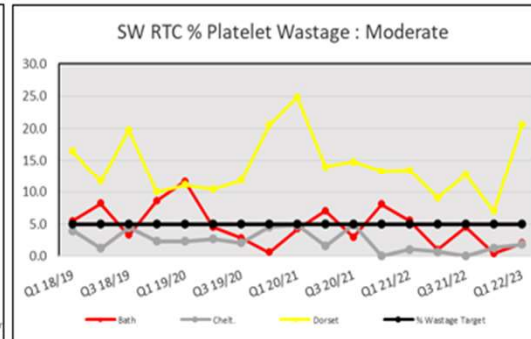
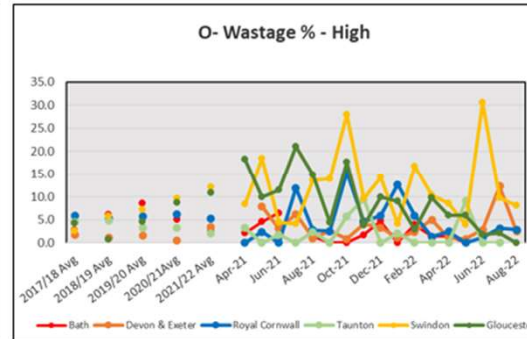
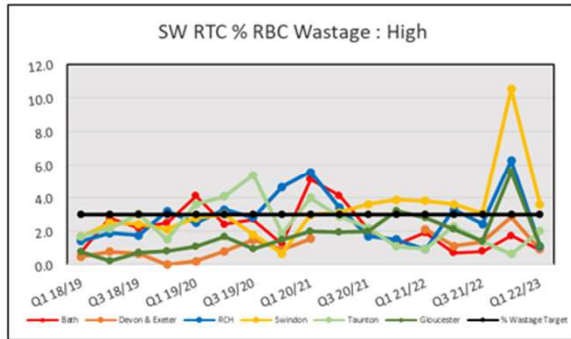
UHB: Increase in time-expiry wastage platelets. Introduced 4-hour de-reservation for untransfused platelets, which appears to have reduced wastage

Taunton: Stock share between Yeovil and Taunton time-expiring RBC/platelets

Swindon: Working with NHSBT to address wastage, much relates to weekend work with haem patients. Working with junior doctors to avoid over-ordering.

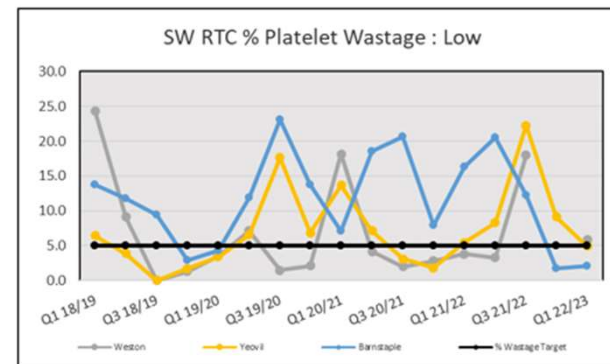
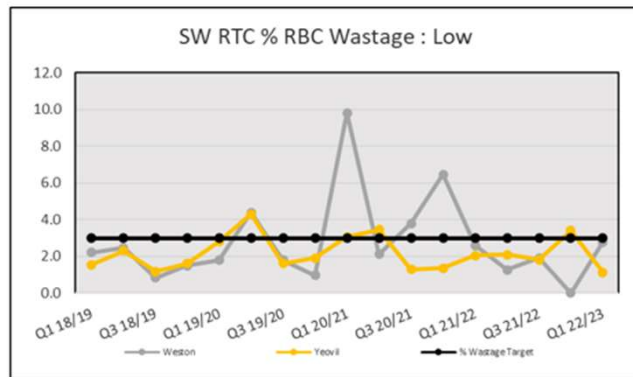
Poole: Platelet wastage still largely due to stock holding in conjunction with oncology/haematology patient population (we try to use the stock platelet for Haem/ONC patients to avoid wastage) – single unit kept for unplanned/emergency care

Wastage – High/Moderate Usage



- **RDE:** Aug 2022, main lab fridge failed. Whole stock wasted inc. 16 units of Group O-ve, this explains our August peak.
- **RCHT:** Air Ambulance supply continues to represent a high wastage of plasma. O RhD negative issue significantly reduced since the implementation of O RhD positive for males.
- **Bath:** Significant reduction of wastage esp. O-ve due to continued stock reduction and careful monitoring.
- **Gloucester:** 60-minute rule implemented to help reduce wastage of red cells returned from clinical areas <60minutes but >30 minutes.

Wastage – Low Usage



- **Weston:** Implemented Electronic blood issuing in the Transfusion Laboratory. This is currently improving our wastage, remaining in same low levels as previous reports

CQUIN CCG 10 – Screening and Tx IDA in Major Surgery

- 7 trusts are participating
 - UHP
 - North Bristol
 - Gloucester
 - RD+E
 - Bath
 - Salsbury
 - Torbay
- 1 not sure
- 6 aren't
- 3 No answer

Amber Alert

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Southmead

- 2 groups, the first inc. TTC / TTT and the second team was clinical directorate level.
- Both groups were very proactive.
- Lab actions
 1. Lowered stock levels for O Pos, O Neg, and A Pos by 10%
 2. Removed level 3 emergency stock as they rarely use it (3 times in last year)
 3. Challenged most requests for blood and really pushed the give 1 unit review and give a second if required,
 4. TLM reviewed crossmatch requests in hind-sight and highlighted with the clinical team to review any that may have been (all had other considerations and were appropriate)
- Clinical area
 1. All elective surgery that were likely to require blood (50% chance of needing a transfusion) were reviewed and cancelled if not urgent
 2. The Covid advice for postponing surgeries was used.
 3. Communications went out to the hospital about appropriate transfusion.
 4. Call for blood donors was also part of the message

UHB

Found the response to the Amber alert positive.

The national publicity meant that users were supportive of the transfusion laboratory querying requests and raised awareness of transfusion as an issue amidst other priorities.

The major reductions in usage have come from increased care in considering patients for transfusion- there has been little capacity for reduced surgical demand because the surgical backlog means we are still not performing much non-priority surgery

Poole

Across UHD we:

- Reduced stocks
- Reduced stock platelet unit to one site (rather than unit at both sites)
- Upped our challenging of requests outside triggers with support from Haem cons where necessary
- Postponed non urgent major blood loss surgery – we don't do a lot of this but had a couple of complex orthopaedics
- We assembled the EBMG and met initially pre actual alert, then once alert released, following week then fortnightly
- Comms inc: staff bulletin, screen saver, care group lead emails and all user emails
- Attended where possible the NHSBT drop in sessions

GWH

- No known cancellations.
- Looked at increasing our iv iron pre-operative provision
- Highlighted those operations most at risk which was helpful.
- Refocused again on tranexamic acid use and re-educated teams in its use.
- Cell salvage provision.
 - Staff our elective obstetric lists with someone able to run it most days. This has been a challenge for us as ODP vacancies rise.
 - Looking at obstetric band 3 and 4s to run the collection and processing for obstetric cases.
 - The actual administration would/ should be through an anaesthetist or obstetrician.
 - Considering whether it could be used for vaginal related haemorrhages - for example birthcanal tears.

Dorset

- Postponed revision arthroplasty surgery
- Emphasised strict transfusion triggers by empowering lab staff to challenge deviance from this and referral to haematology if required.
- Promoted cell salvage/tranexamic acid/one unit transfusion policy
- Post -op IV iron promoted as well

Salisbury

- The blood management plan was activated
- Initially all requests went through the haematology consultant on call which rapidly became unsustainable
 - Amended the process so that bleeding patients who didn't need the MHP activated could be transfused up to 2 units overnight before needing to call the haematologist.
- We also reduced stock as far as we dared and this included the independent sector hospital for which we provide transfusion services.
- I doubt we will increase our stock holding again.

Themes

- Concerns over staffing levels
- Taking positives out of Amber alert
 - Developing Cell salvage / TXA / IV iron services
- Background of reduced HTC participation/engagement in some trusts