

Hospital Transfusion Committee Reports

South-West Regional Transfusion
Committee meeting – May 2022

Dr Stuart Cleland

Chair of the South-West RTC



Introduction

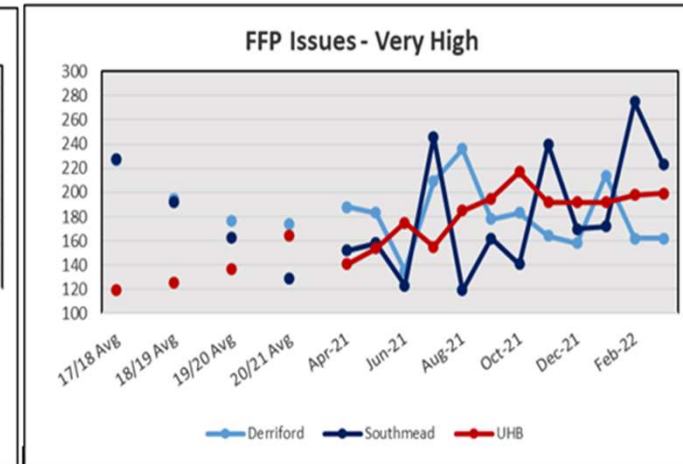
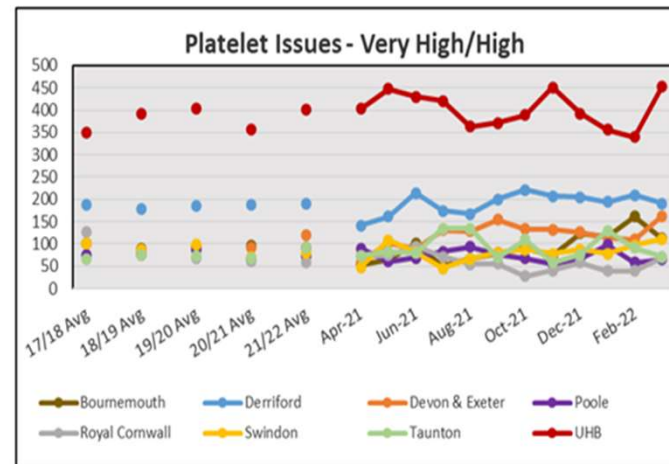
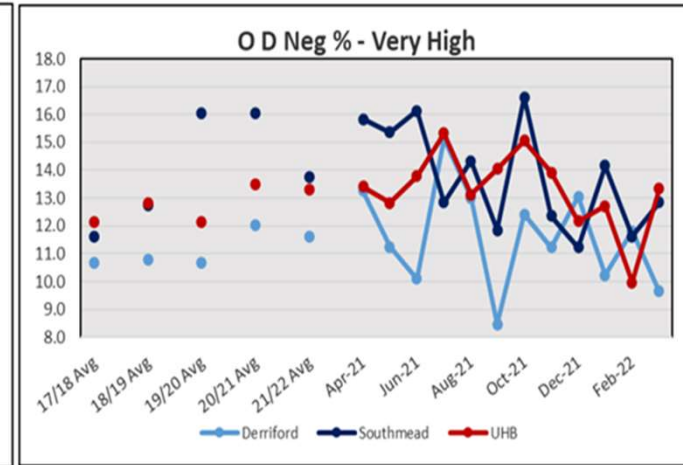
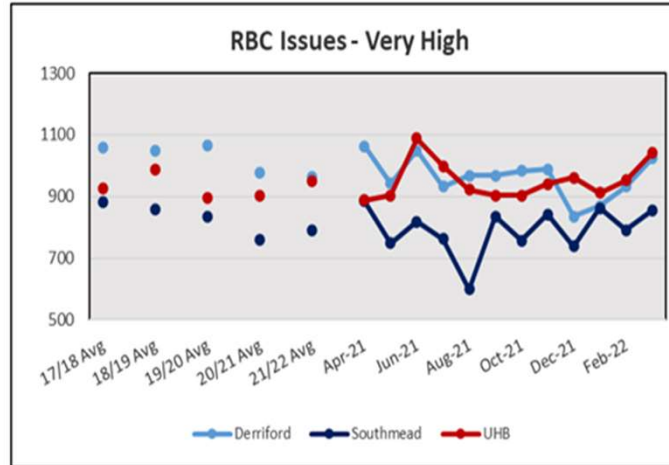
- Third meeting with presentation of HTC reports at SWRTC.
- Responses from 13/18 trusts this round. Slight decrease from previous meeting (15/18)
- Has proved really useful resource to learn about new developments/initiatives/challenges across the South-West.

Responses

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

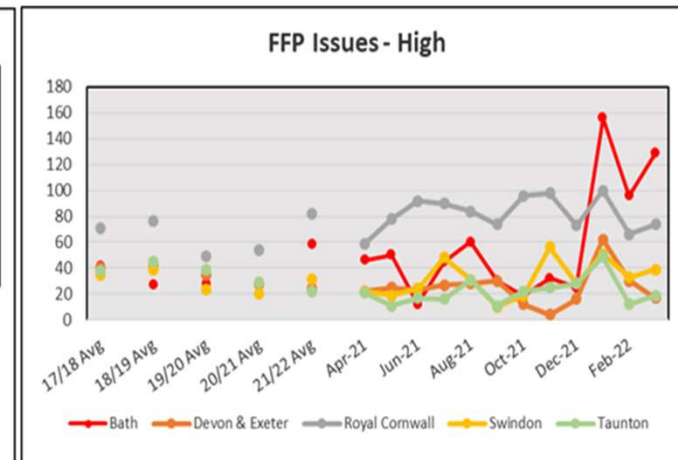
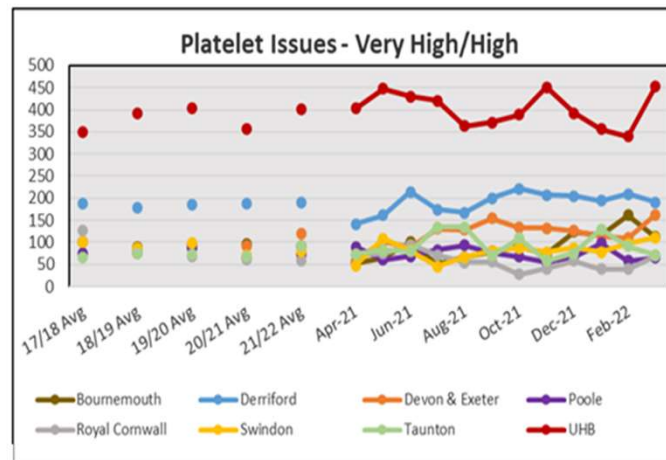
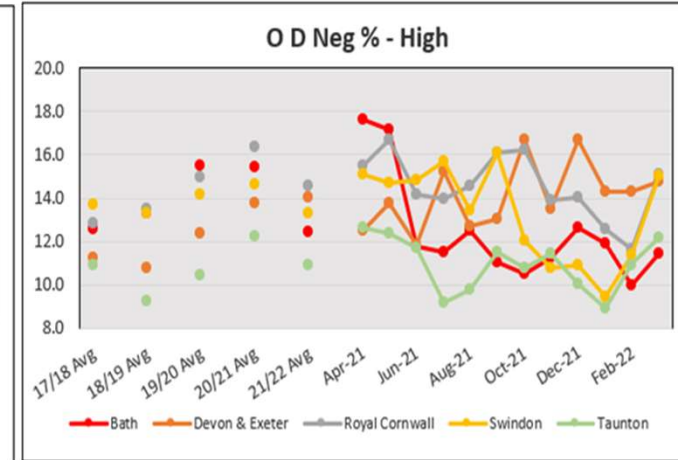
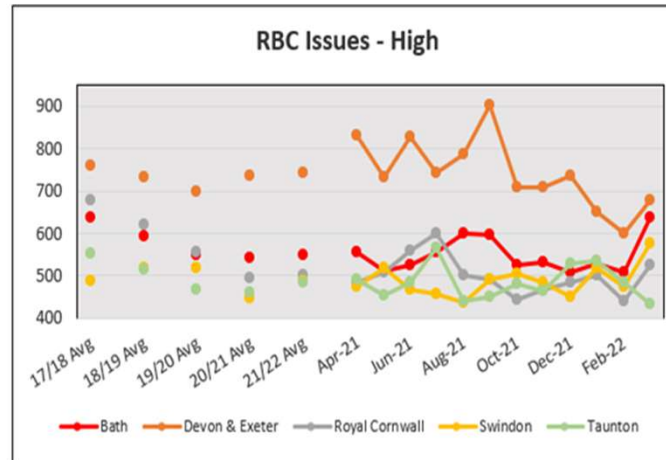
Usage – Very High Usage

- General trend up in RBC use with downward trend in O-ve
- **UHB**: Upwards trend in FFP due to replacement of non-UK stocks?



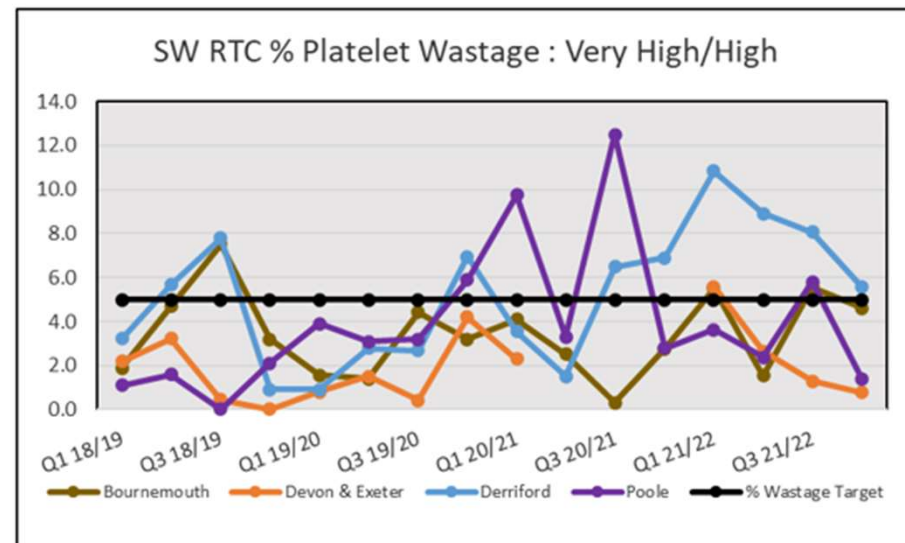
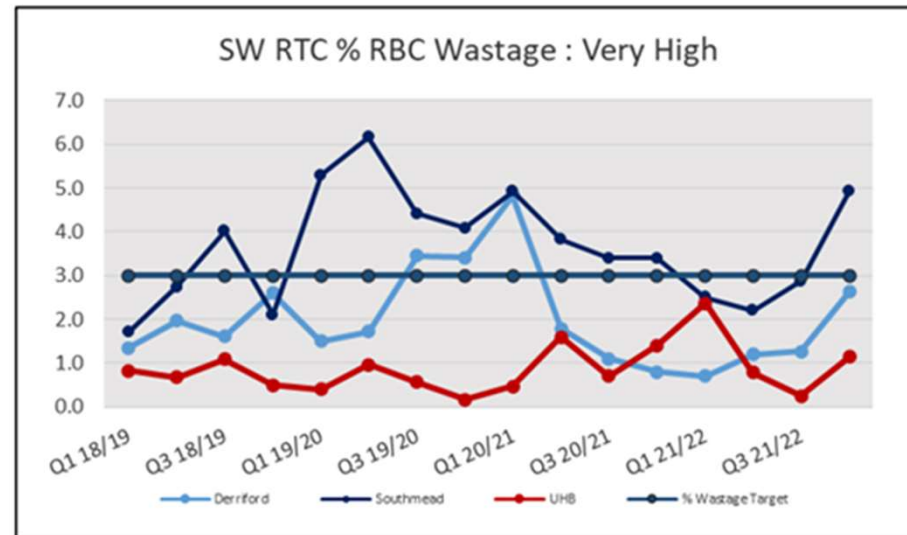
Usage – High Usage

- General trend down in RBC use.
- **Bath:** Pre-thawed FFP pilot in major haemorrhage led to ↑ wastage, no difference in FFP usage. Abandoned.
- **RD+E:** Aware O-ve use increasing, plan for O+ve in bleeding males



Wastage – Very High Usage

- **Southmead:** Increase in activity has led to increase in request for blood boxes in theatres. Leading to increase waste.
- **UHP:** Work ongoing to address platelet wastage, esp. communication.



NICE QS:1 – Iron Supplementation

QS1: *People with iron deficiency anaemia who are having surgery are offered iron supplementation before and after surgery.*

- Several trusts have committed to CQUIN
- Established pre-op anaemia services: -
 - **Bath:** spreadsheet on all anaemia patients, 100% of anaemic patients referred to surgical anaemia service. 100% have iron pre/post-op.
 - **Torbary:** Established service
 - **UHP:** Nurse led anaemia service in pre-op, 20 iron infusion / week, due to expand
- Developing services: -
 - **Gloucester :** Business case for anaemia practitioner to support blood conservation
 - **North Bristol:** New 1-year fixed term anaemia practitioner
- Experiencing difficulties: -
 - **Poole:** PANDA project, pre-op staff overwhelmed and understaffed “drowning in a sea of anaemia. Issues with LIMS – iron sats rather than TSATs%

NICE QS:2 - TXA

QS2. *People who are having surgery and expected to have moderate blood loss are offered TXA*

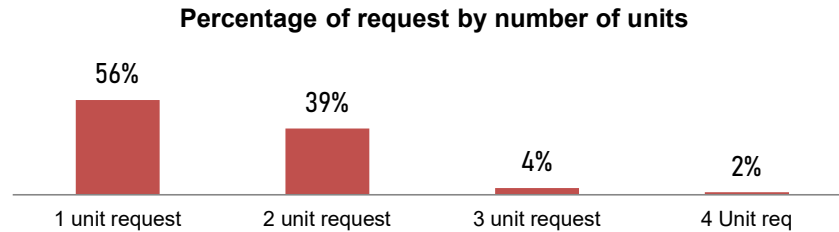
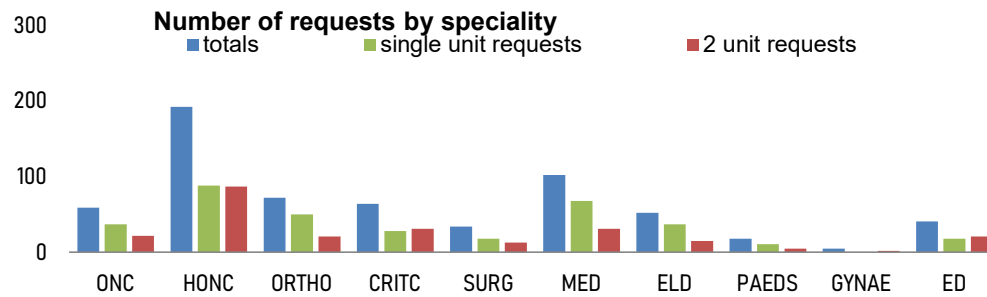
- Use common in orthopaedics – **RCHT, UHP, RD+E, Bath**
- A few trusts have / looking to expand:
 - **Torbay:** 90% of patients audited received TXA
 - **Gloucester:** New peri-operative TXA guideline written by anaesthetists/ratified by HTC. In discussions with vascular.
- Will publication of POISE-3 increase utilization outside ortho/obstetrics?

NICE QS:3 – One unit and reassess

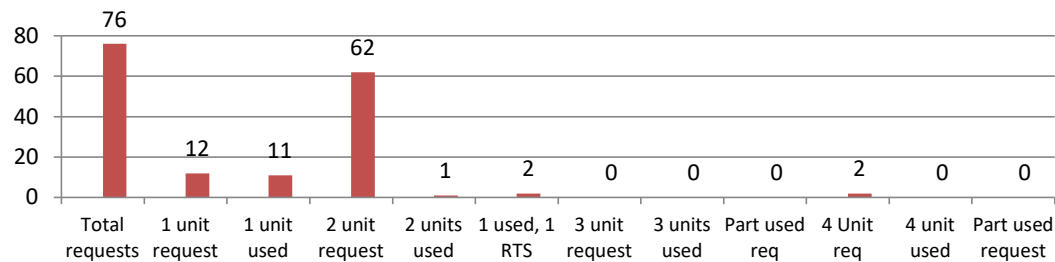
QS3: *People are clinically reassessed and have their Hb levels checked after each unit of RBC they receive, unless they are bleeding or are on a chronic transfusion programme.*

- **Bournemouth:** Monthly audit, transfusion against national indication codes, re-assessment after each unit promoted in teaching sessions
- **Weston:** Switch from manual cross-match to electronic blood issuing system. Combined with promotion/education of single unit with clinicians
- **RD+E/Bath:** Utilising EPR/e-prescribing to optimize single unit as default.
- **Gloucester:** Advanced practitioners in areas with high transfusion rates attending non-medical authorization study day. Champions for best practice

NICE QS:3 – One unit and reassess (Poole data)



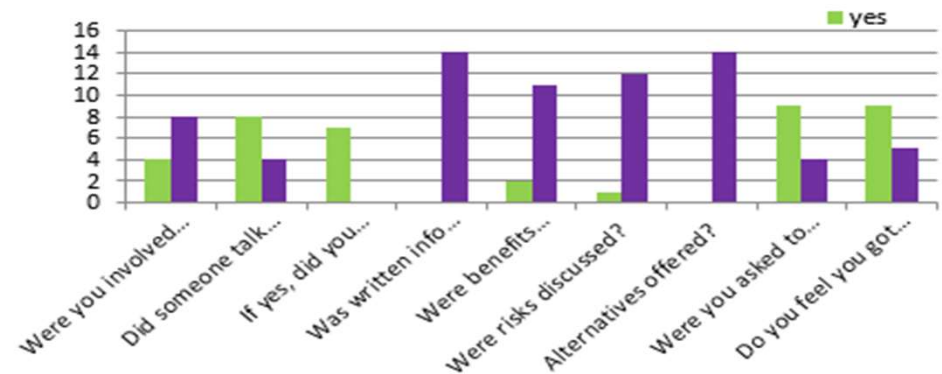
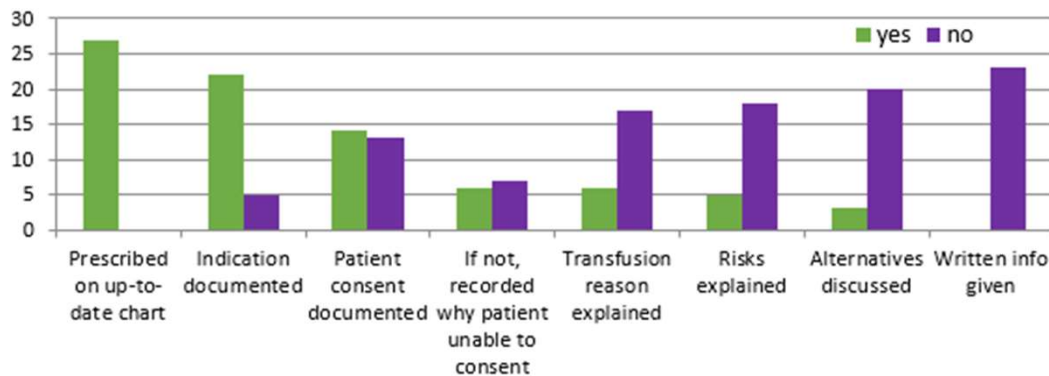
Obstetrics



NICE QS:4 – Verbal / Written consent

QS 4: People who may need or who have had a transfusion are given verbal and written information about blood transfusion.

- **Yeovil:** Audit compliance with consent every month, recorded on transfusion chart. Compliance usually 100%
- **RD+E:** Verbal consent recorded on EPR transfusion record. Looking to link to written information on consent form.
- **RCHT:** Recently introduced electronic consent tool.
- **Gloucester:**



RTC Objectives:1 – O+ve in bleeding males

- Recent SW educational sessions undertaken to promote O+ve in bleeding males – well attended.
- Number of trusts have recently developed policies to move towards this.
- **Bournemouth:** Unable to progress due to: -
 - Require software update on blood track delayed due to change in LIMS system
 - Large scale change due to one-dorset pathology network
 - Large number of staff who collect blood products from satellite blood fridges.

RTC Objectives:2 – Maternal anaemia

- National educational meeting organized by SW RTC scheduled for September 2022.
- **Gloucester:** Local guideline under review. Aim to improve logistics and location of IV iron
- **Yeovil:** Robust maternity pathway for anaemia management. Aim that no women should go into labour without having iron deficiency identified and treated

4. Other activities

- **Gloucester:** Laparoscopic and vaginal cell salvage
- **Poole/UHP:** Have implemented ROTEM live in trust.
- **RD+E:** To commence supplying blood to SWAOC
- **UHP:**
 - Developing emergency PCC release without haem consultant approval
 - Cell salvage system updated which now link patient's electronic record.
 - ED have purchased blood warmer for none hemorrhaging patient.
- Many trusts are looking to develop/review massive haemorrhage protocols.