

# SW PBM Group Meeting

18<sup>th</sup> January 2022

(via Microsoft Teams)



Chair- Elmarie Cairns

Support- Sam Timmins PBMP

Jackie McMahon RTC administrator

Apologies for Absence

# House keeping

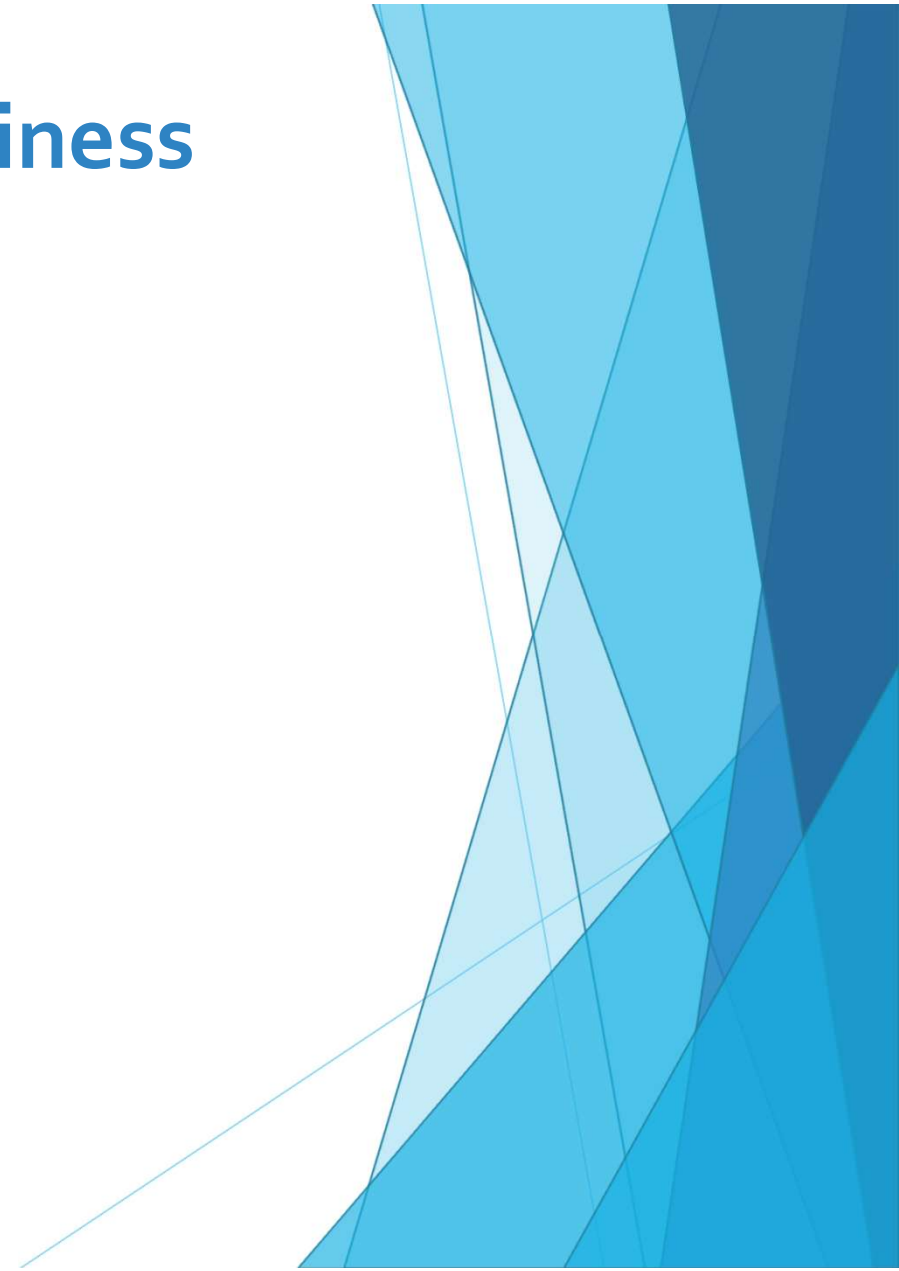
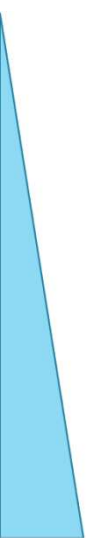
- By accepting the invite to this meeting you have given consent for us to record the meeting for the purpose compiling written minutes
- Please keep yourself muted unless you are speaking to reduce background noise and interference.
- To participate in discussion please use the “Raise hand” function on the tool bar, the chair will invite people one at a time. Don’t forget to unclick it once you have contributed.
- In the event of any presentations, save questions for the end of the presentation and use the “hand raise” function
- Please be aware the “Raise hand” function doesn’t work with the mobile phone app. You will need to make yourself known to participate in a discussion or use the chat function.
- If you have any technical issues, use the chat function to alert Jackie and Sam, who will assist.

Thank you!

## Freedom of Information

This group will observe the requirements of the Freedom of Information Act 2000 which allows a general right of access to recorded information including minutes of meetings, subject to specific exemptions. No one present today had any objections to their names being distributed in the minutes.

# Declaration of Any Other Business



# Summary of Previous Meeting and Matters Arising:

- ▶ January 2021 – full meeting:
  - RTT/PBM Update
  - Presentation of historic cell salvage data and agreement to carry on collecting data. OP to advise format/timescale
  - IV iron administration & Hypophosphataemia discussed following MHRA yellow card alert for Ferinject
  - Creating regional cell salvage KPIs, using database
  - Coding and tariffs
- ▶ June 2021 – interim/informal meeting:
  - Request for cell salvage co-ordinators to upload training matrixes to SharePoint.
  - Discussion around setting up cell salvage service/encouraging use
  - Invite Haemonetics rep to next meeting to discuss leucodepletion filters

# RTT & PBM Update



Sam Timmins

## RTT/ RTC



- ▶ O+ in male major haemorrhage objective continues, awaiting nation toolkit launch, informal discussion meeting soon



- ▶ PBM in maternity study day planned for September as part of the NBTC education programme. Survey of maternal anaemia management to support regional objective to follow

- ▶ Sickle cell themed Newsletter issued in Dec



- ▶ Continued development of HTC reports for RTC



- ▶ Re-design of annual transfusion survey



## Patient Blood Management

# Update

  
Blood and Transplant



On-going regional alignment work

New PBM Toolkit content



National Education programme

Outcomes of platelet survey published

HSJ Awards

New e-learning on the way



Blood components App

Practice Nurse Publication



New and updated resources

NCA & UKCSAG audits launch



# Transfusion Survey Update

Sam Timmins

<b>Trust/Hospital:</b>	Total number of beds: Total number of theatres:
------------------------	--

<b>HTC Details</b>	<i>Name -</i>	No. of Transfusion sessions per week (1 session = ½ day):		
Chair of HTC:				
Transfusion Laboratory Manager:				
Haematologist responsible for Tx:				
		<b>Band:</b>	<b>Hours:</b>	<b>WTE:</b>
Transfusion Practitioner:				
Blood Conservation Practitioner:				
Anaemia Nurse/Practitioner				

<b>HTC Attendance</b>	Yes	No
<i>Medicine (excl. haematology)</i>		
<i>Haematology</i>		
<i>Anaesthetics</i>		
<i>Obstetrics &amp; Gynaecology</i>		
<i>Orthopaedics</i>		
<i>Surgery</i>		
<i>Emergency Department</i>		
<i>Clinical Governance</i>		
<i>Other (please specify):</i>		

**Training** (1<sup>st</sup> April 2019 – 31<sup>st</sup> March 2020)

Blood transfusion training for –	At induction				Regular update				Update frequency (yrs)
		If 'Y' - % of staff done				If 'Y' - % of staff done			
<i>Medical Trainee</i>	Y / N	<50	50-75	>75	Y / N	<50	50-75	>75	
<i>Consultant/ Associate Specialist/ Staff Physician</i>	Y / N	<50	50-75	>75	Y / N	<50	50-75	>75	
<i>Registered Nurse</i>	Y / N	<50	50-75	>75	Y / N	<50	50-75	>75	
<i>Health Care Assistant</i>	Y / N	<50	50-75	>75	Y / N	<50	50-75	>75	
<i>Phlebotomist</i>	Y / N	<50	50-75	>75	Y / N	<50	50-75	>75	
<i>Theatre Nurse/ Operating Department Practitioner</i>	Y / N	<50	50-75	>75	Y / N	<50	50-75	>75	
<i>Porter</i>	Y / N	<50	50-75	>75	Y / N	<50	50-75	>75	

Laboratory information		
	Yes	No
Does your LIMS support Electronic Dispatch Note (EDN)?		
If Yes, do you use EDN?		
Do you have electronic technology for patient and blood component identification throughout the transfusion process?		
If No – do you have electronic technology for part of the transfusion process?		
If Yes – which system and which part(s) of the process does it cover:		
➤ Lab		
➤ Collection		
➤ Tracking		
➤ Administration		
Electronic Issue in use?		
Electronic pathology requesting in use for:		
➤ Group and Screen		
➤ Crossmatch		
If electronic pathology requesting in place, can you add clinical reason for transfusion?		
MSBOS in use?		
Lab staff empowerment strategies in place to challenge inappropriate requests?		
Single Unit Policy? (NICE QS138, St. 3)		
➤ What % of transfusions are single unit (one given and then <u>reviewed</u> ) _____ %		

Patient Blood Management – Surgical PBM			
	Yes	No	
Pre-op IV Iron in use? (NICE QS138 St.1)			
<u>Trustwide?</u>			
If No, List Specialties that use:			
Do you use recommended 130g/l hb trigger for men and women?			
Point Of Care Testing which includes:			
<ul style="list-style-type: none"> <li>➤ Hb monitoring?</li> <li>➤ Measurement of clotting parameters, <u>e.g.</u> TEG/ROTEM**?</li> </ul>			
**delete as appropriate			
<u>Trustwide?</u>			
If No, List Specialties that do undertake:			
Cell Salvage in use?			
<ul style="list-style-type: none"> <li>➤ Working Hours?</li> <li>➤ Out of Hours?</li> </ul>			
% of staff trained	<50 <input type="checkbox"/>	50-75 <input type="checkbox"/>	>75 <input type="checkbox"/>
<u>Post Operative</u> Cell Salvage?			
TXA used? (NICE QS138 St. 2)			
<ul style="list-style-type: none"> <li>➤ Used in all Procedures deemed to expect moderate blood loss (500mls&gt;)?</li> </ul>			
Fibrinogen Concentrate?			
Fibrin Glue?			

<b>Patient Blood Management – Medical PBM</b>		
	<b>Yes</b>	<b>No</b>
Is there a medical strategy which includes the identification and treatment of anaemia? <ul style="list-style-type: none"> <li>➤ If YES is there an algorithm based on signs/symptoms and Hb to guide management?</li> </ul>		
<u>Trustwide?</u>		
If No List Specialties that do include:		

<b>General Patient Blood Management</b>		
	<b>Yes</b>	<b>No</b>
EPO used as alternative to transfusion?		
<u>Trustwide transfusion triggers?</u>		
Do you have a <u>trustwide</u> O+ emergency blood policy?		
<ul style="list-style-type: none"> <li>➤ Trauma/MH only</li> <li>➤ For men, and women over child-bearing age</li> </ul>		
Policy for Consent for Transfusion? (NICE QS138 St. 4)		
Documentation for Consent?		
Patient Information Leaflets used?		

<b>Obstetric Practice</b>	<b>Yes</b>	<b>No</b>
Routine antenatal anti-D prophylaxis?		
If <u>YES</u> please indicate regimen:		
a. 500 IU anti D at 28 & 34 weeks _____	<input type="checkbox"/>	
b. 1500 IU anti D at 28 weeks _____	<input type="checkbox"/>	
Approximately what percentage of anti-D doses issued is traceable to a named patient: _____%		
Does your trust/hospital have a strategy/policy to identify and treat maternal anaemia during pregnancy and postpartum?		
Is it in line with BSH 2019 Guidelines?		
If NO would you like the RTC to forward you a copy of a policy?		

Please use this section to add any further comments you may have regarding additional support required for the HTC from your trust. If you have made any such requests, what actions have been taken?



→ **Policies**

Does your trust/hospital have a Policy for –

Management of massive haemorrhage \_\_\_\_\_ YES / NO

Audit of massive haemorrhage \_\_\_\_\_ YES / NO

Prescription and administration of Anti-D \_\_\_\_\_ YES / NO

Management of anti-coagulants pre-surgery (inc. anti-platelet drugs) \_\_\_\_\_ YES / NO

Management of bleeding patients on Novel Oral Anti-Coagulants/DOACs \_\_\_\_\_ YES / NO

Reduced sample volume \_\_\_\_\_ YES / NO

Please state any other transfusion related policies which you have:

Form completed by:

Name (Print):

Date:

***Please return this form to Jackie McMahon by email: [jackie.mcmahon@nhsbt.nhs.uk](mailto:jackie.mcmahon@nhsbt.nhs.uk) or post:  
Jackie McMahon, RTC Administrator, NHS Blood and Transplant, North Bristol Park,  
North Way, Filton, Bristol; BS34 7QH***



# UK Cell Salvage Action Group Update

Elmarie Cairns

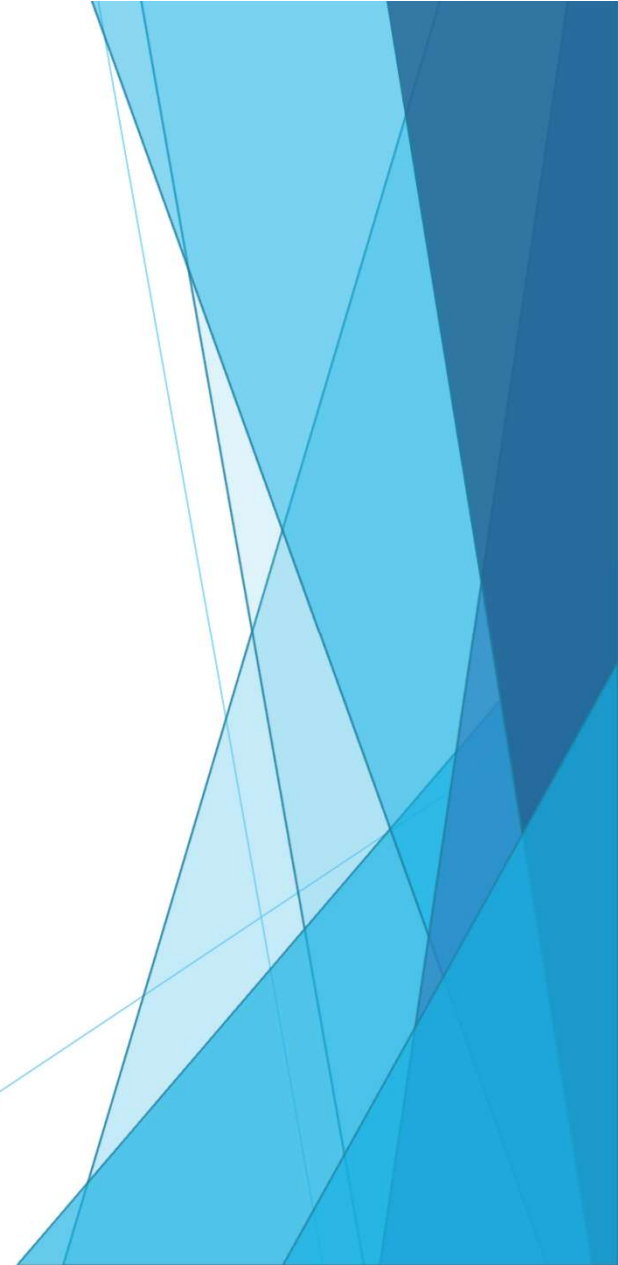
- Met virtually on 12th January 2022 with 12 members
- Terms of Reference for group currently being update. Group reports to NBTC
- Currently circulating Learn Cells Salvage teaching documentation to relevant group members for updating.
- Group advocates regional networking and data sharing/benchmarking against like size Trusts
- Cell Salvage survey – 80 responses so far, deadline extended - 28th Jan. Plan to send initial feedback within 3 months but aim to publish findings.



## UKCSAG Project proposed –

- ❖ Literature search for blood times allogeneic/autologous (AABB)
- ❖ Review paper to identify the gap in evidence
- ❖ Research project into bacterial growth in autologous blood at various time scales

Take a break.....



# Regional Cell Salvage Data Presentation

Dr Olly Pietroni



# SWICS 2019

Intraoperative Cell Salvage activity  
across the South West UK

Oliver Pietroni, RCHT. January 2022, SW PBMG meeting

# Aims

- Overall & Comparative data
  - Highlight some differences - what can we learn?
  - Processing & Reinfusion rates
  - EBL vs salvaged RBCs
  - Maternal Anaemia
- 
- Hospital Order maintained to aid interpreting graphs



Thank you

# What data?

... and who

	Bournemouth	Derriford	GWH	NBT	Poole	RCHT	Taunton	Torbay
Date	✓	✓	✓	✓	✓	✓	✓	✓
Procedure	✓	✓	✓	✓	✓	✓	✓	✓
Specialty	✓	✓	✓	✓	✓	✓	✓	✓
Pre-op Hb	✗	✓	✓	✓	✗	✓	✓	✗
Status (Coll / Proc)	✓	✓	✓	✓	✓	✓	✓	✓
sRBC Reinfused	✓	✓	✓	✓	✓	✓	✓	✓
EBL	✓	✗	✓	✗	✗	✓	✓	✓
TXA	✗	✗	✓	✓	✓	✓	✓	✓
JW	✗	✗	✓	✓	✓	✓	✓	✗

# Assumptions

## Specialty, Status, Reinfused

- Em splenectomy
  - EBL 2166
  - Vol IOCS blood = 716ml
  - Re-infused vol = ?? BLANK ??
- 
- Incomplete data forms are a problem

# Other Data

- Lots of other data collected - is it useful?
- Allo Transfusion data - interesting, but not useful without denominator
- ICS machine volumes... interesting, but not generally useful
- Procedure - lots of variation, difficult to compare
  - THR (primary vs #)

# 2019

## SWICS Summary

**Bournemouth**

**Derriford**

**GWH**

**NBT**

**Poole**

**RCHT**

**Taunton**

**Torbay**

**5951**  
cases



**>2400**  
re-infused

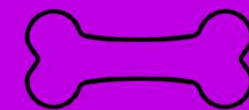
**41%**  
re-infused

**>725**  
**litres**



**359**  
cases

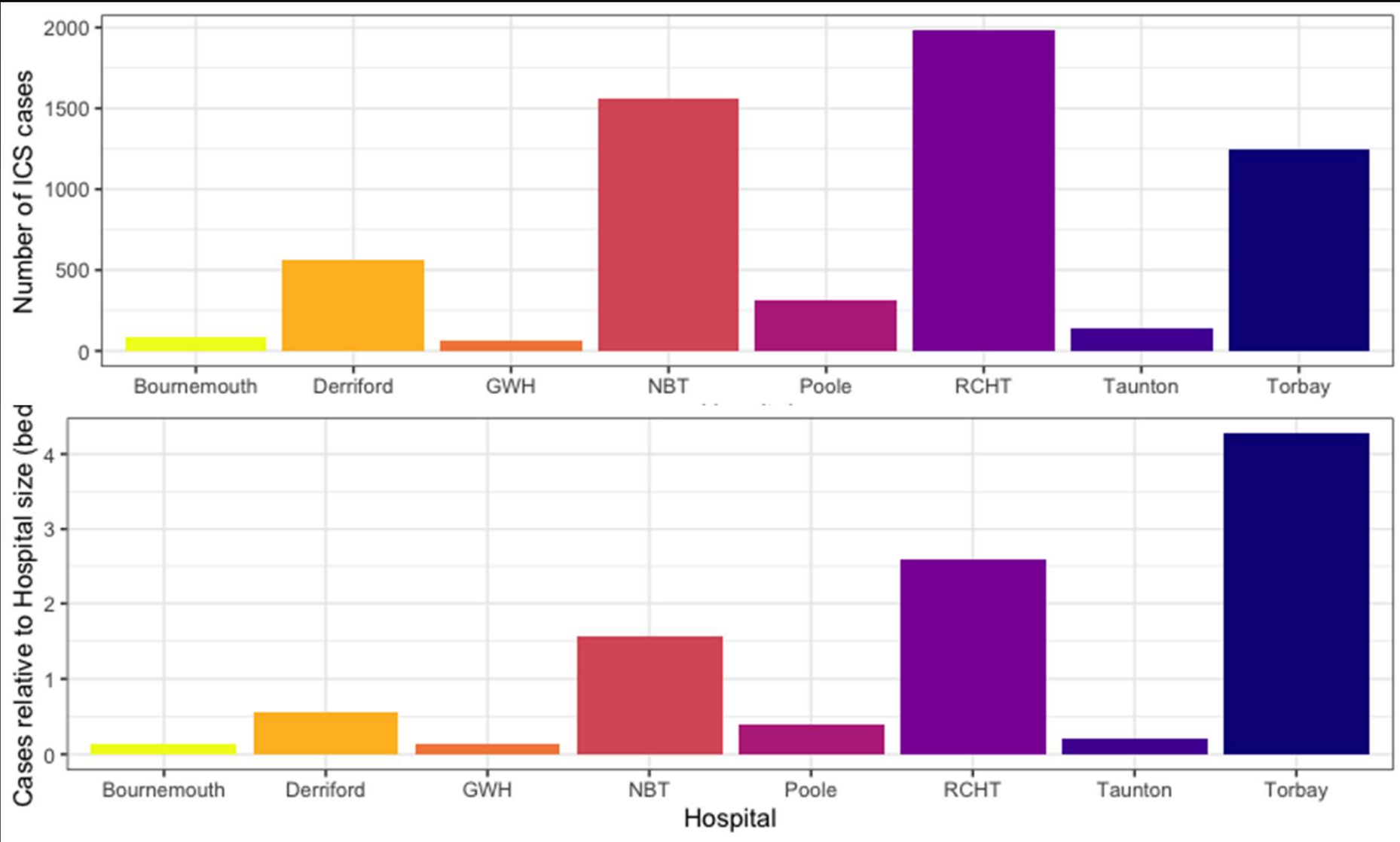
**>450ml**  
reinfused



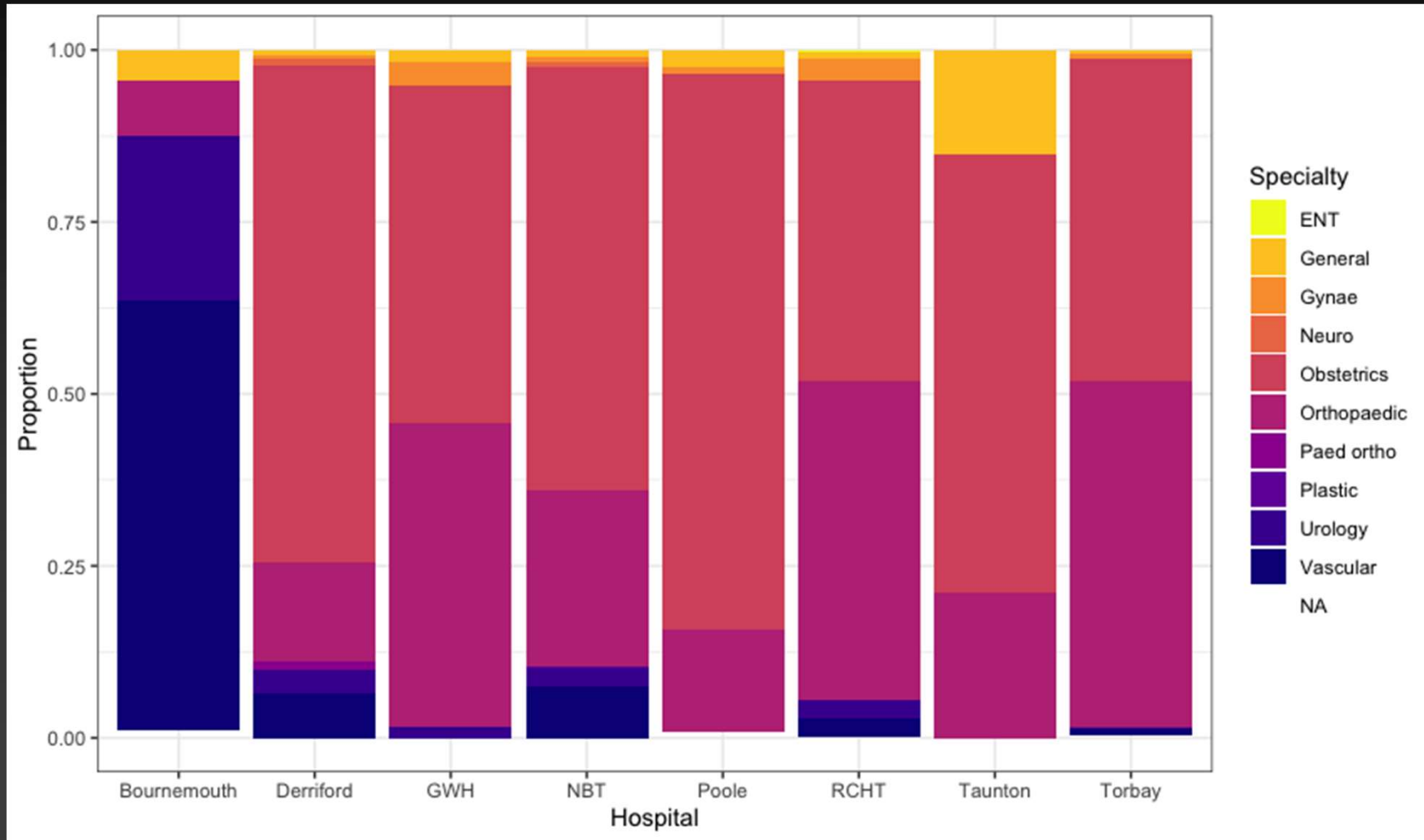
**94%**



# Distribution of ICS cases



# Specialty breakdown



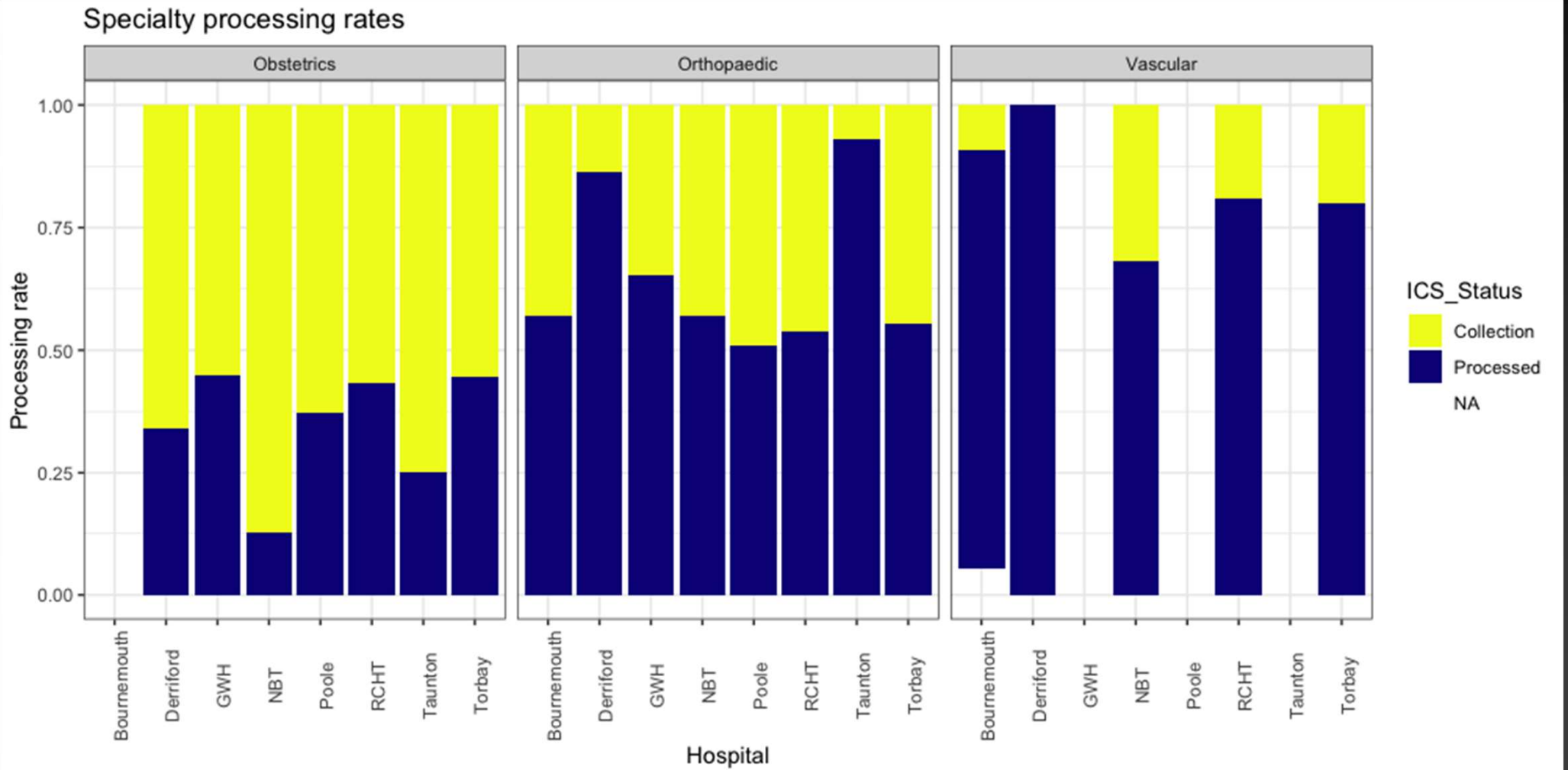
# Processing rates

## Things to consider

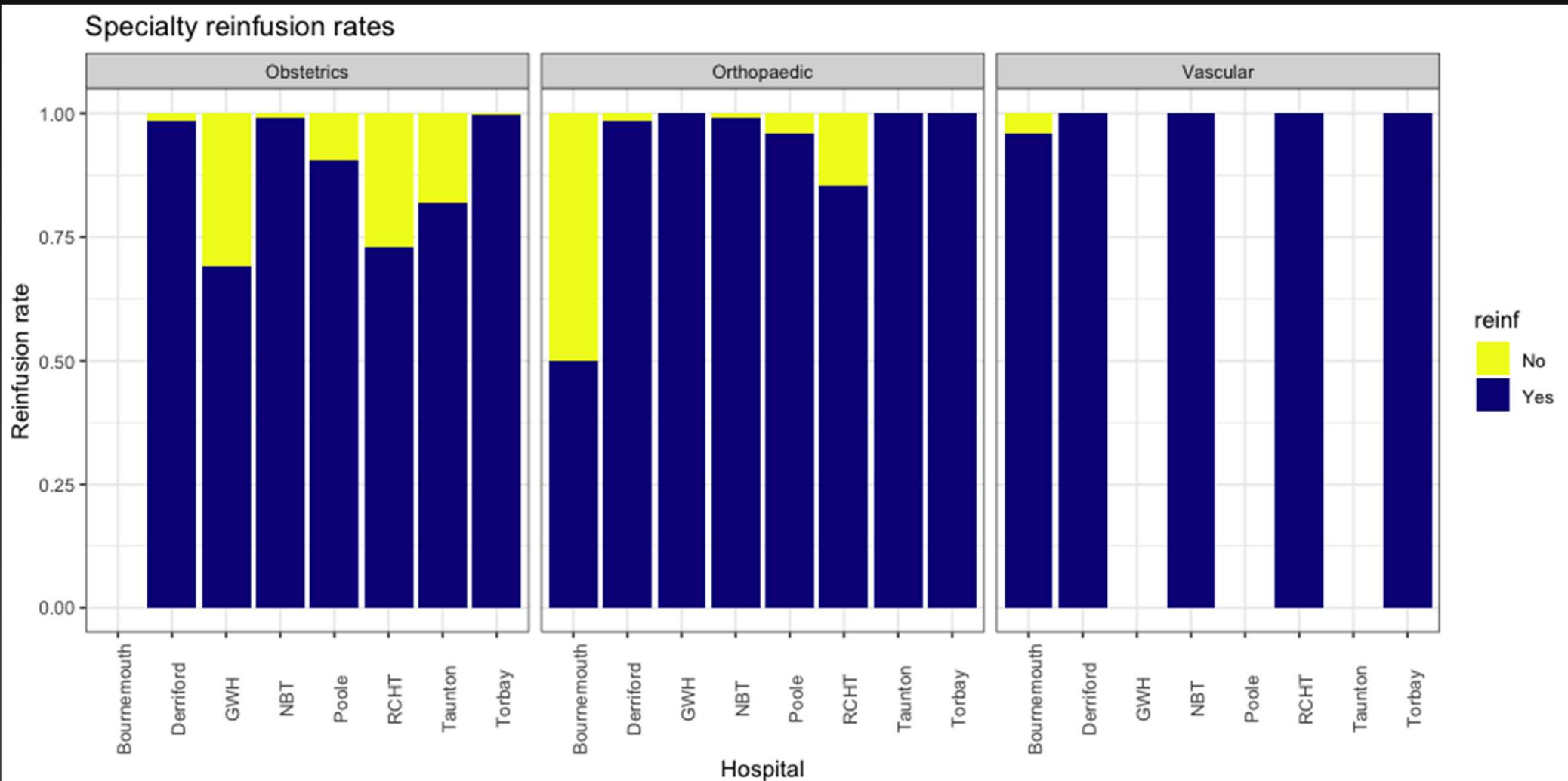
- Routine provision vs selective high-risk cases
- Optimum processing rate?
- Balance of cost effectiveness / environmental impact / clinical benefit.
- Processing for training?



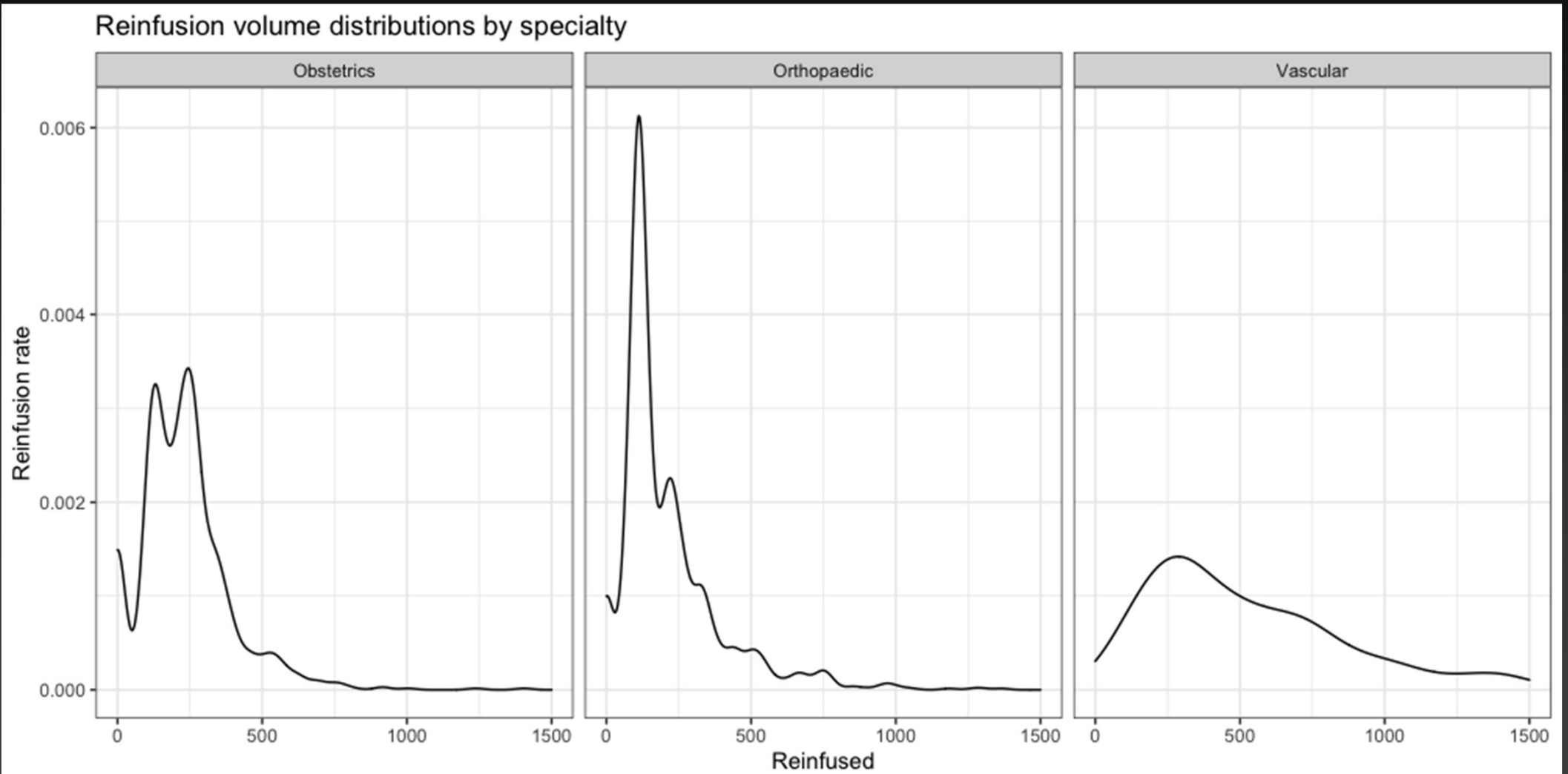
# Processing rates



# Reinfusion rates (when processed)



# Reinfusion volumes



# Obstetric cases

Balancing benefit of processing, reinfusion & volumes

## NBT

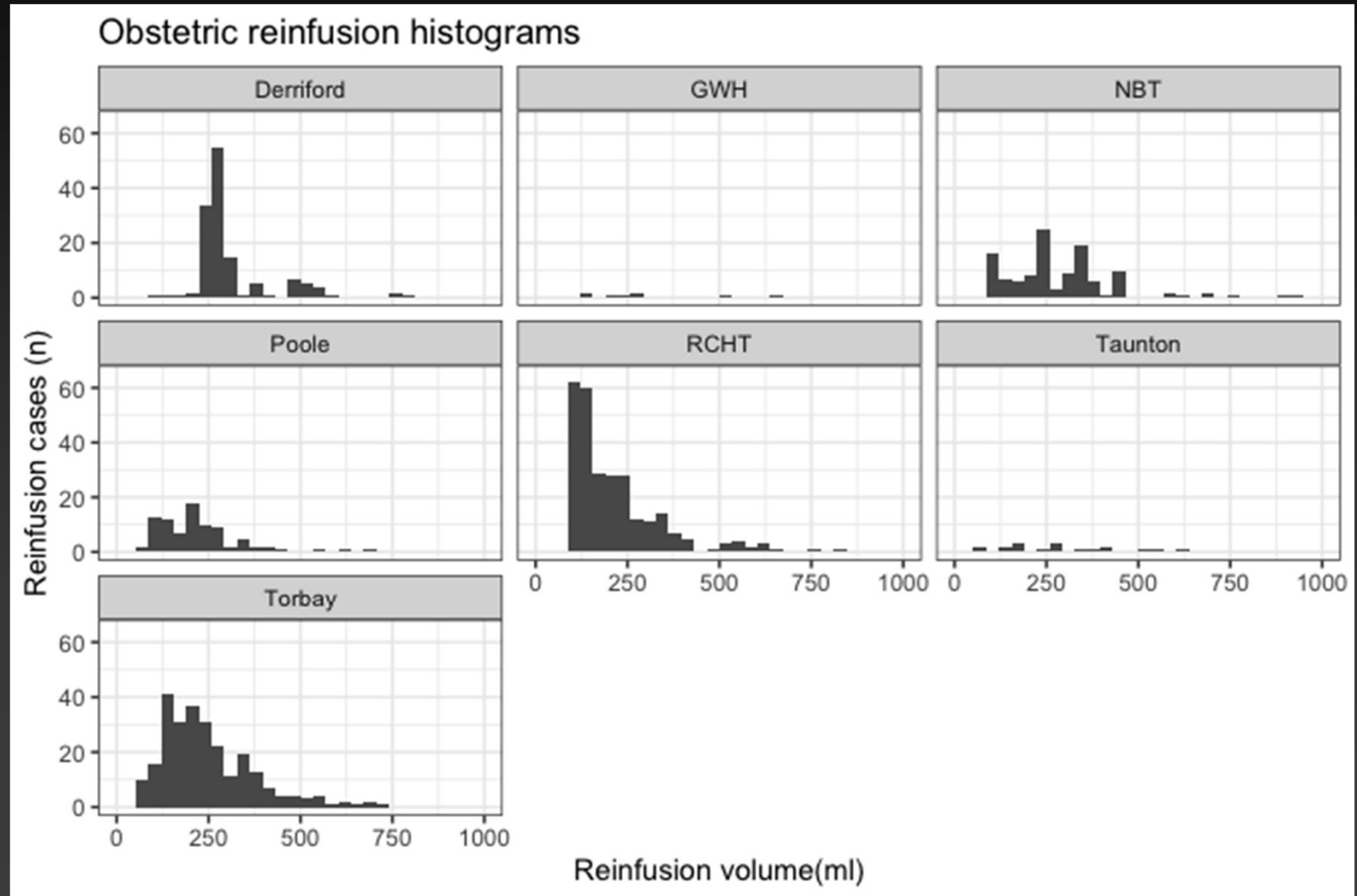
- lowest processing %
- high re-infusion %

## RCHT

- high processing %
- lower re-infusion %

	Number	Mean Vol Reinfused (ml)
GWH	9	472
NBT	121	322
Derriford	136	314
Taunton	18	289
Torbay	260	248
Poole	87	232
RCHT	272	214

# Regional Obstetric re-infusions



# Usage vs re-infusion rates

Where is the balance?

More selective

vs

Under-used service

More inclusive

vs

Clinical benefit

Sustainability

Cost effectiveness

It's complex!

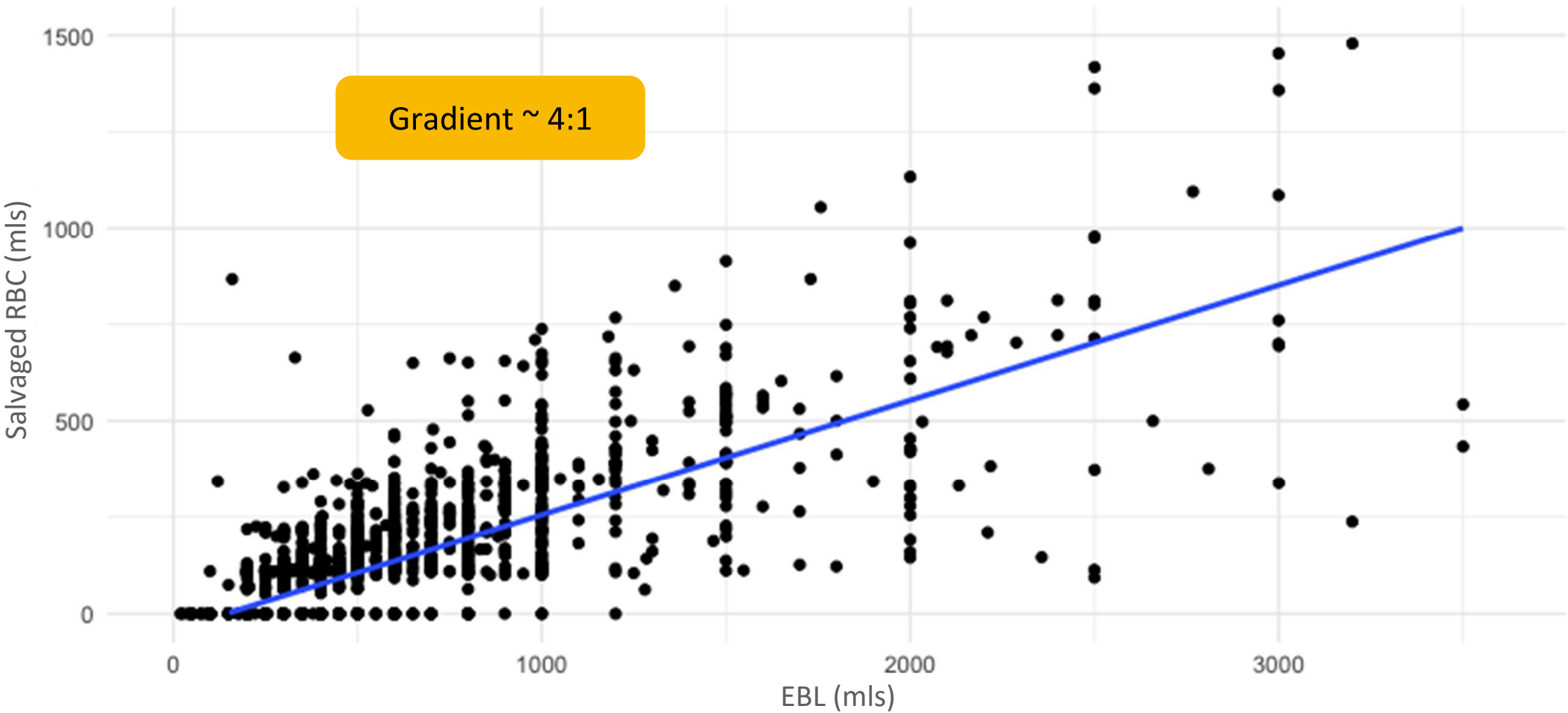
# Re-infusion data

## All Specialties

	Hosp	Operation	Vol Re-inf
1	RCHT	Spleen	5917
2	Bournemouth	AAA	3868
3	Derriford	AAA	3660
4	RCHT	AAA	2905
5	GWH	rTHR	2829

- Range: 43 - 5917 ml
- Total: 725,267 mls (~3,500 units RBCs)
- 41% reinfusion rate
- 2435 Patients
- 5 JW patients (233 - 540ml)
- 359 patients >450ml
  - 1 per day
- 1795 patients >125mls (30%)

# EBL vs Salvaged RBC

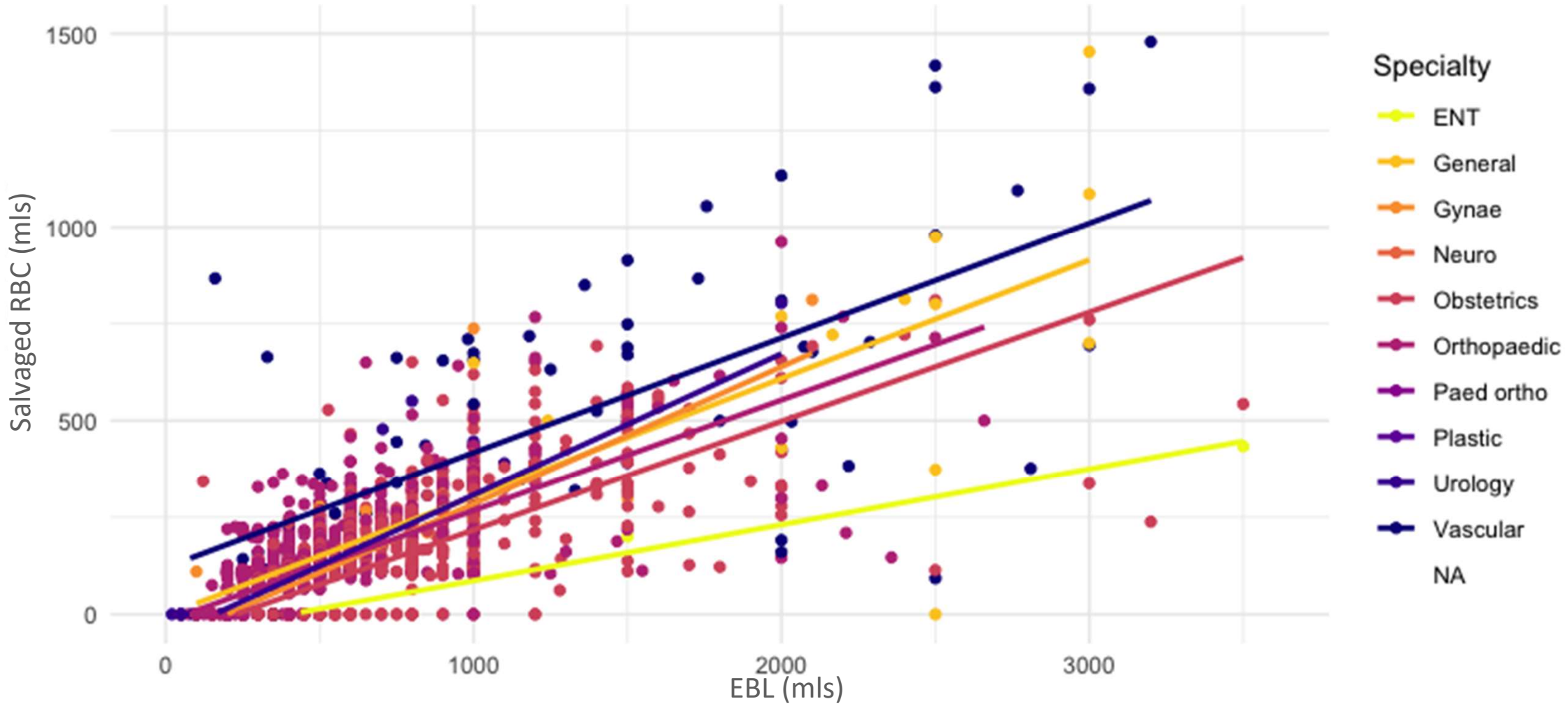




# EBL vs Salvaged RBC

- Observable differences between specialties
- Quality of blood salvaged
- EBL Estimation

# EBL vs Salvaged RBC

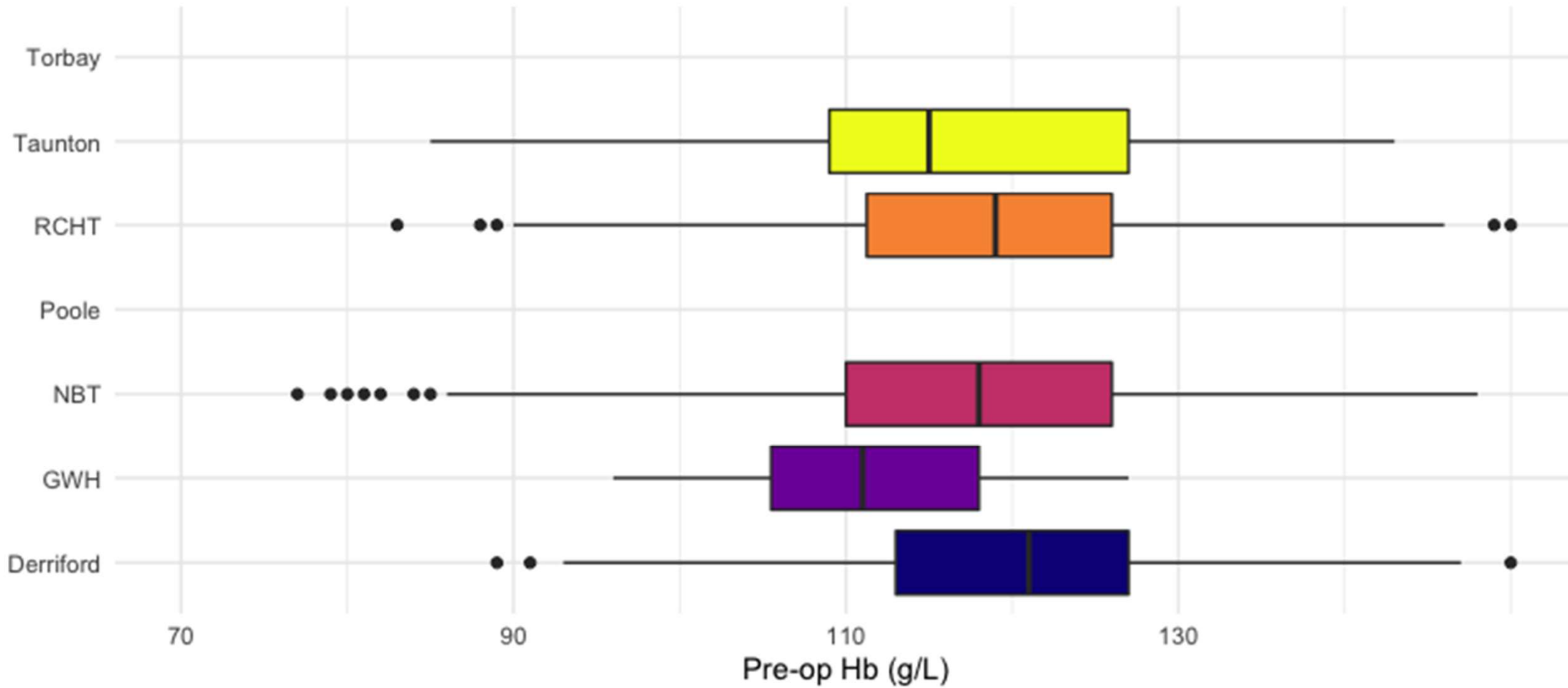


# Comparative Maternal Anaemia

- All Obs cases (not just CS)
- Em / El
- Only with ICS used
  
- Selective ICS users may regard anaemia as risk factor & Is ICS used more when patients anaemic as indication of high risk??

# Comparative Maternal Anaemia

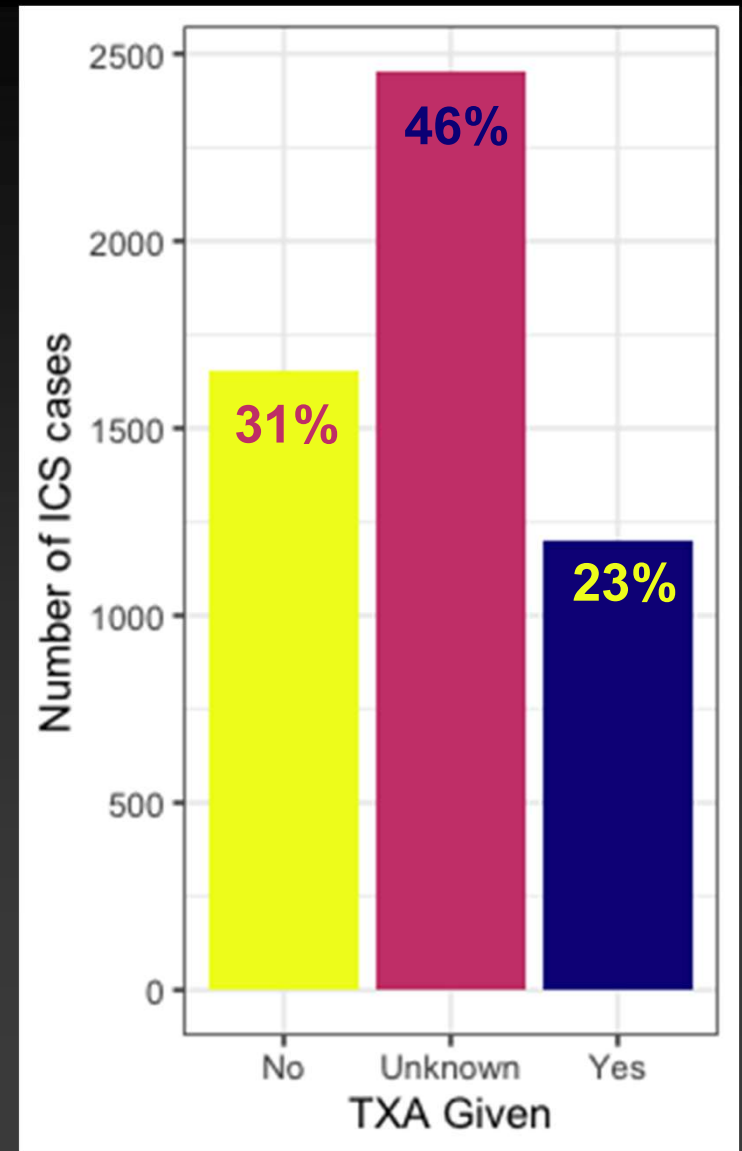
Obstetric ICS cases 2019



# TXA

## Food for thought

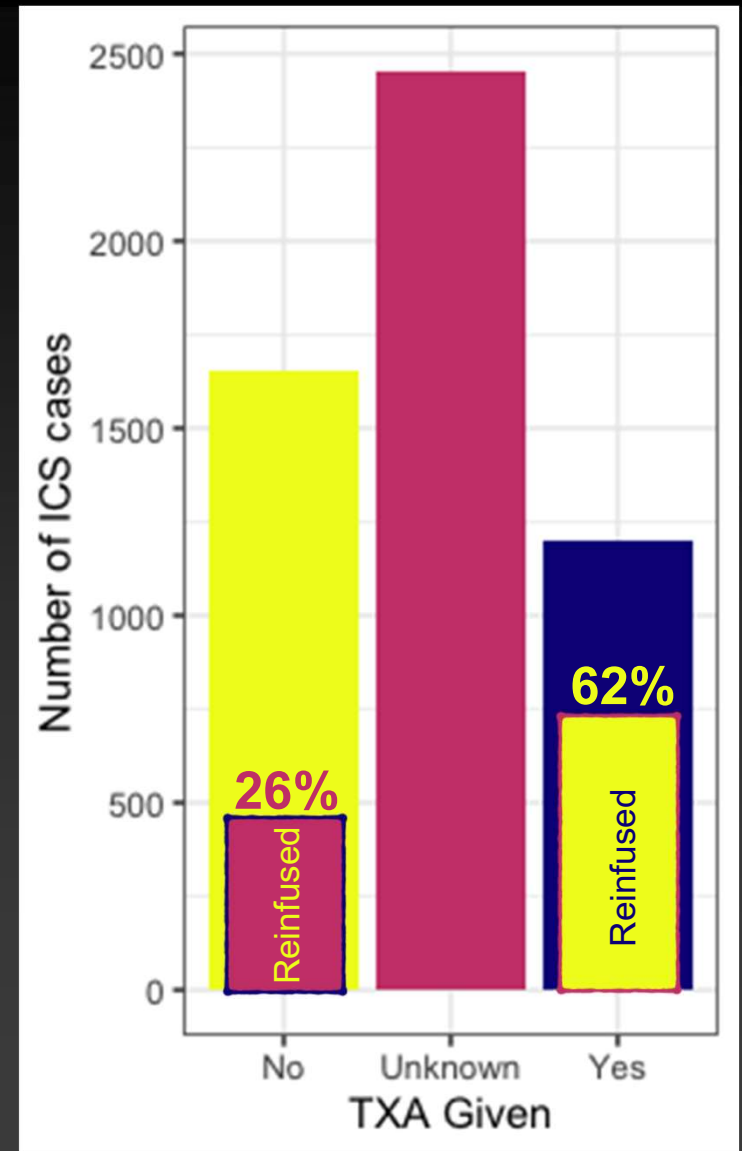
- NICE
- PBM Indicator for RTC & NCA
- Most (6/8) recorded its use (5302 cases)
- TXA is given less often than not...



# TXA

Food for thought

- NICE
- PBM Indicator for RTC & NCA
- Most (6/8) recorded its use (5302 cases)
- TXA is given less often than not...



# Conclusions

- Strong & collaborative approach to ICS in the SouthWest region
- Good quality data collection is hard - keep going!
- Differences in our practice
- Similarities in our data
- Distribution of pre-op Maternal Hb appears similar across SW
- We probably don't give enough TXA (?)

# What next?

- Data might be more useful with denominator info
  - I.e. what % of THRs do we use ICS for?
  - Is there a difference in outcomes?
- Can we set benchmarking standards?
  - Processing / Reinfusion rate?
  - Difficult without outcome data...



# What next?

- Should we do this again? Or something different?
- Collaborative audit with outcomes
  - THR / NOF / CS

# 2019

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**94%**



# Questions

- Can I share the data?
  - Within NTC community
  - Conference Poster Presentation

# Leucodepletion Filter Presentation

Ian Swann

# Any Other Business



# Date For for Next Meeting

