

Hospital Transfusion Committee Reports

South West Regional Transfusion
Committee meeting

22nd May 2024

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Chair of the South West RTC



Introduction

- 7th meeting with presentation of HTC reports at SWRTC
- Responses from 14 hospitals
- Focus on NICE QS on consent

| Hospital | May 21 (pilot) | November 21 | May 22 | November 22 | May 23 | Nov 23 | May 24 |
|------------------------------|-------------------|----------------|--------|-------------|--------|--------|--------|
| 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 & Wastage

Blood Stocks Management report

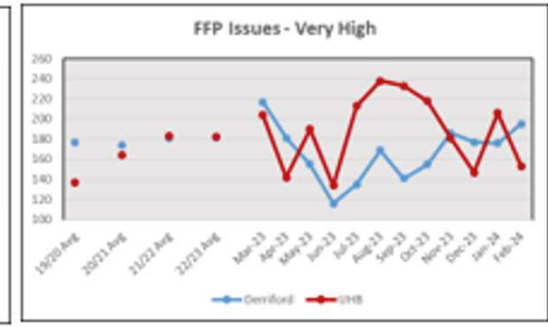
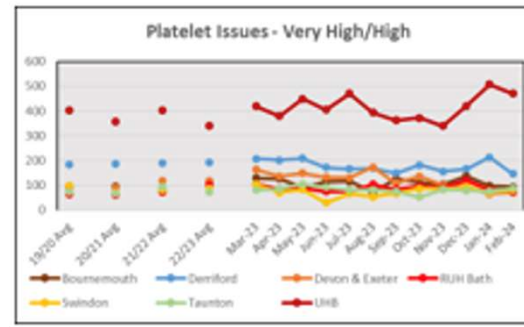
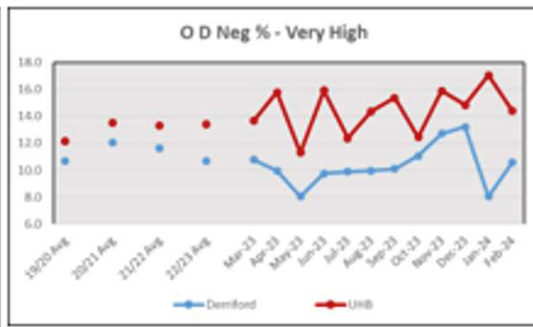
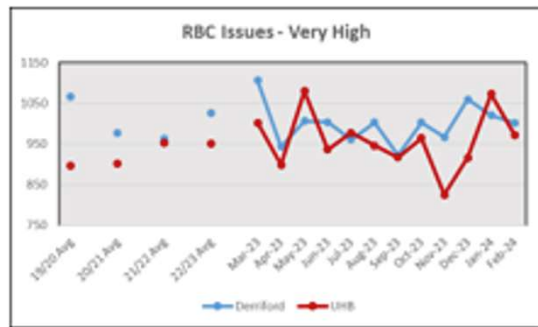
Recent meeting with Matthew Bend @ NHSBT

Discussion on

- Potential for regional blood stocks management report
- Compare South-West with other regions.

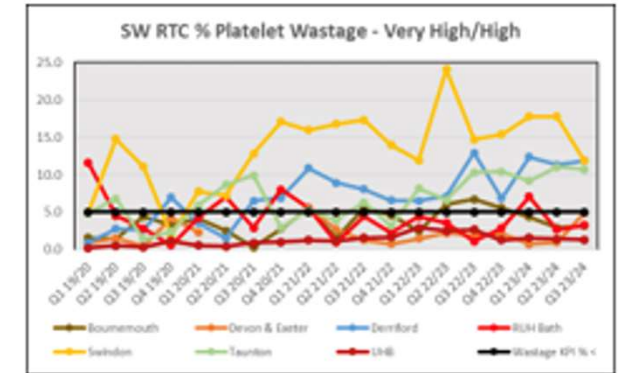
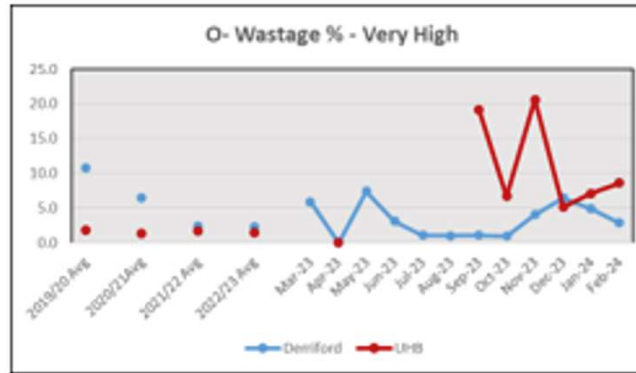
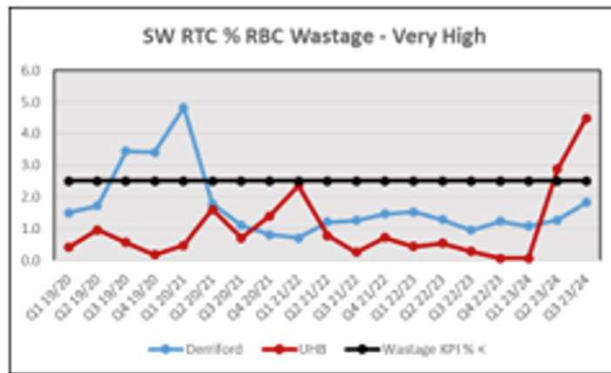
What KPI's/Data would be the most useful?

Very High Usage Trusts - Usage



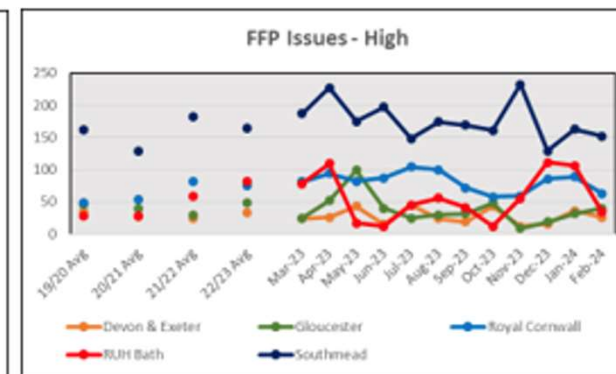
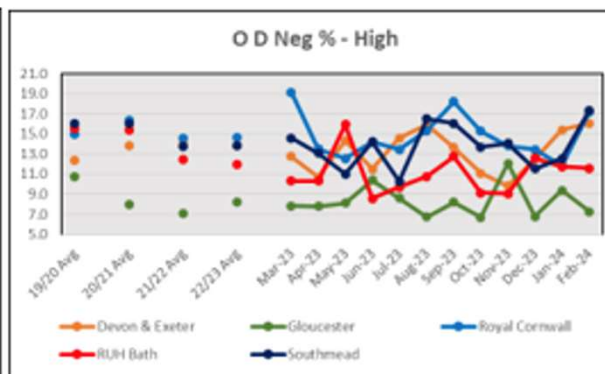
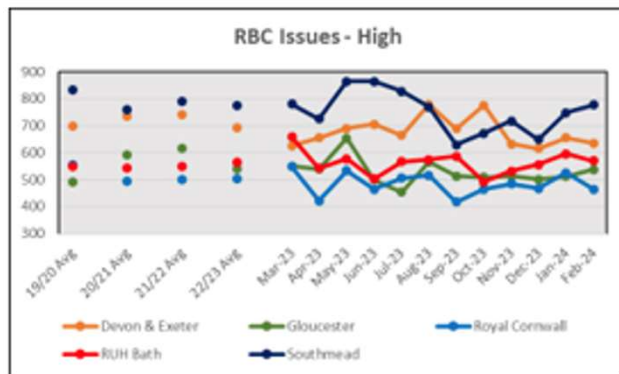
- RDUH: Move to using O Neg platelets rather than A Neg as stock at eastern site had supported NHSBT challenges with stock levels. Advance order reports generated in the EPR has allowed lab staff to order relevant red cells for planned transfusion, supporting patient – based ordering and reduction of irradiated stock holding.

Very High/High Usage Trusts - Wastage



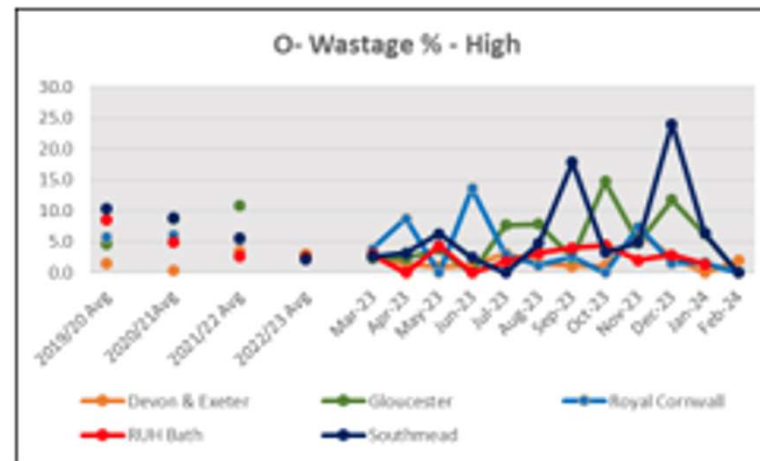
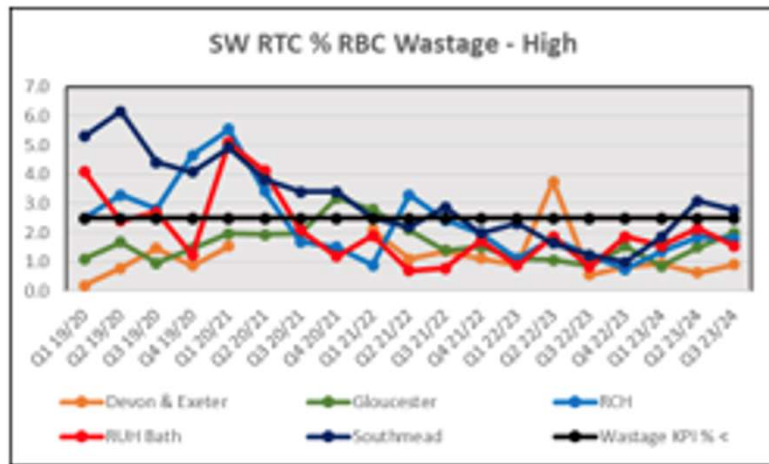
- Taunton: Looking into platelet wastage as appears to be higher than other similar users. Unclear if due to having to stock at both YDH and MPH sites and then move short dated stock between. Auditing currently and altering requesting patterns as part of a recent project.
- RDUH: Ability to transfer red cells and platelets across sites has supported a reduced stock holding and low wastage rates.

High Usage Trusts – Usage



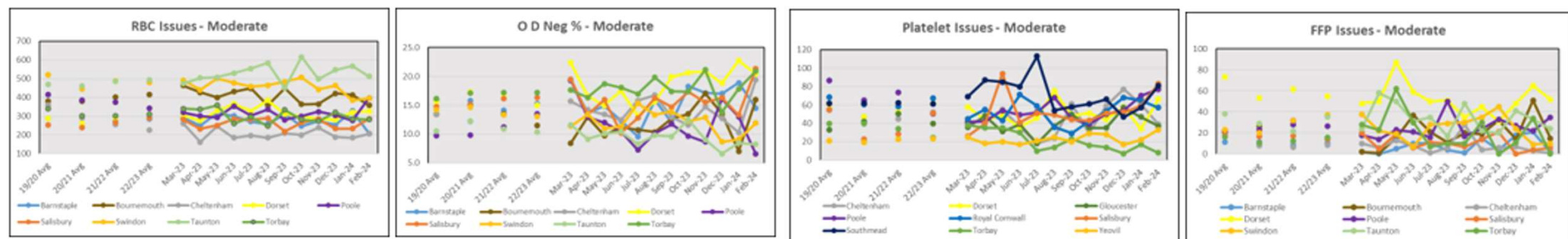
- NBT: NBT has been reassigned from the 'very high user' category to the 'high user' for RBC and FFP. This is due to our PBM and reduction in wastage.
- RDUH: Advance order reports generated in the EPR has allowed lab staff to order relevant red cells for planned transfusion, supporting patient-based ordering and reduction of irradiated stock holding.

High Usage Trusts – Wastage



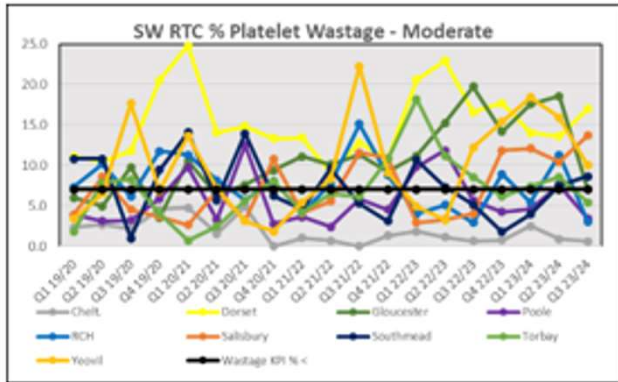
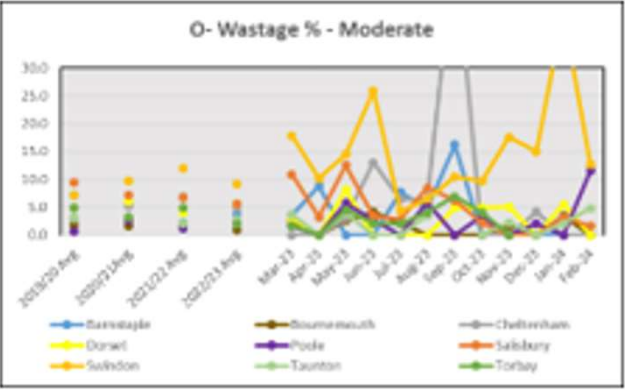
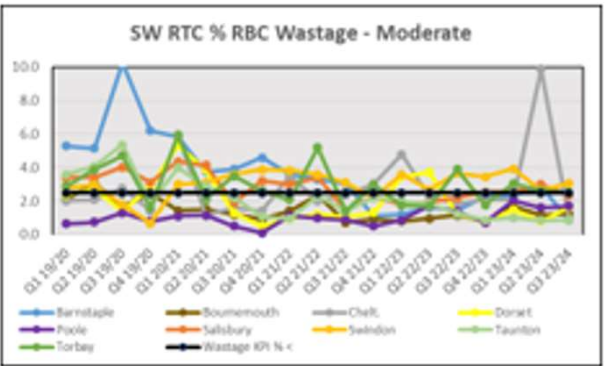
- NBT: Dec O neg wastage – 10 time expired and 8 out of temperature control, 3 wasted - transfer from RUH, 3 wasted from air ambulance, 2 unknown. 10 time expired – all emergency stock reissued to patients for 1-4 times and two units were brought back into stock with less that 7 days expiry. (this is not policy).
- RCHT: High FFP wastage, related to Air Ambulance provision

Moderate Usage Trusts - Usage



- Torbay: Still have problems reducing O Neg proportion – plan on auditing lab adherence to major haemorrhage guidance (eg O Pos for men) and look at local blood groups in transfusion dependent patients.
- Poole: Several haematology patients end 2023, two O Neg and the other O Pos but with ‘difficult phenotype’ so O Neg sometimes received from NHSBT- this accounts for increase in O Neg Dec 23-Jan 24.

Moderate Usage Trusts - Wastage



- Gloucestershire:** Platelet wastage increased at Gloucester site. Increased stock holding of emergency A Neg platelets (1 > 2, one on each of our sites). This is because we are now ordering from Birmingham NHSBT centre, which provides a longer blue light delivery time
- Taunton:** Looking into platelet wastage as appears to be higher than other similar users. Unclear if due to having to stock at both YDH and MPH sites and then move short dated stock between. Auditing currently and altering requesting patterns as part of a recent project.
- Poole:** O Neg wastage spike Feb 24 incorrect – 2 paed O Neg units incorrectly entered on Vanessa – actual units wasted = 1 not 3 (this has been amended in the most recent NHSBT monthly component report.

Nice Quality Standards - Consent

2023 National Comparative Audit of NICE Quality Standard QS138

Key findings of 2023 audit



617/908 (68%) of the patients who were known to have iron deficiency anaemia prior to being admitted for surgery were treated with iron before surgery (compared to 59% in the 2021 audit).



900/1335 (67.5%) patients undergoing surgery with expected moderate blood loss received tranexamic acid (compared to 67% in the 2021 audit).



766/1205 (63.6%) patients receiving elective red blood cell transfusions had both their haemoglobin checked and a clinical re-assessment after a unit of red cells was transfused (compared to 58% in the 2021 audit).



Only 475/1356 (35%) of transfused patients had evidence of receiving both written and verbal information about the risks, benefits and alternatives to transfusion (compared to 26% in the 2021 audit).

HTC reports on Consent for Transfusion

All trusts reported providing written information

Most in the form of NHSBT PIL

- Some gave leaflets to patients having group and screen samples.
- Some had leaflets on the wards

- **Bournemouth:** Wards never request further supplies of the leaflets, so they do not appear to be being used.

Several trusts looking to build consent into new prescription charts

Many trusts report consent for transfusion not routinely audited.

HTC reports on Consent for Transfusion

Poole: Tear off section of transfusion prescription and record either pre-transfusion or post unexpected transfusion

84% of 38 transfusion prescriptions had no evidence of patient consent being performed.

Torbay: Currently being highlighted in face-to-face training

Verbal consent in 90% of transfusion in recent audit

Salisbury: Haem Onc patients on chronic transfusion schedule required to sign a regular blood transfusion consent every 6 months.

Taunton: 15 patients audited – 12 had no consent documentation in the notes.

“Consent needs to be improved in trust, likely multifactorial issues – training, workload, accessibility of consent form/stickers”

HTC reports on Consent for Transfusion

Dorset: Consent conversations re-introduced using SaBTO guidance. Pushed by new PBM action group. Weekly presentation at hospital restaurant on consent in transfusion.

Audit date shows increased from 75% to 89%

Gloucester: Using QS 138 tool to audit consent compliance.

| Statement | Q3 2021/22 | Q1 2023/24 | Q2 2023/24 | Q3 2023/24 |
|--------------|------------|------------|------------|------------|
| QS1a | 45 | 20 | 80 | 75 |
| QS2 | 73 | 35 | 60 | 55 |
| QS3a | 70 | 90 | 90 | 100 |
| QS3b | 55 | 60 | 95 | 80 |
| QS3 both | 55 | 60 | 90 | 80 |
| QS4b verbal | 45 | 40 | 40 | 65 |
| QS4b written | 10 | 10 | 20 | 30 |
| QS4b both | 10 | 10 | 20 | 30 |

HTC Reports on Consent for Transfusion

RCHT: Mandatory checklist as part of administration process (electronic tracking) that includes consent for administration. Do not monitor regularly if consent documented at point of authorizing blood transfusion.

Results: 100% electronic + 2 in patient notes

RDUH: EPR hyperlinks to NHSBT PIL. Mandatory questions in the EPR blood order to ensure patient information addressed. Includes option where patient can't consent but a best interest's decision or consent from family/carer has been obtained

Results: Audit not required as order mandates that this is completed.