



Transfusion Committee

Randwick Hospitals Transfusion
Committee (HTC)

Transfusion Committee -definition

“A committee is a group of the unwilling, chosen from the unfit, to do the unnecessary” *Anon*

“To get something done, a committee should consist of no more than three men, two of whom are absent” *Robert Copeland*

“A committee is a cul-de-sac down which ideas are lured and then quietly strangled” *Sir Barnett Cocks*

Terms of reference for a transfusion committee

1. Department of Health Circular 2003/83 -

Each health service should set up mechanisms for the review of transfusion issues

- Clinical management of blood and blood components
- Financial considerations
 - Devolve financial budgets to hospital and relevant clinical centres
 - Establish effective monitoring systems to highlight usage, Establish appropriate risk/incentive measures for budget holders

Terms of reference for a transfusion committee (cont'd)

2. ARCBS Transfusion Medicine Manual

- Hospital Transfusion Committee reports to the hospital executive
- Policy and procedure
- Staff training/education
- Adverse transfusion events
- Appropriateness of blood transfusion
- Recommend corrective action in transfusion practice.

Terms of reference for a transfusion committee (cont'd)

3. Skerman report into transfusion services at SESIAHS

Recommended membership of HTC

- Chair: Director of Clinical Services
- Haematologist
- Senior blood bank scientist
- Safety Officer (Transfusion Coordinator/CNC)
- Haematology Lab Manager
- Nursing Representative
- Representatives of ICU , Theatres, Emergency Department
- Representative of Clinical Division in order of Blood and Blood product usage. (Membership may vary between sites) eg haematology, cardiothoracic surgery, orthopaedics

ARCBS Recommendations

■ Motivation

- Meet with Head of Surgery, Medicine, Anaesthetics, Haematology, Oncology, Emergency/ICU, O&G, Nursing and Transfusion laboratory to motivate and recruit members.
- Report some examples of difficult cases to your hospital executive to gain their support. Make them aware of risk management issues for the organisation.
- Set a date and have a clear initial agenda
- Deal with a topical issue first
- Some states mandate a Hospital Transfusion Committee (HTC).

■ Define Role and Terms of Reference

- Always ask: What do you want to achieve?

ARCBS recommendations (cont'd)

- **Primary role of the HTC is usually to:**
 - Provide an active forum to facilitate communication between those involved with transfusion
 - Recommend or perform practice audits
 - Monitor transfusion practice compared to institutional, national or international benchmarks
 - Provide education to effect change in practice.

- **Membership of the HTC:**
Chair=most motivated member!
 - **Institutional representatives**
 - Clinicians: Surgery, medicine, paediatrics, haematology, oncology, orthopaedics, O&G, anaesthesia, emergency, ICU.
 - Executive management
 - Clinical risk management/Quality assurance
 - Blood bank scientist in charge
 - Nursing
 - Other relevant departments e.g. pharmacy.
 - **External representatives**
 - Australian Red Cross Blood Service (ARCBS) Transfusion Medicine member
 - Invited or ad hoc members
 - Health department.

ARCBS recommendations (cont'd)

Goal Setting

- Always have achievable goals

Agenda item suggestions

- Adverse reactions to transfusion
- Implement national policies and guidelines
- Development and review of institutional transfusion policies and systems e.g. patient and sample identification
- Development of local educational and training materials as required
- Audit

Meeting frequency

- Frequent enough to get things done, often quarterly
- Pick the best time to suit the majority of the members.

Other Tips

- Executive commitment and active involvement is important
- Short and informative presentations on topical issues help maintain interest and currency in transfusion practice
- HTC members have their own networks to assist information exchange - use them
- Get secretarial support
- Prompt turnaround of minutes helps motivation of members
- Consider providing food - attendance is always better!
- Enjoy it!

Background- Randwick HTC

Randwick Blood Bank (RBB) services 4 major hospitals:

- Prince of Wales Hospital,
- Sydney Children's Hospital,
- Royal Hospital for Women
- Prince of Wales Private Hospital

And 2 smaller hospitals : Sydney Hospital and War Memorial Hospital

Workload of RBB

- Yearly averages (2006-8)
 - 15,000 units red cells,
 - 3000 units platelets,
 - 3500 units FFP
 - 1400 units of cryoprecipitate
- Specialty areas
 - Adult and paediatric patients with thalassaemia major
 - Neonatal nursery (RHW and SCH)
 - Paediatric allogeneic transplant service
 - Massive obstetric bleeding
 - Remote release for Sydney Hospital

Randwick Hospitals Transfusion Committee

- Longstanding
- Chaired by a haematologist
- Large group of members
- No visible terms of reference
- No secretarial support
- Meets second monthly (previously quarterly)
- No reporting structure until 2004
- Half-time transfusion CNC since 2008

Evidence-based markers of a successful committee (??)

- EQuIP/QA –committee audits
- Longevity
- Participation rate
- Goodwill
- Improvement in KPIs

What works at Randwick HTC?

- Administrative
 - Involvement of the Director of Clinical Services
 - Reporting structure –to Area Committee
- Participation
 - Regular reminders, minutes and emails
 - Good-will towards blood bank – scientist, medical, nursing
 - Audit results and feedback
 - Enthusiasm
 - Commitment by members
 - Involvement in transfusion medicine beyond the HTC ie Dept of Health Committees, ARCBS committees, CEC, AIMS

Problems with Randwick HTC..

- Lack of administrative support
- Reliance on the Chair
- Chair is a haematologist
- Open to myriad time-consuming enquiries from the “clipboard army” of hospital QA people