



**CaSS | Pathology Queensland**  
A CLINICAL AND STATEWIDE SERVICE

## **Metro South Transfusion Committee**

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**Queensland Government**  
Queensland Health



# Starting Point

- Haematologist
- Transfusion Scientist
- ARCBS Transfusion Medicine Specialist
  
- List of nominees from clinical units with high blood use.... Some dead, some retired, most just missing
  
- 16 transfusion committee meetings per year demanding attendance at 4 institutions. Chances of reaching quorum not determined



# Cancer Services & Health Reforms

- QHealth Reform: Zonal structure, with Cancer Services Network
- Cancer Services populated Transfusion Committee, co-opted friends & relatives
- Invited representatives from smaller zonal hospitals with non-viable HTC's
- Policies, consent issues
- Expiry data, clinical incident reports, usage data...



# Metro South

Created in the most recent reform of Queensland Health Structure

- Princess Alexandra Hospital

tertiary centre 863 beds, trauma centre, liver/renal transplant, dialysis centre, cardiac surgery

- Logan Hospital

general hospital 280 beds

- Queen Elizabeth II Hospital

general hospital focus on elective surgery, 172 beds

- Redland Hospital

general hospital 141 beds



# Committee Composition

- The usual suspects
- Medical Director of Clinical Governance committee chair
- No ICU or ED input
- “Quality & Safety” & nursing representation from smaller institutions
- Clinician representation from larger institution



## Cell saver

- Used in clean surgery to recycle salvaged blood
- No protocol
- No cost analysis
- No analysis of outcomes



## 'fridge audit

- 6 monthly audit of all refridgerators in clinical areas
- Sticker placed on all fridges
- Blood bank stock retrieved

Intravenous immunoglobulin

Prothrombinex

*Albumin*



## Blood product expiry at each institution

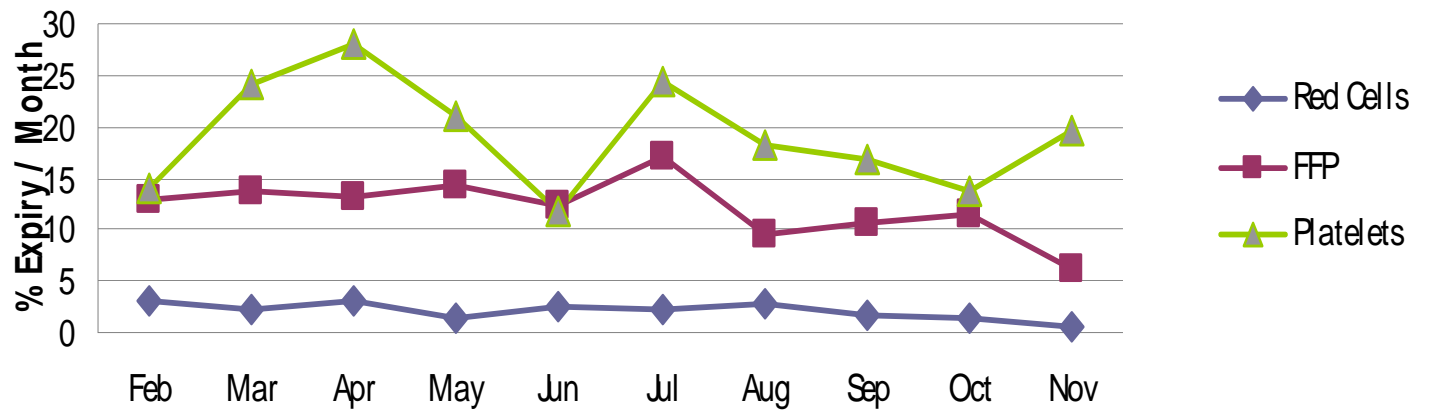
- RBC
  - Plt
  - FFP
- 
- Active policy of rotating RBCs with 10-14 days remaining shelf life to PAH

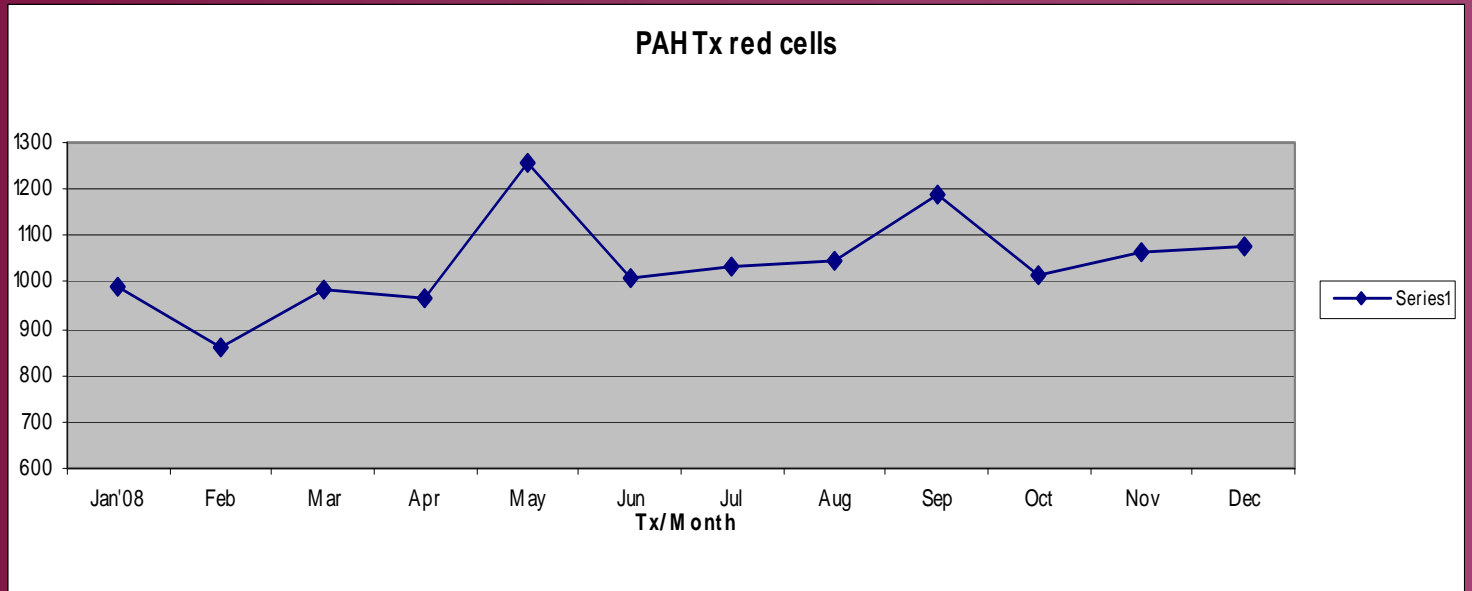
## Blood usage report - Feb-09

2008	# UR's	# Requests	# units XM's	# units Tx	C/T Ratio	Short Expiry Platelets
January	276	476	1305	991	1.32	
February	262	445	1141	861	1.33	
March	276	497	1303	983	1.33	
April	313	506	1276	965	1.32	11
May	355	647	1699	1255	1.35	19
June	306	550	1290	1008	1.28	6
July	315	564	1364	1032	1.32	25
August	286	489	1379	1048	1.32	12
September	313	572	1564	1186	1.32	14
October	300	519	1275	1012	1.26	11
November	287	514	1303	1066	1.22	13
December	302	528	1439	1077	1.34	10
				1040	1.31	



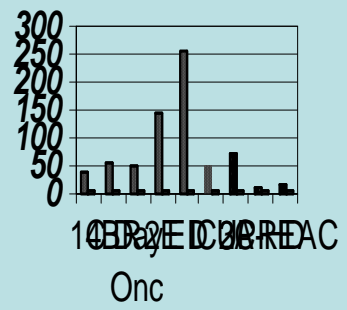
## PAH Product Expiry







## Red Cells Transfused - Monthly average



	1C	4BR	Day Onc	2E	ED	ICU	3C	2A-HD	PREAC
■ Tx	40	51	48	144	258	51	68	7	14
□ C/T Ratio	1.38	1.23	1.09	1.11	1.44	1.41	1.64	1.75	2.32



# Haemovigilance

- QiiT currently being rolled out in Qld
- All clinical & laboratory incidents reported through PRIME are reviewed
- Data progressively refined to include lab reporting of incidents (labelling, WBIT)
- Exclusion of incidents relating to non-blood body fluids



# MTP

- Collaborative effort by Transfusion Committee, Trauma Service, ED & ICU
- Based on RBWH MTP (Dr Catherine Hurn)
- Subsequently MTP rolled out as a statewide guideline to all major hospitals in Qld



## rVIIa usage

- Statewide protocol for off license rVIIa use
- 47 patients treated & reported to haemostasis registry in 2008
- Haemostasis registry data set used
- Appropriate use (compliance with protocol) audited



# Intranet site Development

- Policies, procedures, personnel
- Links to relevant websites
- Principle function is resource for district, but availability to all Qld public hospitals



# Summary

- Multi-institutional Transfusion Committee
- Chair is member of District Executive
- Regular clinician input, with some notable deficiencies (ED, ICU)
- Lead institution within Qld