



A NICE Audit: Time to Collaborate on QS138

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British Blood
Transfusion Society

#BBTS2019



South East Coast Regional Transfusion Committee

Who are we?

From Margate to
Brighton to
Gatwick



- Supporting Transfusion Practitioners (TPs) by providing a forum to:
 - Share good practice and experience
 - Discuss implications of new guidelines and National audit results
 - Collaborate with each other and NHSBT to formulate improvement plans
 - Promote educational opportunities and resources
- Development of regional audits to provide benchmark data to guide future work

Quality Standard [QS138] 2016

Quality Statement (QS) 1



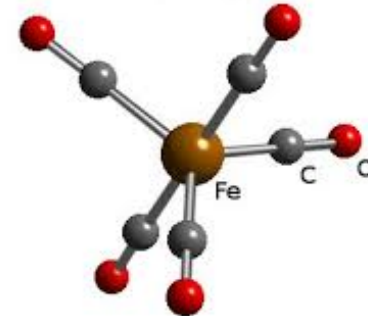
People with iron-deficiency anaemia who are having surgery are offered iron supplementation before and after surgery.



Iron in your diet
Patient information

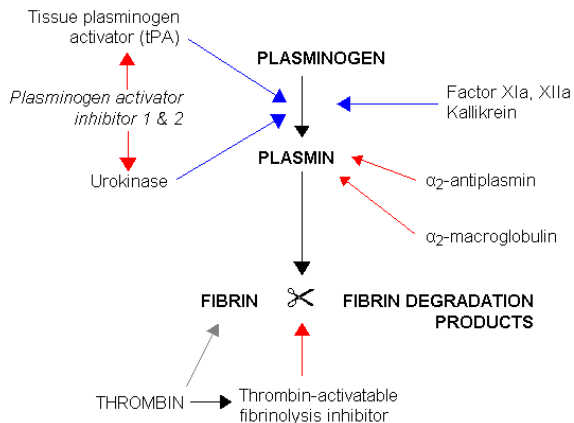
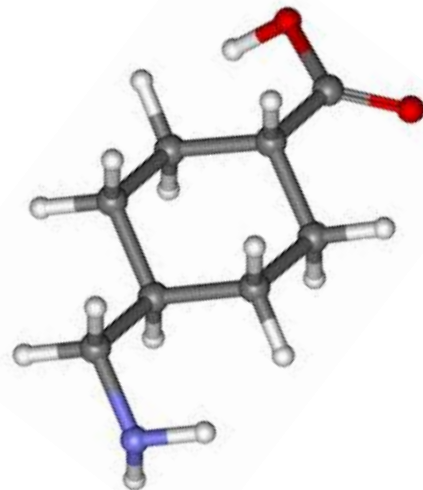


iron (O) pentacarbonyl





Adults who are
having surgery and
expected to have
moderate blood loss
(>500ml) are
offered tranexamic
acid.



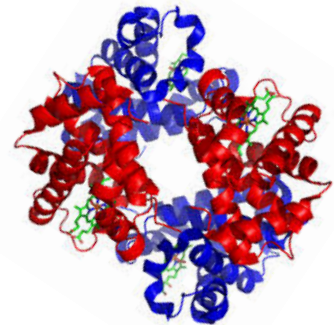
**SIZE MATTERS
DARLING!**



People are clinically reassessed and have their haemoglobin levels checked after each unit of red blood cells they receive, unless they are bleeding or are on a chronic transfusion programme.



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[illegible]

Electronic Patient Records

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

Initial Thoughts?



- Do we comply?
- Gap analysis required
- An online tool would be beneficial for the whole region to use
- Could we collaborate as a group with NHSBT to produce something useful?



Blood and Transplant

SIMPLES?



Or so we thought!



- We put together a request
- We piloted.....
- We realized
- Then tweaked
- Then
- Then tweaked

A total of 315 cases were
audited until we got the
tool we wanted

Guidance again!.....



We hit some obstacles along the way...



MEASURES

QS1 Iron Supplementation

QS1a: Iron given
before surgery
where needed

QS1b: Iron given
after surgery
where needed
EXCLUDED

QS2 Tranexamic Acid (TXA)

QS2: TXA given
to adult surgical
patients where
moderate
bleeding
anticipated

QS3 Re-assessment after Transfusion

QS3a: Clinical
re-assessment

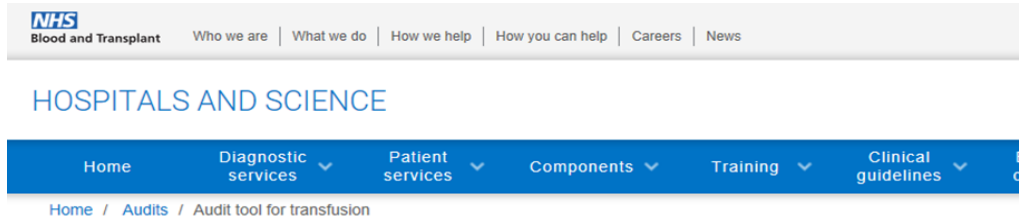
QS3b:
Haemoglobin
re-checked

QS4 Patient Information

QS4a: Patients
who may receive
blood
EXCLUDED

QS4b: Patients
who have
received blood
are given verbal
and written
information

We got there!



Audit tool for transfusion

Hospitals and Trusts are required to audit practice against each quality statement in order to demonstrate compliance.

Use our gap analysis tool to check your compliance

Please use our gap analysis tool to assess how you comply with the National Institute for Health and Care Excellence (NICE)'s Quality Standard [QS138] which has four priority areas for Blood Transfusion quality improvement. On completion of the analysis you will receive a summary of your results.



If you wish to receive an anonymised report which is benchmarked against other hospitals, please contact your RTC Administrator.

Before performing the gap analysis please read the [proforma](#) (PDF) and [guidance](#) (PDF).

- [Perform your gap analysis](#)





- July 2018 - The QS138 audit tool went live on the Hospital & Sciences website (along with an audit proforma and guidance)
- September 2018 - The tool was endorsed by NICE

 **QS138 Tool Guidance Notes**  **Blood and Transplant**

South East Coast Regional Transfusion Committee

This document provides additional guidance to the online audit tool available here:
[NICE Quality Standards Audit Tool Blood Transfusion](#)

Information to note:

 **QS138 Tool Audit proforma**  **Blood and Transplant**

South East Coast Regional Transfusion Committee

Location – Please indicate the name of your organisation

Q1 Please state the hospital to which the audit relates

National Institute for Health and Care Excellence (NICE) Quality Standard
Transfusion - QS 138

This NICE guideline offers best practice advice on the care of adults, children and young people who need a blood transfusion. A copy of the quality standard is available for download at:
www.nice.org.uk/guidance/qs138

This online audit has been developed by the NHSBT Patient Blood Management Team to support hospitals to audit their practice against this standard.

This has been developed based on feedback during piloting with the South East Coast RTC Region.

The QS138 Tool:

- Guidance Notes

-An Audit proforma

- A Snap Survey

Site: XXXXXX Hospital

NICE Quality Standard - Local Responses to Key Questions QS 1a, 2, 3a, 3b & 4b

Period Covered 2018/19 Quarter X

Summary Report of Local Degree of Compliance to NICE QS 138

(Blood Transfusion)

NICE Quality Standard	ALL data N cases % Compliant		You n this period (all you)	You % Compliant this period (all you)
QS1a Iron supplementation before surgery % receiving Iron	A	B%	C (D)	E% (F%)
QS2 Patients receiving Tranexamic Acid (anticipated moderate blood loss)	A	B%	C (D)	E% (F%)
QS3a Re-assessment after RBC Transfusion Clinically re-assessed	A	B%	C (D)	E% (F%)
QS3b Re-assessment after RBC Transfusion Hb re-assessed	A	B%	C (D)	E% (F%)
QS3 Re-assessment after RBC Transfusion Clinically AND Hb re-assessed (for reference)	A	B%	C (D)	E% (F%)
QS4b Transfused Patients Information Given verbally (for reference)	A	B%	C (D)	E% (F%)
QS4b Transfused Patients Information Written (for reference)	A	B%	C (D)	E% (F%)
QS4b Transfused Patients Information Both verbally and written	A	B%	C (D)	E% (F%)

Notes/Action Plan

Date submitted XX/XX/XXXX

Date Report Generated XX/XX/XXXX

Compliance?

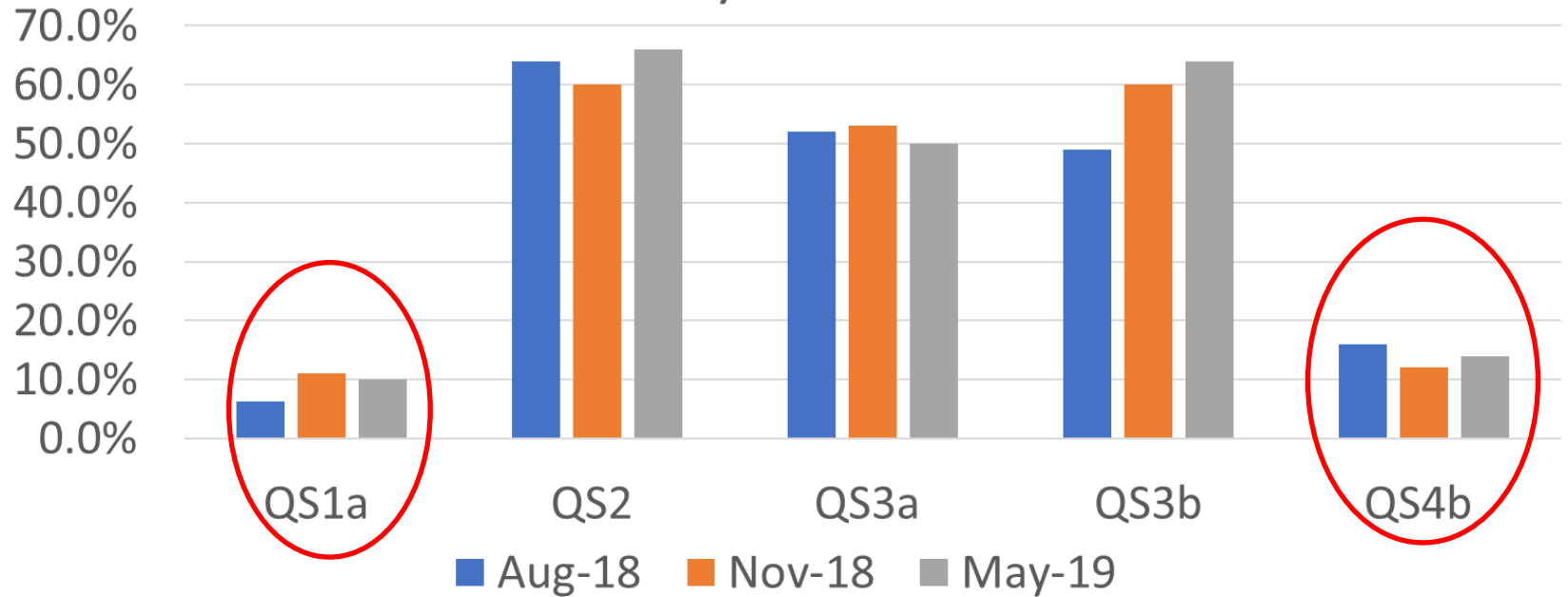


The region now audit twice per year

Each QS can be audited one at a time or all together

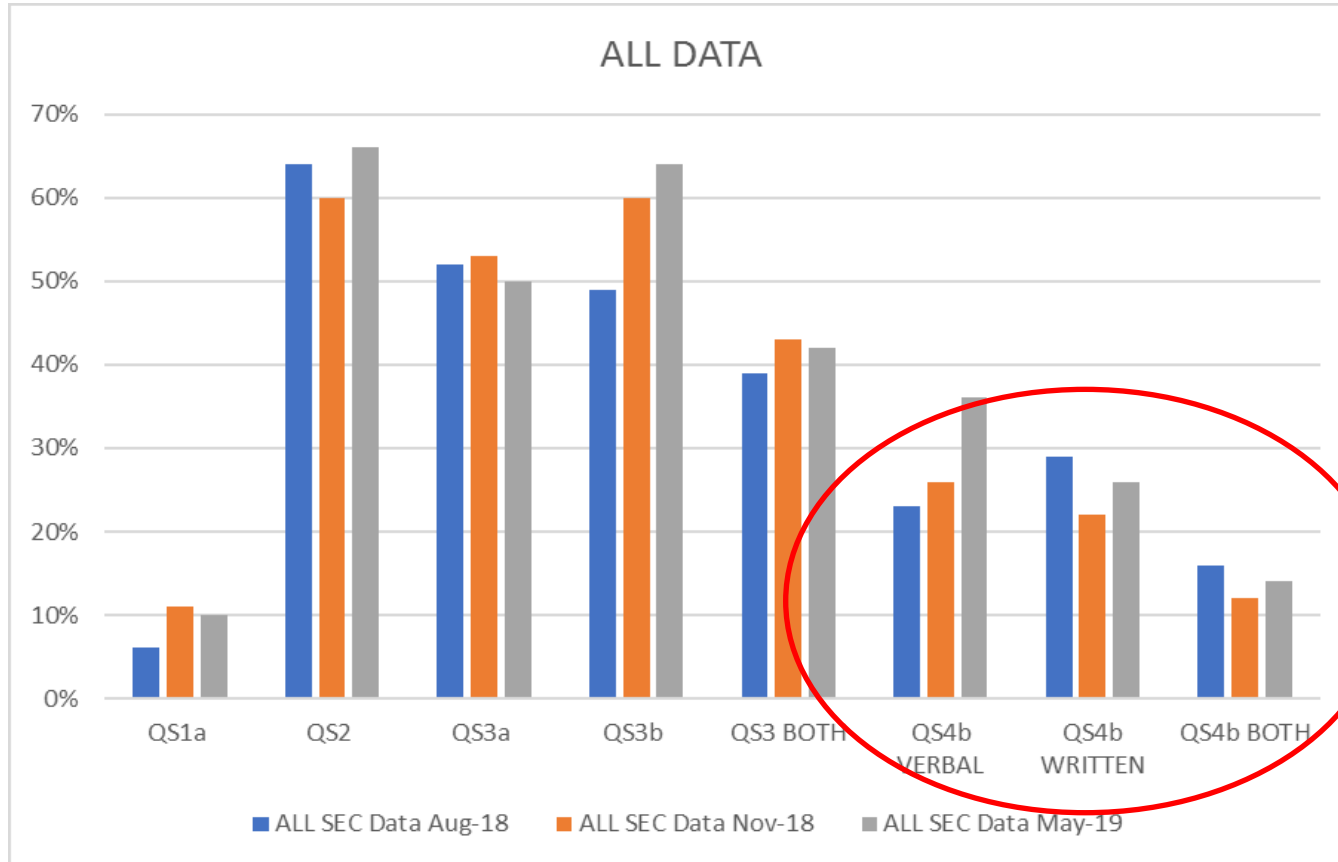
A local report is provided on submission which can be fed back to the appropriate clinical teams.

South East Coast ALL Data 3 Audit Cycles Aug 18 - May 2019



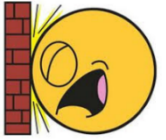
South East Coast ALL Data % Compliance

3 Audit Cycles Aug 18 - May 2019



After thoughts!

- Gap analysis is not as simple as we first thought
- As a region our relative strengths lie with appropriate use of TxA (QS2) and red cells (QS3)
- There is room for improvement around consent (QS4b)
- The results for QS1a indicate poor compliance but further
- work needs to be done to capture the right audit population



Where do we go from here?



- Review results (regionally & individually)
- Reflect & react
- Resource sharing
- Education, education, education
- As more hospitals complete the audit, trending and benchmarking data will become available
- It is hoped that this will facilitate hospitals to identify potential areas for service improvement in transfusion

Consent for blood transfusion

Guidance:

- Explain the risks and benefits, allowing time to answer questions.
- Whenever possible consider/offer your patient an alternative.
- Wherever possible gain informed verbal consent.
- Inform your patient how the risks are mitigated.
- Give your patient the appropriate patient information leaflets.

Important information

Patients who have received a blood component since 1980 are not eligible to be blood donors.

Remember

Your patient has the right to refuse a blood transfusion.

This resource is intended as a tool to assist the consent process and should be used in conjunction with your trust policy and procedures.

Further information can be gained from your Transfusion Practitioner or Transfusion Laboratory.

This resource is based on the 'Consent to Blood Transfusion' (last developed by the South East Coast Regional Healthcare Authority) and is developed in collaboration with the Society for Blood Transfusion (SfBT).

Version 1 Effective 2012/2013

RECORD OF DECISION TO TRANSFUSE

DOB: Identification number:

Indication:

- ☐ Symptomatic anaemia
- ☐ Bleeding
- ☐ Thrombocytopenia
- ☐ Other (please state):

Specific requirements:

- ☐ Irradiated
- ☐ CMV negative
- ☐ HLA selected
- ☐ Other (please state):

Consider alternatives:

- ☐ Oral and/or IV iron
- ☐ Folic acid
- ☐ Transferrin
- ☐ Other (please state):

Indicated blood cell transfusions for adults (or equivalent volumes calculated by body weight with low body weight) with no active bleeding. An Hb rise of 10g/L per unit, only for a 70-80kg patient. **Re-assess your patient after each unit transfused.**

Written information provided? ☐ YES ☐ NO

If no, please state reason:

Yes ☐ No ☐

signed. Therefore I will work, and if possible information retrospectively (when applicable), if opinion this transfusion is indicated.

Signature (please print): Signature: Date:

RD OF DECISION TO TRANSFUSE

DOB: Identification number:

Indication:

- ☐ Symptomatic anaemia
- ☐ Bleeding
- ☐ Thrombocytopenia
- ☐ Other (please state):

Specific requirements:

- ☐ Irradiated
- ☐ CMV negative
- ☐ HLA selected
- ☐ Other (please state):

Consider alternatives:

- ☐ Oral and/or IV iron
- ☐ Folic acid
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Indicated blood cell transfusions for adults (or equivalent volumes calculated by body weight with low body weight) with no active bleeding. An Hb rise of 10g/L per unit, only for a 70-80kg patient. **Re-assess your patient after each unit transfused.**

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Yes ☐ No ☐

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