

Support for Change

UK Cell Salvage Action Group

Hannah Grainger
Cell Salvage Co-ordinator
Welsh Blood Service



So you think you can influence change?

**July 2005 – London
confirmed as host city for
the 2012 Olympics**



**August 2012 - Lord Coe
confirmed as Olympic Legacy
Ambassador**

Practice

Availability

- Varies between regions, Trusts and sometimes within Trusts

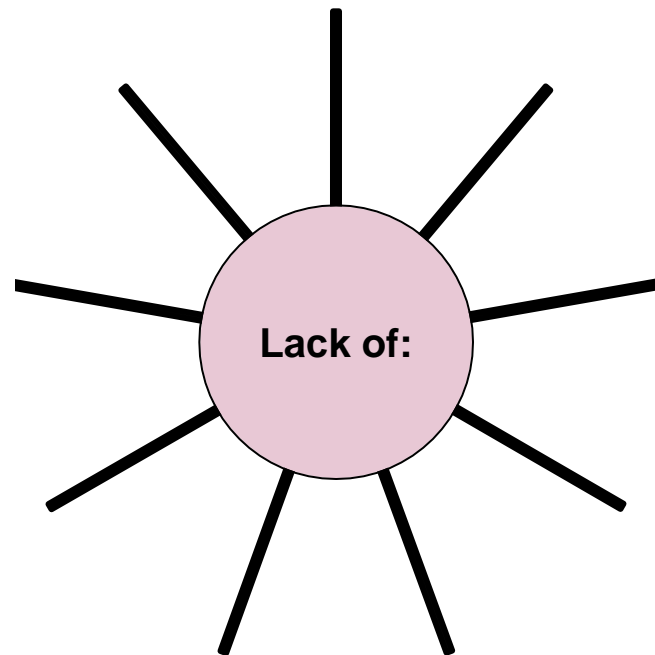
Cell Salvage:

- Tends to succeed where there is a “champion”
- Often fails where there is a lack of infrastructure to support it
- Easier to introduce in larger hospitals where the clinical caseload supports everyday use



Pitfalls

**Overall
failure to
sell the
benefits to
those
people who
can
influence
change**

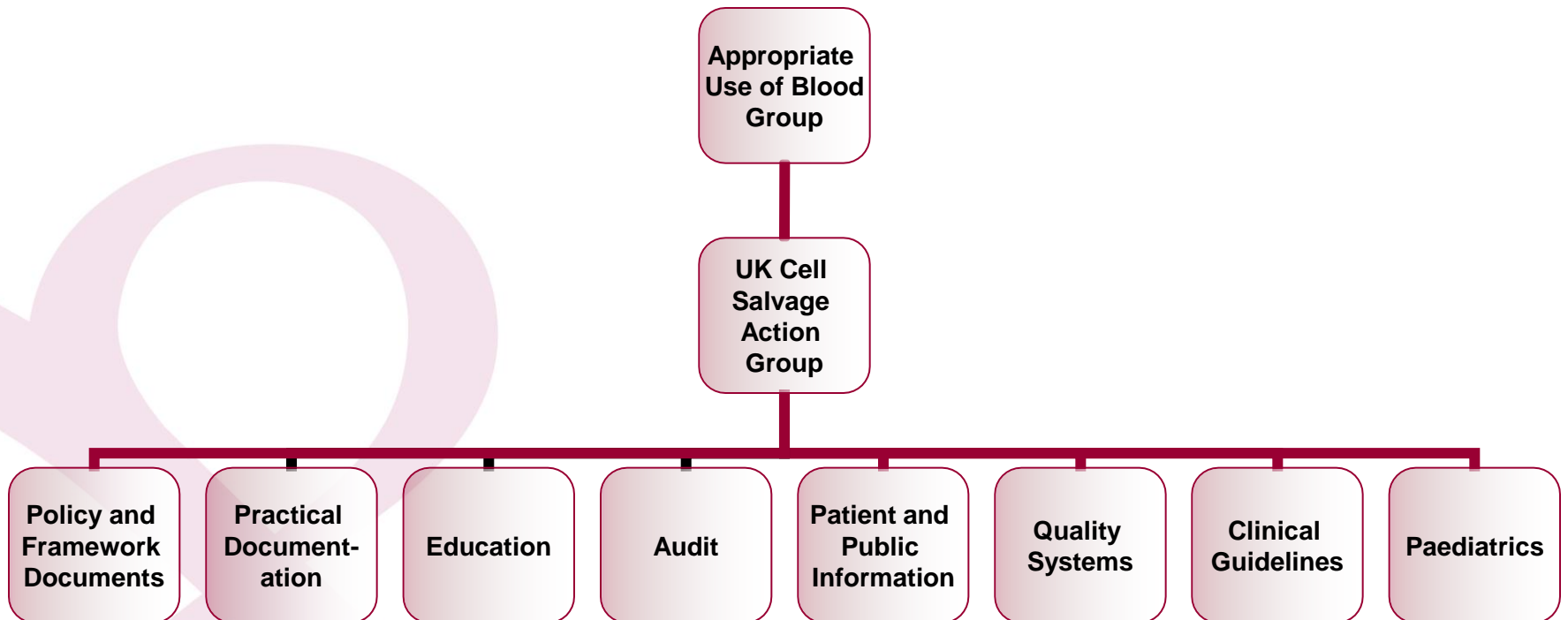


UK Cell Salvage Action Group

- Support the wider implementation of cell salvage / facilitate a UK approach its use
- Develop the tools to facilitate the implementation and development of cell salvage (training, labelling etc), and encourage standardised practice
- Multidisciplinary representation from cell salvage experts from throughout the UK



Structure



- UK Cell Salvage Action Group ~ 3 meeting annually
- Sub group meetings as necessary
- Meetings with intra and post-operative cell salvage companies

Action Group

- Work plan for each sub group agreed
- Strict timelines agreed
- Driven by the groups co-chairs
- Review of all material produced by all members of the multi-disciplinary group prior to sign off

Autologous Transfusion Label

SERIOUS HAZARDS OF TRANSFUSION

SHOT

Case 1

Lack of patient identifiers on cell salvaged units

Two patients had undergone a total hip replacement (THR) and both were having postoperative cell salvage. The patients had units 'spiked' at the same time and both patients had rigors, temperature increase and vomiting within 15 minutes of the start of the unit. The reporter could not rule out the units were transposed as in both cases the drains were removed from the patient and taken to a treatment room to be primed through the giving set.

Learning point

- All cell salvaged units should be labelled with the patient core identifiers to reduce the risk of error on reinfusion. The autologous transfusion label has been designed by the UK Cell Salvage Action Group and supplied by the manufacturers to allow these criteria to be met.

Autologous Transfusion Label

- Label developed
- Piloted throughout the UK
- Feedback sought following pilot
- Review of label based on feedback
- Negotiation with ICS and PCS manufacturers to supply the label at no cost to their customers
- Label now available throughout the UK

AUTOLOGOUS TRANSFUSION
Untested Blood
 For AUTOLOGOUS use only
This section should be completed and affixed to the reinfusion bag/system

Unique patient ID No

Last name

First name

DOB

Operator Name (Print)

Expires/Reinfuse by: Date Time
 (Expiry time should be calculated in accordance with national & manufacturer guidelines and local policy)

Type of autologous blood:

Intra-op Cell Salvage (Washed/Unwashed*) ☐
 Post-op Cell Salvage (Washed/Unwashed*) ☐
 Other ☐
 (*Delete as appropriate)

Transfusion Record
This section should be completed and affixed in patient's clinical record

Autologous Transfusion

Unique patient ID No

Full Name

Type of autologous blood:

Intra-op Cell Salvage (Washed/Unwashed*) ☐
 Post-op Cell Salvage (Washed/Unwashed*) ☐
 Other ☐
 (*Delete as appropriate)

Complete the following each time the reinfusion bag/system is connected/reconnected to the patient

Checked & administered by			
Reinfusion started (date/time)			

Total volume reinfusedmls

Version 2

Autologous transfusion label

- Further action taken:
 - Recommendations regarding labelling included in all UKCSAG outputs where appropriate (policy documents, education resources, practical resources)

Autologous Transfusion Label

AUTOLOGOUS TRANSFUSION
Untested Blood

For AUTOLOGOUS use only
This section should be completed and affixed to the reinfusion bag/system

Unique patient ID No

Last name

First name

DOB

Operator Name (Print)

Expires/Reinfuse by: Date Time
(Expiry time should be calculated in accordance with national & manufacturer guidelines and local policy)

Type of autologous blood:

Intra-op Cell Salvage (Washed/Unwashed*) ☐

Post-op Cell Salvage (Washed/Unwashed*) ☐

Other ☐

(*Delete as appropriate)

Transfusion Record

This section should be completed and affixed in patient's clinical record

Autologous Transfusion

Unique patient ID No

Full Name

Type of autologous blood:

Intra-op Cell Salvage (Washed/Unwashed*) ☐

Post-op Cell Salvage (Washed/Unwashed*) ☐

Other ☐

(*Delete as appropriate)

Complete the following each time the reinfusion bag/system is connected/reconnected to the patient

Checked & administered by			
Reinfusion started (date/time)			

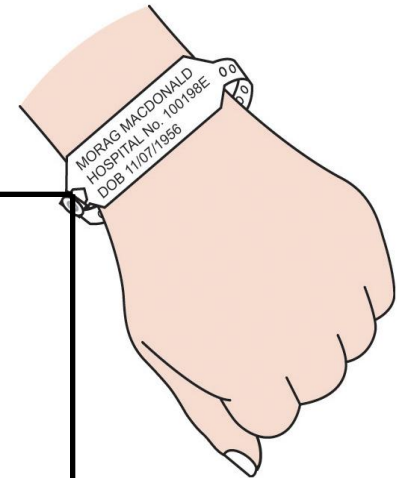
Total volume reinfusedmls

Version 2

**1. Patient details –
HANDWRITTEN from
the patient's
identification band**

**2. Attach the label to the
bag – Attach the autologous
label *immediately* to the
autologous blood bag using
a secure tie**

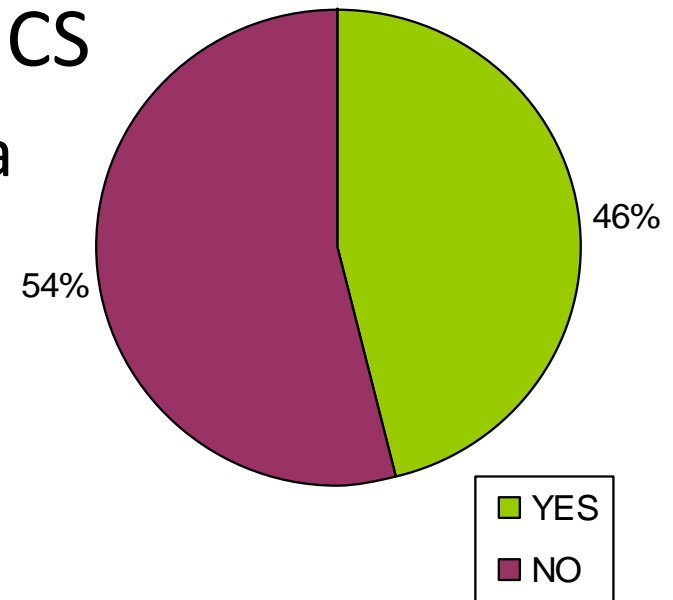
**3. Carry out pre-
transfusion checks
according to the
Organisation's
Transfusion Policy**



All autologous blood should be labelled as soon as collection begins

Education

- UKCSAG Survey (2007)
 - Of organisations utilising ICS
 - 26% identified training as a barrier its successful implementation
 - 54% were not carrying out competency assessments



Education Resources

- ICS
 - Education Workbook
 - Education Slides
 - Competency Assessment Workbook

Education Workbook

- Training resource for hospitals
- Bridge the theory practice gap
 - Practical information
 - Reference tool
 - Self Directed Learning relating to the learners work environment

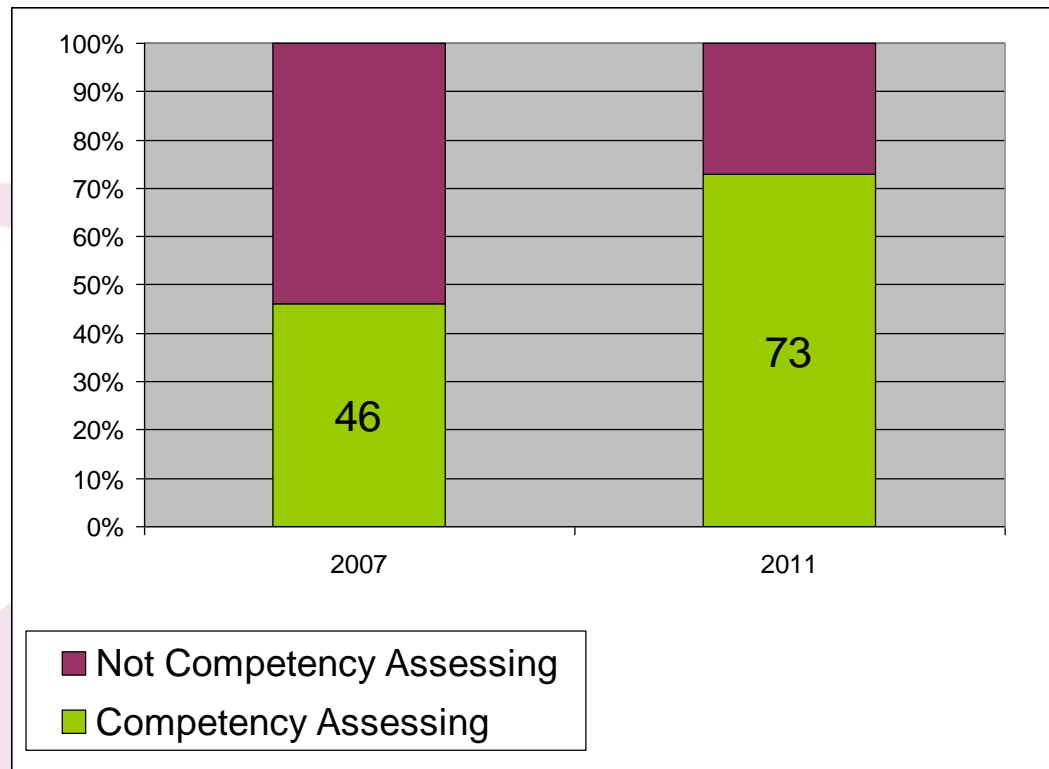


Competency Assessments

Section 2 Prepare equipment for intra-operative blood salvage collection								
Knowledge and Understanding	Assessment Method							
The trainee demonstrated knowledge and understanding of:	DO	S	EW	PL	WQ	OQ	Assessor's Initials	Date
The role of the suction equipment in relation to Intraoperative Cell Salvage (ICS).								
The purpose of the collection set equipment.								
The rationale behind setting an appropriate vacuum level.								
The need for an appropriate anticoagulant and its correct preparation.								
The reason for setting up the collection equipment.								
The rationale for expiry time on the set up equipment.								

Section 2 Prepare equipment for intra-operative blood salvage collection								
Performance Criteria	Assessment Method							
The trainee demonstrated, in a clinical setting, that they could:	DO	S	EW	PL	WQ	OQ	Assessor's Initials	Date
Ensure all members of the theatre team are aware that intra-operative cell salvage is planned.								
Select and set up collection equipment correctly following manufacturer's instructions:								
a. ensuring the correct equipment is safe to use								
b. using aseptic technique								
c. prepare the anticoagulant in accordance with national guidelines and local policy								
Inform the relevant member of staff that the collection equipment is fully prepared as necessary.								

An improvement?



In 2011, 53% of organisations were using the ICS Education Workbook

Inspire a generation.....

- All UKCSAG resources are available for free from the Better Blood Transfusion Toolkit (www.transfusionguidelines.org.uk)
- National database of cell salvage leads who receive regular update emails with information relating to new and revised resources
- Promotion of the UKCSAG at relevant conferences etc
- Find a champion....?

Inspiring.....

