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| **Provincial Transfusion Practice Advisory Committee (PTPAC)**  **Draft MINUTES** | **Date:** September 25, 2017  **Time:** 2:30 – 4:00 pm (90 minutes) |
| **Place**: CCMB Executive Boardroom ON-417 |
| Teleconference details: **Call in** #: 1-866-365-4409 | **Passcode:** 7886353# |

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| Dr. Jayson Stoffman, Chair Medical Director, Bleeding Disorders |  | Dr. Charles Musuka, DSM Medical Director, Transfusion Medicine |  | Shauna Paul, Manager WRHA Blood Management Services |  |
| Dr. Matthew Seftel, CCMB Oncology Hematologist | R | Darcy Heron, DSM Technical Director, Transfusion Medicine |  | Wendy Peppel, MHSAL Director, OPTTS |  |
| Barbara Kraft, MHSAL OPTTS (Alternate) |  |
| Dr. Debra Lane, CBS Winnipeg Medical Director |  | Lee Grabner, CBS Winnipeg Diagnostics Manager | R | Chris Christodolou, WRHA | R |
| Lynne Meilleur, Technical Supervisor (alternate) |  |
| Dr. Aseel Alahbabi, NRHA |  | Nicole Lafreniere, SRHA |  | Maura Myers, Charge Technologist, PMRHA | R |
| Dr. Myron Thiessen, IERHA | R | Marisa Pasquarelli, WRHA | R |  |  |

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| **Agenda Item/Description** | **Discussion/Decision -- Action** |
| **1.0 Call to Order, Welcome**   * 1. Roll Call   2. Additions/Deletions to Agenda | * Additions to Agenda: Blood Transfusion in Emergency |
| **2.0 Review of Minutes and Actions items**  2.1 Finalize ToR | **Action**: Addition to TOR – July 2017 version was corrected – MB OPTTS to ensure final version including CBS is sent out as the final approved version.   * Executive Committee meeting to be planned at least one (1) week prior to the scheduled PTPAC meeting. |
| **3.0 Standing Agenda Items**  3.1 Utilization Trends   * + 1. Ig Utilization   1. Blood Shortages   3.3 Reactions and Incidents  3.3.1. Recent Pediatric CI | 3.1 MB is a very high user of Ig, Platelets, and C1 Esterase. CBS has noted that MB is higher in Red Blood Cell utilization as well.   * Work on the Tri-Jurisdictional Ig utilization Pilot with SK and AB is continuing. Noted that MB is represented by several physicians including the DSM Medical Director.   + Focus on government policy perspective   + Clinical expert advice   + Project is being led by the AB Health Economics Institute. * BC has been using dosing guidelines. * ON has more rigorous and defined Ig usage processes in place. * NS also has rigorous processes, similar to ON, in place. * Interest in national utilization trends – recommend the initial focus of PTPAC be on provincial utilization and shift to national trends after the October 2017 Provincial Territorial (PT) Blood Liaison Committee meetings following the PT national discussion on some of the outlier PT trends. * Noted that some of the high usage for Ig has been identified as off label usage related to the large Hutterite/Mennonite Communities in Southern MB. * Committee advised that CBS is working on attracting Ig Deficient blood donors.   3.2 Blood Shortage Committee has not met for several months.  **Action:** OPTTS to send out a doodle poll to set up a meeting.   * CBS has engaged in media and social media coverage to attract blood donors in advance of long weekends as these trend as high need for transfusion. Specific blood types are being targeted; such as O, A pos, etc.   3.3 Discussion regarding recent critical incidents involving two pediatric patients. HSC TPC will be discussing. CBS has undertaken investigation and provided a report.  CBS reported a potential third incident however, the pt has shown no adverse reactions – potential that the cultured bag was contaminated after transfusion was complete.   * Nursing staff have begun to retain tubing used in transfusions – additional education regarding this action may be needed. Tubing is not tested for bacteria and it is unsafe and unnecessary to retain. * DSM Medical Director has followed up with the clinical teams affected.   CBS noted that they are interested in providing additional appropriate education. Historically, it is nursing that is more likely to accurately report a potential critical incident. |
| **4.0 RHA TPC Reports /**Annual**:**  4.1 Northern RHA (5 min)  4.2 Prairie Mountain RHA (5 min) | 4.1 NRHA – annual report not available.  4.2 PMH – Chairperson stepped down in the fall.   * Work continues on standardizing nursing policies, following the amalgamation of regions, to ensure both the northern and southern areas have the same policies * Some non-conformance issues; lab/blood bank is not available 24-7 in all facilities; therefore nursing is required to perform some of the lab/blood bank duties. * New Transfusion Reaction algorithm has been rolled out. * A nursing vein-to-vein audit is underway in Brandon. The audit is expected to be rolled out in other RHA hospitals at a later date. |
| 1. **Other**    1. Maximum Surgical Blood Order Schedule (MSBOS)    2. CMV testing changes    3. Emergency Blood Transfusion | 5.1 MSBOS – utilization in the WRHA, specifically at HSC and St. Boniface   * DSM and Blood Management Services will be using Traceline ™ data to look at elective procedures; how many units ordered, how many transfused, in order to re-evaluate the number of units ordered and determine procedures for which less units would be required. * The expected outcome will be a reduced inventory for the MSBOS. * Commentary – historical clinical practice has been to order more units related specifically to longer transport (from blood bank to OR) times. * DSM confirmed the audits are beginning with the two tertiary hospitals, anticipating that rural hospitals audits will be undertaken later. * CBS has undertaken a review of the number of units being ordered. Only 4% of units ordered are transfused and 90% of those are not required. * Inventory information available through Traceline implementation has reduced transportation times and lessened the “fear” by clinicians of not having enough blood “just in case.” * Clinicians are now agreeing to stop requesting type & screen for non-bleed surgeries in high-risk patients.   5.2 CBS CMV testing memo provided for review and feedback.   * Concerns raised about variance from DSM/Hospital laboratory policy. * SP confirmed distribution to Unit Clerks through Nurse Managers/Educators. Noted that Residents are more difficult to reach but information will be provided to them through the Program Directors. * Consideration of adding the info to the General Entry Orientation package/process session. * Communications are to be sent to the Rural RHAs through the Chiefs of Staff and or VP Medical. * DSM will take the same messaging to the RHA TPCs.   1. Discussion re: approvals required to use emergency blood. Recent situation at a rural site, where a unit of emergency blood was to be sent with a patient being transported. The transfusion medicine (TM) on-call physician was to be contacted however was unable to be reached for approx. 15 minutes. DSM Med Director noted that sending a unit of blood with a patient being transported is a clinical decision and should not have required advice from the TM on-call physician. Follow up with the clinicians and medical personnel involved will occur. Messaging to be shared will be that if the TM physician has not called back within 5 minutes, action to contact another TM on-call physician to obtain appropriate approvals should be undertaken to ensure that patient care remains a first priority.   **Action:** DSM to follow up to obtain clarification of event and ensure proper processes and protocols are in place and being followed. |
| 1. **Wrap up and Adjournment** | * Short discussion on committee membership * SRHA requested confirmation of where RHA TPC Annual Reports are to be sent – Best Blood Manitoba website as has occurred in the past.   **Action:** Northern RHA annual report to be provided to membership for review in advance of the next PTPAC meeting.  Next PTPAC meeting scheduled for Monday, November 20, 2017 at CCMB |