

NEWSLETTER

SHOT Team Update

What's new in SHOT?

Dendrite Update

As a first step towards reducing some of the duplication between the reporting systems of SHOT and the MHRA, an upgrade to the interface between the two systems will be implemented from 1st January 2013.

When a report is made to SHOT via SABRE, some of the basic registration details will be automatically populated on the SHOT Dendrite database. This will avoid the need to enter certain fields again, for example, reporter name & telephone number, local reference number, patient gender & date of birth, and adverse event/reaction details. It is hoped that this will go some way to reducing the duplicated reporting burden, and SHOT would welcome any feedback on the new changes after they are implemented in January.

At the same time, there will be some amendments to the SHOT questionnaires to improve and refine the data collected. Those cases which have had a delay to transfusion in which no components were transfused at all will now be captured more easily by an additional question on the Registration Details page.

The 'Outcome' and 'Procedural Review' pages will be standardised to ensure consistency across all categories.

Full details of all the amended questionnaires will be uploaded to the 'Documents' section of Dendrite by the end of December 2012 for information.

Immune Anti-D Reporting

From January 2013, SHOT will be conducting a study looking at women who have produced an immune anti-D that is detectable for the first time in the current pregnancy, whether detected at booking in, 28 weeks or at delivery.

For any women so identified, there will be a supplementary questionnaire about previous pregnancies, recorded sensitising events, anti-D prophylaxis and outcome.

This questionnaire will be in addition to the anti-D questionnaire for reporting adverse events relating to anti-D on Dendrite, and should be e-mailed back to the SHOT Office when completed.

Definitions of Current SHOT Categories & What to Report

SHOT has recently updated the Definitions document applicable from January 2013.

The key changes include:

- I&U (Inappropriate, unnecessary and under / delayed transfusion) has changed to ADU (avoidable, delayed or under-transfusion).
- SRNM (special requirements not met) is now known as specific requirements not met and includes inappropriate use of electronic issue and failure to provide blood of extended phenotype where indicated.
- The IBCT definition has been clarified to include transfusion of the wrong blood group (ABO & RhD) or wrong component type (e.g. platelets instead of red cells).
- Handling & Storage (HSE) has been updated to define excessive time to transfuse as >5 hours. Although BCSH guidance stipulates transfusion within 4 hours of removal from storage, it has been decided to apply a pragmatic limit of 5 hours before classifying as reportable.
- RBPR now includes the transfusion of a blood component that was intended for the patient but was not formally prescribed /authorised.
- Isolated febrile reactions of <2C over baseline (or <39C absolute temp) are no longer reportable as ATRs.
- Cell Salvage incidents, which impact on the care of the patient, now include the availability of suitably trained staff to operate the equipment.

The new definitions document will be available on the SHOT website and will be uploaded to the 'Documents' section of Dendrite in January 2013.

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CMV negative statement

SHOT has issued a statement to clarify reporting of incidents related to the supply of CMV typed components following the position statement issued in March 2012 by the Advisory Committee on the Safety of Blood, Tissues and Organs (SaBTO). The SaBTO statement can be found on the DH website www.dh.gov.uk

“Cases of suspected transfusion-transmitted CMV infection are, and always have been, reportable to SHOT. The changes in the recommendations from SaBTO mean that the issue of non-CMV screened components to immunodeficient or HSCT recipients will no longer be regarded as ‘special requirements not met’ by SHOT definition, even if there are local policies in place which still require CMV seronegative components. Where errors are made according to local policies, they should be reported and investigated locally, but are still reportable to SABRE under failure to supply as per local policy.”

This is part of a joint statement released by both SHOT and MHRA clarifying each organisation’s differing requirements for reporting CMV related incidents. The full text can be found on the SHOT website (www.shotuk.org).

SHOT Symposium July 2012

The day began with a brief update from SHOT’s Medical Director, Dr Paula Bolton-Maggs discussing the unified haemovigilance initiative involving SHOT and the MHRA. A presentation was made to Dr Hannah Cohen to mark her decision to step down as Chair of the SHOT Steering Group and in recognition of the extensive work she has undertaken to promote and support SHOT since its inception. Dr Cohen gave the opening presentation outlining this year’s key message, ‘back to basics’. Dr Bolton-Maggs presentation analysing adverse events in patients with haemoglobin disorders used data taken from the haemoglobinopathy chapter she authored for the 2011 Annual SHOT Report.

The keynote lecture on Managing Transfusion Risks was given by Jonathan Wallis, who introduced the concept of a *micromort*, which is a 1-in-a-million chance of dying. The session was thought provoking and discussed strategies for managing risk from a transfusion laboratory and clinical perspective. An update on transfusion-transmitted infections given by Su Brailsford, included information about the SaBTO position statement on CMV that was issued in March 2012.

Lunchtime gave delegates an opportunity to enjoy the summer weather in Salford Quays with time to visit the trade exhibitions and view the posters. It was pleasing to have received such a large and varied selection of posters and Professor Mike Murphy had a particularly difficult job of judging the winner. The prize of a £100 book token was awarded to Barbara De la Salle et al - NEQAS for their poster “Point of care Hb measurement using blood gas analysers”.

The clinician’s perspective of blood component usage in a case study on massive haemorrhage was given by Dr Niall O’Keeffe. Two junior doctors also contributed to the day: Dr Jane Graham discussed how to deliver the transfusion curriculum to junior doctors, which reflected a recurring theme in SHOT recommendations and Dr Ed Norris-Cervetto gave an inspiring talk about reducing blood transfusions that might be inappropriate and unnecessary.

The day ended with an interactive session on transfusion



reactions and laboratory incidents, which was orchestrated by Dr Hazel Tingate and Debbie Asher, using cards with images of fruit and vegetables to depict the answer options. This was based on an original concept from Elaine Wain

(TP- Ysbyty Gwynedd, Wales) and SHOT wish to thank her for granting us permission to use this very effective teaching tool. The interactive session succeeded in showing us that the right answer will often change as more information becomes available, but more importantly there often isn’t one right answer.

The meeting was a great success, with feedback from the evaluation forms rating the overall impression of the day as good or outstanding in 96% of the responses. However, only 32.5% of feedback forms were received from the attending delegates. Next year please remember to hand in your evaluation form on the day!

The next SHOT symposium to launch the 2012 Annual SHOT Report will be at the Royal Society of Medicine on Wed 10 July 2013.



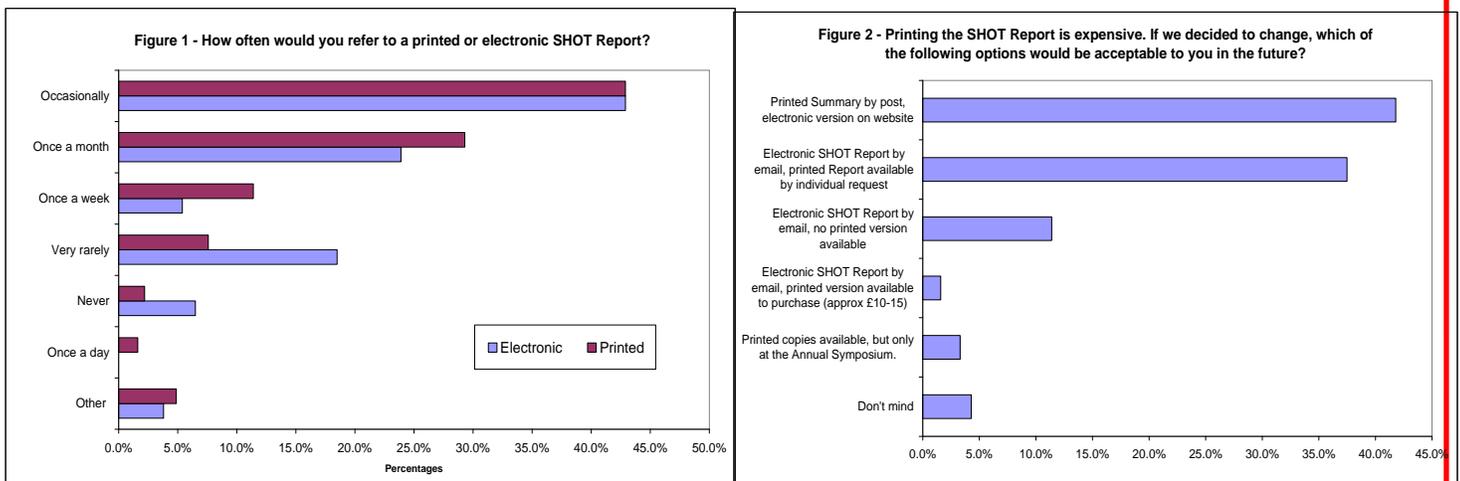
2011 Annual SHOT Report Survey

Feedback from SHOT Report usage survey

Earlier this year, SHOT created an online survey about how the Annual SHOT Report is used. The link was sent to our distribution list of approximately 1200 e-mail addresses, but unfortunately replies were received from less than 200 people. The main responders were Transfusion Practitioners (46%) and Transfusion Laboratory Managers (28%) who are usually responsible for reporting to SHOT, so it was probably a representative sample that replied.

A full review of the survey will be published on the SHOT website, but the key information gained was that printed copies are used only slightly more than the electronic version (Figure 1) and most people would be happy either receiving only a posted hard copy of the Summary or an emailed electronic version of the Report (Figure 2).

No final decision has been made about distributing copies of the 2012 Annual SHOT Report, due to be published in July 2013 and the results of this survey will be used to make that decision. A Summary will continue to be produced and there will always be an electronic version of the SHOT Report on the website. One outcome from the survey was that a third of responders didn't understand how to use the bookmarks on the electronic version of the SHOT Report. For those who have never tried this, there is a 'Bookmarks' tab on the far left of the Report on the website and if that is clicked, it is possible to jump to each section or chapter of the document, which can save having to scroll through all the individual pages.



2011 Annual SHOT Report

Highlights of the 2011 Annual SHOT Report

The 2011 Annual SHOT Report (2012) was launched on 5 July 2012.

The highlights were:

- Almost universal participation with more than 98% of NHS organisations registered to report to SHOT.
- The total number of reports has increased to over 3000 in 2011 from just under 2500 in 2010.
- There were no confirmed cases of transfusion-transmitted infection (TTI) for the second year running.

Transfusion-related deaths and major morbidity have fallen to 6.9% in 2011 from 7.8% in 2010.

The key message from analysing reports submitted to SHOT in 2011 is 'back to basics' because about half the reported events relate to mistakes. The recommendations therefore place an emphasis on:

- Correct patient identification.
- Improving transfusion knowledge and competency.
- Ensuring adequate clinical and laboratory handover procedures.

SHOT concludes that the transfusion of blood components in the UK remains remarkably safe, with the risk of death 2.7 and risk of major morbidity 39.6 per million components issued.

Annual SHOT Symposium 2013

The 2013 Annual SHOT Symposium will return to The Royal Society of Medicine, London on Wednesday 10th July 2013. Keynote speaker is the Defence Medical Services' Dr Heidi Doughty, who will be speaking on the subject of "Good Blood in Bad Places". The delegate fee will be £75 and the full programme and speakers will be available soon.

Poster Submission

With the success of the poster submissions in Manchester 2012, we are delighted to welcome the opportunity again for 2013. Details will be available in the coming weeks and the closing date will be Mon 29th April 2013.

Exhibitors & Sponsors

If you are a Company, who would like to exhibit at or sponsor the Annual SHOT Symposium, please contact the SHOT Office and speak to Alison Watt, SHOT Operations Manager to discuss opportunities available to you.

Negotiable sponsorship opportunities include:

- Gold sponsors (primary partners), Silver and Bronze sponsors
- Sponsorship of keynote lecture
- Sponsorship of speakers' dinner

All the above would include a basic exhibitors' stand, which is also available independently at £425.

To enquire about the superior packages or to reserve an exhibition stand please send your details to shot@nhsbt.nhs.uk and further information will be sent out shortly.

New Resources and Copyright

The 2011 Annual SHOT Report (published 2012) and the Summary are now available on the SHOT website for download and the Report has been bookmarked for ease of access to individual chapters.

In addition, SHOT have revised numerous documents for individuals to use for educational purposes. These can be found on the website under Resources.

Copyright clarification

SHOT material is intended to be used for educational purposes, but all SHOT publications, must be considered as bound by copyright. The following FAQs are provided to explain SHOT's position on copyright.

Why do we need to ask SHOT for permission to use the data ?

The SHOT database and outputs from it are the property of SHOT. There have been examples where people have altered and circulated SHOT figures, data and other resources, to the extent that they may be inaccurate while still carrying SHOT branding.

Some people have used data published in the report to produce derivative analysis of specialist areas of transfusion, without access to the raw data and the expertise of the SHOT chapter-writers.

Diary Dates

- 14th Annual Symposium of NATA, Vienna, Austria. 18—19th April 2013 (www.nataonline.com)
- BSH Annual Scientific Meeting, Liverpool. UK. 15—17 April 2013. (www.b-s-h.org.uk)
- 15th IHS International Haemovigilance Seminar, Brussels, Belgium. February 20 - 22nd 2013 (www.ihn.org.com)
- **Annual SHOT Symposium 2013. 10th July 2013. London, UK.** (www.shotuk.org)
- 33rd International Congress of the ISBT, Seoul, South Korea. 1 - 5th June 2014. (www.isbtweb.org)
- BBTS Annual Conference 2013. Birmingham, UK 16 - 18 October 2013. (www.bbts.org.uk)

SHOT needs to keep a track of where the data is being used, to ensure it is appropriate and accurate. It is also very helpful to keep a register of where and how more formal educational activity is taking place.

So we can't use SHOT data now ?

Of course you can. If SHOT data, charts and figures are being used in local training presentations then it is acceptable to use them without asking formal permission, but please respect the statement on the Resources section of the SHOT website regarding use of SHOT material:

"The downloadable documents are the property of SHOT and have SHOT copyright. They must therefore NOT BE MODIFIED without permission."

So what do we need to ask permission for ?

If SHOT material is being used for papers, in book chapters or for wider circulation then formal permission must be obtained from the SHOT Medical Director. If you have any questions, please do not hesitate to contact the SHOT office for further information.