

NEWSLETTER

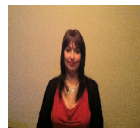
SHOT Team Update

What's new in SHOT?

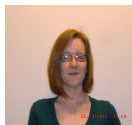
SHOT's interim Medical Director, Dr. Sue Knowles, left in July 2011 and we thank her for taking time out to oversee SHOT for a while. Sue will now be returning to retirement and spending more time in Spain. We welcome SHOT's new Medical Director, Dr Paula Bolton-Maggs (right), who came from a Consultant Haematologist role at the Manchester Royal Infirmary and before that was



Haemophilia Centre Director and Consultant Paediatric Haematologist at Alder Hey Children's Hospital, Liverpool. Paula is also an honorary Senior Lecturer in the Department of Cardiovascular Medicine at Manchester University. As commented in the previous newsletter Hilary Jones, who worked with SHOT almost since its inception, retired early



2011 and the post of Research Analyst has been filled by Debbi Poles (left) who joined SHOT in April after several years working on the Hematos project within NHSBT. In June 2011 the team lost another key member, Kathryn Gradwell, who had been SHOT Information Officer for almost 5 years. Kath left to fulfil her need for travel and adventure and the post was filled shortly after by Suzie Baillie (right), who transferred from the Donor Records department in Manchester, NHSBT.



These recent appointments complete the team once again and they join Vicky Peake, Information Officer; Hema Mistry, Laboratory Incidents Specialist; Julie Ball, Clinical Incidents Specialist; Tony Davies, Transfusion Liaison Practitioner and Alison Watt, SHOT Operations Manager.

One more change is on the horizon:

Dr Dafydd Thomas, Consultant Anaesthetist and former President of the BBTS will be taking over from Dr. Hannah Cohen as Chair of the SHOT Steering Group from July 2012. Dafydd is a consultant in anaesthesia and intensive care from Swansea who has had a longstanding interest in matters related to blood transfusion.

This began with intra-operative cell salvage in vascular surgery and led to a wider interest in transfusion with participation in several national committees promoting appropriate and rational transfusion. He has contributed to guidelines and advisory booklets and has written several textbook chapters. He has had numerous roles in postgraduate education including participating as an examiner for the Royal College of Anaesthetists. He is the immediate past president of the BBTS, past chair of the blood implementation group of the Welsh Assembly and on the board of directors and chair of NATA. He lectures extensively and has been seconded on a part time basis to the Welsh Blood Service to continue the work of advocating and promoting appropriate use of blood components. His experience and clinical appreciation of the safety issues involved with allogeneic transfusion led to his participation in IT development in Healthcare in Wales advising on patient identification and safety issues. In this role he leads patient safety workshops and chairs the patient safety advisory board for the National Wales Informatics Service.

Towards Unified Haemovigilance

SHOT and MHRA are working together to find ways to simplify and rationalise haemovigilance reporting in the UK. A working party has been established to investigate options for reducing duplication of reporting. Further information is available on the SHOT & MHRA website.

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Participation Benchmarking Exercise

The quality of SHOT data can only be assured if there is adequate involvement throughout the transfusion community in reporting incidents. In the first SHOT annual report in 1996/7 94 hospitals reported a total of 169 incidents, of which 141 cases were analysed and included in the first Annual SHOT Report. By 2010 this had risen to 208 institutions reporting over 3000 incidents of which nearly 2500 were analysed in the 14th Annual SHOT Report. This reflects much wider participation, rather than an increased rate of adverse incidents.

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The overall level of participation in the SHOT scheme has variously been presented in Annual SHOT Reports analysed by country and region, but a further refinement is being planned to produce individual participation data for each reporting organisation. This will allow benchmarking against similar organisations, because the data will show anonymised comparisons based on size and geographical location.

These benchmarked reports will be designed to highlight overall levels of participation, so the information will include sub-categories for withdrawn, as well as sub-categories for near misses and anti-D reports plus the main types of incident, i.e. adverse events and physiological reactions. Each reporting organisation's level of participation will be presented as their number of reports per 1000 units of blood components (or per 100 units of anti-D Ig issued). Octapharma have agreed to share their usage data for solvent detergent plasma (SDFFP) which will ensure that high users of SDFFP have an accurate total for annual blood components issued, which is used as a denominator.

In the initial phase of reporting, organisations will be anonymised and allocated an identification number that will allow them to compare their own data with that of their peers. The identities of other reporting Trusts/Health Boards will not be obvious in the composite reports, because the data will be presented only as comparisons, so individual organisations' sizes or specialisms will not be apparent.

The full plans are explained in a [poster](#) which was presented at the BBTS Annual Scientific Meeting in Glasgow, Sept 2011.

A pdf of the poster can be found in the publications section of the SHOT website.

Dendrite

The web based SHOT database (supplied by Dendrite Clinical Systems Ltd) has been in use since January 2010, and following a review of the first complete year's worth of data, the SHOT Team are now working with Dendrite on some changes and enhancements to the database. The changes include amendments and corrections to questions and answers across a variety of categories in order to make the data more useful, relevant and robust. The most notable change is a standardisation of the questions asked in the TACO, TAD and TRALI categories. Pulmonary complications of transfusion are notoriously difficult to categorise, so a standard set of questions will enable easier transfer between the different categories on the SHOT database and remove the need for reporters to re-enter information. The same set of questions have been generated for certain ATR reports which have predominantly pulmonary characteristics, and again facilitate the process of transferring

these cases to the TACO or TAD categories if this is deemed necessary after review by the SHOT Incidents Specialists.

The functionality for reporting ARED denominator data on-line will also be corrected, and reporters will be able to enter their data for 2011 directly on to the SHOT database. A brief user guide for this process will be published in January 2012 and e-mailed to all reporters. The above changes have been applied to the SHOT database this month (January) ready for the new reporting year, and a full list of revised questions and answer options for each category is now available to download from the 'Documents' section of Dendrite. The SHOT Team would like to thank all reporters for their continued support of the SHOT scheme, and any further feedback relating to the use of the SHOT database would be welcomed.

Dendrite Survey Results

An online survey of 10 questions about the SHOT database was live for 3 weeks in April 2011. A total of 145 replies were received, which could represent up to 70% involvement in the survey, although replies were not limited to one per reporting organisation.

Questions 1-7 were designed to have answers that required a positive or negative decision, not a middle way. They are presented in the chart using a 'traffic light' system.

Over 83% of replies to the first question stated that Dendrite was better than the previous system and questions 2-7 all scored a majority of positive responses.

Question 8 was split to ask for opinions on the responsiveness from both SHOT and the Dendrite manufacturers when dealing with problems.

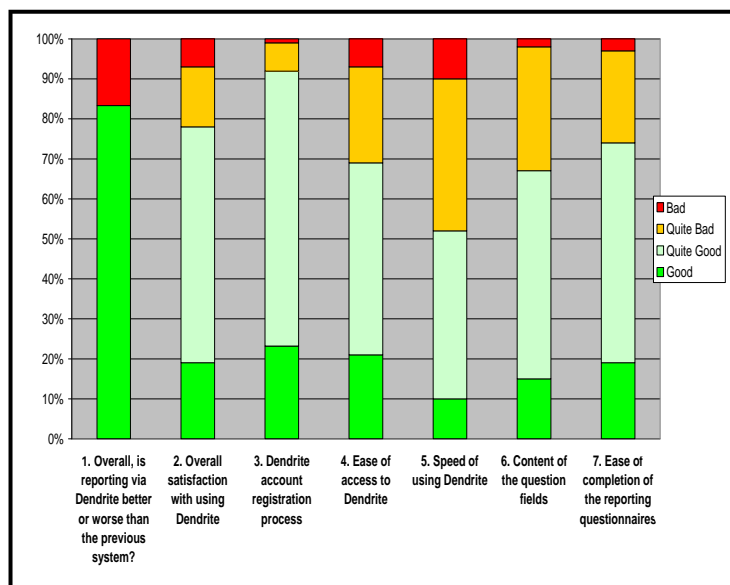
Many responders answered not applicable, indicating that problems are not common. Of those who expressed an opinion, over 90% gave positive responses.

Question 9 asked for likes and dislikes. Most of the likes were about the system being much easier. Conversely the theme for dislikes was about the system being slow, as reflected in the answers to question 5 too.

Unfortunately this is mostly related to the speed of the internet connection being used, so it is difficult to improve that very much.

Question 10 requested general comments and these, plus the likes and dislikes were most informative in determining the developments and enhancements being planned for 2012. These are outlined on page 1.

Further analysis of the Dendrite survey results can be found in the presentation given at the 2011 Annual SHOT Symposium 2011, which is available on the SHOT website.



2010 Annual SHOT Report

Participation in SHOT has increased year on year until in 2010, 94.7% of NHS organisations reported a total of 1464 cases, in addition to 863 'near misses' and 137 'right blood right patient' incidents. The range of reports that SHOT seeks to collect continues to increase, and from 2010 includes incidents of under or delayed transfusion.

Transfusion contributed to a varying extent to 13 deaths in 2010, and there were also 101 cases of major morbidity, with Acute Transfusion Reactions (ATR) the single most common cause.

Notably, this is the first year in which there have been no confirmed cases of transfusion transmitted infection (TTI).

Furthermore there has been a 29% overall reduction in the number of cases where an incorrect blood component (IBCT) was transfused. However, to counter this improvement, transfusion-associated circulatory overload (TACO) and inappropriate and unnecessary transfusion (I&U) are becoming more prominent, and have been responsible for the majority of

cases of transfusion mortality.

Numerous reports this year in the TACO and I&U chapters have shown that there is often inadequate medical assessment of patients before the prescription of blood components, compounded by sub-optimal monitoring of transfusion episodes, and so SHOT's main recommendation from 2010 goes 'back to basics' in recommending that prescribers must undertake a pre-transfusion clinical assessment, carefully plan the rate of transfusion, assess fluid balance, perform regular monitoring of Hb, and review the prescription of diuretics when considering transfusion.

SHOT reiterates the recommendation that knowledge of prescribing blood components must be recognised as a core requirement of medical training. Furthermore, to avoid inappropriate and unnecessary transfusions due to lack of clinical handover, decisions made concerning the need for transfusion support should be documented in clinical handover templates

A further recommendation states that transfusions should only be performed where

there are facilities to recognise and treat anaphylaxis according to UK Resuscitation Council guidelines. Where transfusion occurs in the community setting, or at home, providers must ensure that staff have the competency and facilities to deal with anaphylactic reactions.

It is encouraging that there have been fewer clinical and laboratory errors leading to ABO-incompatible transfusions, with only one case of major morbidity and no deaths. This is likely to be due to the impact of efforts to improve transfusion training and competency assessment. However, in the current financial climate there are concerns that the resources to maintain these improvements are being eroded and SHOT recommends that there should be a review of the practical aspects of the implementation of national transfusion competency initiatives, with a view to new guidance being issued. This was discussed and agreed at the National Blood Transfusion Committee meeting October 2011.

SHOT Symposium July 2011

The 2011 Annual SHOT Symposium was held at the Royal Society of Medicine, London on the 6th July. The meeting was well attended and excellent feedback was received from delegates and exhibitors.

Dr Lorna Williamson, Medical and Research Director NHSBT chaired the morning session. She was presented with a floral bouquet to acknowledge her IHN 2011 'Contribution to Haemovigilance' Award. Dr Williamson is the second person to receive this award which was in recognition of her role in Establishing Serious Hazards Of Transfusion and her leadership in haemovigilance over many years. She dedicated the award to everyone involved in SHOT. Dr Hannah Cohen – SHOT Steering Group Chair delivered the first session of the day focusing on the impact SHOT interventions have made on patient safety. This included a



summary of the key messages and main recommendations from the 2010 report.

The morning continued with SHOT Interim Medical Director Dr Sue Knowles highlighting lessons learned from SHOT Reports relating to Inappropriate and Unnecessary transfusion. Vignettes were used to link theory to practice.

The keynote speaker, Walter "Sunny" Dzik MD – Massachusetts General Hospital, USA gave an interesting and informative session titled 'Emergency transfusion – now, what do I do?' which challenged the 1:1:1 Red cells:FFP:Platelets theory in the treatment of traumatic injury.

The poster presentations were judged by Prof Mike Murphy.

Congratulations to the winners: Heather Daniels, Pauline Stewart, Pamela Patterson – NHS Lanarkshire, who received a £100 book token for their winning entry 'Can one head be better than two (single nurse administration of blood components)' Claire Milkins – Scheme Manager, UK NEQAS BTL and BBTS President Elect chaired the afternoon session which included an interactive session run by Claire and Dr Derek Norfolk. The audience were asked to vote following a series of slides relating to 4 individual incidents. It was interesting to see the shift of votes as more information about each case was revealed. This session was well received by the audience and SHOT will be using this at future events.

Liz Pirie – Transfusion Education Specialist, SNBTS spoke about 'Implementing non medical blood prescribing' and Debbie Asher – Transfusion Laboratory Manager, Norfolk and Norwich Hospital gave an excellent session about learning from laboratory incidents. The results of the Dendrite user survey provided by Alison Watt – SHOT Operations Manager rounded off the day.

All presentations from the Symposium are available on the SHOT website www.shotuk.org

The 2011 Annual SHOT Symposium will take place at The Lowry Theatre, Manchester 5th July 2012. If you wish to attend please contact the SHOT office 0161 423 4208.

Annual SHOT Symposium 2012

The 2012 Annual SHOT Symposium will return to The Lowry Theatre, Salford Quays Manchester on July 5th 2012. When the SHOT symposium was first held at The Lowry in 2010 it was extremely well received and delegates enjoyed visiting Manchester, which is an exceptional, vibrant city as well as being the home of SHOT. We are delighted to confirm the Keynote Speaker for this year is Dr Jonathan Wallis. His talk is entitled: Managing Transfusion Risks From A Hospital Perspective.

Poster Submission

Poster presentations will be judged on the day, with a prize of £100 book token awarded to the winner. Please submit a poster and share your experience & knowledge with the transfusion community. Deadline for submission: Friday 27th April. Instructions for submissions will be available on www.shotuk.org.

The Delegate fee for 2012 remains the same as it was for 2011, at £69. Please check: www.shotuk.org for further details.

Exhibitors & Sponsors

If you are a Company, who would like to exhibit or indeed 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 £395.

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

The 2010 Annual SHOT Report (published 2011) and the Summary are now available on the SHOT website for download (www.shotuk.org). The Annual SHOT Report has been bookmarked for ease of access to individual chapters.

In addition, SHOT have revised numerous documents for individuals to use from an educational point of view, these are listed below:

From the 2010 Annual SHOT Report and Symposium

Symposium Presentations and abstracts

Learning Points 2010

Recommendations 2010

Figures from the 2010 Annual SHOT Report

Cases from the 2010 Annual SHOT Report

Additional resources

SHOT Laboratory lessons

SHOT Clinical Lessons

SHOT definitions categories

SHOT definitions of morbidity

SHOT Publications & Posters

SHOT Participation data

A retrospective audit of fluid balance recording in TACO reports

SHOT Anti-D poster

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Diary Dates

- 13th Annual Symposium of NATA, Copenhagen, Denmark. 12—13th April 2012 (www.nataonline.com)
- Annual Scientific Meeting, Glasgow, Scotland. 16th-18th April 2012. (www.b-s-h.org.uk)
- 14th IHN International Symposium. Montreal, Canada 25th –27th April 2012 (www.ihn.org.com)
- **Annual SHOT Symposium 2012. Manchester, UK. 5th July 2012.** (www.shotuk.org)
- 32nd International Congress of the ISBT, Cancun, Mexico. 7th—12th July 2012. (www.isbtweb.org)
- BBTS Annual Conference 2012. Harrogate International Centre. Harrogate 26th—28th September 2012. (www.bbts.org.uk)