SERIOUS HAZARDS OF TRANSFUSION (SHOT): 20 YEARS OF REPORTING SHOWS HUMAN ERROR IS THE MOST COMMON CAUSE OF ADVERSE INCIDENTS:

Be like a pilot: use a bedside checklist

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Transfusion components are very safe but practice is not. Despite 20 years of reporting (total 18,258 reports), the majority of incidents every year are caused by human error and in 2016 this was 87%, or 9/10

Risk of death from transfusion 1 in 100,000 components issued
Risk of major morbidity 1 in 20,400

2016: Transfusion transmitted infections (TTI): 1 case HEV; 4 near miss bacterial transmissions. Serious reactions: 397, 12.8%: most commonly allergic/febrile (ATR) n=253, 8.2%

Deaths related to transfusion 2010-2016 n=115

Deaths related to transfusion in 2016 n=26

Deaths and major morbidity: percentage of total reports 1996/97 - 2016

- ABO-incompatible red cell transfusions are the tip of the iceberg. There were 3 in 2016, but 264 near miss events which could have resulted in ABO-incompatible transfusion. These result from failures to identify the patient at sampling and/or failure to complete the final bedside check. A bedside checklist will save lives
- Delayed transfusions are an important cause of death, 25/115 (21.7%) 2010 to 2016
- Many errors in transfusion relate to poor communication between teams, shifts and interfaces

Key Recommendations 2017

- Use a checklist at the point of blood component administration where many errors could be prevented. This should now be standard of care
- Patients should be risk-assessed for TACO particularly as most are elderly with co-morbidities