BLOOD UTILIZATION REVIEW COMMITTEE
MEETING MINUTES
UPMC ST. MARGARET
UPMC ST. MARGARET HARMAR OUTPATIENT CENTER

December 18, 2012

PRESENT
Christopher Bartels, MD
Graham Johnstone, MD
Donald Kelley, MD
Lirong Qu, MD
Robert Dyga
Borche Erka
Veronica Findley, RN
Linda Hahn
Marge Jacobs, RN
Anna Kalafut, MSN, RN
Lindsay Foster, RN
Ray Probst

ABSENT
Jagjit Singh, MD
Darrell Triulzi, MD
Tom Moore
Lindsay Foster, RN
Ruth Harris, RN
Mary Barkhymer, RN
Mary Lou Tucker, CRNA
Mary Ulizio, CRNA
Dawn Vocke, RN
Barbara Vanetten, RN
Jay Wright, RN

GUEST
Mary Kay Wisniewski

I. CALL TO ORDER

The meeting was called to order at 7:00 a.m. by Dr. Christopher Bartels.

II. APPROVAL OF MINUTES

Dr. Bartels noted that the Blood Utilization Review Committee meeting minutes of July 10, 2012 are available electronically for review. A minor change was made to the previous minutes (phlebotomist
changed to Phlebotomy Supervisor) and they were then approved. (Information available @ http://smhsp001/sites/SMHCM/BURC/default.aspx)

III. UPMC TOTAL BLOOD MANAGEMENT PROGRAM

Mary Kay Wisniewski spoke on behalf of the UPMC Patient Blood Management Program and provided a PowerPoint presentation (see attached). There is a collaborative effort at UPMC to standardize transfusion guidelines and to enforce evidence based transfusion practices to improve patient safety and quality outcomes.

A six point strategy for total blood management will be followed and will include: Implementation of evidence-based transfusion triggers; minimizing preoperative autologous donation; intraoperative autotransfusion program; preoperative anemia optimization; limiting iatrogenic blood loss; education, awareness and auditing.

Representing UPMC St Margaret on the Patient Blood Management Committee (PBMC) will be Christopher Bartels, MD, Ray Probst and Dawn Vocke.

There was a lengthy discussion regarding the preoperative anemia screening that is now being performed throughout UPMC.

IV. LAB MANAGEMENT REPORT

Ray Probst mentioned that some minor changes have been made to the Blood Product Transfusion – Routine and Emergency Mode policy (UPMC St. Margaret Policy No. 2562). The most significant change was made in regards to specimen requirements. Only one lavender top tube will now be drawn instead of two, effective immediately. It was found that 99% of the population did not require more than one lavender tube of blood drawn in order to perform the tests that their physician has ordered. Other minor editing changes/clarifications were also made to this policy (see attached).

V. BLOOD CONSENTS

An updated Blood or Blood Products Consent form was distributed, as well as a copy of the current Emergency Release Authorization form, Release from Liability for Failure to Administer Blood Transfusion (Adult) form, and Refusal of Blood for a Minor, Information for Parents Opposed to the use of Blood Products Consent form.

VI. PERIOPERATIVE BLOOD MANAGEMENT PROGRAM

Bob Dyga stated that the recent AABB assessment that took place on September 14, 2012 went very well. There were three areas of non-compliance and they were basically related to poor documentation. Some minor policy/procedure changes need to be made and these will occur with the new Revision 5 guidelines that go into effect on January 1, 2013. Bob also noted that there needs to be better documentation of reinfusion of blood from the Orthopat units.
Bob Dyga discussed the most recent Perioperative Blood Management data. He stated that autotransfusions are down (89) for this third quarter of 2012. Stand-by numbers were down also this quarter at 28%. Volume processed averaged 1225 ml.

Orthopats are down with 134 this quarter with the volume processed at 1109 ml, with 86% of patients being transfused. There were 21 of 36 QC samples recorded for this third quarter, 2012. Median Potassium level was 4.8 and median HCT was 68.5. Dr. Bartels requested that the actual ranges be provided at the next meeting. For Orthopat data, it was noted that transport time/signature fields are not always recorded and that QC numbers did not meet requirements and these will all be closely monitored.

Flip-n drip transfusion systems are no longer in use at UPMC St. Margaret. The use of tranexamic acid has taken its place.

There was one bone marrow aspirate performed this quarter. ACP’s are about the same at 30 for this quarter at UPMC St. Margaret and 34 at Harmar Outpatient Center.

A total of 89 autotransfusion procedures were reported for the third quarter of 2012. The average calculated whole blood volume was 5,994 ml. Median blood loss was 503 ml. RBC transfusion volume ranged between 125 ml and 2,000 ml (median 205 ml) with an average hematocrit of 49.32%.

In regards to QC sampling, there was one outlier during the third quarter of 2012 with a post HCT that was lower than expected. All performance indicators were at 100%.

Bob mentioned that Humanetics now has a new device, the Orthopat Advanced, and the Orthopedics department will be asked to participate in the evaluation of this new system. Information will be presented at the Department of Orthopedics meeting in January, 2013.

VII. ITXM REPORT

Blood Bank Statistics


Autologous Utilization Rate

For August, 2012 there were 19 units received; 15 were then outdated; 4 units used, for a utilization rate of 21%.

For September, 2012 there were 12 units received; 3 were then outdated; 9 units used, for a utilization rate of 75%.

For October, 2012 there were 17 units received; 10 were then outdated; 7 units used, for a utilization rate of 41%.

For November, 2012 there were 23 units received; 16 were then outdated; 47 units used, for a utilization rate of 30%.

Sample Collection Variance
There were two minor collection variances for August, 2012. For September, there were four minor collection variances. For October, there was one minor collection variance. For November, there was one minor collection variance.

STAT Product Order Turnaround Times
The goal of <5% non-conformance for a one hour turn-around time for all stat orders was met for the months of August, September, October and November, 2012.

C/T Ratio
The C/T Ratio was 1.6 for August and September, 2012. The C/T Ratio was 1.5 for October and November, 2012.

Wasted Products
There were five wasted products (3 RBC’s, 1 Cryo, 1 Plts) in August, 2012. There were no wasted products in September, 2012. There were five wasted products (2 FFP’s, 3 Plts) in October, 2012. There were no wasted products in November, 2012.

Dr. Bartels would like to know the incidence during the last quarter of blood products having to be reordered because the original blood product could no longer be used. He has also requested information on TEG (thromboelastography (TEG)-guided transfusion algorithm).

Transfusion Reactions
There were two reported transfusion reactions in August, 2012 (1 non-hemolytic fever chill transfusion reaction-first and 1 possible non-hemolytic fever chill transfusion reaction).

In September, there were three reported transfusion reactions (1 possible non-hemolytic fever chill transfusion reaction, 1 symptoms most likely due to underlying disease, 1 symptoms most likely due to volume overload).

In October, there were four reported transfusion reactions (2 no evidence of transfusion reaction, 1 non-hemolytic fever chill transfusion reaction-first, and 1 possible non-hemolytic fever chill transfusion reaction).
In November, there were three reported transfusion reactions (1 non-hemolytic fever chill transfusion reaction-first, 1 non-specific, non-hemolytic transfusion reaction, and 1 possible non-hemolytic fever chill transfusion reaction).

There were no hemolytic reactions. No bacterially contaminated products.

Dr. Bartels posed the question as to whether leuko-reduced blood has been shown to decrease the risk of transfusion reactions. Dr. Qu noted that it is very difficult to provide evidence one way or another with the use of leuko-reduced blood products. She mentioned that select groups of patients always receive leuko-reduced blood products, such as pediatric patients and heart surgery patients.

VIII. HARMAR OUTPATIENT CENTER

Refer to Perioperative Blood Management Program for Harmar specific data.

IX. OLD BUSINESS

None.

X. NEW BUSINESS

It was mentioned that Christopher J. Bartels, MD, Clinical Professor of Surgery, UPMC St. Margaret, is one of eight recipients of the Clerkship Preceptor of the Year Award presented at the 2012 University Of Pittsburgh School Of Medicine Curriculum Review Meeting. This award recognizes faculty preceptors who consistently provide outstanding clinical instruction in the clerkship setting for University of Pittsburgh School of Medicine medical students.

XI. ADJOURNMENT

The meeting was adjourned at 7:58 a.m. The next meeting is scheduled for January 22, 2012 at 7:00 a.m. in Conference Center Rooms 1 & 2.

Respectfully submitted,

Christopher Bartels, MD
Chairman, Blood Utilization Review Committee
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