2019 Buchanan Award Presentation

CSTM – What's in it for You?

Julie Hendry

June 1, 2019

CSTM SCMT
Canadian Society for Transfusion Medicine
Société Canadienne de Médecine Transfusionnelle

Disclosures

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- None

Objectives

CSTM SCMT
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- To review the benefits of CSTM Membership
- To highlight the volunteer opportunities available with CSTM
- To inspire the audience to recruit and mentor the next generation

Member Website Content - Education

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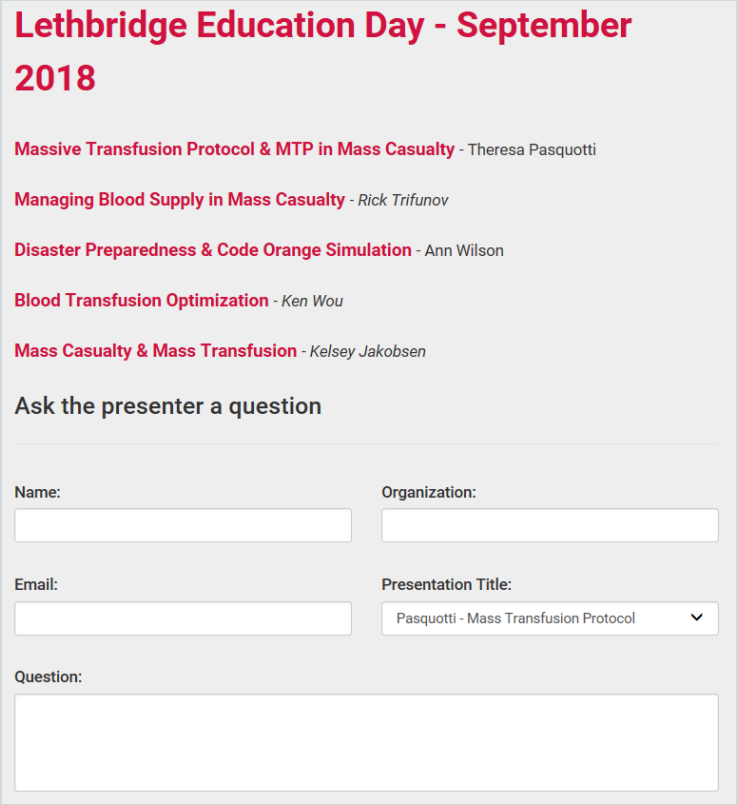
Spotlight on Safety Cases

- Volume 1 (July 2016) : Phlebotomy challenges on the night shift
  Blood samples received on night shift at a large urban hospital for CBC and or Type and screen were frequently found to have patient ID/ labeling errors and or IV fluid contamination (resulting in erroneous laboratory values such as falsely low hemoglobin concentrations).

Education Day & Conference Presentations



Lethbridge Education Day - September 2018

Massive Transfusion Protocol & MTP in Mass Casualty - Theresa Pasquotti

Managing Blood Supply in Mass Casualty - *Rick Trifunov*

Disaster Preparedness & Code Orange Simulation - Ann Wilson

Blood Transfusion Optimization - *Ken Wou*

Mass Casualty & Mass Transfusion - *Kelsey Jakobsen*

Ask the presenter a question

Name:

Organization:

Email:

Presentation Title:

Pasquotti - Mass Transfusion Protocol

Question:

Member Resources

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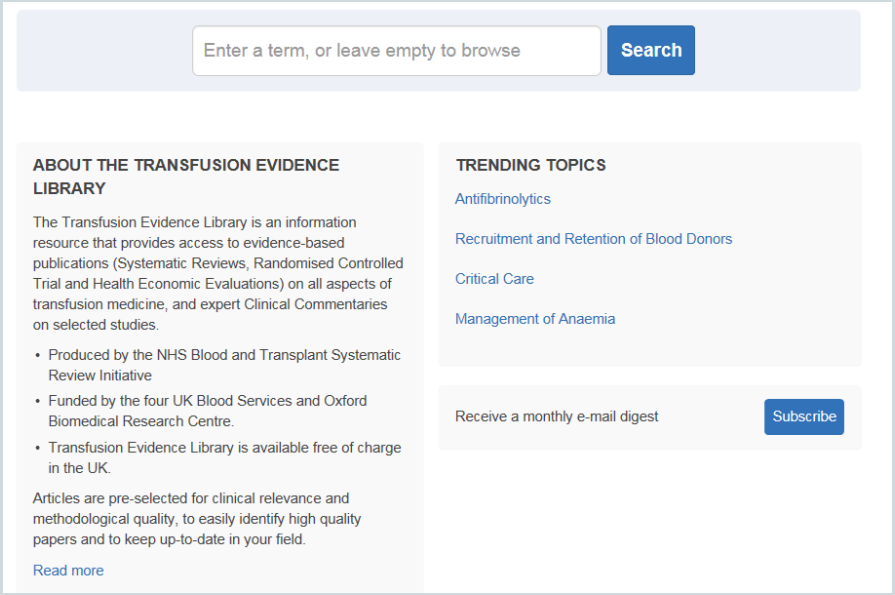
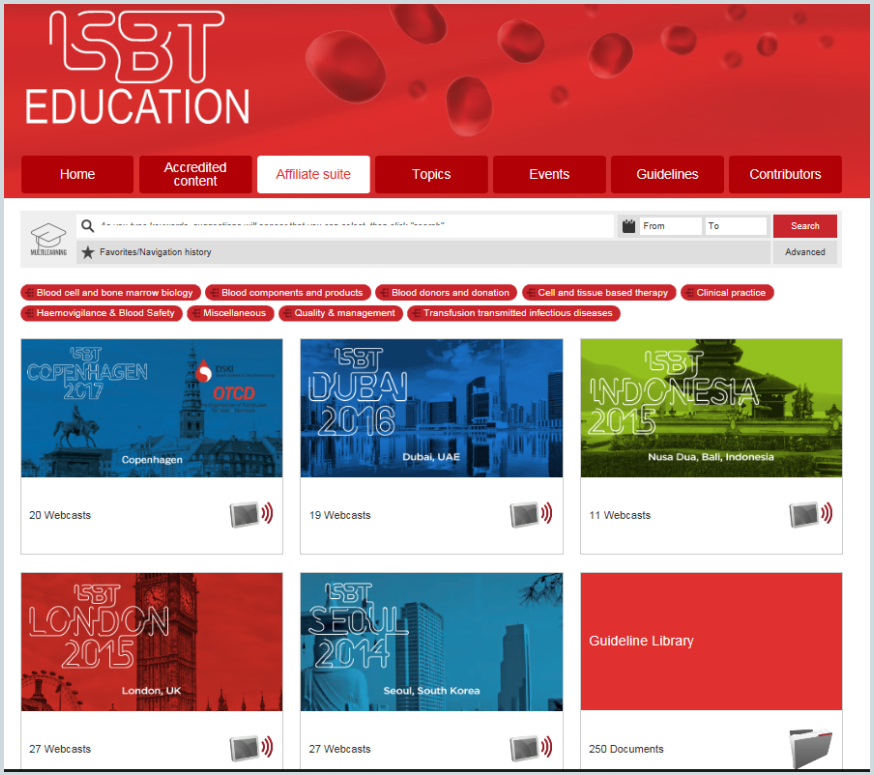
- Transfusion Medicine Evidence Library Database



- ISBT e-portal Resources



Transfusion Medicine Evidence Library Database

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fibrinogen concentrate in obstetrics

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Results for '*fibrinogen concentrate in obstetrics*'

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DATE

Past 5 Years

Past 10 Years

Published Between:

2012 2018 apply

FULL TEXT

Abstract available 5

Clinical Commentary available 1

Free full text available 2

Full text available 5

CLINICAL SPECIALTY

☐ **Fibrinogen for the management of critical obstetric hemorrhage**

Matsunaga S, Takai Y, Seki H

The Journal of Obstetrics and Gynaecology Research. 2018;45((1):):13-21.

Abstract | Full text

☐ **Fibrinogen concentrate versus placebo for treatment of postpartum haemorrhage: study protocol for a randomised controlled trial**

Aawar N, Alikhan R, Bruynseels D, Cannings-John R, Collis R, Dick J, Elton C, Fernando R, Hall J, Hood K, et al

Trials [Electronic Resource]. 2015;16((1):):169.

Abstract | Free full text

☐ **The role of fibrinogen and haemostatic assessment in postpartum haemorrhage**

Wikkelso, AJ

Danish Medical Journal. 2015;61((4):):pii B5055.

Abstract | Full text

Subscribe to Monthly Transfusion Evidence Alert

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Top 10 new articles: March 2019

Each month, the *NHS Blood and Transplant Systematic Review Initiative* provides an overview of the most important new publications in transfusion medicine. All content is sourced from the **Transfusion Evidence Library**.

If you are interested in full, institutional access to the **Transfusion Evidence Library**, please **contac us** for more information.

ARTICLE OF THE MONTH

Intravenous compared with oral iron for the treatment of iron-deficiency anemia in pregnancy: a systematic review and meta-analysis
Lewkowitz, A. K., Gupta, A., *Journal of perinatology 2019.*

TOP ARTICLES

Efficacy and safety of prothrombin complex concentrate for vitamin K antagonist-associated intracranial hemorrhage: a systematic review and meta-analysis
Pan, R., Cheng, J., et al., *Neurological sciences 2019*

Desmopressin acetate (DDAVP) for preventing and treating acute bleeds during pregnancy in women with congenital bleeding disorders
Karanth, L., Barua, A., et al. *The Cochrane database of systematic reviews 2019*
Free full text

Comparison of intravenous, topical or combined routes of tranexamic acid administration in patients undergoing total knee and hip arthroplasty: a meta-analysis of randomised controlled trials
Sun, Q., Li, J., et al. *BMJ Open 2019.*
Free full text

Tranexamic Acid in Cerebral Hemorrhage: A Meta-Analysis and Systematic Review
Hu, W., Xin, Y., et al. *CNS Drugs 2019.*

Well-being and return rate of first-time whole blood donors
Jansen, P., Sumnig, A., et al. *Vox Sanguinis 2019*

Why does a point of care guided transfusion algorithm not improve blood loss and transfusion practice in patients undergoing high-risk cardiac surgery? A prospective randomized controlled pilot study
Lehmann, F., Rau, J., et all. *BMC Anesthesiology 2019.*
Free full text

Effect of a Resuscitation Strategy Targeting Peripheral Perfusion Status vs Serum Lactate Levels on 28-Day Mortality Among Patients With Septic Shock: The ANDROMEDA-SHOCK Randomized Clinical Trial
Hernandez, G., Ospina-Tascon, G. A., et al. *JAMA 2019.*

Eltrombopag treatment during induction chemotherapy for acute myeloid leukaemia: a randomised, double-blind, phase 2 study
Frey, N., Jang, J. H, et al. *The Lancet. Haematology 2019.*

A phase III study comparing secondary long-term prophylaxis versus on-demand treatment with vWF/FVIII concentrates in severe inherited von Willebrand disease
Peyvandi, F., Castaman, G., et al. *Blood transfusion 2019*
Free full text

Stem Cell Evidence Alert: REGISTER HERE!

Are you interested in **haematopoietic stem cell transplantation**? Please **sign up** to receive the monthly Stem Cell Evidence Alert via email.

Click here for the March edition of the Stem Cell Evidence Alert.

CSTM Publications

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CSTM Standards

Guidance Statements

Guidance Statements

Guidance statements have been developed at the request of CSTM membership. Compliance with the CSTM standards provides public assurance of the safety of Transfusion Services based on current knowledge and best practices. The objective of the guidance statements is to provide additional clarity to the intent of the standard. Clauses addressed in the guidance statements are based on questions submitted to "Ask the Standards Committee", posed on the Transfusion Safety Officer mailing list and common accreditation inspection deficiencies.

3.2.1.7
Contamination of blood components or blood products from patient samples, reagents and/ or tissue products shall be avoided by ensuring that blood components and blood products are stored in designated storage equipment or in clearly labelled segregated areas within the storage equipment. [9.4.2.1.1.1.1] See guidance statement

Clause 3.2.1.7 Guidance

Physical barriers are needed to prevent contamination of blood components and products from other materials stored in the same equipment or area.
Examples of physical barriers include a leak-proof shelf or container (preferably with a lid), clearly labeled to reflect the contents. If the physical barrier is a shelf, blood components/products should be stored above any potential contaminants (reagents, patient samples, etc.). Back to 3.2.1.7.

Answers to "Ask the Standards"

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CSTM Members' Questions and Answers

Question received from a CSTM Member:

CAN/CSA-Z902-Z902-15

10.6.1.3

To provide non-group, ABO compatible red blood cells, there shall be at least two determinations of the recipient's blood group on record: one from the current sample and the second from the
a) recipient's previous records
b) testing of a separate sample collection; or
c) retesting of the same sample where positive patient identification technology was used at the time of sample collection.
Until the second blood group is established, Group O red blood cells shall be transfused.

Question:
Can a CBC tube be used to perform a Blood Group confirmation?

CSTM Standards Committee Response:

There is no regulation and/or standard that prevents a facility from using a CBC tube to perform a Blood Group confirmation as long as it is from a separate collection. As indicated above under criteria "b) testing a second sample collection".

The committee would like to add that the facility must meet the other standards for recipient identification
5.2.2.1 Unequivocal identification of the recipient shall be made before drawing blood samples including a check of the recipient's identification number band or by using an alternative process approved by the TS. If errors or discrepancies are found during the process of identification, blood samples shall not be drawn until the problem has been satisfactory resolved.
5.2.3.2 Unequivocal identification of the person drawing the blood sample shall be documented. The date and time of collection shall be documented. [10.3.1]

The usefulness of utilizing resources without recalling patients and preventing additional specimen procurements is recognized by the committee. An added quality process to consider is storing these samples in a separate location or a different colour tube could identify these to staff as a blood group confirmation tube.

Question received from a CSTM Member:

Re: Section 5.6 Modification of Blood Components and Blood Products
Does clause 5.6.1.3 apply to the thawing of plasma?

CSTM Standards Committee Response:

Yes, clause 5.6.1.3 applies to the thawing of plasma. Thawing plasma is considered a modification because the state of the product is changed resulting in a change in the expiration of the product. Health Canada considers the thawing of plasma a regulated process. Procedures shall be in place to ensure that the thawed plasma is not provided for transfusion or stored beyond its expiration date. These measures can include an electronic printed label (either ISBT or computer generated), a manual tagged label, or an electronic change in the laboratory information system.

Question received from a CSTM Member:

What is the best practice for monitoring vital signs post RhIg injection?

CSTM Standards Committee Response:

The CSTM Standards (V4- 2017) states:

- 5.9.4.10 "Before, during, and after transfusion, recipient vital signs shall be monitored and documented. The recipient shall be monitored by qualified personnel for suspected adverse reactions during and after the transfusion. If direct medical monitoring is not possible after transfusion, the recipient or a responsible caregiver shall be given instructions concerning possible adverse reactions. [11.4.15/11.4.16]"
- 5.9.4.11 "In the event the patient exhibits signs of a transfusion reaction, the transfusionist shall follow established hospital policy and procedure for management of a transfusion reaction. [18.1.1]"

The practice across the country varies, but based on the feedback from the committee members in BC, AB, and Quebec, vital signs are checked pre-administration and 20 minutes post administration based on their facility policy/procedures. *These responses are based on prophylaxis of RH Immunization (ie.pregnancy) and not treatment of ITP.

The Standards Committee would like to suggest that you refer to the manufacturer's information for RhIg.

Volunteer Opportunities

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- Become a Webpage Editor – Shared Resources page, Spotlight on Safety, Develop a new page
- Submit a Spotlight on Safety Case
- Write a blog for the CSTM
- Join a CSTM Committee or Subcommittee
- Represent CSTM on other Canadian Transfusion Related Committees

CSTM Committees

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- Standards Committee
- Translation Team
- Education Day Subcommittee
- Communications Committee
- Canadian Obstetrical and Pediatric Transfusion Network (COPTN)
- Propose a new Subcommittee

- Board of Directors
- Conference Committees
  - Standing Scientific
  - Abstract Management
  - Speaker Management
  - Sponsors & Exhibits
  - Registration
  - Local Organizing

CSTM Representatives

- CSA Standards Committee
- CBS National Liaison Committee
- CCNMT
- NAC
- NAC Blood Shortage Working Group
- RCPSC Specialty Committee in Transfusion Medicine
- Choosing Wisely Canada

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Financial Support

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- Bursaries and Awards
  - Pat Letendre Bursaries
  - Speaker Legacy Bursaries
  - Macopharma Bursaries
- Conference Attendance for Standing Planning Committees
  - Speaker Management
  - Abstract Management
  - Sponsors & Exhibitors
  - Registration

- Conference and Education Day Attendance
  - Board of Directors
  - Webmaster
- Conference Attendance for Standards Committee Chairperson

Sustaining a Vibrant CSTM

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- ✓ Attracting New Members
- ✓ Aging Membership and Retirement of Long Term Members
- ✓ Reduced funding from employers
- ✓ Consolidation of Individual Healthcare Facilities
- ✓ Declining Industry Funding

Julie's Challenge

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- Institutional Affiliation – make sure your employer has one
- Take advantage of your member benefits
- Show a non-member what they are missing out on
- Encourage your staff/ coworkers to apply for a bursary or award
- Recruit a new member for the CSTM
- Thank a current CSTM volunteer
- Recruit a new volunteer for the CSTM
- Visit the exhibit hall and thank the exhibitors for coming to CSTM
- Ask your sales reps if you will see them at the next CSTM conference
- Strike up a conversation with a new attendee
- Renew your membership even if you aren't coming to the conference


CHALLENGE
ACCEPTED

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Questions