

Wisconsin Society of Pathologists, Inc.
Board Meeting
November 6, 2010

BB Liaison Report – K.E. Puca MD, BloodCenter of WI

1. Infectious Disease Updates
 - a. WNV Summary
 - All US blood centers – mild season; as of 11-5-2010, 172 presumed viremic donations (of these 165 confirmed positive)
 - BloodCenter of WI – 1 confirmed positive donor in 2010
 - b. XMRV (Xenotropic Murine Leukemia Virus-related Virus)
 - High association with Chronic Fatigue Syndrome (see Fact Sheet – attached)
 - Poster/Handout to donors requesting individuals diagnosed with CFS to not donate
2. Suspected TRALI (Transfusion-related acute lung injury) cases reported to BCW

	2008	2009
Suspected TRALI cases reported	18	13
Not TRALI	15	11
Possible TRALI	3	2

3. Blood usage and blood utilization
 - a. Blood utilization and blood management has become an increased focus for many transfusion services and hospitals.
 - AIM (Appropriate Inventory Management) Phase I available through BCW – track usage by service lines and benchmarking with like-hospitals
 - b. Autologous Blood Utilization – BloodCenter of WI
 - In 2009 overall 3270 units donated from 2450 patients
 - PAD = Preoperative autologous donation
 - Overall usage of PAD = 57.9% (2008 56.9%)
 - Percent of PAD units wasted = 42.1% (2008 43.1%)
 - Reports sent to top 25 ordering physicians of autologous donations by the end of 2009
 - Due to the increase risk of preoperative anemia and wastage of autologous blood, some blood suppliers are beginning strategies to limit PAD collection
 - BloodCenter of WI changed last allowable PAD from 3 days prior to surgery date to 7 days prior to surgery as of 1/01/2010.
 - As of June 30, 2010, at BCW there has been a 40% decrease in the number of orders for patients and number of units donated PAD, as compared to 2009
 - Continue to monitor utilization with physicians and medical directors

4. US Biovigilance Network (USBVN) – coordinated effort between AABB and CDC National Healthcare Safety Network (NHSN)
 - a. Goal is to enhance patient safety and reduce health care costs. Central, coordinated system for identifying adverse events and near-miss incidents occurring at any point in the collection, processing, distribution, transfusion, or transplantation processes for blood, tissue or cellular products
 - b. No prior system in US; US lags behind European colleagues in this reporting and surveillance
 - c. National Hemovigilance program (recipient and transfusion service focused)
 - Collection of data on adverse transfusion reactions and incidents related to transfusion (e.g. mislabeled sample, incorrect product issued, etc)
 - **Opened for voluntary enrollment in Feb 2010**
 - www.aabb.org/programs/biovigilance/us/Pages/default.aspx
 - FAQs at www.aabb.org/programs/biovigilance/us/Pages/faqs.aspx

5. Accreditation Updates
 - a. Joint Commission
 - 2010 National Patient Safety Goals; New addition to Goal 1. Improve the accuracy of patient identification
 - NPSG.01.01.01 Use at least 2 patient identifiers when providing care, treatment or services
 - NPSG.01.03.01 Use at least 2 patient identifiers when administering medications, **blood or blood components**; when collecting blood samples and other specimens for clinical testing
 - o Patient's room number or physician location is not used as part of the identifier
 - NPSG.01.03.01 Eliminate transfusion errors related to patient misidentification
 - o Before initiating a transfusion: match the product to the order, match the patient to the product & use a 2 person verification process
 - o An automated identification system may be used in place of 1 individual (barcode, RFID)
 - o This has been interpreted to be a positive identification using an automated system
 - Blood Management Performance Measures Project (see www.jointcommission.org/PerformanceMeasurement/PerformanceMeasurement/Blood+Management.htm)
 - Pilot study has been completed on 6 measures (Transfusion consent, RBC Transfusion Indication, Plasma Transfusion Indication, Platelet/Prophylactic Platelet Transfusion Indication, Blood Administration Documentation, Preoperative Anemia Screening, Preoperative Blood Type Screening). Recommend final measures to be presented by end of 2010.
 - Objectives for pilot testing included: Evaluation of reliability of individual measures and associated data elements; enhancement of measure specifications, assessment of data collection effort, and assessment of sampling strategies.

- b. CAP
 - New checklist format issued 6-17-2010 (subject header, declarative statement and evidence of compliance)
 - Many of the new and revised requirements for Transfusion Medicine Checklist reflect those that were new/revised in June 2009 (see www.cap.org)
 - TRM.31450 Comparability of Instrument/Method continues to receive the most comment and inquiries from members. This was required by CLIA. Further clarification for the requirement is forthcoming.
 - c. AABB
 - 26th edition of BB/TS standards.
 - Interim Standard 5.1.5.1.1 effective Jan 31, 2011 :
 - o *5.1.5.1.1 Detection methods shall either be approved by the FDA or validated to provide sensitivity equivalent to FDA-approved methods*
 - o Use of less sensitive, surrogate, methods such as pH or glucose is prohibited
 - New Technical Manual and 27th edition of BB/TS standards to be available mid 2011
6. Recent or ongoing clinical trials and important transfusion medicine studies
- a. PLADO – Slichter SJ et al. Dose of Prophylactic Platelet Transfusions and Prevention of Hemorrhage. NEJM 2010;362:600-613.
 Multicenter RCT to evaluate the effect of platelet dose on bleeding in patients with hypoproliferative thrombocytopenia. 3 arms: low-dose, medium-does and high-dose. 1272 patients enrolled. Conclusion: When prophylactic trigger of 10,000/uL reached, platelet dose had no significant effect on incidence of bleeding. Low-dose platelets administered as a prophylactic transfusion led to a decreased number of platelets transfused per patient but to an increased number of transfusions.
 - b. Age of Blood Studies – The question of whether storage of RBCs alters their capacity to deliver oxygen and affects patient outcomes remains in a state of clinical equipoise. Results of several large retrospective patient studies have not been consistent – some studies have shown an association between worse clinical outcomes and transfusion of older blood while others have found no effect. Two multicenter RCT in adults are currently on-gong: RECESS (US) – patients undergoing complex cardiac surgical procedures, and ABLE (Canada) – ICU patients.