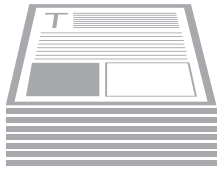


ANNUAL SHOT REPORT 2015 SUMMARY

How many reports?



3288
REPORTS
IN 2015



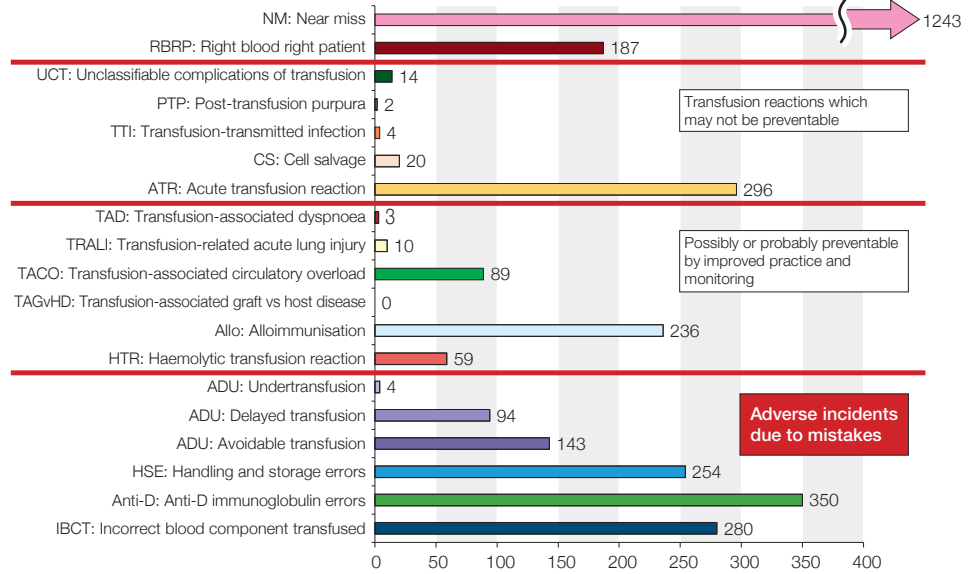
1125
ERRORS

7

ABO-incompatible transfusions and 6 more to stem cell transplant patients

MHRA:
97%
SAE reports due to **HUMAN ERROR**

Cases reviewed in 2015



But 288
additional
near miss
ABO-events



26 deaths
8 preventable

Risk 1:100,000

Risk of death from error
1:320,000

166 patients suffered
serious harm



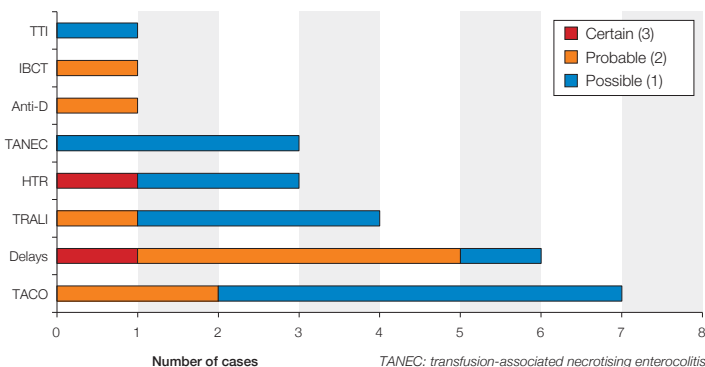
1 in 3
WERE PREVENTABLE

How many errors?



78%
ERRORS

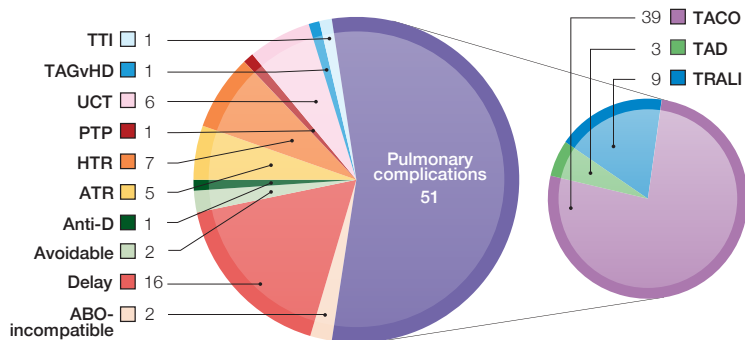
Deaths related to transfusion 2015



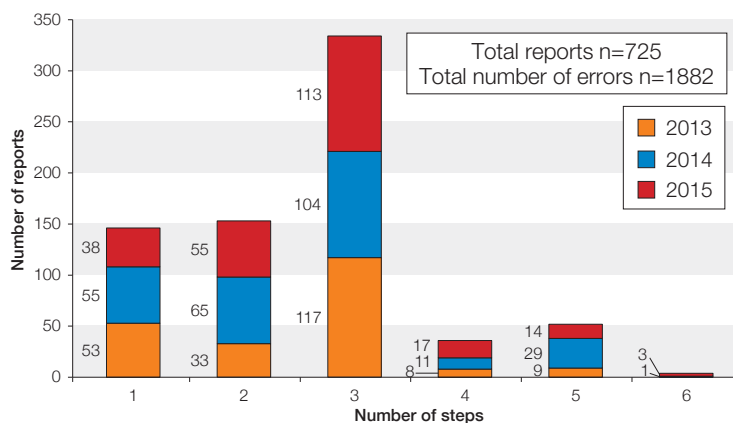
CRITICAL FACTORS IN PATIENT SAFETY



Deaths related to transfusion 2010-2015 n=93



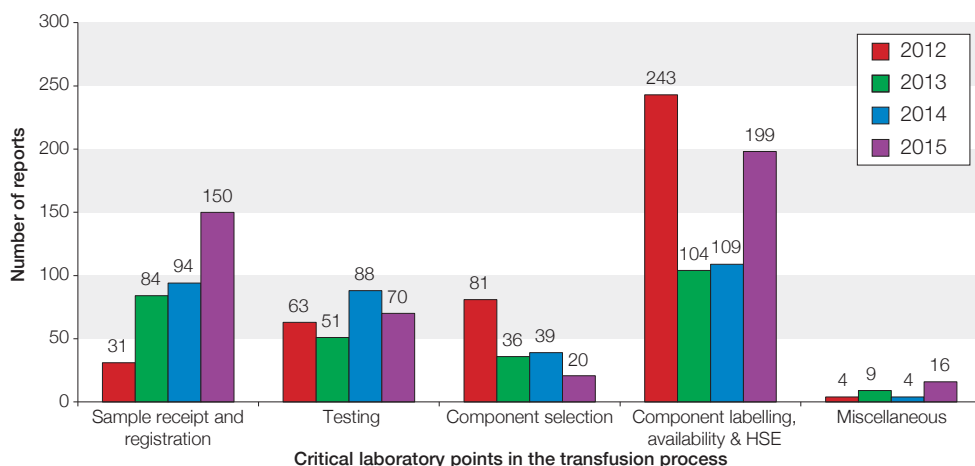
Multiple errors in the transfusion process 2012-2015



Pulmonary complications, particularly TACO, and delays are the main causes of death

Laboratory errors have increased

SHOT data 2012-2015 showing 4 year trends indicating the critical points in the laboratory processes where errors occur



SHOT RECOMMENDATIONS 2015

Be WARM:


**Work
Accurately and
Reduce
Mistakes**

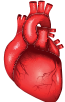


1. Use a TACO checklist
2. Use a bedside checklist

SERIOUS HAZARDS OF TRANSFUSION **SHOT**

Human factors in hospital practice
Be safe! Use the bedside checklist

- ✓ Positive patient identification
- ask the patient to state name and date of birth
- ✓ Check identification of component against patient wristband
- ✓ Check the prescription
- has this component been prescribed?
- ✓ Check the prescription
- is this the correct component?
- ✓ Check for specific requirements
- does the patient need irradiated components or specially selected units?



TACO Checklist	Red Cell Transfusion for Non-Bleeding Patients
	Does the patient have a diagnosis of 'heart failure' congestive cardiac failure (CCF), severe aortic stenosis, or moderate to severe left ventricular dysfunction? Is the patient on a regular diuretic?
	Is the patient known to have pulmonary oedema? Does the patient have respiratory symptoms of undiagnosed cause?
	Is the fluid balance clinically significantly positive? Is the patient on concomitant fluids (or has been in the past 24 hours)? Is there any peripheral oedema?

If 'yes' to any of the above

- 1
- 2
- 3

- Review the need for transfusion (do the benefits outweigh the risks?)
- Can the transfusion be safely deferred until the issue can be investigated, treated or resolved?
- Consider body weight dosing for red cells (especially if low body weight)
- Transfuse one unit (red cells) and review symptoms of anaemia
- Measure the fluid balance
- Consider giving a prophylactic diuretic
- Monitor the vital signs closely, including oxygen saturation

CONTACT DETAILS

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SERIOUS HAZARDS OF TRANSFUSION

SHOT