AGENDA ITEM
3.1.6

QUALITY & SAFETY COMMITTEE
POLICY FOR THE PROVISION OF INTRAOPERATIVE CELL SALVAGE

Date of meeting	24/05/2023
FOI Status	Open/Public
If closed please indicate reason	Not Applicable - Public Report
Prepared by	Geraint Rees, Consultant Anaesthetist
Presented by	Dom Hurford, Executive Medical Director
Approving Executive Sponsor	Executive Medical Director
Report purpose	FOR APPROVAL

Engagement (internal/external) undertaken to date (including receipt/consideration at Committee/group)		
Committee/Group/Individuals	**Date**	**Outcome**
Clinical Policies Approval Group	20/03/2023	ENDORSED FOR APPROVAL

ACRONYMS	
SHOT	Serious Hazards of Transfusion
HSC	Health Service Circular
ICS	Intraoperative Cell Savage

1. SITUATION/BACKGROUND

Whilst allogeneic (donated) blood is an essential adjunct to health care, it is an expensive and limited resource (subject to the threat of future shortages) and can present a source of risk for patients, in particular the

risk of "wrong blood" incidents as reported by the Serious Hazards of Transfusion (SHOT)[1] scheme.

The Health Service Circular (HSC), "Better Blood Transfusion: Safe and Appropriate Use of Blood" (2007) and subsequent National Blood Transfusion Committee publication, "Patient Blood Management: An evidence-based approach to patent care" (2014, England only) recommend that in order to make transfusion safer, provide better information for patients, avoid inappropriate blood transfusion and to ensure the best treatment, the patient must be at the heart of decisions made about blood transfusion.

Both publications recommend that effective alternatives to allogeneic blood transfusion be explored, including the appropriate use of autologous blood transfusion techniques such as Intraoperative Cell Salvage (ICS).

ICS is used routinely in some areas of surgical practice. The technique involves aspirating blood lost within the surgical field into a collection reservoir. Blood is mixed with an anticoagulant solution containing either heparin or citrate to prevent clotting. A modified aspiration line is used to deliver the anticoagulant to the tip of the suction. As blood enters the collection reservoir it is filtered to remove large particulate debris. The salvaged blood is then centrifuged and washed to produce red blood cells suspended in saline for reinfusion to the patient. The waste products (plasma, platelets, anticoagulant etc.) are removed during processing and the washed red blood cells are transferred to a reinfusion bag. When used appropriately, by adequately trained staff, ICS is a simple, safe and cost-effective method of reducing allogeneic transfusion.

2. SPECIFIC MATTERS FOR CONSIDERATION BY THIS MEETING (ASSESSMENT)

2.1 The policy has been reviewed and is consistent with the approach across NHS Wales / legislation.

2.2 The following have been engaged in the consultation

- Medical Director
- Nursing Director
- Consultant Lead for Transfusion (HTC)
- Clinical Lead for ICS
- Theatre lead for ICS
- Theatre trainer for ICS
- Directorate Manager for Theatre
- Transfusion Practitioner
- Jehovah's Witness Hospital Liaison
- Maternity Governance (Across all three sites of CTM)

2.3 Organisational values and behaviours have been reflected within the policy.

3. KEY RISKS/MATTERS FOR ESCALATION TO BOARD/COMMITTEE

Only minor typographical amendments were made as a result of the various consultation stages.

4. IMPACT ASSESSMENT

Quality/Safety/Patient Experience implications	Yes (Please see detail below)
	See Policy
Related Health and Care standard(s)	Safe Care
	If more than one Healthcare Standard applies please list below:
Equality Impact Assessment (EIA) completed - Please note EIAs are required for <u>all</u> new, changed or withdrawn policies and services.	No (Include further detail below) If yes, please provide a hyperlink to the location of the completed EIA or who it would be available from in the box below. If no, please provide reasons why an EIA was not considered to be required in the box below.
	EIA is underway and if there are any recommendations that require amendment to the policy it will be brought back to the Committee for approval
Legal implications / impact	There are no specific legal implications related to the activity outlined in this report.
Resource (Capital/Revenue £/Workforce) implications / Impact	There is no direct impact on resources as a result of the activity outlined in this report.
Link to Strategic Goals	Improving Care

5. RECOMMENDATION

5.1 The Quality & Safety Committee are asked **APPROVE** the Policy for the provision of Intraoperative Cell Savage.

5.2 Once approval is sought the author will share the Policy with the Corporate Governance Team for publication on SharePoint and the Health Board Internet Site.