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ABSTRACT BOOK

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O-08

ENCOURAGING LABORATORIES TO IMPROVE PRACTICE - UK INITIATIVES

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Background Laboratory errors in transfusion practice continue to put patients at risk. The United Kingdom Transfusion Laboratory Collaborative (UKTLC) was formed in 2006. Following national surveys it published recommended minimum standards for hospital transfusion laboratories in 2009. These encouraged appropriate staffing, their training, knowledge and skills, and the use of computer information systems. The intention was to reduce laboratory errors reported to the national haemovigilance scheme, Serious Hazards of Transfusion (SHOT) by 50% by 2012.

Aim Repeat the laboratory surveys to examine current practice and review SHOT reports to see whether the target error reduction had been met.

Method New surveys were sent to all transfusion laboratories registered with the national external quality assessment scheme (NEQAS) in 2011 and 2013, to be completed by the lead scientist on specified working days. Annual SHOT data were reviewed to see if the error rate had reduced.

Results SHOT data showed that although % errors had reduced (200/1,040, 19% of reports in 2008 to 247/1,516, 16% in 2012) this was not by 50% and the absolute number had increased. The number of responding laboratories in both surveys (162/322 responding, 50% in 2011 and 188/304, 62% in 2013) revealed a low level of senior staff with appropriate qualifications (44% in 2011, 47% in 2013). Between 2011 and 2013 there was a significant drop in numbers of staff spending >75% time in transfusion. Lack of funding adversely affected full implementation of automation. Funding for education and training was also reduced resulting in fewer staff with current competency assessments.

Conclusions The 50% target for reduction in laboratory errors was not achieved. The 2013 survey showed implementation of the UKTLC recommendations was incomplete. The UKTLC has revised its recommendations into standards. All laboratories are encouraged to comply with these standards for the safety and security of provision of transfusion services.

O-09

HAEMOVIGILANCE PROGRAMME OF INDIA

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Background National haemovigilance programmes have yielded significant data to implement blood safety initiatives. India has 2,545 blood banks, one-third each in public, charitable and private healthcare sectors and annual blood collection of 7-8 million. Given the diversity of blood bank management, setting up a national programme was a complex task.

Aim To set up a national haemovigilance programme in India.

Method The Ministry of Health and Family Welfare (MoHFW), Govt. of India had launched the Pharmacovigilance Programme of India (PvPI) in 2010, with oversight by the Indian Pharmacopoeia Commission (IPC). After the successful launch of PvPI, the MoHFW, initiated the haemovigilance programme, as a collaboration between IPC and National Institute of Biologicals (NIB), with the co-ordinating centre at NIB. The broad organizational structure of the programme is as follows; reports will be generated in the medical institution based blood banks - submitted online to NIB - reports will be reviewed by the National Advisory Committee which will make recommendations to IPC for onward transmission to the regulatory authority - the Central Drugs Standards Control Organization to formulate safety related regulatory changes and communicate to all stakeholders in blood transfusion services for compliance.

Results The initial focus is on reporting adverse transfusion reactions as defined by the Working Party of the International Society of Blood Transfusion, reporting is voluntary and a Guidance Document and Transfusion Reaction Reporting Form have been made available to reporting centres. The reporting is online through a software - Haemo-Vigil accessible on the NIB website. In 11 months since the programme commenced 765 reports of adverse reactions have been submitted, majority of the reactions comprise of febrile non-haemolytic reactions and allergic reactions. Nine awareness workshops have already been organized.

Conclusion A well-structured programme of haemovigilance has been initiated in India and is now in a phase of expansion.