# CSTM Conference

ST JOHN'S NEWFOUNDLAND MAY 29-JUN 1, 2025

# Conference Highlights According to Heather







# The Workshops

- •Held on Thursday before the main conference the workshops are an excellent educational resource.
- Smaller groups with varying topics, well moderated and most had three presenters.
- Topics included:
  - Nightmares in Transfusion medicine
  - Immune Transfusion reactions
  - New products: What to do when you are expecting
  - Complex serological case studies
  - Standards workshop-Inspections
  - Genomics Workshop

### The Conference

- The main body of the conference always starts with the welcome and in Newfoundland's case the keynote speaker.
- Sessions run for 90 minutes with breaks and lunch
- •First day highlight was Treating Immune platelet disorders mostly because I find the topic fascinating and Dr Prokopchuk was one of the presenters and she is an excellent speaker
- •Poster presentations and Exhibitors reception followed in the evening. Posters are also one of my favorites as you get to grill the authors of the posters. Kudos to Kim Thomson and Dr Price on having excellent posters from Saskatoon.

# Day 2

- The CSTM Annual general Meeting is held over breakfast and highlights all the financials and achievements the board has done over the last year.
- Starts with the various CSTM awards and is always impressive
- Another full day of sessions
- Posters are still up for conference participants to get a better look at them

# Day 3

- Favorite session of the morning was Hemovigilance in Canada, this is my wheelhouse and the sun setting of the TTISS program brought a lot of lively discussion from those in attendance of this session
- This is a half day and I participated in the final session of the conference which was about the Diverse roles of non-MD staff supporting Transfusion Medicine

•Moderated by Becky Rock we had a great variety of TM professionals who had a lot of similar struggles, challenges and rewards for the roles they hold. As my last conference before I retire enjoyed meeting up with colleagues across Canada and meeting some very warm and

welcoming people from Newfoundland.

### The Extracurricular Activities



# CSTM Conference Highlights Sheila

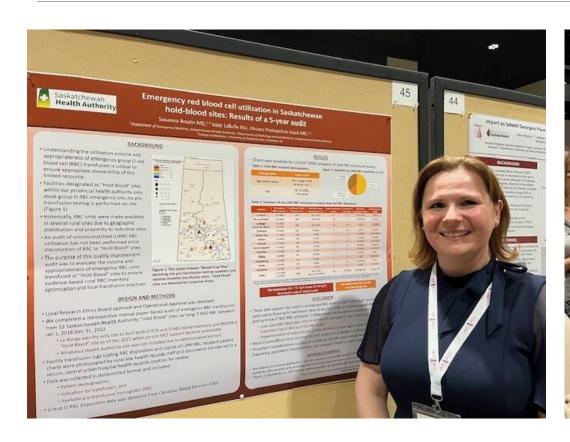
- one of my favorite sessions was Compliance with Krever Recommendations on the era iof out of hospital blood product infusion therapy in British Columbia
- •Why? Because the tainted blood scandal and the Krever Commission is why I became a laboratory technologist
- •The Exhibitor's had a lot of interesting booths with a wide variety of all things transfusion. Plus a lot of free swag!
- •Heather says I have to say her panel discussion was also very informative

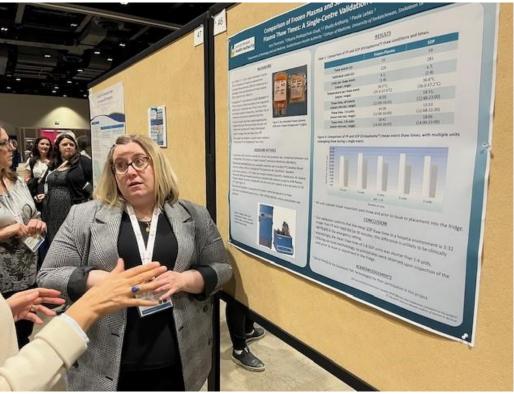
## Volunteering has its rewards

Sharing our registration system from the Saskatoon conference with St John's and then offering to volunteer for a shift at their registration has its perks. Met some great people and got a new lanyard



# The Posters- Saskatoon represented!!







### Emergency red blood cell utilization in Saskatchewan hold-blood sites: Results of a 5-year audit

Savanna Boutin MD, L. I Israe LaBelle BSc, Oksana Prokopchuk-Gauk MD, <sup>2,1</sup>

#### BACKGROUND

- \* Understanding the utilization volume at appropriateness of emergency group O blood cell (RBC) transfusion is critical to whose appropriate stewardship of this.
- Facilities designated as "Hold Blood" sitwithin our provincial health authority of stock group O RBC emergency use, no p transfusion testing is performed on site (Figure 1)
- Historically, RBC units were made available in several rural sites due to prographic distribution and preximity to industrial
- An audit of uncrossmatched (LXM) RBC utilisation has not been performed sixua introduction of RBC to Thoug Blood" site
- The purpose of this quality improvemen audit was to evaluate the volume and appropriateness of emergency RSC unit transfused at "Hold blood" sites to ensure evidence-based rural RBC inventory

		-	-	1
· Section	: 1	=		1
		46	100	-
		35	0	=
	13	Lity	1	
10.0	-	**	1	

Figure 1: The Socketcheven "Bood Drop May". disnoting sits pre-transfusion testing capability and relative monthly transfusion tatas. "Hold Brood" optimization and local transfusion practices. Here are denoted by turquebe drops.

#### **DESIGN AND METHODS**

- Local Retaurch Ethics Board approval and Operational Approval was obtained. We completed a retrospective manual paper based audit of immigency RBC transfusions. from 13 Saskatchewan Health Authority "Hold Blood" sites carrying O NEG RBC between lan 1, 2018-Dec 31, 2022
- . La Ronge was the only site to hold both O POS and O N/S blood inventors, and became a "Hold Blood" site as of Dec 2021 when swishe MLT support became invisable.
- · Attabasca Health Authority site was not included due to administrative families.
- Facility transfusion logs stating ARC disposition and copies of UKM ARC recipient patient thorts were photocopied by rural site health records staff and documents transferred to a secure, central urban hospital health records location for review.
- Data was collected in deidentified format and included:
- + Fatient demographics.
- + Indication for transferring and + Available pre-transfusion hamoglobin (Hb):
- Group O REC disposition data was obtained from Canadian Blood Services (CRS).

#### **BESULTS**

 Charts were available for 193/147 (90%) recipients of URM RRC transfusion events. Table I: URM BSC recipient Serving applica

Figure 2: Indication for USSA 89C transferors (n=33); MARRIES

Contract of the							
- TROPS 21:5	manufack R4 R4	N 130	A REC Index	Mandad 161	deliver duty a	ALC: NO.	The second second

							_
-141604	THE PARTY.	100	COLUMB TOWNS TO THE	CONTRACTOR	STATE OF THE PERSON NAMED IN	SHOWN:	10000
Brack Stone	+140	340	Tables .	10	-	190%	4000
to Reago!	11100	14	(mine)	-	-	4000	19796
Toronto	1100	100	11000	8-1-1	- 10	1000	na inches
Porton No.	1000	199	1196	- 100		DOM:	161.130
Territo	19.66	140	1100	470	-	177090	10.00
Antes	1 + 490	148	4796	00000		14 (044)	14174
for to Appella?	FORMS.	- 91	10.000	9.11	1.4	Ministra.	di dire
*swhere	Trines.	144	1000	TOTAL STREET		21128W	TRADOM
dista.	1000	*	4100		- 1	41.15	4000
annies .	3749448333	10	8.000	CONTRACTOR		6.86	Shi som
drose.	1000	-110	1996	1.0		_00 COORS	1 cm
<b>Acceptance</b>	1190	3.86	124	4	1776	1000	110000
Miles.	010 MIR.	14.00	W1096	145	(A Comp.	months.	Samuel Sales

#### DISCUSSION These data support the need to re-evaluate RBC stock in rural "hold Blood" facilities.

particularly those with transfusion rates of less than 10%, to minimize overall RBC outdate. and optimize O NGS RBC utilization. Collaborative intendisciplinary discussion is required. Low COV RSC transfusion rates to females 45 and under in non-delivery sins support. transition from CIAXII to DIPOS RBC cook.

THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER, THE PERSON NAMED IN COLUMN TWO IS NAMED IN THE OWNER, THE PERSON NAMED IN THE PERSON NAM

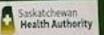
 projections of redistribution in sites assembled to have high nutrition since is entential. Recruitment efforts must continue for MCI support in talkonge to enhance patient safety. reportant considerations to support modifying site RBC stock include local transfesion frequency, population characteristics, and transport times to larger bospital facilities.

#### **ACKNOWLEDGEMENTS**

We expect our coverest profusite to rural sits becomes and health records staff of the Sestenthewor Park Authority who assured as by providing local constitution data and patient care record copies.

Hards to Michele Burns, CBS Hospital Sector Specialist, for providing RDS alopsofiles sizes.

### Massive Hemorrhage Protocol Activation in a Tertiary Hospital Network: A 3-year Retrospective Quality Improvement Audit Using Quality Indicators



PHILLIPE PRICE 12, INGRID TAM 13, SHEILA ANTHONY 1, OKSANA PROKOPCHUK-GAUK 13

1 Saxiatchesian Health Authority, 2 Department of Puthology and Laboratory Hedicine, University of Saxkatchesian

RESULTS



### INTRODUCTION

- Massive bleeding frequently defined as transfusion of 10 units of red blood cetts (RBC) or more in 24 hours, has a high mortality rate.
- Use of a Massive Hemorrhage Protocol. (MHP) has been demonstrated to improve operational and patient outcomes.
- In 2019, a multidisciplinary expert committee proposed eight qualityindicators (Q1-Q8, see right) for a successful MHP [1]. These were adopted in a tertiary-care hospital. network in Saskatchewan in 2021.
- We reviewed activated MMPs in a 3year study period to establish compliance rates with these quality indicators.
- Further, we sought to identify potential MHP under-activation rates based on patients receiving a massive transfusion of RBC, but an MHP was not activated, and compare compliance rates.

### METHODOLOGY

A retrospective chart review of patients from 3 urban hospital facilities between August 23, 2021, and August 23, 2024. was completed; data from the first year is presented here.

### Primary outcome:

Q Establish a baseline for compliance rates and develop a tool for ongoing quality assurance.

### Secondary outcomes:

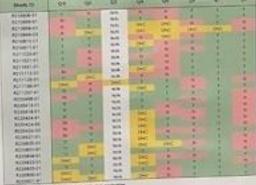
- O Comparing Saskatoon hospitals to published data from Ontano hospitals
- ☐ Compare "MHP activated" group to "Massive transfusion, no MHP. activated" group using statistical analysis. Latter group defined by 10+ RIBCs is sued in 24-hours.
- Describe significant challenges in data collection for future improvement atrategies.

### Proportion of patients receiving transverses and within 1 hour of protected Proportion of patients in whom and pati transference is installed within \$3 mily of percental activation Proportion of patients with status on of call for transfer within 65 min of protocol activation the patients requiring transfer for definitive dans). Proportion of patients acreeving lemperature 30°C or more at termination of the protocol. Proportion of patients with hem ignot a levels maintained between 60 and 110 git during problem activation, excluding partial pediatric populations in g. recovered that may because higher hichoglobit values.

- Proportion of packetts transformed to group assenticined blend decip and placeme within 90 mile of a historium set or her with age (in g. transitioned from group C to patient's actual placed groups.
- Proportion of patherns with automorphism activation (a.g. a 6 red cell union in first 24 h, > 40 ms/Agraw 24 t or RBC is pediatric paravital or before this beview patients dying this to hemocrage within 24 ft. Proportion of partients without any book component westage (including

plants that is through and not used within the 5-day and on another patient

	100	_	_	_	-	-	=
	NOT activated			- 10	Qualityin	disable)	Ē.
8	Mary 72	94	160	80	144	on	
- 1	#1186#-01	77	201	JAN.	100	100	
	*E10000-61	12	200	200	THE CO.	Dec	
	#210808-011 #210868-015	100	1967	200	LOAD.	DAC	



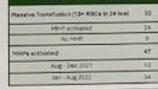
process process and the state of the process of the state of

### **ACKNOWLEDGEMENTS**

We are gretaful to our technologists and residents that assisted in the data collection and refinement for this project.

[1] Calum, J. L. et al. A report resemble behaviour present exempts in register proper process of many according to the Conference of Management (2018).

### Aug 2021 - Aug 2022







#### DISCUSSION

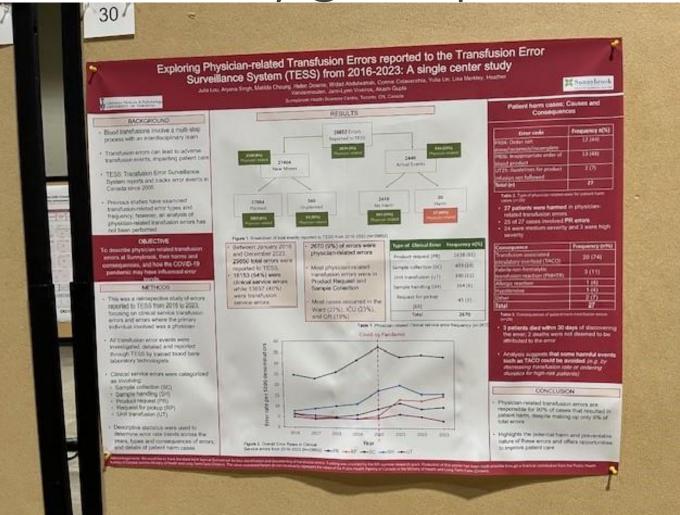
- Q2: Time-to-transfusion is tracked on handwritten TAJI. Many do not record time o first RBC initiation (see examples).
- Q3: Deficult to collect. Decision to transfer comes from written notes, and there is no w to determine the interval between decisiontransfer and call for transfer.
- Q4: Temperature is intermetterity optiected and san be stored in different locations. dispending which team is overseeing froum ER, surgery/anesthesia, etc.).
- Q5: Many patients with Hb x110 g/L at the si OF MHP.
- Q8. Many cases with blood wastage, usually RBC or plasma tree supplamentary).
- Overall: Lack of IT makes retrospective data collection very challenging

#### Solution

Add quality indicators to MHP detrief procedure for real-time data collection.

Comfort of prevent formation. The extractly have no relinant conforts of treatment to discuss

# So many great posters!



# Food and Fun!!







We would like to thank the CSTM for their sponsorship to the St John's conference.