



MEMORANDUM

Date: January 14, 2016

To: WRHA/RHA CMOs, CEOs, COOs, CNOs, Chairs of the TPCs, Wendy Peppel, MANQAP, DSM leadership, DSM charge techs

CC: Dr. Amin Kabani, Ayn Wilcox, Jim Slater, Lee Grabner, Robert Fallis

From: Dr. Charles Musuka & Dr. Debra Lane

Subject: New province-wide changes to transfusion medicine
- Commencing April 4th 2016 -

Manitoba Health and the College of Physicians and Surgeons of Manitoba require all Manitoba diagnostic laboratories to meet accreditation standards. For transfusion medicine accreditation, the College of American Pathologists (CAP) accredits both Diagnostic Services Manitoba (DSM) and the Canadian Blood Services' (CBS) laboratories.

At the last inspections, CAP cited both DSM and the CBS for not meeting the standard on reduction of the risk of mistransfusion.

The citation reads:

"Mistransfusion occurs from misidentification of the intended recipient at the time of collection of the pre-transfusion testing sample, during laboratory testing and preparation of units to be issued, and at the time of transfusion. Misidentification at sample collection occurs approx. once in every 1,000 samples and in one in every 12,000 transfusions the recipient receives a unit not intended for or not properly selected for him/her. The laboratory is expected to have a policy to reduce these risks through implementation of a risk-reduction system."

The two organisations must have implemented a process or procedure to meet this standard when next inspected (from May 2016). Through this memo, we write to inform you of coming changes to transfusion medicine practice in Manitoba (start date will be April 4th 2016). We request that you familiarise yourselves with the changes, educate and prepare your staff/department for these changes. Please see and freely use the attached document to ensure that your staff is aware of the impending changes. Please note that the Provincial Medical Leadership Council supports these changes.



The changes:

- 1. If blood is required, crossmatched group O, compatible (universal donor) blood will be issued for those who have only one sample tested (i.e. a new patient with no historical blood group on file). Once the ABO/Rh blood group has been reconfirmed from a second sample collection the patient will receive ABO group specific compatible blood.**
- 2. For patients requiring more than two to four units of blood, the laboratory will request the clinical area to collect a second sample so that we do not deplete our group O stocks.**

When:

The changes will be effected from April 4th 2016.

Impact:

We do not anticipate that these changes will impact/delay patient care. We anticipate that only 5-10% of the patients will require a second sample to be drawn after they have received 2-4 units of blood.

Sincerely,

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Medical Officer
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