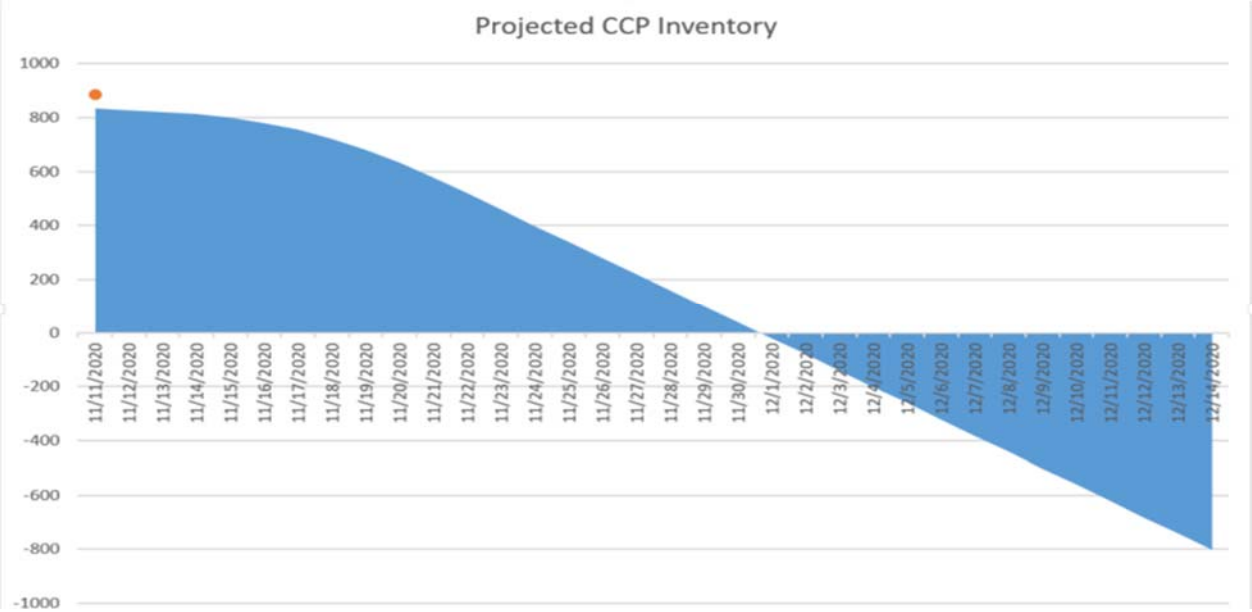
Quality Excellence Overview

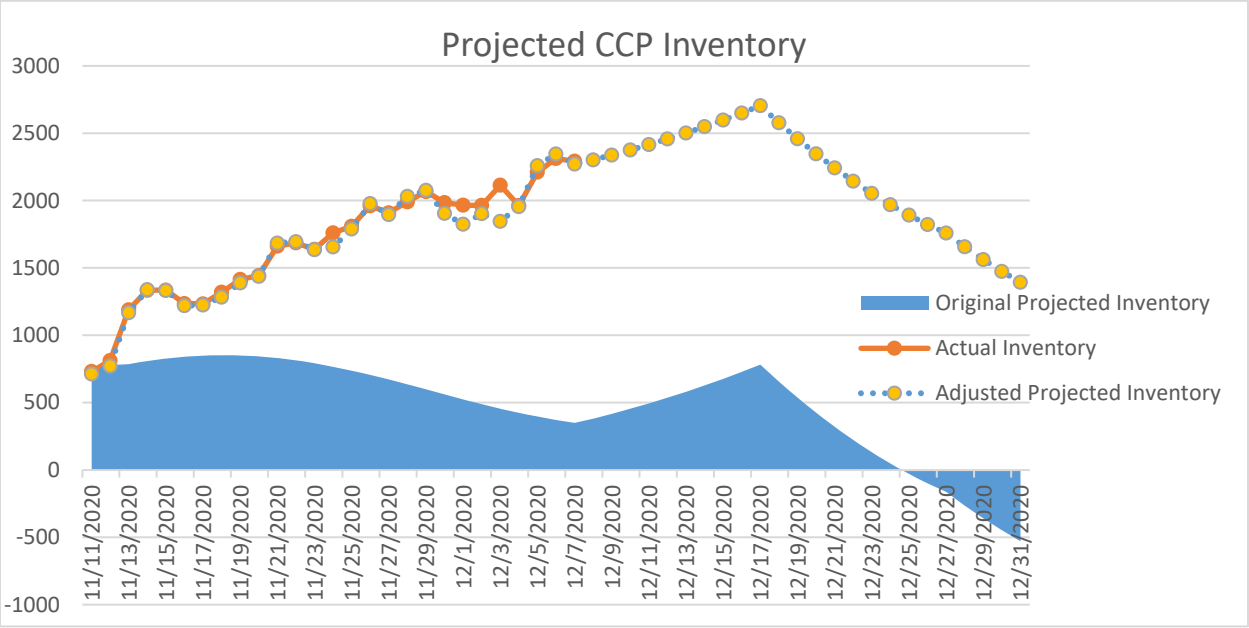
December 2020

COVID-19 Convalescent Plasma (CCP) Availability

The demand for CCP has continued to increase both regionally and nationally. LifeServe Blood Center has kept a close watch on our regional inventory and taken several steps to ensure your patients have the CCP products they need. As hospitalizations increased in early November, we anticipated a potential inventory shortfall by the end of the month given the transfusion rate at that time.



We took several steps internally, and in partnership with the state, to help increase our supply of CPP. As you can see, those efforts pushed the projected date we could go negative into late December. However, we have continued to grow our collections and our actual inventory is currently staying above demand and our original projections.



Information from our Technical Services Supervisor

New definitions were established to define Transfusion Related Acute Lung Injury (TRALI) in 2019 by the medical community. To align with the new definition, LifeServe Blood Center will no longer perform anti-HLA or anti-HNA testing on donors of suspected TRALI transfusion reaction. **Effective November 29th, 2020** hospitals were responsible to notify LifeServe Blood Center when a patient has met ALL criteria for a definitive TRALI diagnosis based on the new definition and criteria below.

New Transfusion Related Acute Lung Injury (TRALI) definition:

TRALI Type I	**No risk factors for acute respiratory distress syndrome (ARDS) and ALL the following criteria are met:** a. i. Acute onset ii. Hypoxemia (PaO_2 / FiO_2 ≤ 300 mmHg or SpO_2 <90% on room air) iii. Clear evidence of bilateral pulmonary edema on imaging iv. No evidence of left atrial hypertension (LAH) or, if LAH is present, it is judged not to be the main contributor to the hypoxemia. b. Onset during or within 6 hours of transfusion c. No temporal relationship to an alternative risk for ARDS
TRALI Type II	**Risk factors for ARDS are present (but ARDS has not been diagnosed) or mild ARDS at baseline but with respiratory status deterioration that is judged to be due to transfusion based on both of the following:** a. Findings as described in categories a. and b. of TRALI type I b. Stable respiratory status in the 12 hours before transfusion

Formal communication with more information on this change was sent in early November. This additional communication included our updated reporting form **LS-FORM-5211 "Report of a Transfusion Related Acute Lung Injury (TRALI) Reaction".** The updates to the form based on the new TRALI definition are available with our Hospital Resources on LifeServe's website.

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