CATRAC

CAPITAL AREA OF TEXAS REGIONAL ADVISORY COUNCIL

CATRAC REGIONAL WHOLE BLOOD* PROGRAM MEMORANDUM OF UNDERSTANDING

**Whole Blood refers to Low Titer O-Positive Whole Blood*

Regional Strategy to Improve Care of the Hemorrhaging Patient

Capital Area of Texas Regional Advisory Council (CATRAC) leads a regional process improvement initiative to make low titer type O whole blood (LTOWB) available for Emergency Medical Services providers throughout the continuum of care from point of injury to definitive care. This regional Low Titer Type O Whole Blood (LTOWB) program is in collaboration with regional trauma centers and the systems that support the traumatically injured patients in the region. The overall strategy is to save lives while being excellent stewards of this precious resource and managing this gift of life, including managing the regional resources, supply (donors) and demand (patients) without intentionally creating excess waste.

The purpose of this Memorandum of Understanding (MOU) is to outline the agreement for identified stakeholders to collaboratively work through the development, operation, and sustainment of a prehospital whole blood program. All stakeholders as identified recognize the complexity of a regional LTOWB initiative and its potential impact to quality patient care if all parties do not develop, implement, and follow the MOU that guides each organization's behavior. Participating agencies and facilities are identifying strategies to ensure that LTOWB is consistently available and that waste is minimized by rotating products between ground/air transport organizations and participating trauma hospitals. Key stakeholders are identified in Appendix A. For the purposes of this program:

- A prehospital service provider may contract with WrB to obtain LTOWB. Unused LTOWB may be returned to WrB, who will redistribute the products to participating trauma hospitals. Alternatively, a prehospital service provider may contract with a trauma hospital directly and rotate products for use within the trauma hospital.
- Participating trauma hospitals may receive LTOWB that has already been cycled through the prehospital setting. Depending on utilization and product availability, hospitals may receive LTOWB that has not been cycled through prehospital agencies.
- All participating organizations will make best efforts to collabratively evaluate need, inventory and utilization of LTOWB in a manner that maximizes utility and minimizes product wastage across the region.
- All participating organizations will support a regional LTOWB donor recruitment to ensure adequate blood supply resources.

This MOU is a living document and will be evaluated annually. The signatories are attesting to the commitment of their organization to follow and enforce the practices, roles, and responsibilities for their organizations as delineated in this MOU.

PROGRAM TENETS

All Participating Agencies and Facilities Agree to the Following

1. This is a regional process improvement program. All data and information shared will be used solely for the improvement of the delivery of care in the Central Texas region.
2. The CATRAC Regional Whole Blood sub-Committee will serve as the guiding body for the regional LTOWB program. Meetings will be conducted on a regular basis in conjunction with the CATRAC committees and meetings. Participation is strongly encouraged as key decisions with regard to program execution and operation will be determined by consensus with those in attendance.
3. Clinical and administrative support to ensure program development, tracking, and sustainment is successful will include:
    a. Support and training on ordering, management, and storage requirements for LTOWB at participating sites will be provided by We Are Blood (WrB).
    b. Clinical support provided by WrB and CATRAC.
4. Each agency and facility will have a primary point of contact that is authorized to address questions and concerns, participate in discussions and facilitate decision making.
5. WrB will be the single supplier of LTOWB.

6. Agencies and facilities will provide clinical and administrative performance improvement information as requested by CATRAC.
7. Documentation of prehospital LTOWB transfusions will occur on the CATRAC Prehospital Blood Product Transfusion Record (Appendix B). The transfusion record is not a substitute for the agencies electronic patient care record (EPCR). It provides real-time communication between prehospital agencies, the receiving emergency department, and receiving facility blood bank/transfusion services. It is imperative that hospital blood banks/transfusion services receive real-time notification through the use of the prehospital blood product transfusion record that emergency released uncross-matched blood has been administered in the prehospital setting.
8. The CATRAC will maintain regional program records using information from prehospital providers, WrB and receiving facilities.
    a. A copy of the completed CATRAC Regional Prehospital Blood Product Transfusion Record for each patient transfused with LTOWB in the prehospital setting will be sent via secure email to blood@catrac.org.
    b. The CATRAC Regional Whole Blood workgroup will maintain the database of records and information utilized by member agencies.

Participating Air Medical Providers:

1. Air Medical Providers: the CATRAC committees and its invited stakeholders will be the primary method which communication is shared and will assist with conflict resolution and system review. Any issues that cannot be resolved in committee will be routed to the CATRAC Whole Blood workgroup for further assistance.
2. Air Medical providers will include a queryable field for LTOWB, as an intervention, in their electronic healthcare record.
3. Requests for resupply shall be coordinated through WrB or contracted hospital supplier.
4. Any change in program status, will be reported through committee to the CATRAC Whole Blood workgroup.

Participating Ground EMS:

1. Ground EMS: the CATRAC committees and its invited stakeholders will be the primary committee method which communication is shared and will assist with conflict resolution and system review. Any issues that cannot be resolved in the CATRAC committees will be routed to the CATRAC Whole Blood workgroup for further assistance.
2. Ground EMS agencies will include a queryable field for LTOWB, as an intervention, in their electronic healthcare record.
3. Any change in program status, will be reported through the CATRAC committees to the CATRAC Whole Blood workgroup.

Participating Designated Trauma Centers:

1. Trauma Centers will include "low titer o-positive whole blood" documentation field(s) in their trauma registry to assist with future tracking and collecting of data.
2. The CATRAC committees and its invited stakeholders will be the primary committee method which communication is shared and will assist with conflict resolution and system review.
3. Any issues that cannot be resolved in the CATRAC committees will be routed to the CATRAC Board for further assistance.
4. Any change in program status, will be reported through the CATRAC committees to the CATRAC Whole Blood workgroup.

Participating Other Regional Hospitals:

1. The CATRAC committees and its invited stakeholders will be the primary committee method which communication is shared and will assist with conflict resolution and system review. Any issues that cannot be resolved in the CATRAC committees will be routed to the CATRAC Regional Whole Blood workgroup for further assistance.
2. Regional hospitals will include "low titer o-positive whole blood" fields in their trauma registry to assist with future tracking and collecting of data.
3. An internal system must be identified to track patients receiving LTOWB that do not meet inclusion criteria in the trauma registry or are not transferred to a higher level of care. Example: gastrointestinal bleeding patient.
4. Identify a point of contact for CATRAC committees.
5. Any change in program status, will be reported through the CATRAC committees to the CATRAC Whole Blood workgroup.

TERM

This Memorandum of Understanding is in effect on the date on which it is signed and remains in effect until written withdrawal from CATRAC Whole Blood Program. All parties reserve the right to terminate this MOU at any time, with or without cause. Thirty (30) day written notification is required for termination of the MOU.

The undersigned evidences its agreement with and entry as a party into the CATRAC Regional Whole Blood Program Memorandum of Understanding.

Agency/Facility: _____

Name: _____

Title: _____

Date: April ___, 2022

Signature: _____

Capital Area of Texas Regional Advisory Council (CATRAC)

Name: Douglas Havron

Title: Executive Director / CEO

Date: April 29, 2022

Signature: _____

APPENDIX A
Participating Stakeholders in Trauma Service Area-O

A. Air Medical Providers

1. tbd

B. Ground EMS Providers

1. tbd

C. Verified Trauma Centers

1. tbd

D. We Are Blood (*pending signature*)

APPENDIX B

CATRAC
Capital Area of Texas Regional Advisory Council

Prehospital Blood Product Transfusion Record

Wristband ID:	Transporting Agency Run/ Case #:	Receiving Facility Medical Record#:

Product Unit Number (Affix sticker below or write unit number)	Product Type (Check One)	Transfusion Date & Start Time	Transfusion Complete* (Check One)	Transfusion Reaction** (Check One)	Transporting Medic/RN Initials
1.	☐ PRBC ☐ Plasma ☐ LTOWB		☐ Yes ☐ Ongoing	☐ Yes ☐ No	
2.	☐ PRBC ☐ Plasma ☐ LTOWB		☐ Yes ☐ Ongoing	☐ Yes ☐ No	
3.	☐ PRBC ☐ Plasma ☐ LTOWB		☐ Yes ☐ Ongoing	☐ Yes ☐ No	
4.	☐ PRBC ☐ Plasma ☐ LTOWB		☐ Yes ☐ Ongoing	☐ Yes ☐ No	

Name of Air Medical or Ground Agency:	Receiving Facility (Check One): ☐ DSMCUT ☐ SAMC ☐ Other: _____	Type of Call (Check One): ☐ Scene Call ☐ Interfacility Transfer
Aircraft ID / Medic Unit #:	Comments:	

If blood product transfusion is ongoing at time of patient transfer to hospital, document "Ongoing."
****Document actions taken in 'Comments' Section at the time of patient drop-off at receiving hospital.***

Actions to take for suspected transfusion reaction:
- ☐ **STOP TRANSFUSION**
- ✓ ***Disconnect tubing from infusion site; flush site with normal saline***
- ✓ ***Keep line open with normal saline***
- ✓ ***Re-initiate new transfusion if deemed clinically essential***
- ✓ ***Document actions taken in 'Comments' section***

Mandatory Blood Product & Blood Form Tracking:

☐ Transporting crew keep **White Copy**; give the yellow and pink copies *AND* the blood bag to the Emergency/Trauma Team.

☐ Emergency Department keep **Yellow Copy**; give the **Pink Copy** *AND* the blood bag to the Blood Bank/Transfusion Services.

Blood Bag & Form given to: _____
Printed Name

_____
Signature

Transporting Crew: **Please send a copy of image via email to blood@catrac.org or FAX: (512) 926-2777**

APPENDIX C

Record of changes.

Date	Purpose
September 2020	Initial document
December 2021	Alignment of committee names
April 2022	Addition of participating agencies, formatting of signature page