Interim Addendum to QS138 Quality Insights Hospital User Guide September 2026

1. Purpose of this Interim Addendum

This addendum outlines updated Quality Insights Hospital User Guide (Version 1, 2023)[1] audit population advice following broadened tranexamic acid (TXA) guidance in the National Institute for Health and Care Excellence (NICE) Blood Transfusion Guideline NG24[2] and Quality Standard QS138[3] Quality Statement 2 (QS2) [2026]. QS138 Quality Insights' data entry portal and compliance reports now also reflect this change.

2. Areas of the Existing Hospital User Guide Affected

Table 1: Summary of affected pages

Page	Section	Affected content
8	2.1	QS2 – Tranexamic Acid auditable elements (See changes in Table 2)
26	Appendix 2	QS2 – Audit population guidance (See changes in Table 2 and 3)
27	Appendix 3	QS2 – Audit population guidance (OPCS code table no longer recommended)

The hospital user guide is under review, and a full revision will be published in due course.

3. Summary of Changes

Table 2: Previous versus updated 2026 guidance

	Previous guidance	Updated guidance
NICE QS 2	Adults who are having surgery and expected to have moderate blood loss are offered tranexamic acid [2016].	Adults who are having surgery in an operating theatre where there is any risk of bleeding and the procedure will breach the skin or mucous membrane receive tranexamic acid [2026] Exclusion list extended – See Table 4.
Quality Insights audit approach and population	Generic audit approach: Audit elective, scheduled surgery and surgical trauma patients included in the 2026 National Comparative Audit Re-Audit of Patient Blood Management, where anticipated blood loss exceeds 500 mL (OPCS code use encouraged) [2023]	**Generic approach:** Audit adults undergoing surgery in an operating theatre where there is a risk of bleeding and the procedure breaches the skin or mucous membrane. Exclusion list extended – See Table 4. **Optional quality improvement focus areas:** see Table 3.[2026]

4. Audit implementation considerations

QS138 Quality Insights may be used to assess overall QS2 compliance or for a specific subgroup within a hospital. The population should be clearly defined to support re-audit and measurement of improvement over time. Table 3 presents examples of additional quality improvement (QI) options and suggested data sources. This is not intended to be exhaustive list. Group and Save (G&S) status is not included as a suggested selection criterion, reflecting the Getting it Right First-Time [2026] best practice recommendation for reduced pre-operative G&S testing in knee and hip replacement surgery[4].

Table 3: Updated Audit population selection options by audit approach

Audit approach	Audit criteria	Supporting data source(s)
Generic	**Minimum criteria:** • Adult in an operating theatre • Undergoing bleeding-risk surgery • Breach of skin or mucosal membrane	• Operating theatre lists or theatre management systems • Electronic patient records • Anaesthetic records • Surgical records and checklists
Optional QI focus	Patients undergoing procedures or within surgical specialties associated with a higher risk of bleeding, blood transfusion or increased blood use	• Supporting evidence: Ref 5
Optional QI focus	Specialties where local data show lower TXA use or practice variation	• Local records e.g., Quality Insights data • Previous NCA reports (Ref 6) • Supporting evidence: Ref 7
Optional QI focus	Major non-cardiac surgery types included in the TRACTION trial	• Supporting evidence: Ref 8

5. Case selection

Select a minimum of 10 eligible cases per measurement cycle (no maximum), as per population selected in Table 3. Refer to the inclusion/exclusion criteria outlined in table 4.

Table 4: Inclusion/Exclusion criteria

Case Inclusion	Case Exclusion*
Case meets: Minimum audit criteria **AND** (optional) additional criteria **IF** a QI subgroup is targeted	**General:** TXA for surgery during pregnancy /labour[3] (in the context of QS2). Cases where benefit is not yet widely agreed[2], e.g., vascular surgery**. Patients who were offered TXA but declined it. **TXA contraindications:** Known active thromboembolic disease[2] e.g., DVT / PE; Ongoing intravascular clotting[2], e.g., DIC; Hypersensitivity.[9] TXA is otherwise contraindicated based on available clinical information.

* These exclusions are examples and are not exhaustive. See BNF for more information[10].

**NICE: further research needed for vascular TXA use recommended. NICE note limited TXA benefit in corneal surgery, diagnostic hysteroscopy or low risk procedures with limited bleeding expected.

6. Data Collection

The key audit question is whether tranexamic acid (TXA) was given. Assess practice against current NICE guidance[2] regarding timing and dosage. Be aware of different guidance for joint replacement procedures[11].

7. Actions Required

Implementation, communication and data interpretation: Update local case identification and data collection processes, share changes with relevant colleagues, and consider the revised QS138 Quality Insights criteria when comparing current and historical results.

Support: For queries contact the QS138 Quality Insights team: NICEQS138@nhsbt.nhs.uk

References

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