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TP, MDT, PBM, TxP: what are these, and how are they important for patient safety

TP = transfusion practitioner
MDT = multidisciplinary team
PBM = patient blood management
TxP = transfusion practice.

Transfusion of blood products can be life-saving, however it is not without risk. Patient blood management practices reduce the risk of exposure to blood products. To support safe PBM and TxP, robust systems must be in place. With the MDT, the TP plays a significant role in the development, implementation, education and audit of these systems, which in-turn supports patient safety.

The title Transfusion Practitioner is an overarching term that originated in the UK and is broadly used today. Other terms used for this role are Transfusion nurse, Transfusion safety/quality officer, Haemovigilance officer/nurse, Transfusion clinical nurse consultant and PBM coordinator/practitioner, just to name a few¹.

TPs come from different healthcare backgrounds, commonly nursing, laboratory scientists, and in some countries medical, which adds to the diverse skill sets of the role. As the backgrounds of the TPs are varied, so too are the activities they may undertake. Activities are driven by a combination of the TPs skills and the requirements/strategic direction of the organization where they work.

To fulfil the role effectively TPs interact with a multidisciplinary group of people across many different clinical specialties and health service environments. These interactions often include:

- health service executives
- governance/quality coordinators, data managers
- information technology staff
- junior and senior doctors
- scientists and nurses
- patients/carers and their relatives².

The transfusion/PBM team and the blood management/governance committee are vital MDTs that the TP interacts with, and they provide support, guidance and endorsement of activities, empowering the TP role. The importance of these teams/committees is escalated in countries with national transfusion guidelines and mandatory transfusion/PBM standards.

Developing close working relationships between the transfusion laboratory and clinical areas, has assisted the TP to establish and maintain safe TxPs², fostering information sharing between these areas and the broader health service. TPs with a laboratory background bring laboratory and blood banking knowledge, plus connections with blood suppliers and transfusion medical staff². TPs from a nursing background bring clinical expertise, PBM and well established relationships with multiple teams. The strength of the MDT is the ability to build on the knowledge and strength of each team member to support evidence based practice, and assist with tackling challenges to support patient safety.

The diagram outlines the multidisciplinary touch-points of the TP that supports safe TxP, PBM and patient safety. TPs are the essential link, providing support, guidance and inspiration for change, both internal and external.

The ISBT TP forum has provided an avenue for colleagues networking, sharing of information, processes and knowledge. These experiences have taught the importance of multidisciplinary collaboration, and fostering of teams. MDT support and broad range of expertise assist with endorsement of activities along with engaging key stakeholders, which ultimately empowers the TP role.

TPs are key members of the MDT that supports improved patient outcomes, safe TxP and PBM.

References:

- 1 A Dhesi, R Moss, R Deelen, C O'Reilly & L Bielby (2020) A survey of transfusion practitioners in international society of blood transfusion member countries. Vox Sanguinis 115, 200–210 DOI: 10.1111/vox.12882
- 2 L. Bielby, A. Haberfield, G. Kelsey & S. Kay (2018). The role of the transfusion practitioner in the multidisciplinary team. ISBT Science Series 0, 1–9 500 word Max (excluding title and ref)

Figure 1: Transfusion Practitioner role in the multidisciplinary team. Diagram from Bielby et al.², reprinted with permission #5150621363743

