



Linley Bielby
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The role of the Transfusion Practitioner

Transfusion practitioners (TP) include those known as transfusion nurses, transfusion safety officers, haemovigilance officers or patient blood management (PBM) nurses/officers.

Transfusion is a multifaceted process involving many disciplines to deliver safe care to patients. With increased attention on PBM the emphasis of transfusion practice has now moved to be more patient focussed. In countries where the TP role is established the TP holds a key role within the transfusion team, and is often seen as the vital link between the different areas and teams involved such as the laboratory, wards, and surgery and clinic areas. Attributes of the TP such as clinical expertise/experience, sound technical knowledge, excellent communication skills, energy, confidence and persistence are important for the role to function successfully.

The TP has a fundamental role in developing tools and resources to support PBM, education, governance and practice improvement. The role is multifaceted using education to increase clinical and patient awareness of transfusion issues, and enhancing practical knowledge of blood products or appropriate alternatives. This knowledge leads to improved clinical decision making.

A key aspect of the role is to improve practice and the use of audit/data collection is a key enabler. For more information about the TP role and how data may be utilised please refer to the data article in this issue.

Being an agent for change is a large part of the role and the TP needs a sound knowledge of how change can be implemented within the bounds of an organisation's structure. The uptake of change can often be slow and requires constant support and resilience to be embedded.

Governance – a key part is to coordinate blood management committees and follow-up on actions. Often they are the key collector of and the reporter of key performance indicators (KPIs), such as blood component usage and waste, adverse event numbers and patient outcomes.

The TP is a central source of information and an expert resource to organisations to assist in aligning practice to guidelines and standards, whether they are local, national or international.

Often involved in identifying areas for improvement, including undertaking risk assessments and in the current economic environment, where organisations are often looking for ways to reduce costs and risk without effecting safety or the level of patient care, the TP can help identify these areas through audit activities.

TPs face many similar issues no matter where they work. Collaboration and sharing through the TP forum could be a perfect way to reduce duplication of effort, and may even open the opportunity for benchmarking.

ISBT has recognised the emerging TP role in the field of transfusion by establishing the TP forum. The TP Forum Steering Committee encourages those working in the role, and those interested in the role or developing the role to join the forum.

Sharing our expertise and experiences will help the TP forum grow and provide a platform for collaboration.

For further information please contact:
communication@isbtweb.org



Rachel Moss
Transfusion Practitioner, UK

The Transfusion Practitioner and patient blood management

Patient Blood Management (PBM) is an international initiative promoting an evidence-based, multidisciplinary approach at optimising the care of patients who might need transfusion. The key principles entail the appropriate use of blood and blood components only when indicated with the timely use of alternatives where appropriate and available.

The Transfusion Practitioner (TP) has a critical role to play in developing a PBM culture within healthcare establishments. PBM requires a multi-disciplinary approach and a primary role of the TP is to promote safe and appropriate use of blood or appropriate alternatives to wide variety of clinical colleagues both within and outside of the laboratory. They have a multifaceted role to play in engaging with both scientific, laboratory and clinical colleagues. Very often the TP is the conduit for information pulling together available resources both financial and personnel, reviewing activities undertaken by transfusion colleagues in other centres, collecting audit data and evaluating how these activities might be beneficial within their own healthcare establishment.

PBM covers many aspects of clinical care and for many centres it is easier to focus on key aspects of PBM, rather than trying to implement every element. This allows greater control on both implementation process and monitoring process to demonstrate effectiveness. There are many examples of PBM implementation within the literature, many of these associated with the surgical setting. These include managing pre-operative anaemia and optimising haemoglobin before surgery; the use of intra-operative cell salvage; use of Tranexamic Acid prior to

and/ or during surgery and the implementation of post-operative blood salvage devices. In medical patients there is a great emphasis on managing iron deficiency anaemia and ensuring the cause of anaemia is managed through the use of suitable iron replacement therapies where appropriate rather than using blood transfusion.

An example of a PBM strategy that the TP can easily lead is a review of iatrogenic or hospital acquired anaemia. The TP could explore and collect data on the number of blood samples taken, the volume of each sample, and the rationale for these tests. This data could lead to the development and implementation an assessment tool to identify those patients who are at risk from multiple testing over a short period of time (such as critical care patients). This process is an example of a relatively inexpensive and straight forward project. Offering solutions to the problem in conjunction with the clinicians can be a way of introducing the principles of PBM without the need for large service reviews or change management strategies.

There is a need for all those involved in the patient's care to understand the principles of PBM so that any initiatives or transfusion avoidance plans implemented remain in place throughout the patient's episode of care. The TP can play a critical role in this by considering the patient's journey, and looking at the steps in that journey where PBM is relevant.

If you would like to join the TP Forum or obtain further information please contact: communication@isbtweb.org



Linley Bielby
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What is the ISBT Transfusion Practitioner (TP) Forum?

Transfusion practitioners play a key role in driving and influencing clinical blood management activities, including PBM initiatives. The roles and activities they undertake are diverse, and they may be known as transfusion nurses, transfusion safety officers, haemovigilance officers or patient blood management (PBM) practitioners. Transfusion practitioners play an integral role in the blood management team, with the common aim of supporting safe and appropriate care for patients.

The Transfusion Practitioner Forum grew from sessions held at the 2015 London congress. A very successful transfusion practitioner breakfast meeting was held where delegates supported the need for an ongoing forum. The London Academy day programme also included presentations from three transfusion practitioners, on how the transfusion practitioner role is integral to improving patient safety.

From these sessions, ISBT and the ISBT Clinical Transfusion Working Party have established the Transfusion Practitioner Forum and Steering Committee.

The role of the Transfusion Practitioner Forum is to:

- Promote the role and value of transfusion practitioners within international PBM initiatives
- Provide transfusion practitioners with tools and evidence to implement PBM initiatives
- Provide a platform for international transfusion practitioner collaboration
- Empower transfusion practitioners with resources and information to support them in their workplace
- Support countries who do not have transfusion practitioners to establish networks
- Support the ISBT Congress Annual Meetings with planning transfusion practitioner sessions based on current international demand and need.

The current steering committee has representation from the United Kingdom, Netherlands, Denmark and Australia. The Chairperson is Linley Bielby (Australia), Vice-chair Rachel Moss (UK), and the members include Aman Dhesi (UK), Rozemarijn Deelen and Judith Lie (Netherlands), and Jens Svanholt Seeberg (Denmark). 6

The first activity of the Transfusion Practitioner Forum Steering Committee was to establish a series of sessions for the 2016 Dubai congress.

These sessions focused on the transfusion practitioner role in:

- patient safety initiatives
- strategies to enhance the appropriate use of blood components
- data collection and analysis (this session was presented through an interactive workshop exploring 'how to make data work for you')

The Dubai sessions were very successful. There was enthusiastic involvement and collaboration by those attending, and great interest in the role of a transfusion practitioner, also from delegates from developing countries. The steering committee is currently using suggestions from the Dubai congress to plan future activities, including:

- expanding information and resources for transfusion practitioners on the ISBT website
- undertaking a survey to gain a broader understanding of the roles in place internationally, and the need to develop and support these roles
- preparing sessions for the upcoming congresses to be held in Copenhagen and Toronto

A transfusion practitioner networking afternoon tea was included after the success of the session in London. This was a perfect opportunity for transfusion practitioners at

the congress, and those interested in developing the role to meet, network, and discuss common interests within the field of international transfusion. It is hoped that the links made will continue long after the Dubai congress. More information about this session, and other sessions held at the congress, is included in this issue.

In summary, a TP Forum has been established for transfusion practitioners, and those interested in expanding or establishing these roles, to get together, to share and learn in this emerging practice area.

Also, an online discussion forum has now been established by ISBT, to continue and broaden networking within the group. This provides transfusion practitioner members a platform to discuss and share information. We are confident that the TP forum will grow and develop, just like the illustration of the growing tree on the front cover.

If you would like to join the TP Forum or obtain further information please contact: communication@isbtweb.org





Rachel Moss
Transfusion Practitioner, UK

How the Transfusion Practitioner can use data to effect change

Despite blood transfusion being a standard treatment for many patients who need it, understanding where the blood goes, and how it is used is often poorly understood. Similarly when establishing a transfusion avoidance strategy as part of patient blood management (PBM), it is important to understand the reasons for blood use to be able to identify if there is a need to reduce its usage.

The need for accurate data whether on blood usage, or other key factors in healthcare management such as the number of patients treated by a service, or the outcomes of a certain therapy is now commonplace. When looking to implement a change programme it is important to establish your baseline and data collection is a key part of that.

The Transfusion Practitioner (TP) has a crucial role to play in using data to implement PBM strategies, yet many may not get actively involved in managing data. At the 2016 ISBT congress in Dubai, the Transfusion Practitioner Forum ran a workshop entitled "Data is Fun". The aims of the session included: -

- Recognising that data is vital and can be fun.
- Showing that data is important to; find out the current situation, express the need for change, to help make change happen and measure and report on performance.
- Realising that data does not have to be costly. It can be a pen and paper exercise right through to using automated systems.
- Acknowledging that data can be collected from everywhere and it does not have to be 'big data' to make a difference.

The workshop split the overall group into small groups, and each group worked through an example to establish an

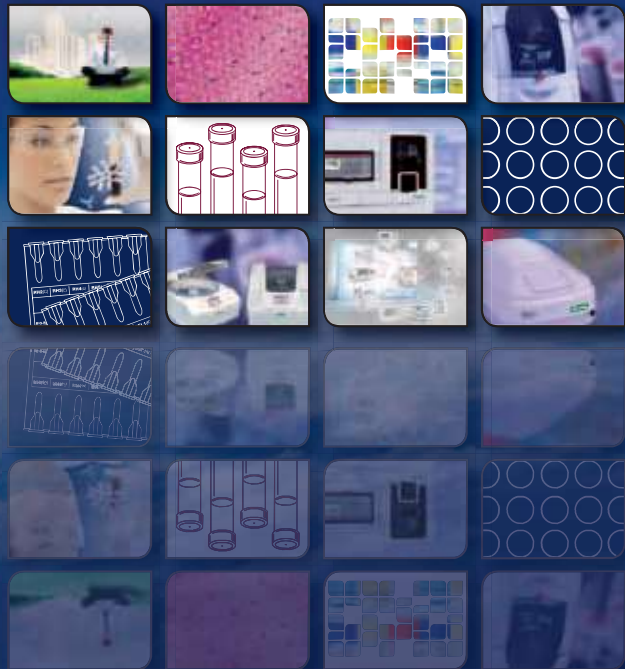
anaemia assessment clinic. The exercise was based on the PDSA (Plan Do Study Act) cycle. Each group looked at how they would collect the data required, process and analyse it. They then looked at how they would finally present the data to the relevant colleagues, whether they are clinical, managerial or financial. The participants were shown and given a number of examples how this could be done, such as using graphs, reports, and use of infographic one page sheets or more detail business cases.

Participants were encouraged to discuss how they might take some of the points discussed back to their own work environments, and share where they felt there might be barriers within the group, and where possible solutions could be considered.

The workshop emphasised that while data collection can be complex it can be made simple by looking at small pieces at a time to build a picture. In practice many TPs do not have the resources to collect large amounts of data however they can review a small element of the patient's episode of care related to blood transfusion, collecting and documenting information manually (such as a pre-operative haemoglobin level) and use that data as a baseline for implementing a PBM recommendation such as optimising a patient's haemoglobin before surgery and considering alternatives to transfusion to treat the anaemia such as using iron therapies. A list of tools and resources were also given to the participants. The use of clinical data to affect change can be an element of the TP role to improve patient care and promote PBM.

Further information can be found on the ISBT PBM website.

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Rozemarijn Deelen
Transfusion Practitioner,
The Netherlands

Transfusion Practitioners (TP) networking session in Dubai

The aim: to leave the Dubai congress knowing someone you didn't know before.

The first successful TP networking session was held at the 2015 London ISBT congress. Here there were tables dedicated to a specific transfusion topic (i.e. haemovigilance, PBM etc.) and a TP with expert knowledge led the discussion. Delegates could move from one table to another to explore the different topics.

This year the TP Forum Steering Committee chose a different approach, moving from a breakfast meeting to an afternoon tea. The 1.5 hour session was set up as a speed meeting session, where delegates sat in a row opposite of each other, and every eight minutes one row moved. This allowed for multiple one-to-one introductions and conversations to occur.

The speed meeting networking session was facilitated by Rachel Moss (Vice-chair TP Forum Steering Committee). Rachel introduced the session and explained the aims, and how it would work. All the delegates were given a sticker to be used as name badge. On this they were asked to write their name, work title or function and something they love (music, cooking etc.). They were also asked to highlight an area of transfusion medicine they were interested in. Delegates were also given a 'networking sheet' where they could record information they learnt from the speed networking. These could be taken away and used to continue networking well beyond the congress.

The common themes discussed throughout the networking included the key role of TP's, transfusion safety officers or haemovigilance officers in various parts of the transfusion chain. A number of delegates were from developing countries with no or little haemovigilance/TP roles and they were keen to learn how they could get started, either at a local level or nationally. Those attending from countries where the TP role is established were keen to learn about moving forward, and how to consolidate the role within their hospitals and nationally. Delegates discussed some common themes including the lack of support from the medical executives/board and how to demonstrate the value of the TP regarding patient safety and the transfusion chain.

At the end of the session delegates were encouraged to provide feedback on the networking session and to note ideas and suggestions for future sessions. We received some fabulous feedback and the session was regarded unanimously as great way to meet and chat.

Feedback included:

- The initiative was great. Hopefully more people will attend the session next time to share more information.
- Lovely session. We should all stay in touch. A great way to improve PBM.
- A social platform for TP's should be created.
- Please repeat the networking session (came with another compliment for the session on big data).
- Could we have a whole day filled with sessions and workshops for TP's?

Some ideas were:

- Implementation and monitoring of an electronic blood tracking system (including pre-transfusion check), the role of the TP during development as the key contact person.
- Implementation of PBM and the key role of the TP. Were do you start?
- A research workshop dedicated to TP's.

These ideas and suggestions will be used to plan future activities for the ISBT congresses in Copenhagen and Toronto. Thank you to all those who attended the networking session, we look forward to continuing our interaction through the online discussion TP forum. If you are interested in joining, please search for the group 'Transfusion Practitioners' on LinkedIn for more information.

Dedicated networking sessions have earned a regular place on the program of future congresses, please come and join us in Copenhagen or Toronto.

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