Standard Seven:
The blood standard quality improvement cycle

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The NSQHS Standards

Standard 1
Governance for Safety and Quality in Health Service Organisations

Standard 2
Partnering with Consumers

Standard 3
Healthcare Associated Infections

Standard 4
Medication Safety

Standard 5
Patient Identification and Procedure Matching

Standard 6
Clinical Handover

Standard 7
Blood and Blood Products

Standard 8
Preventing and Managing Pressure Injuries

Standard 9
Recognising and Responding to Clinical Deterioration in Acute Health Care

Standard 10
Preventing Falls and Harm from Falls
Why a blood standard?

- Inherent risks
- Ingrained in the culture of medical practice
- Inappropriate transfusions
- Product wastage
The Blood Standard covers

**Use of blood and blood products**
The prescribing practice and clinical use of blood and blood products, and whether or not those products are prescribed and used appropriately.

**Management of blood and blood products**
Handling, transport, storage (including inventory management) of blood and blood products.

**Administration of blood and blood products**
The process used to deliver the product to the patient.
Classes of products funded under National Blood Arrangements

Currently covered by Standard 7

- Fresh blood products eg
  - Red cells
  - Platelets
  - Plasma
  - Cryoprecipitate
  - Serum eye drops

- Plasma derived products eg
  - IV Ig
  - RhD immunoglobulin
  - Clotting factors
  - Albumin

- Recombinant clotting factors

Not currently covered by Standard 7

- Haematopoietic progenitor cells
- Plasma derived products eg
  - Tisseel
  - Artiss
  - C1-INH
  - Fibrinogen
- Monoclonal antibodies
- Vaccines
- Other recombinant products
Standard 7 overview

- 4 criterion
- 23 actions

One overall improvement program
Criterion One
Governance and systems
Transfusion quality improvement system (Action 7.4.1)

- Improve quality and use of policies (7.1.3)
- Reduce systems risks (7.2.2)
- Reduce adverse event risks (7.3.1)
- Reduce management risks (7.2.2)
- Reduce wastage (7.8.2)
- Improve provision of patient information (7.10.1)
- Improve documentation of consent (7.11.1)
- Improve documentation (7.5.3)
Oversight of the program

- Review reports
- Identify recurring issues
- Root cause analysis of incidents
- Develop or agree action plan
- Evaluate effectiveness of actions

Transfusion governance group (Action 7.4.1)

What about in small organisations?
Join with other hospitals or identify a group responsible for more than just transfusion practice (ensuring they have a clear remit to govern transfusion practice)
You should have policies, procedures and protocols that reflect best practice, and national evidence based guidelines where they are available.

Your policies, procedures and protocols should cover the spectrum of:

- Use of blood and blood products
- Management of blood and blood products
- Administration of blood and blood products
Quality improvement cycle

Identify what you will do - develop or identify policies, procedures or protocols

Implement the policies

Monitor their use AND monitor their quality

Take action to improve uptake and improve their quality

Plan

Do

Check

Act

Transfusion Quality Improvement System
Criterion Two
Documenting patient information
A best possible history of blood product usage and relevant clinical and product information is documented in the patient clinical record.

This action builds on Action 1.9.1 by identifying the information relevant to transfusion of blood and blood products that should be documented.
Documentation requirements

- Product identification
- Provision of information
- Patient consent or refusal
- Indications
- Special product requirements
- Known patient transfusion history
- Compatibility label or report
- Type of product
- Volume of product
- Date and time of commencement
- Date and time of completion
- Observations
- Patient response including any adverse events
Patient documentation case study

What actions are required to demonstrate compliance with the Standard?

(note that this case study is presented not to demonstrate particular actions that are required to achieve accreditation, but to demonstrate that the purpose of Standard 7 is to improve safety and quality based on an assessment of risk).

<table>
<thead>
<tr>
<th></th>
<th>Hospital One</th>
<th>Hospital Two</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has policy</td>
<td>Yes</td>
<td>Yes</td>
</tr>
<tr>
<td>Documentation completeness audit results</td>
<td>50% of records are complete</td>
<td>95% of records are complete</td>
</tr>
<tr>
<td>Documentation sample results</td>
<td>5% of units fate not documented</td>
<td>&lt;0.01% of units fate not documented</td>
</tr>
</tbody>
</table>
Transfusion governance group has reviewed findings and developed and implemented an action plan

- Reviewed policy
- Implemented training of all staff
- Identified staff associated with non-compliance and communicated directly with them
- Made changes to the IT system to facilitate inclusion of all information (prompts)
- Increased frequency of audit on the hospital audit plan
- Initiated more regular spot checks of fate of product against patient records

Outcome: the action plan is matched with the level of compliance.
Audit report does not have a management response or action plan

They posted on the intranet a reminder to document transfusion in the patient clinical record

They have not undertaken any other follow up and the next audit is scheduled for one year away

Outcome: the action plan is not matched with the level of compliance. The health service organisation needs to demonstrate additional work prior to accreditation.
They posted on the intranet a reminder to document transfusion in the patient clinical record.

They have not undertaken any other follow up and the next audit is scheduled for one year away.

Outcome: the action plan is matched with the level of compliance.
Recognise and respond to adverse events

Document adverse events in the patient clinical record

Take action to reduce the risk of adverse events as part of your transfusion quality improvement system
Complexities of incident reporting

- **Patient record**
  Document in patient clinical record

- **External report**
  Report to pathology provider, or product manufacturer

- **Local report**
  Report in local incident system and review by Transfusion Governance Group

- **Executive report**
  Review of incident analysis by highest governance level

- **State report**
  Participate in state haemovigilance reporting

- **National report**
  Participate in national haemovigilance reporting

- **State report**
  Participate in state haemovigilance reporting

- **Executive report**
  Review of incident analysis by highest governance level

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  Document in patient clinical record
Criterion Three
Managing blood and blood product safety
Blood must be stored and handled appropriately to prevent risk to patients.

Systems should be implemented to reduce risks associated with receipt, storage, collection, and transport (Action 7.7.1 and 7.7.2)

Wastage of blood should be minimised (Action 7.8.1 and 7.8.2)
Responsibility where services are outsourced

- Many health service organisations receive blood from an outsourced pathology.
- It remains the health service organisation’s responsibility to demonstrate compliance with the Standard.

You use blood provided by a contracted pathology provider

Have a contract that includes standards and reporting

Review reports and seek implementation of strategies to rectify problems
Criterion Four
Communicating with patients and carers
Develop or identify resources to inform patients and their carers about the alternatives, risk and benefits of transfusion (Action 7.9.1)

Provide this information to patients and their carers in a format that is understood and meaningful (7.10.1)

Allow patients and carers to partner in decisions on their care based on the communication on the alternatives, risks and benefits of transfusion (Action 7.9.2)
Have a documented consent policy

Ensure written and documented consent meets local policy

Ensure the consent is actually informed – link with 7.9 and 7.10

Assess compliance with the consent policy, and take actions to increase compliance
When you are developing your consent policy consider...

- How long does the consent last?
- Who is documenting the consent?
- Is the consent specific to transfusion?
- What do you do when a patient is unable to consent?
The Standard Seven quality improvement cycle
YOU CAN DO IT!
Clinical practice guidelines


- Patient Blood Management Guidelines
  - Module 1: Critical Bleeding Massive Transfusion
  - Module 2: Perioperative
  - Module 3: Medical
  - Module 4: Critical Care
  - Module 5: Obstetric
  - Module 6: Paediatric/Neonates

- Guidelines on the Prophylactic Use of Rh D Immunoglobulin (anti-D) in Obstetrics
- Criteria for the Clinical Use of Intravenous Immunoglobulin (second edition)


- Factor VIII and FIX Guidelines
- Warfarin Reversal Consensus Guidelines

Available resources

Product information and product management

- BloodSafe eLearning Australia module on Transporting Blood [https://www.bloodsafelearning.org.au/]
- ANZSBT Guidelines for Pre-Transfusion Laboratory Practice [http://www.anzsbt.org.au/publications/]
- NBA BloodPortal [https://portal.blood.gov.au/]
Available resources

Adverse event recognition and reporting

- See Jurisdictional programs

Patient information and consent

- See Jurisdictional programs

Jurisdictional Programs

Thank you

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