

Improving hospital transfusion practice

Towards Safer Transfusion in Victorian Hospitals—Optimising the Role of the Transfusion Nurse

The Better Safer Transfusion (BeST) Program seeks to utilise transfusion nurses to help:

- ❖ train and educate healthcare professionals in safe and appropriate use of blood
- ❖ implementation transfusion practices that align with relevant clinical practice guidelines
- ❖ collect performance data that assists transfusion clinical governance and quality improvement processes
- ❖ improve patient information about transfusion.

A review was commenced in August 2006 to learn how best to utilise the role in everyday hospital practice to improve transfusion safety and the outcomes for transfused patients. This document summarises the key message and lessons learnt.

KEY MESSAGE

The most important lesson from the commissioned review is that delivering improved transfusion practice requires a coordinated, collaborative, inclusive approach, supported by senior hospital management and clinicians, facilitated by the right persons and informed by the collection and sharing of locally relevant performance data.

Achievements by Transfusion Nurses to date include:

- Large numbers of nurses and other health care workers have received training on safer blood use.
- Audits have shown improved rates of compliance with prescribing and administration procedures.
- The numbers of transfusion incidents reported have increased, reflecting a greater awareness of the problems in transfusion practice.
- Most hospitals with transfusion nurses now have relevant local policies, procedures and transfusion guidelines available for local use.

Lessons Learned:

What factors make the transfusion nurse role a success for hospitals?

1. Environment

It was recognised at the outset that many staff have multiple conflicting priorities in their attempt to provide optimal patient care. The importance of safe and effective transfusion would need to be elevated in their priorities if a transfusion nurse role was to succeed.

The review has shown that engagement of even one or two key consultant clinicians was an essential prerequisite to building support for the work of the Transfusion Nurse.

Acceptance of the role of the Transfusion Nurse and the ability of the Clinical Governance structures to achieve changes in transfusion practice was almost directly proportional to the level of support provided by:

- The local clinician champion
- The Chair of the Hospital Transfusion Committee and its other members
- Senior nurse managers
- Hospital transfusion laboratory managers.

Without such support, the transfusion nurse experienced difficulties in stimulating local clinical teams into action, and was often left to generate their own action plans with inadequate input.

The consultancy that informed these recommendations was commissioned by the Better Safer Transfusion Program, a Department of Human Services Victoria quality and safety initiative. This report is available at www.health.vic.gov.au/best.

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For the transfusion nurses in this situation it was difficult to sustain enthusiasm and the role became frustrating.

2. The Transfusion Nurse themselves

Another critical success factor was the personality of the transfusion nurse. Confidence, persistence, energy, communication skills and a good 'fit' with the local team, allied to good technical knowledge, local knowledge and clinical experience characterised those who made most impact.

However even transfusion nurses with all these qualities were dependent on local support from the transfusion team and their nursing mentors for their success and demonstrated effectiveness in their role.

3. Data on local practice: acquiring and using it effectively

Where the transfusion nurse could enable the Hospital Transfusion Committee and local clinicians to be presented with data about almost any relevant aspect of their own teams or hospital's transfusion practice, interest and enthusiasm were usually generated.

The availability of such locally relevant data was an almost essential requirement for subsequent success in improving local transfusion practices.

Good local information can engage the interest of the people who can make change happen, provided the processes of obtaining, preparing and sharing the data are seen as valid and useful. The review showed that obtaining relevant information from existing data sources is often labour intensive.

Transfusion Nurses require training and support in audit methodologies and the support of local clinicians to be confident that feedback of transfusion practice data will motivate changes in local practice.

4. Education for Better, Safer Blood Transfusion

The review highlighted the scale of the education and training tasks. The safe ordering and administration of blood and blood products requires education of all relevant staff. Ideally all staff also require some structured assessment of their competence to prescribe and transfuse appropriately and safely.

This requires effective communication with very large numbers of staff on a continuing basis. There is a real need for appropriate tools and techniques, and a commitment from hospitals to provide sufficient resources to sustain such important patient safety programs.