



## Transfusion Practices

2015 (November) – Day 2, Q4

Medical Leader	
Medical Expert	✓
Communicator	
Advocate	•
Scholar	
Professional	•
Collaborator	
Manager	•

You are a locum Medical Administrator at a rural hospital. You become aware that the small Emergency Department, which is covered by a number of local general practitioners, frequently gives transfusions of blood and blood products to patients referred by the same general practitioners. These are regular non-urgent transfusions for long-term conditions.

You find significant variation in the documentation that relates to each episode, in the indications for transfusions, the clinician's instructions, the actual prescription, informed consent, precautions, administration, monitoring required, observations taken, after care and the date of the client's next appointment with the prescriber.

**What are the issues in this scenario?**

**What is your prioritised plan for managing these issues?**



## Guidance for Censors

1. Review service – why does it have to be done in the ED?
2. Audit of other day only procedures?
3. Review, quantification and audit of recent practice
4. National blood safety standards (Australia and NZ)
5. (Australia) National Safety and Quality Health Service Standards – Standard 7
6. Internal governance review
7. Blood safety training
8. Consult blood transfusion specialist at base hospital, literature review if appropriate
9. Identify whether there are other specialties requesting these peripheral hospital transfusions, and why
10. Consultation with referring specialists
11. Consultation with all affected staff in own hospital
12. Consultation with clients – their experience with transfusions they have received at your hospital
13. Why they have their therapy at this satellite hospital rather than the base hospital
14. Follow up of client satisfaction
15. Governance of other day-only procedures in the ED
16. ABF (Australian candidates might raise this?)

## Assessment Rubric:

		Knowledge	Skills	Attitude/Behaviour
Poor	1	Theoretical knowledge below basic specialist level and not connected to practice	Speaks only of an inappropriate or incomplete response to scenario	Can only describe one route for response with limited or no understanding of the major expected consequences
Limited	2	Some basic specialist knowledge	Describes some tasks that must be accomplished	Describes a set of 'rote' responses to incident, limited description of engagement of stakeholders
Borderline	2.5	Meets minimum specialist knowledge expectations	Discusses some core tasks and the management responses needed	Takes responsibility for at least one expected action and engages other members of management team
Meets standard	3	<ul style="list-style-type: none"> <li>Demonstrates awareness and has theoretical knowledge of Australian and New Zealand Society of Blood Transfusion Guidelines for</li> </ul>	<ul style="list-style-type: none"> <li>Candidate must be able to demonstrate how they will undertake the review and analysis of the current practice to administer blood and</li> </ul>	<ul style="list-style-type: none"> <li>Be able to recognize and be prepared to manage conversations with the General Practitioners who may foresee any interventions as threats</li> </ul>



	<p>administration of blood products and National Standard for Blood and Blood Products Safety and Quality (Standard 7 - Australia);</p> <ul style="list-style-type: none"> <li>• Candidate is able to demonstrate knowledge of governance systems and processes for blood and blood products prescribing and use, and apply this knowledge in the analysis of transfusion practice in the ED to the small rural hospital scenario;</li> <li>• Has knowledge of quality assurance and continuous improvement processes as it applies generally to health care delivery and demonstrates its application to transfusion practices in the ED, including but not limited to opportunities of Bloodsafe e-learning by GPs and other hospital staff</li> <li>• Able to acknowledge and comment on the medical workforce issues in rural hospitals, roles of GPs as Visiting Medical Officers to hospitals and its relevance to their clinical practice</li> </ul>	<p>blood products in the Emergency Department, who should be consulted and where to seek information about transfusion practices, clinical appropriateness of transfusions and patient outcomes. This includes identification of past and current patients, other hospital staff, clinical governance/ patient safety officers</p> <ul style="list-style-type: none"> <li>• Must be able to consult and collaborate jointly with relevant specialist clinicians and General Practitioners to review transfusion plans for individual patients; validate consents for continuing transfusion and appropriateness of continuing to administer blood and/or blood products to the patients; i.e. to confirm that transfusion is consistent with treating specialist's current plan for managing the underlying chronic condition(s).</li> <li>• Should be able to identify internal organizational issues that have, in the past, shaped the decisions to administer blood products in the emergency department; whether these conditions are still applicable, and who would need to be involved in review of current practice.</li> <li>• Should be able to demonstrate an understanding of the impact of blood transfusion in ED on</li> </ul>	<p>to established practice, which may impact on their private practices outside the hospital</p> <ul style="list-style-type: none"> <li>• Needs to demonstrate maturity of attitude for service monitoring, evaluation and feedback, and ability to deploy relevant core competencies of medical administrator, as applicable to the context of the risk review and service evaluation feedback, and issues arising thereof in relation to re-negotiating service priorities in the ED, setting Goals, and managing outcomes.</li> </ul>
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		work flow in ED, how it affects other patients and ED staff	
Good 4	<p>Depth of knowledge required for scenario, including special management actions required</p> <ul style="list-style-type: none"> <li>Includes understanding of current health care funding policy, how it applies to emergency department and impact of current practice on ED costs and budget</li> </ul>	<p>Engages in discussion of options for management</p> <ul style="list-style-type: none"> <li>Should be able to identify potential risk to patients, clinicians and the health facility of continuing current practice</li> <li>Should be able to demonstrate ability to negotiate with General Practitioners and other key stakeholders the alternatives available and opportunities to revise current practice to enhance safety of patients receiving transfusions in the emergency department, and improve compliance with transfusion guidelines and the applicable National Standards for Safety and Quality Health Care and improving patient flow and care of other patients in the emergency department.</li> </ul>	Describes capacity to lead the immediate management processes, highlighting relationships with all stakeholders.
Outstanding 5	Authoritative knowledge, citing literature	Extensive discussion of practical alternative approaches	Discusses capacity to implement appropriate short and longer term management strategies, including dealing with complex stakeholders