

Tuesday 1 November
ANZSBT Free Communications 2

0830-1000
Bayside 104

0086

0900

First Do No Harm: Ensuring the Good of the Patient is the Highest Priority

Rachel Donegan
New Zealand Blood Service, Auckland, New Zealand

What happens when a therapy thought to be safe demonstrates possible harm to our patients? Blood has always been associated with life and vitality, however many publications associate transfusion with increased mortality, increased post-operative infection and longer hospital stays.

A one week externship in "Patient Blood Management and Bloodless Medicine and Surgery" at Englewood Hospital and Medical Centre, New Jersey, USA, made possible thanks to the CSL Biotherapies Travel Award 2010 identified strategies to minimise patient exposure to allogeneic blood.

My experience identified critical processes that inform health professionals of blood management and utilisation, reduce blood wastage and aid anaemia management. The practice of Patient Blood Management at Englewood involves medical and surgical techniques as well as technology and behavioural strategies to decrease blood loss and enhance a patient's own blood supply. An entire healthcare team of physicians, nurses, pathologists, pharmacists, dietitians and support staff work together to ensure optimal haemoglobin levels. Time spent with medical and nursing staff in outpatient clinics, ICUs, theatres and wards demonstrated the staff commitment to Blood Management. All medical and nursing staff at Englewood receive ongoing education in Bloodless Medicine.

I attended the Blood Utilisation Committee meeting with representatives from departments throughout the hospital. Discussion included

- Blood and blood products use review
- Perioperative and autologous blood collection service report
- Review of appropriateness of all inpatient transfusions over the last 3 months.
- Management of transfusion-dependent patients.

At Englewood, hospital policy dictates that the clinician ordering blood must consent the patient. This ensures the standard of consent is met and current risk/benefit information is supplied.

My experience has identified the need to reinforce a restrictive transfusion strategy to reduce inappropriate transfusions. My hope is to integrate these strategies into patient management at Auckland City Hospital and adapt them to the New Zealand environment.