

### Missing Blood Type:

The Blood Service is taking part in an international Missing Type campaign to support blood donation. This campaign involves 21 countries, 25 blood services and 100s of organisations across the world. Organisations show their support by removing the letters A, B and O from signage. These are, of course, the letters that make up the main blood groups, and the aim of the campaign is to recruit new donors.

### How you can help?

We need you to help spread the word and increase our pledges from new donors. Search for international images of the campaign #missingtype and post your favourite to your social media accounts. Tag @redcrossbloodau on facebook, twitter or instagram

### Single Unit Transfusion:

What is it?

Each red blood cell transfusion should be an independent clinical decision based on the risk, benefits and alternatives. Where indicated, transfuse a single unit of red blood cells, then clinically reassess the patient to determine if further transfusion is required. Transfusion should *not* be based on haemoglobin level alone but should also be based on assessment of the patient's clinical status.

Why use it?

- This policy assists health services to align practice with Patient Blood Management Guidelines and the National Safety and Quality Health Service Standard 7: Blood and blood products.
- Transfusion is a live tissue transplant and not without associated risks.
- Red blood cell transfusion may be associated with a dose-dependent increased risk of nosocomial infection and other morbidities.

When to use single unit transfusion?

There are some patients where this approach is not suitable. This policy should only be applied to stable, normovolaemic adult patients, in an inpatient setting, who do not have clinically significant bleeding.

How do I implement this policy?

1. Gain approval or endorsement of the guideline
2. Identify key staff / team responsible for implementing the guideline
3. Provide education and key messages
4. Support staff to implement the guideline
5. Review changes and results

Reference: [www.blood.gov.au/system/files/documents/single-unit-transfusion-guide-summary-june-2014.pdf](http://www.blood.gov.au/system/files/documents/single-unit-transfusion-guide-summary-june-2014.pdf)

## Single Unit Blood Transfusion

Only **ONE unit of blood** should be ordered if the inpatient does not have clinically significant bleeding

Each unit transfused is an independent clinical decision

Second unit can be requested after patient has been assessed and remains symptomatic

Indications for a second unit:

- Active blood loss
- Ongoing symptoms of anaemia



## **What's happening around Australia and New Zealand?:**

### **Australian Red Cross Blood Service**

- A nurse education day was delivered in WA with the WANTTED (Western Australia and Northern Territory Transfusion Education) group late in August. Organisers are expecting 187 attendees
- The nurse's education day delivered in Darwin in August was a great success – The Blood Service would like to thank Julie Domanski for her assistance.
- Next year's education schedule will be available at HAA.
- The Blood service is working with the NBA on Junior Medical officer education and will trial some tools early next year in five hospitals in NSW, SA and VIC.

### **Australian Capital Territory**

- A PBM in obstetrics project, undertaken as part of the National PBM Collaborative was nominated for an ACT government award.
- A project is underway to credential all JMOs in specimen collection and labeling and patient identification.
- An invitation has been received to talk to all 2<sup>nd</sup> year nursing students at Canberra University regarding transfusion practice.
- A report on the use of cell salvage is being prepared. Use of cell salvage appears to be infrequent in the ACT at this time.

### **South Australia**

- The transition of the Royal Adelaide Hospital to its new facility continues
- Queen Elizabeth Hospital has implemented an electronic medical record system
- Simulation exercises in which medical students practice various transfusion related scenarios including specimen labelling, responding to transfusion reactions and administration of IV iron have been developed.

### **Victoria**

- The clinical audit of preoperative anaemia assessment and management in elective surgical procedures 2015 report has been approved and is available on the Blood Matters website. Blood Matters have also developed a series of tools to assist health services to implementing a preoperative anaemia assessment program, or assessing the efficiency of a pre-existing program.
- The annual STIR report is nearing completion and will also be available on the website.
- The Red Cell Wastage reduction project continues with good results (2.0% for July).
- Work continues at health services in preparation for the roll out of BloodSTAR on September 26, 2016.

### **Western Australia:**

- Work continues on an on-line transfusion knowledge survey for staff, with the aim to be able to benchmark against other health services.
- The audit of major haemorrhage and use of uncrossmatched blood in massive transfusion at Fiona Stanley Hospital is ongoing.
- The robust education program continues.

### **New Zealand:**

- Massive Transfusion audit: (prospective for the year 1 July 2015 – 30 June 2016) is complete and final data collection and input is underway . Over 300 Massive Transfusion events have been submitted.
- The Transfusion Nurse Specialist (TNS) group have been reviewing and modifying the Lippincott Blood Policies to fit the New Zealand setting.
- TNS members have presented at the NZ NICE weekend and also at TRACE weekend . Liz Thrift (TNS- Manawatu) won the major prize at NICE for her presentation on the development of a transfusion information booklet for those with intellectual disabilities. The final version of the booklet is complete and limited numbers have been printed.

## Upcoming Conferences:

**34th International Conference of the International Society of Blood Transfusion** : 3-8 September, Dubai, United Arab Emirates

The International Society of Blood Transfusion (ISBT) has formed a Transfusion Practitioner (TP) Forum. This forum is a subcommittee of the ISBT Clinical Working party.

Linley Bielby (Program Manager, Blood Matters, Vic) has been appointed as Chair of the steering committee which has been busy planning the first dedicated series of TP sessions to be held at an ISBT congress. At the Dubai congress (September 3-8) there will be three dedicated TP sessions covering patient safety, best use of data to change practice, and managing blood use appropriately. The steering committee is also hosting a networking afternoon tea to promote interaction and information sharing. Further information can be found here: <http://www.isbtweb.org/dubai/scientific-programme/>

**Annual Scientific Meetings of the HAA:** 13-16 November, Melbourne.

Follow this link to the program overview:

<http://www.haa2016.com/program/program-schedule/>

**Please note:** The Transfusion Practitioner Annual General Meeting will be held at the conference on the **Tuesday 15th November during the lunch break**. All are welcome as we would appreciate your input to determine the future direction of the group.

## What is BloodSTAR?

BloodSTAR is a new online system that will facilitate authorisations, dispensing and reviews of immunoglobulin products such as IVIg and SCIg. The national roll out of BloodSTAR commenced in July 2016.

- All users must register and login through the NBA's BloodPortal.
- Prescribers will use BloodSTAR for new Authorisation Requests and ongoing management.
- Nurses will use BloodSTAR for ongoing infusion management and to submit Dispense Requests
- Dispensers will use BloodNet to manage product ordering, check authorisations, dispensing for patients authorised to receive IVIg and SCIg products, and reconciliation.

Jurisdiction	Go live date
Northern Territory	14 July 16
South Australia	1 August 16
Queensland	22 August 16
Tasmania	14 September 16
Victoria	26 September 16
Australian Capital Territory	24 October
New South Wales	7 November
Western Australia*	5 December 16

Please direct any queries to the NBA at <https://www.blood.gov.au/>

or by phone 13 000 BLOOD (13 000 25663) – available 24 hours

## Your Transfusion Professional Representatives

Area	Name
ACT	Maria Burgess
New South Wales	Sally Francis
New Zealand	Liz Thrift
New Zealand Blood Service	Fiona King
Northern Territory	Julie Domanski
Queensland	Natasha Keary
South Australia	Barbara Parker
Tasmania	Dawn Richardson
Victoria	Chris Akers & Adrienne Harper
Western Australia	Angie Monk & Sue Darby
Australian Blood Service	Bev Qusted
ANZSBT Council	To be announced