

Transfusion Safety: Tackling the 'Real' Risks

Wednesday, 19th November 2008

The last three decades have focused on addressing blood safety (safety of the product) with less attention given to the overall transfusion safety (safety of the entire therapy). The result is that while the risk of transfusion-transmitted diseases has declined rapidly, the process of blood transfusion still presents many patient safety concerns which need to be tackled.

These include: getting the right blood and right results to the right patient; informed decision-making to avoid unnecessary transfusion and to use blood effectively; robust audit and documentation; and, good blood stock management to prevent wastage and ensure blood is there when it is needed.

Thus, overall transfusion safety involves an entire vein-to-vein chain of events from proper specimen collection, compatibility testing, and product issue from the blood bank, to blood administration at the patient's bedside. This process involves high complexity with multiple interactions and the potential for error. Overall responsibility for the transfusion process occurs at the hospital level.

The purpose of this seminar:

- To explore the complexity of transfusion processes and the nature and range of risks
- To identify how transfusion processes can be optimised in your particular setting
- To provide you with ideas to maximise your own role in initiatives tackling transfusion risk

Who should attend?

This seminar will be of value to health service administrators, those working in government at a policy level and to quality and safety professionals who want to learn more about transfusion risk.

Venue: Laby Theatre, David Caro Building
The University of Melbourne, VIC, 3010

Seminar date: Wednesday 19th November, 2008

Seminar time: 09.30 - 4.00pm.
(Registration opens at 09.00)

Cost - \$150 per person (incl. of GST)

Further venue details, accommodation and parking information can be found on our website at:

www.CREpatientsafety.org.au

Phone enquiries to Catherine Pound 03 9903 0891 or Peta McLaughlin 03 9903 0245.



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Speaker details (in order of appearance)

Prof John McNeil is Head of the newly formed School of Public Health and Preventive Medicine, Monash University which is based at the Alfred Hospital. John is a clinical epidemiologist and physician with a background in clinical pharmacology. He holds the position of Chair, Alfred Hospital Human Research Ethics Committee, and is a member of numerous committees including the national Adverse Drug Research Advisory Committee.

Dr Erica Wood received her medical degree from the University of Melbourne and completed her specialist training in haematology in Melbourne and later, in the US. Since returning to Melbourne in 2000, Erica has worked at the Australian Red Cross Blood Service in clinical transfusion practice, teaching and research. She holds honorary consultant haematologist appointments at The Royal Melbourne Hospital and Peter MacCallum Cancer Centre and is presently also locum visiting haematologist at Bayside Health. Erica has participated on the Steering Committees and working groups for the 'Blood Matters - Better Safer Transfusion' program and has served with the World Health Organization as a regional adviser in blood safety.

Dr Mark Polizzotto is Clinical Research Fellow at the Australian Red Cross Blood Service and the Transfusion Outcomes Research Collaborative, and also holds an appointment at The Alfred Hospital Melbourne, and as an honorary Senior Lecturer in the Department of Clinical Haematology at Monash University. Following a period of research at the Walter and Eliza Hall Institute of Medical Research, Mark undertook postgraduate training in internal medicine and haematology at St Vincent's Hospital Melbourne, Peter MacCallum Cancer Centre, and The Alfred Hospital Melbourne. He has a particular interest in the interaction between research findings, policy, and clinical practice.



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Speaker Profiles

Dr Louise Phillips is head of the Monash University/Australian Red Cross Blood Service partnership program - Transfusion Outcomes Research Collaborative (TORC) which is working on a variety of projects in the area of blood component transfusion. Louise’s interests lie in blood transfusion and clinical outcome registries. Since 2005 Louise has been involved in the establishment and management of the Haemostasis Registry looking at the off-label use of recombinant activated Factor VII (NovoSeven). This Registry involves over 100 hospitals throughout Australia and New Zealand and is considered a leading example of its kind.

Professor Joseph Ibrahim is a Consultant Physician with the Clinical Liaison Service and the Work Related Investigation Service Specialist Investigations Unit at Victorian Institute Forensic Medicine & State Coroners Office investigating the system failures associated with health care and work related deaths respectively. He is also an Associate Director with NHMRC Centre of Research Excellence in Patient Safety and an Adjunct Professor, Australian Centre for Evidence Based Aged Care at La Trobe University, Faculty of Health Sciences.

Ms Bernie Harrison is the Director of Organisational Development and Education at the NSW Clinical Excellence Commission. She is also directing the Quality Systems Assessment Program and the Blood Watch Program. She is a clinical lecturer in the Faculty of Medicine at the University of Sydney. She is a faculty member for the CPI Program and lectures in Australia and Singapore on health care improvement methodologies. Bernie was the manager of the clinical Quality Assurance Programme at Royal North Shore (QaRNS) for fifteen years. In 1992 she project managed the Quality in Australian Health Care Study (QAHCS) which was published in the MJA in 1995. She has an ongoing research interest in patient safety measurement systems. Bernie has a clinical background and is a registered nurse and midwife in the UK.

Dr Shelly Jeffcott is a Senior Research Fellow in the NHMRC Centre for Research Excellence in Patient Safety (CRE-PS). Her background is in psychology and previous research has centred on links between organisational dynamics and culture in safety-critical industries, like health and the railways. Shelly is leading a human factors agenda within the CRE-PS and transfusion safety presents a ripe area of investigation in relation to human behaviour, culture and both system risk and resilience. She is a founding member of a the Blood Research Interest Group based at Monash University’s Department of Epidemiology and Preventive Medicine (DEPM).

Prof James Isbister is a haematologist at Royal North Shore Hospital in Sydney and Clinical Professor of Medicine at the University of Sydney and adjunct professor, University of Technology, Sydney. He has a broad range of interests in haematology and transfusion medicine, especially in apheresis, haematological aspects of oxygen transport and complications of blood transfusion. He has a longstanding interest in teaching and is the author of three books on haematology and transfusion medicine and has contributed chapters to several major textbooks.

Ms Karen Botting holds a Masters degree in Organisational Change and Consulting and Graduate Certificate in Policy and Human Services. She commenced in health as a biomedical scientist and subsequently has worked in quality management and planning roles across hospitals: acute and sub-acute health. Karen’s interest in governance and development and implementation of productive health policy led to her current work as Program Manager with the Victorian ‘Blood Matters: Better, Safer Transfusion’ Program, and prior to this she was Project Manager of the Victorian Blood Matters pilot project.

Dr Kathryn Robinson is the Haematologist coordinating the BloodSafe Program in South Australia, which started in 2002. She holds appointments at the Australian Red Cross Blood Service and the Queen Elizabeth Hospital in Adelaide. She holds a joint fellowship with the Royal Australasian College of Physicians and Pathologists. Kathryn trained in Adelaide, Melbourne and Oxford.

Ms Linley Bielby has experience as a Transfusion Nurse both within the hospital setting at Peter MacCallum Cancer Centre and at the Australian Red Cross Blood Service in Melbourne where she currently works. Linley has completed her Diploma of Applied Science – Nursing, Bachelor of Nursing, Graduate Diploma of Health Counselling, and Graduate Certificate in Transfusion Practice and is currently studying for her Masters in Health Administration. Her areas of expertise include surgical and medical nursing with a specific interest in Haematology and Oncology.

Dr Merrole Cole-Sinclair is a Consultant Haematologist in the Haematology Department at St Vincent’s Hospital in Melbourne and the Chair of the St Vincent’s Hospital Transfusion Committee and the Steering Committee of the Transfusion Outcomes Research Collaborative of the Australian Red Cross Blood Service and the Monash University Department of Epidemiology and Preventive Medicine. She has a special interest in clinical quality improvement and patient safety.

Prof Peter Cameron is the Director of the NHMRC Centre of Research Excellence in Patient Safety (CRE-PS) and leads patient safety-related research. Professor Cameron is also the Head of the Pre-Hospital, Emergency and Trauma group both within the Department of Epidemiology and Preventive Medicine at Monash University.

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Time	Speaker	Organisation	Area covered
0900		REGISTRATION	
Session 1: Safe product, unsafe practice		Facilitator: Prof John McNeil	
0930 - 0940	Prof John McNeil	Professor/Head of School of Public Health and Preventive Medicine, Monash University	Opening <ul style="list-style-type: none"> Overview of the day Department of Epidemiology and Preventive Medicine- (DEPM) initiatives
0940 - 1000	Dr Erica Wood	National Transfusion Manager; Australian Red Cross Blood Service	Transfusion confusion <ul style="list-style-type: none"> Introduction to the complexity of the transfusion process Overview of process mapping work as part of recent ARCBS project
1000 - 1010	Dr Mark Polizzotto	Clinical Research Fellow; Australian Red Cross Blood Service	‘Bugs’ versus ‘blunders’ <ul style="list-style-type: none"> Progress on product safety side Focus on promoting process safety. What are the key problems?
1010 - 1020	Video – ‘The Strange Case of Penny Allison.’ (This illustrates the most common errors that can occur from blood transfusions)		
1020 - 1040	Dr Louise Phillips	Transfusion Outcomes Research Collaborative (DEPM)	Beyond ‘blunders’ <ul style="list-style-type: none"> Why you might not want to have a blood transfusion Consequences of transfusion error (e.g. TRALI, TRIM)
1040 - 1110		MORNING TEA (30 minutes)	
Session 2: Safety and quality issues for transfusion		Facilitator: Prof Joseph Ibrahim	
1110- 1130	Ms Bernie Harrison	Director Organisational Development and Education, Quality Systems Assessment Program, Blood Watch Program; Clinical Excellence Commission	Prescribing behaviour <ul style="list-style-type: none"> Guidelines for blood transfusion. Reasons for non compliance Key prescribing drivers and report on CEC/Eureka report
1130 - 1150	Dr Shelly Jeffcott	Senior Research Fellow, Centre of Research Excellence Patient Safety	Human factors in transfusion <ul style="list-style-type: none"> Minimising transfusion errors caused by human factors Focus on the ‘Wrong Blood in Tube’ sample collection issue
1150 - 1210	Prof James Isbister	Haematologist, Royal North Shore Hospital, NSW, and Clinical Professor of Medicine, University of Sydney	Putting the patient first <ul style="list-style-type: none"> How do we put it all together to protect our patients What does patient-centred management mean in this context
12:10 - 1330		LUNCH (1 hour, 20 mins)	
Session 3: State and hospital initiatives to improve transfusion safety		Facilitator: Dr Louise Phillips	
1330 - 1350	Ms Karen Botting	Program Manager, ‘Blood Matters’, VIC	Blood Matters <ul style="list-style-type: none"> Haemovigilance programme overview What are the key problems that need addressing at the frontline
1350- 1410	Dr Kathryn Robinson	Haematologist, ‘BloodSafe’, SA	‘BloodSafe’ <ul style="list-style-type: none"> Who’s monitoring what and why How do we reduce adverse events (at system and individual level)
1410 -1430	Ms Linley Bielby	Australian Red Cross Blood Service and Peter MacCallum Hospital	Transfusion Nurses <ul style="list-style-type: none"> How can a transfusion nurse make the system safer How can you help improve their work
1430 - 1450	Dr Merrole Cole-Sinclair	Head, Haematology Laboratory; St Vincent’s Hospital, Melbourne	Transfusion Committees <ul style="list-style-type: none"> What are the keys to a successful transfusion committee How can you get involved to improve outcomes
1450 - 1520		AFTERNOON TEA (30 minutes)	
Session 4: Clinical Governance and quality reporting for transfusion		Facilitator: Dr Shelly Jeffcott	
1520 - 1600 What’s appropriate in your hospital to combat transfusion risk?			
The panel, chaired by Prof James Isbister, will include Dr Erica Wood, Dr Merrole Cole-Sinclair, Ms Karen Botting and Ms Mary Comande (ARCBS). Panel members will discuss initiatives surrounding transfusion safety and how we can learn from their particular experiences.			
1600		CLOSE	

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REGISTRATION FORM



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COST - \$150 per person (inc. of GST)

Payment can be made by cheque payable to Monash University, or by credit card. Cheque payments must be forwarded independent of any other payments. A copy of your registration must be included with your payment.
(You will be notified by email within 10 working days of receipt of registration)

FAX completed registration forms to: 03 9903 0181

OR

EMAIL completed registration forms to catherine.pound@med.monash.edu.au

POST cheques or money orders to:
Gary White - CRE Patient Safety Seminar
Department of Epidemiology & Preventive Medicine
Monash University, Alfred Hospital,
Melbourne Victoria 3004

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