Standard 7: Blood and Blood Products

Clinical leaders and senior managers of a health service organisation implement systems to ensure the safe, appropriate, efficient and effective use of blood and blood products. Clinicians and other members of the workforce use the blood and blood product safety systems.

The intention of this Standard is to:

Ensure that the patients who receive blood and blood products do so appropriately and safely.

Context

It is expected that this Standard will be applied in conjunction with Standard 1, 'Governance for Safety and Quality in Health Service Organisations' and Standard 2, 'Partnering with Consumers'.

Criteria to achieve the Blood and Blood Products Standard:

Governance and systems for blood and blood product prescribing and clinical use
Documenting patient information
Managing blood and blood product safety
Communicating with patients and carers

Criterion: Governance and systems for blood and blood product prescribing and clinical use

Health service organisations have systems in place for the safe and appropriate prescribing and clinical use of blood and blood products.

C/D	This criterion will be achieved by:	Actions required:	Examples of evidence that can be used to demonstrate an action is being met. *This is not a checklist. Use only those **examples** that show that you have met the Standards*	Self assessment

C	7.1 Developing governance systems for safe and appropriate prescription, administration and management of blood and blood products	7.1.1 Blood and blood product policies, procedures and/or protocols are consistent with national evidence-based guidelines for pre-transfusion practices, prescribing and clinical use of blood and blood products	• Policies, procedures and/or protocols for safe and appropriate prescription, administration and management of blood and blood products that adhere to national guidelines and best practice, and address areas such as:
			  ○ prescription, administration and management of blood and blood products
			  ○ pre-transfusion and sampling practices such as specimen collection
			  ○ processes that relate to laboratory-hospital interface
			  ○ consent procedure
			  ○ tools for transfusion that are available
			  ○ storage and transportation of blood and blood products
			• Orientation programs for the clinical workforce that reflects the current national guidelines and criteria relating to blood and blood products management
			• Education resources related to blood components management
			• Records of attendance at training by the workforce
			• Evaluation reports of education and training
				☐ **MM**
				☐ **SM**
				☐ **NM → add to action plan**

			(i) National Health and Medical Research Council, *Clinical Practice Guidelines on the Use of Blood Components*, Commonwealth Department of Health and Aging: www.nhmrc.gov.au	

C/D	This criterion will be achieved by:	Actions required:	Examples of evidence that can be used to demonstrate an action is being met. *This is not a checklist. Use only those **examples** that show that you have met the Standards*	Self assessment
C		7.1.2 The use of policies, procedures and/or protocols is regularly monitored	• Agenda papers, meeting minutes and/or reports of relevant committees that detail monitoring of the use of policies, procedures and/or protocols • Strategic plans that relates to blood and blood products • Risk register or log that includes actions to address identified risks • Documentation on consultation processes in the development and review of policies, procedures and/or protocols • Clinicians' checklist for prescribing blood components to ensure blood products are only released for transfusion when guidelines have been satisfied • Documentation such as request forms or blood administration forms for ordering or administering blood components that adhere to national guidelines • Audit of the use of forms and tools for prescription, request and administration of blood products • Reports on transfusions provided to clinical units, senior executive and relevant committees • Reports of vetting of transfusion requests • Reports from clinical data systems • Observational audit clinical guidelines are accessible to the clinical workforce • Audit of compliance with policies, procedures, protocols and/or guidelines • Evaluation of workforce education and competency-based training needs are evaluated • Education resources for training of the workforce in the management of blood components • Records of attendance at training by the workforce • Use of a standardised transfusion "prescription" which incorporates requests and clinical information (such as haemoglobin level) to support appropriate assessments	☐ **MM** ☐ **SM** ☐ **NM → add to action plan**
			(i) Standardised data items collected that are used to assess 'appropriateness' rates include: • blood component given • clinical or laboratory indications • reasons for giving blood component if not in accordance with guidelines • other relevant medical history of condition • number of units required	

C/D	This criterion will be achieved by:	Actions required:	Examples of evidence that can be used to demonstrate an action is being met. *This is not a checklist. Use only those **examples** that show that you have met the Standards*	Self assessment
C		7.1.3 Action is taken to increase the safety and appropriateness of prescribing and clinically using blood and blood products	• Audit of patient clinical records that assess compliance with national guidelines such as the rationale for administering blood and blood products • Observational audit of the use of policies, procedures and protocols • Feedback provided to the clinical workforce on observational audits • Education resources and records of attendance at training by the workforce on blood and blood products • Peer review and self-audit tools and reports on outcomes • Agenda papers, meeting minutes and/or reports of relevant committees that detail improvement actions • Quality improvement plan includes actions to address issues identified • Examples of improvement activities that have been implemented and evaluated • Communication material developed for the workforce and/or patients	☐ **MM** ☐ **SM** ☐ **NM → add to action plan**
			(i) Examples of audit tools to assess the appropriateness of blood components and administration practices include: • audit of fresh frozen plasma • audit of red cell use in orthopaedic surgery • audit of blood transfusion policy compliance • observational audit chart of administration practice	
C	7.2 Undertaking a regular, comprehensive assessment of blood and blood product systems to identify risks to patient safety and take action to reduce risks	7.2.1 The risks associated with transfusion practices and clinical use of blood and blood products are regularly assessed	• Forms or processes included in the policies, procedures and/or protocols to assess blood and blood product risks • Report on incidents, adverse events and near misses related to blood and blood products • Audit of compliance with policies, protocols and/or procedures • Risk register or log that includes actions to address identified risks • Process for addressing pathology laboratory documentation that identifies patient safety risks from the use of blood and blood products • Agenda papers, meetings minutes and/or reports of relevant management committees that relate to transfusion practices • Performance measures used to determine the success of implementing blood and blood transfusion guidelines such as identifying risk with cold chain transport and storage • Data collected pre and post interventions	☐ **MM** ☐ **SM** ☐ **NM → add to action plan**
			(i) National Blood Authority Australia, Final Report, December 2007, *Production Benchmarking and Demand Drivers*, Commonwealth of Australia: http://www.nba.gov.au/bptools/index.html	

C/D	This criterion will be achieved by:	Actions required:	Examples of evidence that can be used to demonstrate an action is being met. *This is not a checklist. Use only those **examples** that show that you have met the Standards*	Self assessment
C		7.2.2 Action is taken to reduce the risks associated with transfusion practices and clinical use of blood and blood products	• Patient clinical records that show patients are informed of the risks and benefits of transfusion • Education resources and records of attendance at training by the workforce on prescription and clinical administration of blood and risk assessment • Risk register or log that includes actions to address identified risks • Agenda papers, meeting minutes and/or reports of relevant committees that detail improvement actions taken • Quality improvement plan includes actions to address issues identified • Examples of improvement activities that have been implemented and evaluated • Communication material developed for the workforce and/or patients on the use of blood and blood products	☐ **MM** ☐ **SM** ☐ **NM → add to action plan**
			(i) Additional information may be found at: https://www.bloodsafelearning.org.au or www.IHI.org	
C	7.3 Ensuring blood and blood product adverse events are included in the incidents management and investigation system	7.3.1 Reporting on blood and blood product incidents is included in regular incident reports	• Policies, procedures and/or protocols for reporting and managing incidents relating to use of blood and blood products • A register of reported incidents, adverse events and near misses related to transfusion of blood or blood components that includes actions to address identified risks • Records of healthcare blood product adverse events • Incident reporting management system, such as a register or log, that documents analysis and review of incidents, adverse events and near misses relating to use of blood and blood product • Agenda papers, meetings minutes and/or reports that demonstrate the routine review of incidents relating to blood and blood product use and trends in incidents • Root cause analysis of breaches of policies, procedures or protocols resulting in a serious breach or sentinel event • Audit of patient clinical records that demonstrate reporting and investigation of incidents relating to use of blood and blood products • Audit of compliance with policies, procedures and/or protocols • Annual report describing trends in incidents related to the use of blood and blood products • Information relating to use of blood and blood products presented to the senior executive and/or relevant committees • Peer review processes for transfusion practice such as quality assurance meetings	☐ **MM** ☐ **SM** ☐ **NM → add to action plan**

C/D	This criterion will be achieved by:	Actions required:	Examples of evidence that can be used to demonstrate an action is being met. *This is not a checklist. Use only those **examples** that show that you have met the Standards*	Self assessment
C		7.3.2 Adverse blood and blood product incidents are reported to and reviewed by the highest level of governance in the health service organisation	• Policies, procedures and/or protocols to escalate action to address incidents, adverse events and near misses associated with blood and blood products • Reports of adverse blood and blood product incidents provided to relevant committees and senior executive	☐ **MM** ☐ **SM** ☐ **NM → add to action plan**
C		7.3.3 Health service organisations participate in relevant haemovigilance activities conducted by the organisation or at state or national level	• Policies, procedures and/or protocols identifying all haemovigilance reporting obligations for the organisation • Schedules of haemovigilance reporting • Agenda papers, meeting minutes and/or reports of relevant committees or groups with responsibility for management of blood and blood products such as medical advisory and management committee • Reports of haemovigilance monitoring, such as Serious Transfusion Incident Reporting (STIR) to national collation agencies such as National Blood Authority	☐ **MM** ☐ **SM** ☐ **NM → add to action plan**
C	7.4 Undertaking quality improvement activities to improve the safe management of blood and blood products	7.4.1 Quality improvement activities are undertaken to reduce the risks of patient harm from transfusion practices and the clinical use of blood and blood products	• Risk register or log that includes actions to address identified risks • Agenda papers, meeting minutes and/or reports of relevant committees that detail improvement actions taken • Quality improvement plan includes actions to address issues identified • Examples of improvement activities that have been implemented and evaluated • Communication material developed for the workforce and/or patients	☐ **MM** ☐ **SM** ☐ **NM → add to action plan**

Criterion: Documenting patient information

The clinical workforce accurately records a patient's blood and blood product transfusion history and indications for use of blood and blood products.

C/D	This criterion will be achieved by:	Actions required:	Examples of evidence that can be used to demonstrate an action is being met. *This is not a checklist. Use only those **examples** that show that you have met the Standards*	Self assessment
C	7.5 As part of the patient treatment plan, the clinical workforce accurately documenting: • relevant medical conditions • indications for transfusion • any special product or transfusion requirements • known patient transfusion history • type and volume of product transfusion • patient response to transfusion	7.5.1 A best possible history of blood product usage and relevant clinical and product information is documented in the patient clinical record	• Policies, procedures and/or protocols provide tools, forms and/or process for taking a history of blood product usage • Audit of patient clinical records for use of tools, forms and specified process • Review of incidents related to poor patient records management • Education material and records of attendance at training by the workforce on patient record taking	☐ **MM** ☐ **SM** ☐ **NM → add to action plan**
		7.5.2 The patient clinical records of transfused patients are periodically reviewed to assess the proportion of records completed	• Policies, procedures and/or protocols that document the requirements of a patient's treatment plan • Education resources and records of attendance at training by the workforce on patient record taking and auditing of patient records • Audit of compliance with policies, procedures and/or protocols • Audit of patient clinical records and reports on the proportion of patents with complete patient history reviewed by relevant committees • Agenda papers, meetings minutes and/or reports of relevant committees that relate to transfusion practices reviewed by management	☐ **MM** ☐ **SM** ☐ **NM → add to action plan**
		7.5.3 Action is taken to increase the proportion of patient clinical records of transfused patients with a complete patient clinical record	• Same evidence options as 7.4.1	☐ **MM** ☐ **SM** ☐ **NM → add to action plan**
C	7.6 The clinical workforce documenting any adverse reactions to blood or blood products	7.6.1 Adverse reactions to blood or blood products are documented in the patient clinical record	• Policies, procedures and/or protocols on documenting and reporting adverse reactions • Record of clinical workforce attending education on adverse reaction documentation and reporting • Audit of patient clinical records for information on adverse reactions	☐ **MM** ☐ **SM** ☐ **NM → add to action plan**

C/D	This criterion will be achieved by:	Actions required:	Examples of evidence that can be used to demonstrate an action is being met. *This is not a checklist. Use only those **examples** that show that you have met the Standards*	Self assessment
C		7.6.2 Action is taken to reduce the risk of adverse events from administering blood or blood products	• Posting of policy/guideline on health service communication board and/or web site • Education resources and records of attendance at training by the workforce on appropriate prescribing and administration of blood products • Audit results of compliance with policies, procedures and protocols provided to clinical workforce and relevant committees • Risk register or log that includes actions to address identified risks • Agenda papers, meeting minutes and/or reports of relevant committees include the outcomes of actions taken in response to identified risks • Quality improvement plan that includes actions to address issues identified • Examples of improvement activities that have been implemented and evaluated such as change to policies, procedures and/or protocols, publication of medicine information bulletin • Communication material developed for the workforce and/or patients	☐ **MM** ☐ **SM** ☐ **NM → add to action plan**
C		7.6.3 Adverse events are reported internally to the appropriate governance level and externally to the pathology service provider, blood service or product manufacturer whenever appropriate	• Policies, procedures and/or protocols on identifying and reporting incidents, adverse events and near misses with blood transfusions • Communication strategy that includes reporting of incidents, adverse events and near misses related to blood transfusions to internal and external stakeholders • Adverse reaction reports that included in agenda papers, meeting minutes or reports of relevant committees including the senior executive • Agenda papers, meeting minutes and/or reports of relevant committees that detail improvement actions • Reports from incident reporting and management systems that have been sent to external organisations, including pathology service providers and manufacturers • Communication material developed for the workforce and/or patients on adverse events	☐ **MM** ☐ **SM** ☐ **NM → add to action plan**

Criterion: Managing blood and blood product safety

Health services organisations have systems to receive, store, transport and monitor wastage of blood and blood products safely and efficiently.

C/D	This criterion will be achieved by:	Actions required:	Examples of evidence that can be used to demonstrate an action is being met. *This is not a checklist. Use only those **examples** that show that you have met the Standards*	Self assessment
C	7.7 Ensuring the receipt, storage, collection and transport of blood and blood products within the organisation are consistent with best practice and/or guidelines	7.7.1 Regular review of the risks associated with receipt, storage, collection and transport of blood and blood products is undertaken	• Audit of the use of policies, procedures and protocols for the transportation and storage of blood and blood products • Delegation documentation for access to the secure blood fridge • Review of access to secure blood fridge where 24 hour on-site pathology service is not available • Register of current blood components • Audit of documentation accompanying blood components • Maintenance records and performance testing of refrigerators and freezers used for storing blood and blood products • Delegation documentation for responding to storage alarms and taking corrective action • Positions descriptions, staff duty statements, employment contracts or policies, procedures and/or protocols specify blood related delegations • Observational audit of the use of checking processes for labels and dates when blood or blood products are handled • Records of disposal rates of blood products • Reports required by state, territory and/or national bodies on blood and blood products	☐ **MM** ☐ **SM** ☐ **NM → add to action plan**
			(i) *Australian Standard for Medical Refrigeration Equipment – For the Storage of Blood and Blood Products (AS3864)* is a resource which specifies the requirements for refrigerators and the use and/or storage of blood and blood products	
C		7.7.2 Action is taken to reduce the risk of incidents arising from the use of blood or blood product control systems	• Same evidence options as 7.4.1	☐ **MM** ☐ **SM** ☐ **NM → add to action plan**
C	7.8 Minimising unnecessary wastage of blood and blood products	7.8.1 Blood and blood product wastage is regularly monitored	• Reconciled reports from pathology laboratories completed by relevant clinical teams • Audit of compliance of usage and disposal of blood and blood products against policy • Review of audit results by relevant committees	☐ **MM** ☐ **SM** ☐ **NM → add to action plan**

C/D	This criterion will be achieved by:	Actions required:	Examples of evidence that can be used to demonstrate an action is being met. *This is not a checklist. Use only those **examples** that show that you have met the Standards*	Self assessment
C		7.8.2 Action is taken to minimise wastage of blood and blood products	• Same evidence options as 7.4.1	☐ **MM** ☐ **SM** ☐ **NM → add to action plan**

Criterion: Communicating with patients and carers

Patients and carers are informed about the risks and benefits of using blood and blood products, and about available alternatives when a plan for treatment is developed.

C/D	This criteria will be achieved by:	Actions required:	Examples of evidence that can be used to demonstrate an action is being met. *This is not a checklist. Use only those **examples** that show that you have met the Standards*	Self assessment
C	7.9 The clinical workforce informing patients and carers about blood and blood product treatment options, and the associated risks and benefits	7.9.1 Patient information relating to blood and blood products, including risks, benefits and alternatives, is available for distribution by the clinical workforce	• Materials used in patient and carer education such as brochures, fact sheets, posters and trusted web sties • Patient and carer information that is available for distribution by the clinical workforce • Patients clinical record that show patients were provided with patient-specific blood information • Patient experience survey results that shows patient information was provided	☐ **MM** ☐ **SM** ☐ **NM → add to action plan**
			(i) Consumer's communication tools and multilingual resources are available from the National Blood Authority, Red Cross or through jurisdictions	
C		7.9.2 Plans for care that include the use of blood and blood products are developed in partnership with patients and carers	• Information available to patients and carers on treatment option and use of blood products • Patient care plan that provides space for patient comments and signature • Evidence patients were provided with a copy of their patient care plan • Audit of patient clinical records that shows patients are involved in the development of their care plan. • Patient and/or carer experience surveys results related to their involvement in the development of their care plan	☐ **MM** ☐ **SM** ☐ **NM → add to action plan**
C	7.10 Providing information to patients about blood and blood product use and possible alternatives in a format that can be understood by patients and carers	7.10.1 Information on blood and blood products is provided to patients and carers in a format that is understood and meaningful	• Materials used in patient and carer education such as brochures, fact sheets, posters • Patient clinical records that shows patient information is provided • Patient feedback on the usefulness of the information provided • Reports from consumer focus groups on patient information	☐ **MM** ☐ **SM** ☐ **NM → add to action plan**

C/D	This criteria will be achieved by:	Actions required:	Examples of evidence that can be used to demonstrate an action is being met. *This is not a checklist. Use only those **examples** that show that you have met the Standards*	Self assessment
C	7.11 Implementing an informed consent process for all blood and blood product use	7.11.1 Informed consent is undertaken and documented for all transfusions of blood or blood products in accordance with the informed consent policy of the health service organisation	• Policies, procedures and/or protocols on informed consent • Standardised consent form • Materials used in patient education includes information on consent • Audit of patient clinical records for compliance with policies, procedures and/or protocols • Reports from patient feedback on informed consent	☐ **MM** ☐ **SM** ☐ **NM → add to action plan**

Additional information and resources

This Standard may not be applicable to some Day Surgeries but should remain for those places who are involved in blood and blood products.

National Health and Medical Research Council, *Clinical Practice Guidelines on the Use of Blood Components,* Commonwealth Department of Health and Ageing: www.nhmrc.gov.au

National Blood Authority Australia, Final Report, December 2007, *Production Benchmarking and Demand Drivers*, Commonwealth of Australia: http://www.nba.gov.au/bptools/index.html

National Blood Authority Australia, Endorsed by AHMC, April 2008, *National Blood Supply Contingency Plan*, Commonwealth of Australia.

www.nba.gov.au

Australian Standard for Medical Refrigeration Equipment – For the Storage of Blood and Blood Products (AS3864)

Australian and New Zealand Society of Blood Transfusion *Blood Product Reference Guidelines*: www.anzsbt.org.au

Australian Red Cross Blood Service (ARCBS): http://www.transfusion.com.au/sites/default/files/BloodFridgeRecord.pdf