

Prof. Chris Baggoley – Official Launch

Sophie Scott (Master of ceremonies): Thanks very much Craig. I found that interesting because it showed even within the evidence base guidelines how much discretion there will still be for clinicians to make decisions. I'd now like to introduce Professor Chris Baggoley, Australia's Chief Medical Officer, to officially launch these three modules we've spoken about today. And he will also, as Craig alluded to, give us some details of the next three modules and when they'll be released. So please welcome Professor Baggoley. [Applause]

Prof. Chris Baggoley (Chief Medical Officer): Well good afternoon everyone. It is great to see you all here and still alert and awake. Not surprising after those three excellent presentations. I'd like to acknowledge the Ngunnawal people as the traditional owners and custodians of the land on which we meet today, and pay my respects to their elders past and present. Also like to thank the NBA for inviting me to be here today for this important ceremony. I am honoured to have the privilege to launch what clearly, as we now see, is the culmination of an impressive amount of dedication and plain hard work over generations, no sorry over four years [laughter], by many of you and I certainly do understand the work involved in producing a guideline having been involved myself, and the many people involved. As I look around the room I see there are quite a number of non-clinicians who will now must probably remember today for the image that Daryl gave them of the operating theatre after surgery. I've just been on the emails on the blackberry and I have organised post trauma stress counselling for you and it will be available in the foyer immediately after we've finished [laughter].

Well I need tell nobody in this room that blood is a remarkable gift from generous donors. One in three Australians will need blood sometime in their life, and only one in thirty donate. In 2012-13 the Blood Service needs to collect around 1.4 million donations, these are just huge numbers aren't they and very impressive, and this requirement is growing each year. In 2012-13 governments estimate that they will provide over \$1 billion for blood and blood products, including more than half of that for the blood service. And for a whole range of reasons we need to make sure that blood is used to best effect. As Craig, Daryl and Larry have pointed out the evidence is growing that while blood transfusions are a recognised lifesaving part of medical treatment, they can also be associated with adverse events and poorer outcomes for some patient groups. And the evidence suggests that up to one in five blood transfusions may not be necessary.

So the guidelines will clearly go a long way to improving these patient outcomes, and to help make the best use of this valued resource, blood. Existing Patient Blood Management programs here in Australia are already seeing substantial reductions in transfusions. For example, after implementing pre-operative anaemia screening Fremantle Hospital in WA saw a 13% decrease in red blood cell usage. Internationally, Patient Blood Management has been adopted by an increasing number of individual departments, hospitals and whole health networks. In the US alone, there are more than 200 individual programs and in Canada, programs that focused on elective knee surgery, aortic aneurysm repair and elective coronary artery bypass surgery have been able to demonstrate a 14-24% reduction in blood use, as well as reductions in length of stay and in post-operative infection.

As we've heard these guidelines (I'll just put it on to that), reflect world best practice. They provide recommendations; we have seen quite a number today, on the appropriate use of blood based on evidence from the systematic review, developed as Leigh pointed out by a Clinical/Consumer Reference Group representing the specialist colleges, organisations and societies. And each module, as we know, has been approved by the National Health and Medical Research Council, through their formal processes legislated, the processes required for consultation and then there's consideration and formal advice by council to the Chief Exec. Warwick Anderson who then obviously in these first three decided to endorse each module. I would certainly like to acknowledge the role of the office of the NHMRC and of its counsel in this process.

Again we've heard that these guidelines are a world first. They're national, they're comprehensive, patient focused, evidence based and informed by professionals who are leaders in their field across their medical disciplines. Patient focus and its importance was stressed by Craig, and his example of the 52 year old man with the acute myocardial infraction, and I saw that picture of that man and I thought that if he is 52 I am 21! [Laughter] But then again he was having a heart attack so maybe he was! Then there was the discussion of the thoughtful cardiologist, and I gave that a bit of consideration but thought that wasn't an oxymoron [laughter].

But I also did consider that notion that one unit of blood is now a good thing. When I was practicing in emergency medicine, one unit was a waste, for the patient and of the blood! You either needed nothing or two plus. So it is interesting how the evidence changes and important that we do.

And I think on this occasion though it is very important to note the achievement of the development of these guidelines, was only possible through the generous commitment of time and professional expertise. We see three people here who epitomise that but there have been the number of colleagues involved is really important. Many of the people involved in this are in this room right now and I offer you my special thanks and appreciation for your part. Not only on behalf of governments but on behalf of every patient who'll benefit from the implementation of the guidelines.

I do want to spend just a little bit of time on this whole issue of implementation. We've heard from Leigh that a long campaign is ahead and the campaign is armed with materials and strategies. Implementation is the key, and as great as the challenges and hard work have been to develop the guidelines to this stage, they just pale in comparison to ensuring that the messages they contain are used by all who prescribe and use blood and blood products in Australia. Implementation is an art and a science, it is not an afterthought.

The products developed for the first three modules that I've encountered that are the two page template, the quick reference guide and the guideline itself, and I was given all samples of them. The guidelines themselves, all three of them went straight to the shelf, where I am sure they will gather dust with the other things on the shelf in my office. But the quick reference guides, which I carried with me today, I was thinking as I looked at them and tried to think "now where can I put these", it made me almost hanker for the days of the white coat, God forbid! [Laughter] Where at least they had pockets and you could put good things that and remember the therapeutic guidelines on antibiotic use were one you put straight into the pocket and was well used. But we don't do that now, we don't have white coats. I noticed today that this fitted into my suit! Now not many resident doctors wear suits and those that do are definitely suspicious! [Laughter] Clearly wanting to be a

specialist well before their time! But the joint blood committee's overseeing a body of work to be undertaken by the NBA that will certainly promote implementation, it will align with other strategic initiatives such as the Statement on National Stewardship Expectations for the Supply of Blood and Blood Products.

Of particular interest to me will be the impact of the National Safety and Quality Health Standards in Australia's new model of accreditation to be implemented across all of Australia's public and private hospitals and day procedure centres from the first of January next year. This work which was endorsed by Australia's Health Ministers and by AHMAC each step of the way has been in development even longer than the development of these guidelines, so over six years. There are ten standards selected because they address areas where the impact is on a large number of patients. There's a known gap between the current situation and best practice outcomes, and improvement strategies exist that are evidence based and achievable.

Standard 7 is about blood and blood products. That there would be such a standard wasn't inevitable. For a time there was a belief, and I must admit I shared it as well because there was a pressure not to have too many standards, that a blood and blood products standard on its own wouldn't be necessary. That it could well have the elements required to fit into a standard on medication safety. But I recall I met with Jennifer Williams, who... I mean I was chief executive of the the Australian Safety and Quality Commission and she'd been an inaugural commissioner. But by the time of our meeting was chief exec. of the Australian Red Cross Blood Service and she was wanting to talk to me about the importance of having a stand alone standard for blood and blood products. She was most convincing and I listened so we developed such a standard and subsequently there was strong support through the consultation process for the separate standard, and certainly through the formal stages of the ratification.

Then you move on to the adoption of these. And while it is absolutely essential that clinicians whole-heartedly adopt the recommendations and practice points laid out in the guidelines, hospital executives must also lend their weight. We've heard from Larry and then Daryl and Craig, who are outstanding clinical leaders, and they will influence their colleges, their organisations, their societies and they will find leaders amongst those organisations. And we know that they and those organisations will carry far more weight with clinicians, than God forbid, do governments or Health Ministers or even hospital execs! So recall presenting in my role in the Safety and Quality Commission to a medical staff society in a tertiary hospital in this great country of ours, and I will be no more specific than that. And I was talking about a range of initiatives to improve the safety and quality of care, including that of open disclosure. And at the end of it all, it was pointed out to me that this was all very reasonable but by the way the open disclosure standard that comes to them from their hospital administration and "we are at war with the hospital administration and we won't do anything they tell us to do". It sounded like a gentle hundred years war. But it showed how in some places you can have a significant gulf between administration and clinical [Video skips] But the importance of clinicians then is really paramount.

It is going to be essential that the key recommendations and practice points are made readily available to clinicians and perhaps even by an app on their mobile phone if we get with the current times. John Vinen, I spoke with him earlier, pointed out that the massive transfusion guideline was on a poster in a wall in resus rooms and emergency departments and also imbedded in IT systems,

all very good ways to get things happening. But that said the executives of organisations who use blood and blood products need their own stimulus and reasons to get engaged. This is not just clinicians business and nothing is alerting their mind and grabbing their attention more at the moment than the National Safety and Quality Health Service Standards. And that they are going to be accredited against these standards and that their performance will be known to their state and territory authorities and eventually will be public. And what links them to the criteria that the standard provides to the Patient Blood Management Guidelines, there are plenty. There are four criteria in the standards. The first is about governance and systems for blood and blood product with prescribing and clinical use. There is documenting patient information. There is managing blood and blood product safety; and communicating with patients and carers.

The first action required for the first criteria is that blood and blood product policies, procedures and/or protocols are consistent with national evidence based guidelines for pre-transfusion practice, prescribing and the clinical use of blood and blood products. The second action is that the use of such policies, procedures and/or protocols is regularly monitored. The third action is that actually action is taken to increase the safety and appropriateness of the prescribing and clinically using blood and blood products. If only more guidelines had such weight behind them. I can tell you it is already doing wonders for hospitals paying attention to healthcare associated infections and what they may want to do about it. Now just as a number of you were heavily involved with both the development of the guidelines and of the standard, I am sure you are going to be called upon to assist with their implementation.

Now the best words you can hear in any speech is “In Conclusion”! So in conclusion, these guidelines are a significant piece of work that will improve the health outcomes for many patients. In addition, they’ll help ensure that the most valuable resource of blood is used as effectively as possible. The guidelines represent a piece of world-class work of which there are few comparisons, and I commend again and I thank every person involved in bringing the guidelines to fruition.

It’s now my privilege and honour to officially launch modules 1, 2 and 3 of the Patient Blood Management Guidelines, addressing critical bleeding/massive transfusion, perioperative and medical. Congratulations to all concerned, particularly to the National Blood Authority and the clinicians who have worked with them.

Just in case you thought I am going to walk off now, I do hope you have in mind a process for updating the guidelines, you are allowed to groan now. But they are going to need to accommodate new evidence as it comes along and that’s another big challenge. Australia can’t afford to wait another ten years for the update.

Again well done and congratulations. [Applause]