

MELB - Andrew Webb, Peter O'Halloran Q-A

Questions?

Mine is more of a comment in regards to what would donors of product think about the numbers of units that we throw away and how much would you get actually to use if donors knew how much we threw away? I'd suggest you wouldn't get very much. I wouldn't bother donating if I knew you were going to throw it out.

Andrew

I think we just make it very clear that we only throw away group AB and B.

That's definitely a New South Wales approach.

Other questions?

(1.00) three weeks. Is there any reason for that three weeks for packed cells? How long can we keep the blood for?

Andrew

Packed cells have an expiry of 42 days from the date of collection and we throw ours out at 35.

Is there any reason for that?

Andrew

Yes, as I outlined there was a study done at Tamworth by a haematologist and the data from that indicated that post 35 days the increased risk of sepsis in the patient is somewhere in the vicinity of 350%,

I've seen slides that shows blood at three weeks actually looks quite funny, quite different from fresh blood and I suspect in the future whether we might actually push the expiry date down. I think this is a big issue.

Andrew

I think the evidence was that after 28 days it had increased by around about 100% but we felt that that was a bit too drastic, although I do feel now that the data, since we've started discarding at 35 we could quite successfully go to 28 if we chose to.

Just with the packed blood cells in the validated shippers, how long can it stay in those before it's used?

Andrew

Those particular shippers, they're validated for 24 hours but we're trialling some at the moment in conjunction with the helicopter in Newcastle that are validated for 48 hours and they were used in Iraq. They look very promising, we just

haven't had a chance to do that yet.

Peter

I might add to that as well. There's some work being done in South Australia at the moment in relation to validating shippers for their more extreme temperatures for longer than 24 hours and the information is on our website under the case study. They've done some quite extensive and quite severe validation tests. So they've got it certainly longer than 24 hours

Helen

Helen here from St Vincent's Hospital. I have had an opportunity to read your draft document which is very nice about the MOUs and the shipping and the validation and whatever. The issue is that there's not a lot of, well there's no financial capability for transfusion laboratories to actually, with given resources, to actually do some of this extra work. Now if we did have an MOU with the private pathologies next door and other public hospitals and we validated our own shippers, they're just as likely to turn around and say "well they're not what we validated". We don't have a common consensus or a common shipper that is useful for transport between pathology laboratories. The Red Cross shippers are suitable for their purposes but they're not suitable for our purposes and it's very nice to have some people doing work on shippers but we need something that we can send to anyone and receive from anyone and know that we're sure that it's packed and is safe to use not just have peace meal agreements; and there's no handling rebate through Medicare or any additional mechanism for us to resource that type of work and I think that that needs to be addressed by governments to assist us to be able to manage the donor's gift appropriately. Is there any work going ahead to be able to take the work that's being done at John Hunter or in South Australia to be able to, so that we can all use it instead of just small numbers?

Peter

There is some work Helen being done in terms of some sharing of some of the validation data across sites and across jurisdictions. We are doing some work at the moment in South Australia with the South Australian laboratories both public and private about how could they actually get to a much more utopia, as you are suggesting, in terms of how do we actually get to that point that everyone will be comfortable with that arrangement, that shipper, that validation. It is still early days but we are starting down that path now. Some of it I think we might be able to get to, answers in the coming months and years in terms of rebates and financial incentives. I think that will probably be somewhat long particularly in the current financial circumstances for the commonwealth but it is something that longer term we could work towards.

I just wanted to clarify the 30 minutes versus four hour rule. Were you saying that the bloods taken from the fridge, if it's not used within the 30 minutes it can just hang around the ward and be administered as long as it's done within those four hours?

Andrew

That's correct, yes.

So they don't have to store it in any particular way on the ward?

Andrew

No. As long as you don't put it near anything hot, within common sense, so long as, some of the transfusionists can speak to that too but once it leaves the lab, before we can get it, to receive it back so we can reallocate it out again to other patients it is 30 minutes per the current guidelines, for want of a better word but if they want to keep it up in the ward, as long as the blood has been commenced and finished the transfusion within four hours of issue that's fine.

Could we have some changes to what the Red Cross or what Blood Matters prints regarding what you've just spoken about because as far as we're concerned all our policies state that it has to be returned within 30 minutes, that's to the blood fridges?

With increased O inventory and not use in the B and the AB, isn't that just increasing the disconnect between the donor and the recipient population and if that has more widespread usage won't it mean that the Red Cross has trouble providing our needs because I would love an inventory of O neg and AB plasma please.

??

I did raise that with the blood service last week as part of our NMF outgoing meeting and they are starting to target donors differently. I won't speak on their behalf but as far as AB donors, they target them more for plasma donations now than red cells. So they are tuning their collection procedures more to meet the demands of the laboratories. So in a perfect world we could all use group O all the time. I'm aiming for it but I don't think we'll ever get there.

(7.44) to do it because we'd be happy to cut down our inventory of AB?

??

I can't speak on their behalf.

Just to keep things rolling, the Red Cross, as I showed you the decline in demand, there are significant issues confronting the blood service in managing a declining demand and they're working through that so there is no quick solution to that. And again I take to Helen's point where she's saying in a perfect world this should happen or that should happen, we've made significant progress over 10 years and we continue to make progress but the world is not going to be perfect tomorrow.

I will invite Linley to address that question about 30 minutes and four hours.

Linley

Just to clarify that question about the four hours and 30 minute rule; the latest version of the Australian/New Zealand Society of Blood Transfusion and Royal College of Nursing Guidelines for Administration actually clearly address that issue about the four hour rule and have actually, it was very controversial and took about 18 months to get it through so I would refer you through to that document, it's available on our website, I'm sure there's links on the Blood Service website as well for that but it clearly talks about the four hour plus 30 minute rule.

Thanks Linley. I'm going to have to bring it to a close. The three amigos will be out for afternoon tea so please talk to them.

Again one of the key points here was to give two separate examples from two different states of approaching the same problem and they've got different lessons learnt. The case studies are on the website and I certainly found it very informative and on behalf of the group here thank you very much for your time Andrew, Greg ...