BloodSafe

eLearning Australia

BloodSafe eLearning Australia: Getting the PBM message out there

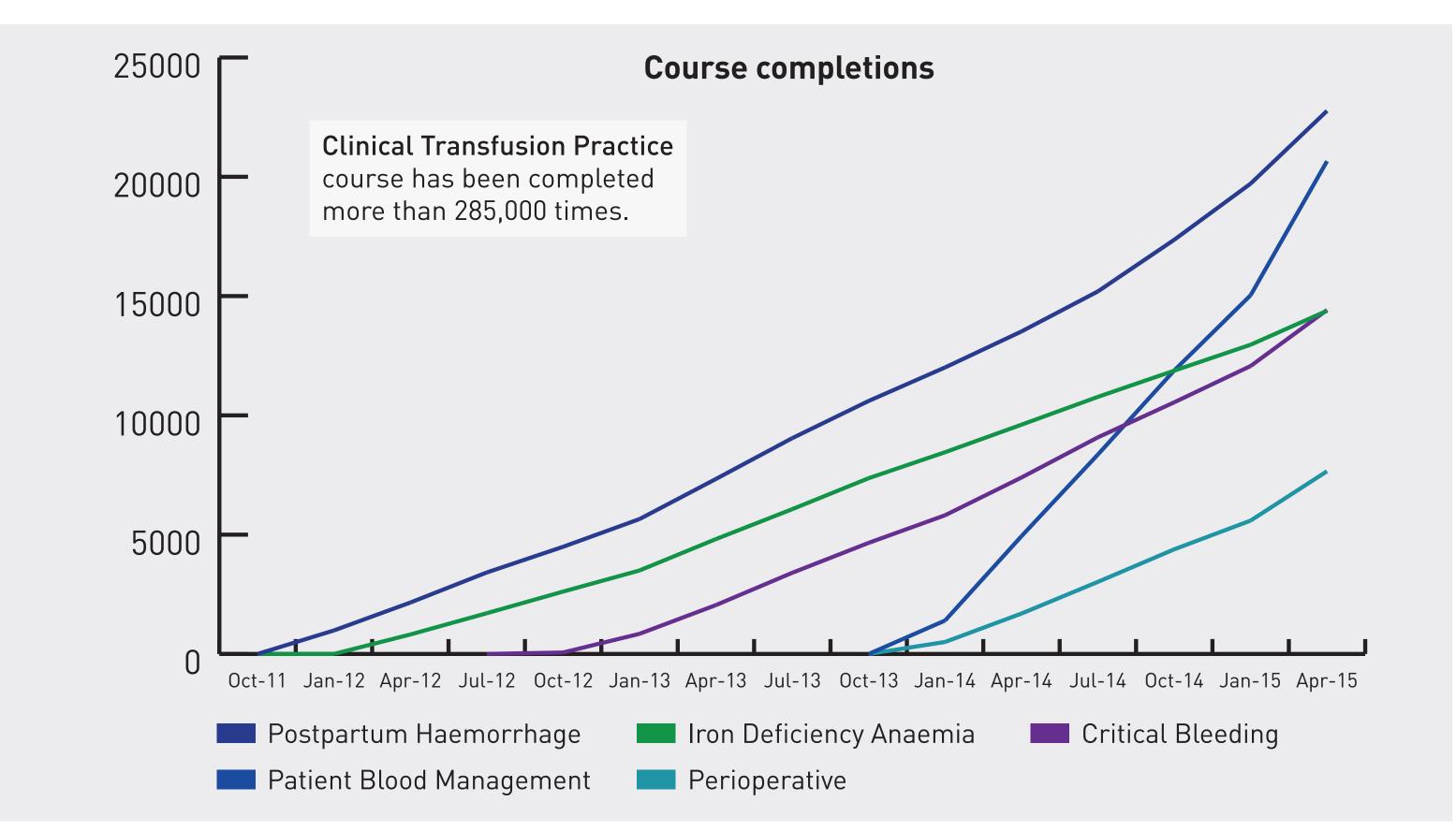
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The journey so far...

BloodSafe eLearning began in South Australia in 2007, with the release of the Clinical Transfusion Practice course. Local uptake was inspiring and other states were soon requesting to collaborate on the development of future courses. In 2009 national funding was offered and the program was renamed BloodSafe eLearning Australia. Since then the focus of education has undergone a metamorphosis from a transfusion practice to a patient blood management (PBM) focus. There are now 11 different courses available, tailored specifically to different healthcare specialities. As a result PBM messages are relayed to particular audiences, delivering clinically relevant, consistent information to all. Benefits of eLearning in delivering PBM education include:



www.bloodsafelearning.org.au



- Consistent message each learner receives the same evidence based information
- Growing audience—over 300,000 Australian health professionals are registered
- Diverse audience suitable for all medical, nursing, midwifery and some allied health staff with various levels of experience
- Easy access—allows learners to log on to courses when it suits them, with no constraints on time or location

Patient Blood Management

Released: December 2013	Course completions: 20,656	
On completion of this course many learners agreed or strongly agreed that completing the course enabled them to:		
Improve knowledge – 90%	Change clinical practice – 68%	
Help to identify near misses and prevent adverse events – 80%	Improve patient outcomes/safety – 85%	
Changing practice: Quotes from learners about how they, or their workplace could improve practice		
 "Be more selective as to who receives Blood transfusions, explore alternative options when treating anaemia" 		

Perioperative

Released: December 2013

Course completions: 7,658

On completion of this course many learners agreed or strongly agreed that completing the course enabled them to:

Improve knowledge – 100%	Change clinical practice – 50%
Help to identify near misses and prevent adverse	Improve patent outcomes/safety – 92%
events – 77%	

Changing practice: Quotes from learners about how they, or their workplace could improve practice

• Preoperative joint clinic conducted at least 4 weeks prior to surgery. Continue to check Perioperative patients iron status closely"

• "Ensure I be more specific about writing down the iron tablets info when discussing patients iron requirements in ANClinic. Rather than tell them to pick some iron tablets from the chemist/health shop"

- "By promoting optimal use of donated blood resources, thereby reducing the pressure on supply"
- "By improving patient assessments and patient management and monitoring. Recognising when methods of treatment other than a blood transfusion could be used"
- "survey or do audit"

Postpartum Haemorrhage

Released: October 2011

Course completions: 22,763

On completion of this course many learners agreed or strongly agreed that completing the course enabled them to:

Change clinical practice – 63% Improve knowledge – 91% Help to identify near misses and prevent Improve patient outcomes/safety – 89% adverse events – 81%

Changing practice: Quotes from learners about how they, or their workplace could improve practice

- "Often iron supplements are given at the same time as methyldopa and only 1 hr after thyroxine on the postnatal ward. We could improve absorption of these medications if iron supplements were given according to the guidelines in the course."
- "I deal with post-partum women, as mothers of my patients. Many suffer from anaemia/secondary PPH, but are 'too busy' to seek help. Thsi course outlines the importance of follow up and treatment."
- "Improve outcome for PPH in birth suite by utilising appropriate management"

"The course emphasises the importance of minimising blood loss & securing haemostasis promptly during surgery. This re-inforces the need for capable & competent performance as an OR nurse to assist surgeons to achieve this."

Critical Bleeding

Released: October 2012

Course completions: 14,419

On completion of this course many learners agreed or strongly agreed that completing the course enabled them to:

Improve knowledge – 89%	Change clinical practice – 64%
Help to identify near misses and prevent adverse events – 75%	Improve patient outcomes/safety – 82%

Changing practice: Quotes from learners about how they, or their workplace could improve practice

- "I have learnt how to manage critical bleeding in atimely fashion and the observations required for such patients as well as indicators of improvement or deterioration in health"
- "Discussing the development of an MTP."
- "...being more inclined to keep all relevant services, especially lab, informed that large transfusion may be required rather than waiting until the situation arises. (better to be ready than not)"

Iron Deficiency Anaemia

Released: January 2012

Course completions: 14,384

NEW COURSES—Medical and Specialities

Released in April 2015 and is already well received with 168 learners completing the course in the first month

On completion of this course many learners agreed or strongly agreed that completing the course enabled them to:

Improve knowledge—95%	Change clinical practice—71%
Help to identify near misses and prevent	Improve patient outcomes/safety-88%
adverse events-83%	

Changing practice: Quotes from learners about how they, or their workplace could improve practice

- "recommending higher doses of oral iron for replacement if tolerated, patient counselling tips for tolerating oral iron better"
- "I lacked knowledge in the drug interaction in iron tablets and thyroxine . It will really make me think more during my patent care. Also I have more knowledge now on iron transfusions."
- "I work in a rural community and access to GP's and other health care professionals can be limited for consumers. I can be an advocate for my clients and support and advice them in and during health care and assessments."
- "Ability to review blood results and recognise anaemia in patients"



Activity - Transfusion decision-making case studies Considering patient blood management for medical patients 🚯 View this video to learn more about assessing patients with anaemia, including investigation for coeliac disease The benefit of transfusion should be based on clinical factors as well as the haemoglobin level as shown bel As a clinician, you routinely assess and manage a patient's overall cardiac, respiratory and renal status. What about your patient's blood? It is also a 'system' and therefore the same approach should be used. sfusion less likely to be beneficial Anaemia, iron deficiency and bleeding are common risk factors for transfusion and are often present in medical patien however they may be overlooked and opportunities for intervention missed Medical patients make up a significant proportion of patients receiving red cell transfusions. These graphs show red cell usage in South Australia public hospitals¹ (2008-2009) and highlight the percentage of use in medical patients. 🚯 Select the green 'Medical specialties' section to see a further breakdown of this percentag Professor Jane Andrews Head IBD Service & Education, Gastroenterology & Hepatology, Nicco requires urgent management of acute coronary syndrome (ACS). The cause of his anaemia Royal Adelaide Hospital, and Chair Aust IBD Association

With specialty courses also available to provide tailored content for specific patient groups.



to be determined. However, red cell transfusion is likely to be appropriate, as in patients with ACS who have a Hb < 80 g/L, transfusion may be associated with reduced mortality. A single unit followed by

eassessment is appropriate if transfusion is prescribed.