

SYD - Leigh McJames 1

Good morning.

First off I acknowledge that we are meeting on the Gadigal land of the Eora people and wish to pay my respect to the traditional land owners both past and present.

For those who are in doubt on what today's about, that teaser was certainly one big element of why we're here, to support you to implement the standard. So if you're wondering, hopefully that clarifies it in your mind.

I'd also like to say first off because we're actually filming the whole day, those people who don't want to be filmed and it's just a backdrop to show how interested you all are and no one's falling asleep, those people on the left here, three rows here are not filmed, so if you don't want to be films that's the place to be. Those people who want to prove they were here to their bosses, you need to move over that way.

My name is Leigh McJames and I am the General Manager of the National Blood Authority. I'm also your MC for the day and that's not my normal day time job so please be merciful on me.

On behalf of the National Blood Authority, the Australian Commission on Safety and Quality in Healthcare and the New South Wales Clinical Excellence Commission it is my great pleasure to welcome you to today, the first and inaugural national blood symposium here in Sydney and there's another two in Melbourne or Adelaide. If you find it really interesting there's another two you can get registered for.

We've got a pretty full agenda. If you've had a look at it, there's 30 minutes for each presentation and the day is cram packed but also we've allowed time, half an hour for morning tea, half an hour for afternoon and an hour for lunch because one of the benefits is to talk to other people in other hospitals and exchange ideas of what they're doing that you could borrow or learn from.

I need to cover off on a few administrative details so please bear with me. As I said it's a cram packed agenda and so we're going to have to stick rigorously to timings; and so at the breaks, given that they are extended breaks when we ask you to come back in please move in quickly. This will also constrain our ability to have questions. It will depend on different speakers. Each speaker, we've got someone placed at the back who is going to put up a hand of five minutes to the speakers to give them a warning but if we do have time for questions and you have a question I'd ask you to move to one of those two microphones because as I said we're filming, so we can hear the question. If you again don't want to be filmed we'll make special arrangements over here in the non-filmed column or row.

The rest rooms, if you go out through the front doors, veer to the right. Catering, as I mentioned we've got a very extensive morning tea, lunch and afternoon tea or I hope. Those who had special dietary requirements have been catered for and they will be marked as part of the layout.

If you have any questions the National Blood Authority Staff are in shirts with logos and stuff. You should be able to identify them, they all look the same and that was without planning. You'll notice the males are wearing the same colour tie. It says something about the NBA, we didn't actually coordinate that.

If there's an emergency and I've got someone, if there's a beep, beep, beep and Rachel do you want to give us an example of a beep, beep, beep.

Beep, beep, beep.

Yep, beep, beep, beep, there you go. If there's one of those we stay where we are and wait instructions. If there's a Whoop, whoop, whoop then and a whoop, whoop, whoop.

Oh no, I'm right thanks.

Then we actually evacuate and we move out the front door in an orderly fashion turn left and go to the first intersection, I think it's the corner of Liverpool and Castlereagh Street.

In terms of the first presentation, what I'm going to do is give you an overview of the day and I've spoken a little bit about the need but I'm also going to talk about the aim of the symposium and the program and then highlight other sources of support you can draw on after today.

The National Blood Authority and the Commission and I'm sure the CEC, we're actually here to support you. This is a two way exchange. If you've got ideas after today and you say "well I wish these bureaucrats were doing this or that", let us know. We are listening keenly to what you need to help you implement the standard and so if you've got an idea please raise it; and I'll repeat that message as I go through.

The need, as part of our role and this is the National Blood Authority's perspective but I'm sure it aligns with the Commission's. The National Blood Authority is responsible to provide a safe, secure and affordable supply of blood and blood products. We work closely with Commission to develop standard 7. We now continue to work closely with the Commission to implement those standards so that they don't just sit on the shelf. We see the standard as a critical part of a wider program of quality assurance and improvement however of course we're interested in how it contributes to blood outcomes. Improving appropriate use and as a result patient outcomes is, from the National Blood Authority's perspectives, one of the key outcomes we're seeking and the reasons for that were outlined in the opening video.

The second need is to reduce wastage through improved inventory management. So in a nutshell why are we interested in the standard, aside from just good practice those are two outcomes we're looking for. And the first one as indicated by Professor Isbister in the video clip, we think there is a real urgency in improving the appropriate use of blood and blood products and doing that by implementing Standard 7.

The quote on the screen is from the Patient Blood Management Guidelines which are based on a systematic world-wide review. They are world class. There are

no other government sponsored set of guidelines in the world at the moment that compare to, in terms of evidence based, the Australian Patient Blood Management Guidelines. So they're their reference point.

In terms of that quote that's written up there in more direct terms, the one I like is that blood transfusion is a liquid transplant that can cause measurable harm with each exposure. The evidence suggests that current clinical practice is resulting in unnecessary transfusions and a potential for patient harm. I'll talk a little bit about money but really our aim is not about money, our aim is about patient outcomes and the harm that's potentially done. That said, we have to recognise that blood remains a lifesaving therapy. So it's in that context but at the moment we've got clinical practice skewed the wrong way.

The second outcome of interest to us is to reduce unnecessary wastage. This is a real easy no brainer. Currently wastage rates vary significantly compared to best practice. The total national cost of wastage of blood is in the order of \$30M. Those people that work in the sharp end will say "well money is not my concern, patient outcomes are". However this is simply unacceptable not simply on a matter of cost but perhaps more importantly in relation to the waste of donor's time and effort. So \$30M, currently we are wasting 75,000 donations. So that's generous donors who give up their time repeatedly and 75,000 is discarded. Obviously some wastage is necessary and we acknowledge that however there is a big gap between where we are now and where we should be. So it's a no-brainer, it's simply unacceptable and no one can really defend it, nor is it academic, so we look to you in the hospitals to improve your inventory management to reduce wastage.

In terms of the aim and program, the aim of the symposiums is to support you in implementing Standard 7 of the National Safety and Quality Health Service Standards. This day and it is only a day, will not answer all your questions but it's our intention that it will provide you a source of where to go next, it will whet your appetite on what's possible. We don't expect you'll walk away from here and implement a full patient blood management program in your hospital, that's a big ask but it will provide you tools and things you can implement quickly that support those two outcomes I spoke of at the start of this session.

The program, initially we'll have speakers provide an overview of the National Safety and Quality Health Service Standards followed by a clinical perspective of implementing or putting those standards in practice. This provides the foundation for a series of presentations structured around the four criteria in the standard. Criteria one, governance and systems for blood and blood product prescribing and use and this criteria speaks to appropriate use, that is health service organisations have in place arrangements that support appropriate prescribing and clinical use of blood and blood products.

The second criteria documenting patient information requires the clinical workforce to accurately record a patient's blood and blood product transfusion history and indications for use of blood product safely and efficiently.

The third criteria, moving later in the afternoon, managing blood and blood product safely. Health service organisations have systems to receive, store, transport, monitor wastage of blood and blood products safely and efficiently which obviously deals directly with the second outcome I spoke to; and the fourth

criteria, communication with patients and carers, that hospital or health providers have in place an informed consent arrangement that ensures patients are aware of the risks and benefits of transfusion and alternatives and the important bit here is not a box that "yes I consent to a transfusion" but it's actually informed and patients are aware that there are risks with transfusion and of course a plan for patient care.

Each of the sessions seek to strike a balance between the background theory and practice. Obviously a one day symposium will not give you all the material you need to fully implement the standard nor do we intend it to but as I said it should give you something to think about and should point you in the direction of where to go next; and from our point of view, as I said we're keenly interested, we want to know from you what more we can do.

The symposiums are only one part of a program the Commission, National Blood Authority and respective states and territories are developing to support hospitals and clinics to implement measures to improve the management of blood and blood products.

In terms of other support, the National Blood Authority in collaboration with the Commission and states and territories and other key stakeholders such as the Blood Service are developing a range of measures to support you.

There are two main documents we're working to for the next three years and they're shown. One is the National Blood Wastage Reduction Strategy and the National Patient Blood Management Guidelines Implementation Strategy.

Generally the supporting measures fall into four groups, awareness and promotion, of which this is part of that, best practice tools, which I'll talk about in a second, education and training, of which this symposium is part of that area and data and of course data is essential for you to know whether you're improving.

A quick overview of these and again it's just to wet your appetite or let you know where we're heading to try and support you.

In the next 12 months the National Blood Authority will be publishing a large range of best practice tools on their website to support implementation of improved inventory management and national blood management guidelines. These form part of what we call a National Reference Set. It draws on work already in existence from across the states and territories and from key stakeholders such as the Blood Service. So what we've done is reviewed all available material. We've look at what's required, what's out there to produce what we call a National Reference Set. It's intended to avoid duplication and draw on best practice wherever we find it. The first of these are seen to be easier to implement and already available and in you satchels, for example you'll see some of those tools and I'll talk about that in a second.

I reiterate, patient blood management and the task in front of some health providers is formidable and we acknowledge that so we've tried to structure these tools so you don't have to take the whole program you may just want to pick something you think you can achieve and get a quick win. Success builds on success.

In terms of the tools, a good example which is in your satchels and released today is a package for implementing restricted use policy which has been based on a number of successful existing programs and subject to extensive public consultation and clinical review. It's released today to provide you with templates you can download and modify for your hospital including badging. In my previous job I came from hospital, I know every hospital you work in we're all unique and we're going to do it our own way. We're not trying to fight that so what we've provided is tools you can download, put your own badge on and say "look what I've produced".

It's easier to implement, for example as I mentioned than a full blown PBM program but experience has shown it can deliver excellent results and forms the foundation for further work.

The next one coming soon, it's actually out for public consultation at the moment, is a package of tools to support interoperative cell salvage. Cell salvage is a recommended alternative to allogeneic blood transfusion. The reality is the blood transfusion is like, as I said, a liquid organ transplant and even under ideal conditions it's not as good as someone's own blood. So it's another discrete measure that can be implemented. Recognising that there's all sorts of systemic issues in trying to implement cell salvage, not the least is the capital procurement of the equipment and the ongoing overhead of keeping staff trained. We recognise that but it has been successfully implemented where you've got champions that drive it.

You'll also find a growing number of case studies on the website to see how other hospitals have delivered improvements. The first four shown are focused on inventory management improvements and resulting reductions in waste. So they're on our website. The interesting thing is when you look at two of these, it was drawn to my attention and I won't mention which hospitals they are but some of these, they do diametrically opposite things to achieve the results. So we're not arrogant enough to think we've got the solution nor is there necessarily one solution. Some of these, they approached it differently but still achieved a great outcome. But they're just food for thought for you to look at and see how other organisations have done it.

As I've mentioned today's symposium presentations are being filmed and will be available in the next two weeks from our website. If you have colleagues that couldn't make it today but would like to look at one or all of the day's presentations or ensure that you're actually here.

Please contact us if you have a story. We would love to hear from you if you are, we would love to celebrate with you success and support you so if you have a story of great achievement let us know, we'll be around with our film cameras and we will promote you.

As indicated the NBA will be publishing a further 20 or so tools over the next 12 months. I've mentioned the first two. This includes everything from draft business cases, to get money to support your program, to patient consent templates. Each of them is based on existing work by state and territory or a key stakeholder such as the Blood Service. We recognise, as I said what works for one hospital may not work for another so you'll find when you look, for example, the restricted use policy there's a raft of stuff and policies and guidelines. It's not

intention you have to doc them all, you may only one three or four of those documents or you may want to write your own but it provides you from the minimum right through our gold plated system and that's what we're trying to do with those tools. So it's a smorgasbord that you pull down, you badge as your own and you apply as you think best fits your organisation. We're also inviting public comment on them with an ongoing program of public consultation where you can input if these tools are of a particular interest. Some of the key items that will be tabled for consultation are listed. Interesting in there I think under patient blood management it puts it as one line. There's actually 20 documents or 20 packages will have to be reviewed between 1 November. That can't be right, in a month, however stay tuned we will publish our program public consultation.

As I said we are keen to hear your idea. Those who hadn't noticed, a unit of blood now has a price on it. It's a little thing, mind you the amount of flack we received for this you wouldn't think it was so little but it's a little tiny thing simply to raise awareness that this is a precious expensive resource. Now that's just one little idea that may have some impact, we don't know. In this space we have to advance on a wide front. There is no silver bullet, there is no single measure that's going to improve or fix those two outcomes I outlined at the start and this is just one little, so if you have an idea send it to us.

On the data front, some of you might be aware of the blood net system which has progressed fantastically over the last couple of years and is hopefully providing a real useful tool for hospitals particularly to manage wastage. There are a range of further reports that will be issued between now and Christmas and we expect to provide some benchmark data to support business cases in 2014.

In everything we're doing we're trying to consult. In terms of those wastage reports, that's the blood net user group which are people like you who come into the NBA and provide us input. We're trying to put tools out there that actually have a use for you and we can only do that if we have your support and input.

In the education and training space, the BloodSafe eLearning Program is our current flagship. In addition to the modules already available, of which I have lost track of the figures but we've had something like over 100,000 people go through those modules on Blood Safe eLearning. That's where there will be currently under development modules for patient blood management.

My presentation was intended as an introductory once over lightly of what the aim and program for the day is and some of the wider support available.

My last slide is a good news story. The chart shows that we are already making progress and what it shows is that if you look at the percentage change for 2012/13, that's the blue bars and you go back to July last year, red cell blood demand was increasing at 4%. Twelve months later, if you're looking August this year compared to 12 months ago real blood demand, not artificial, shifting budgets has dropped 13%. That is a national figure every state has contributed to that figure. So we certainly put it down to the standards, the patient blood management, as I say there's no silver bullet but those people who have got active programs you're doing a great job and it's showing through the national figures; and what I'd say is I see it as the front of the wave and further improvement, well we depend on you for that.

In conclusion as I said we think this is the front end of a big change program and we think it's very important change program across the health system in Australia but it's not one of those ones that is hard to argue it's one of those fantastic prospects where it's a win/win you not only save scarce resources for use somewhere else but you also improve patient outcomes and you reduce morbidity and mortality by doing it so it's a win/win reduce resources and actually improve patient outcomes