

## SYD - Debra Picone 2

I think it's been the story of my life really, it's lovely to meet you after seeing you on the and if I could get your autograph later that would be just lovely because when you looked into my eyes I believed what you said.

So just to remind us what we were doing here again is that the National Blood Authority with us and with the CEC are running a series of national seminars on Standard 7 so it's just good to get back to basics. I've learnt an enormous amount today so I think the way you guys organised it and also those lovely little presents which we can't afford at the Commission, we would've given you a present but we just don't have the money really.

What we did was we grouped the day under the four criteria in Standard 7, so we talked about governance and systems for blood, documentation, management of blood and blood products and communication with patients.

If I could just start with Professor Mark Dean, your presentation was absolutely brilliant this morning and what stays with me the most is what I think everyone in the room wants is to maximise the benefits and minimise the harm to patients so I think that's been probably the best summary. I have said to Leigh though that as a person who's got no idea about anything but particularly blood I know that blood can cause adverse events and harm to patients but to be frank with you it's not written anywhere I still don't know what it is so if I'm a registrar or a senior RMO and I'm sort of making the call about whether the patient needs it I don't think I've seen written anywhere other than a whole series of other rules and other things that are coming in such all the stuff around Standard 7 why I should think twice on behalf of my patient and I can assure you that the patient and the carer doesn't know.

Now the reason I know this, I know everyone hates N equals one but I can give you N equal two in my own family just in the last eight weeks my mother having a blood transfusion so while it was explained to her what, she's 82, what some of the adverse events were there really wasn't a deep explanation either to her or me as the carer about maybe we might want to think about this twice. Having said that she was much after the blood transfusion. Then with my brother that a large teaching hospital in Sydney tried to kill unsuccessfully just in the last three or four weeks, there was no discussion with him at all about his blood transfusion, absolutely none.

So I think this issue where we think we're getting it right most of the time we probably are they're probably outliers but it's just interesting at the moment in my own family they're N equals two.

I love most what you said that we've sort of gone from thinking about a product, so what are we going to do about packed cells and albumin and something else to now what we need to do for patients and so there's been a cultural shift because you guys are all the experts in NSW and Queensland on this issue so we've gone to thinking about how would we approach it rather than from the product which is the more clinical sort of prescription side of it to how we would approach it from a patient's point of view.

I love all of the guidelines you put up and I think this is half the problem. We all say; why can't we follow evidence based guidelines, why is there only a 50% take up of evidence at best, why is there such variation and many of you presented studies today to prove that exact point, there was a set of data from I think Kim from NSW showing a 10% to 90% variation in something and I think it is because we probably have too many guidelines, there's too much for people to read they're now getting confused and we have to think about how we can probably get everything on a page because people aren't going to look past, unless you're an expert in an area you're not going to look much past a page.

Phil Hoyle did his usual brilliant presentation on the governance and implementation challenges and did his let a hundred flowers bloom but I will remind you that when Marty (4.51) used to do that in the villages in China the exact purpose of letting a hundred and it wasn't a thousand, a hundred flowers bloom was to find out the dissenters in the village and after they'd had their say they used to all disappear, I just thought I'd share that with you. So the old hundred flowers blooming is never a good analogy because the ones that said; well you know maybe we could look at doing it like this weren't around much after the committee meeting was held.

Natasha's paper was I thought absolutely brilliant because that was real life implementing that patient blood management system in a very large complex institution and I'd just like to congratulate her and her team on what I think is a fantastic piece of work.

The guys who did blood wastage probably did my head in the most. So we had Peter and Kim and Leslie I just never knew it was that complicated and, where's Leslie and I was listening to you about really what is a supply chain issue and the fact that they've got a senior specialist trying to work through or we have got a senior specialist trying to work through a simply supply chain issue. What I'm saying is in health we often take it for granted that apart from being absolutely brilliant clinicians and administrators that we're also brilliant in say supply chain and we're clearly not after listening to your story and I'll never look at eskies the same way again though, I'll tell you what it'll be handy for the cricket if I could borrow one of them because you can't get a cold beer out there as you know.

And Sally's paper on variation that was worth attending 95% variation, the blood watch, the brilliant work the CEC has been doing on documented consent that has really got to make us all worry hasn't it, I just thought that was fascinating piece of work.

Then we finished with very powerful papers this afternoon with Karen's work, particularly her insights for us around health and literacy and informed consent, an area that I feel very strongly about, the longer you've been in the system the more you see things clearly and unfortunately I've been in it for too long.

And then John your paper was extremely powerful for any of us that have been through an experience as a carer or any of us that have been clinicians I just thank you for how powerful and how human it was and how important it is and I think we generally do realise that when we get a patient we get a package, so we get a patient, we get a carer and a family and I think certainly my own experience says that we've changed a lot and I remember ward rounds, this just proves how old I am, at Randwick on the Oncology unit and women with breast cancer often

the husband was told and then they'd figure out when they would actually tell the wife. So for those of us who've been around and that was not, I can see what you're thinking, that was not in 1960 it was in 1980 because he's got that look.

So what I've learnt the most from today from the standards point of view is once again the complexity of implementation is enormous isn't it, something that looks simple on paper, to me I run around the country saying Standard 7 is a breeze how did they get away with it, how did they even get in the national stats and after hearing that today I shall never say that again.

There's all the cultural issues, I think keeping up with the evidence is often the hardest part for really busy clinicians and certainly they're having trouble with it imagine how the patients and the families and the carers and the trouble they have and I have many friends who are senior clinicians and they say if another patient comes into my room with something they've printed off the internet that's not out of a referee journal I'll shoot myself, well the answer is go ahead and shoot yourself and start providing your patients and families with some information that's not going to irritate you because people are wanting more information.

Infrastructure was a big thing I think from today. The IT systems, the inventory control, just basic systems that probably in other industries they do exist. I remember Roger Corbett when he and I first met we were having a bit of a run in because he told me that that the Children's Hospital at Westmead didn't have enough money and I said of course it does and this sort of went backwards and forwards because he'd been running Woolworths for years and years and years and I said we're looking at our supply chain and we're thinking about selling it and I said will you have a look at it because I always thought people could do our supply chain better than us it was just becoming more complicated. He said that we hold 1000 times more product in one hospital than he did in his biggest warehouse. So also a lot of the things we're trying to deal with, a bit like defence and some other areas and child protection, it's just very complicated business sometimes the business rules are hard to apply.

Now leave it to a midwife I always say leave it to a midwife, Cheryl Lang who I think has just left is a midwife who works up in Queensland and she said; Deb I've been listening to all this stuff about the paperwork is there anyway you could get everything on one sheet of paper a bit like the midwives data collection. I thought that was very clever, have any of you ever seen the midwives data collection, it's really worth having a look at and maybe we should be thinking about that because listening to some of that you've got so many pieces of paper floating around maybe just one carbonated set could change your lives, I don't know they're all looking at me.

I want to thank you so much to each and every one of you for your commitment to resolve these issues and to meet these challenges it's just been incredible privilege to listen to you and I know that you're doing that because you want things to be right for the patients your work is just absolutely incredible and you're certainly at the cutting edge of it.

I suppose the take home message is that when we wrote Standard 7 which was done with the National Blood Authority and with my understanding hundreds of clinicians we may not have got it right the first time around and this is what I'm

saying to people all around the country if we learn over the next few years that we missed something vital, that we had things in that really don't make any difference to patients then we need to revise that so the whole time you're looking at that Standard 7, you're stuck with it unfortunately for three years, yes you do have to meet it so you can't get off the hook but if we haven't got it right then we need to know so when we do the revision in three years' time we can make it more focussed or tidy it up. All those standards are just not going to be right on the first cut even though we did have an enormous amount of clinical input and an enormous amount of input from patients and consumers but not nearly enough in my view and I suppose that the take home message from me is that we shouldn't underestimate the ability of the patients and families and carers to deal with bad news.

I know one of the reasons that we're hesitating to put the list of things up that could happen to you if you have a blood transfusion or a blood product or something like that is this whole issue that this is a very valuable resource that's donated to us by the community so that if we were to come out and say that a little bit more and be a little bit franker about it than what we've been perhaps you know to the same extent we've been around handwashing and cross infection and giving people the right antibiotics that that could have some effect, my experience is that the community is able to deal with it, they actually can work it through and on every occasion even with the size of the health literacy issues we've got they can work it through, we should never be so concerned that we don't want to give them the good news with the bad news. So that's just a bit of a take home message.

And going back to Standard 7 if any of you have got any worries after the meeting and we have had a lot of people come to us on our little mini stand over there don't forget there's the advice centre, we're going to follow-up a lot we've got about 15 major things that have been raised with us today which we're certain we can help people with and all the rest of you are more than welcome to contact us.

So I just salute each and every one of you and thank you for a wonderful day and over to my boyfriend.

**And thanks, Deb, I don't have much to add to what Deb's already said. I will thank the speakers as I have individually if it wasn't for them we wouldn't be able to put this symposium on. Today was about you very much from the National Blood Authorities perspective we are keen to support you as best we can to implement the standards. Our interest, we have a shared interest with the Commission although the Commission has a wider agenda, our interest is to reduce wastage and most of all improve appropriate use because that goes directly to actually improving patient outcomes and actually saving patient's lives.**

**So just to reiterate, I started that with that clip at the start of the day just to set the scene what this is about it is very serious you're the people that can change that not us in Canberra, we are keen to hear from you, keen to support you in any way you think we can. So in summary, thank you very much for your interest and we hope to hear from and talk to you again. Oh and I've also been told I have to as is the case there's a feedback survey that's been sent to all registered attendees by email, if you do not receive**

one and would like to provide feedback please email us at.  
events@blood.gov.au thank you.