

What are some of the key features and strengths of the BloodMove project?

Merrilee Clarke (Nurse Management Facilitator Lead, BloodMove – CHSA LHN) – I think one of the key features is that we've got a network established that involves the BloodMove project team, which is our key clinical staff – nursing and scientific staff – involved, and that also includes our pathology providers as well. Once we have established these networks the next key strength of our project is having good communication. We've established that by doing site visits, going out to visit the sites. We've also done education at the sites. From visiting the sites and the laboratories we've started to establish that relationship and then they feel they can contact us via email or phone and they can also contact the relevant clinical staff – as in the nurses – and communicate between each other.

Rick Tocchetti (Medical Scientist Lead, BloodMove – SA Health) – In support of that, nurturing the links that exist in the hospitals and the supply transfusion laboratories and facilitating communication between those services. Another key feature and strength is the assessing of cold chain of the units of blood when they are sent and stored, so establishing security of this cold chain. The important part of this is the transportation of the blood to these sites and making sure that the shipping system is validated. Within our project we do our own validation – have security that the common goods that are used for the transport of blood is ensured. The other part of cold chain security is knowing the blood fridges where these blood units are being stored, are compliant to the Australian code of blood fridges. This requires procurement/purchase of blood fridges at these sites – some sites were identified to have very old fridges, so [with the new fridges] the sending laboratory had the security that the blood that was stored at these sites was able to be returned back into inventory when it was returned. Obviously, these sites that were storing it were trained in the appropriate packing of the blood in the appropriate manner so when it was received by a laboratory it was within the [appropriate] temperature ranges of the blood.

Merrilee Clarke – So, involved with that was educating, as Rick has eluded to, with staff. With the education, Rick and I went out and educated staff at the site. We made sure that we educated key staff members at each site, so that if further education was required at those sites down the track, that it would be able to be done to staff members that had missed out – because as we all understand, we can't always capture all staff, especially when they're doing shift work. Another thing that has been one of the key strengths of the project is the ownership that's been taken by each individual that has been involved. A lot of them are donors themselves, they see the product as something that is given, that they need to respect, and they want to ensure they are involved in the process of reducing the wastage and that it is issued to patients and used in an appropriate and safe manner

Rick Tocchetti – So, what we've been able to do as part of the BloodMove project, is foster an understanding by the pathology providers and also by the hospital staff that store the blood, foster an understanding, that we try to not waste this product. So, what we now have in the success of this project of minimising wastage [is] understanding by these stakeholders that they actually get happy, they're excited when the figures come through every month and they realise that the wastage has actually gone down. What we believe has happened is that we've engrained [a sense of] stewardship by these individuals on the units of blood. So, what previously was accepted as unavoidable waste, now it's regarded as avoidable waste.

Merrilee Clarke – And they actually want to get down to zero per cent. They actually want to get down to where there's no wastage for blood products.