Policy Directive: compliance is mandatory

Blood Supply Stewardship Policy Directive

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Summary
The purpose of the Blood Supply Stewardship Policy Directive is to describe the processes for Blood Supply Stewardship and roles and responsibilities of employees of SA Health entities in its implementation.

Keywords

Policy history
Is this a new policy? Y
Does this policy amend or update an existing policy? N
Does this policy replace an existing policy? N
If so, which policies?

Applies to All SA Health Portfolio

Staff impacted All Clinical, Medical, Nursing, Allied Health, Emergency, Dental, Mental Health, Pathology

EPAS compatible NA

Registered with Divisional Policy Contact Officer Yes

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Blood Supply Stewardship Policy Directive
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Blood Supply Stewardship Policy Directive

1. Objective

The purpose of this Policy Directive is to establish the basis for blood and blood product stewardship (BBPS) by:

- Promoting the safe, responsible and appropriate use of blood and blood products;
- Establishing the principles for effective implementation of systems to support the governance, implementation and monitoring of BBPS in health service organisations; and
- Describing the roles and responsibilities of employees of health service organisations in ensuring the safe, effective and appropriate use of blood and blood products.

2. Scope

This policy directive applies to all SA Health services that receive blood and blood products, including, but not limited to, hospitals, health centres, SA Pathology and SA Ambulance Service.

All SA Health employees or persons who contribute to the provision of health services on behalf of SA Health must adhere to this Policy Directive. This includes contracted staff and services, such as general practitioners, pathology providers and locum medical and nursing staff.

The principles of this Policy Directive are strongly recommended to all non-public health care providers who interact with SA Health. In particular, private hospital and pathology providers who utilise government funded blood and blood products should seek to adopt these measures in their own organisations.

3. Principles

BBPS is based on the 2010 Australian Health Ministers’ Conference Statement on National Stewardship Expectations for the Supply of Blood and Blood Products. Stewardship, in this context, means responsible, sustainable and appropriate use of blood and blood products. Government Health Policy directs that all health providers will contribute to the sustainability of the blood supply by adopting the following stewardship measures for their own organisation and requiring their adoption by any other party to whom they supply blood:

Blood Stewardship Principles

Blood should be managed in ways that ensure:

- All blood products are used in a clinically appropriate manner in accord with relevant professional guidelines and standards (refer section 4.2 of this policy directive);
- Informed patient consent procedures are implemented for all patients (refer section 4.3 of this policy directive);
- Processes, programs and facilities are in place to minimise the wastage of blood products (refer section 4.5 of this policy directive);
- Facilities are accredited with the appropriate bodies to meet all quality and safety obligations (refer section 4.1 of this policy directive); and
- Transfusion related adverse event information is collected and managed according to jurisdictional requirements (refer section 6.1 of this policy directive).
National blood product planning, management and governance are supported by:
- Health providers having an ordering and receipt verification process in place which provides adequate financial accountability as required by governments; and
- Inventory data is provided on a regular and timely basis to assist in supply and demand planning, especially in times of national shortages.

For a full copy of the statement, please go to the National Blood Authority’s website at: http://www.blood.gov.au/stewardship

**National Blood Agreement Stewardship Principles**

The National Blood Agreement sets out the key elements required to ensure a coordinated national approach to policy setting, governance and management for the Australian blood sector. Specifically in relation to blood supply stewardship, the Agreement states the following roles for states and territories:

- Clause 26 (a) – to foster the development and implementation of best practice planning and management systems for blood and blood related products within each jurisdiction, to promote efficiency in use and minimisation of wastage;
- Clause 26 (b) – to ensure the provision of information and advice to the National Blood Authority, including through the Jurisdictional Blood Committee, in relation to demand for blood products or blood related products;
- Clause 26 (d) – to undertake best practice planning and management of the supply and use of blood products and blood related products within the State or Territory health system.

All SA Health services that receive blood and blood products should have a program and/or set of strategies in place designed to support this Policy Directive. Effective programs require robust governance arrangements with clear lines of communication and accountability to management. This facilitates the appropriate provision of leadership and resources to optimise the effectiveness of the program.

### 4. Detail

#### 4.1 Access to Blood and Blood Products

All health sites that receive blood and blood products generously donated by the Australian public are required to complete and sign the Australian Health Provider Blood and Blood Products Charter, which is then submitted for approval by the National Blood Authority, on the advice of the Blood, Organ and Tissue Programs unit. The Charter includes requirements for sites to have appropriate accreditation to meet all quality and safety obligations. This is a national obligation that applies to both the public and the private sectors, with three separate charters applying to hospitals, pathology laboratories and general practitioners and other health providers.


All health sites that require access to immunoglobulin products funded under the National Blood Arrangements must adhere to the National Blood Authority’s National Policy for Access to Government Funded Immunoglobulin Products in Australia. This includes adherence to the Criteria for the Clinical Use of Intravenous Immunoglobulin (IVlg) in Australia, as well as usage of the National Blood Authority’s BloodSTAR system, which
standardises and manages access to the supply of immunoglobulin products according to the criteria.

More details on the national immunoglobulin product authorisation and management arrangements, including the national policy, clinical criteria for use, clinician and patient materials, can be found on the National Blood Authority’s website at: http://www.blood.gov.au/lg-governance

4.2 Patient Blood Management

SA Health acknowledges that Patient Blood Management is a fundamental component of a BBPS Program.

All SA Health services that receive blood and blood products must have a process for progressing patient blood management in their relevant organisations. This will include, but not be limited to:

- Implementation of the National Blood Authority’s Patient Blood Management guidelines (modules 1-6) (available at http://www.blood.gov.au/pbm-guidelines). As part of the implementation, clinical units should establish criteria that represent appropriate use for their specific area against the relevant guidelines.
- Supporting the BloodSafe Nurses and Clinical Portfolio Blood Link Nurses in patient blood management efforts as directed by the SA Blood Management Council
- Promoting the BloodSafe eLearning Australia online Patient Blood Management Courses to relevant staff (https://bloodsafelearning.org.au/our-courses/) (refer also point 4.7).

4.3 Informed Patient Consent

All SA Health services that receive blood and blood products must have an informed patient consent protocol in place for all blood and/or blood product transfusions.

4.4 Local Health Network / Hospital Transfusion and/or (Patient) Blood Management Committees

All SA Health Local Health Networks / Services must have a Transfusion and/or (Patient) Blood Management committee which oversees the operational elements of this Directive.

4.5 Inventory Management and BloodMove

Inventory management encompasses all of the activities associated with ordering, storing, handling and issuing of blood products. Not holding enough product can potentially put patients at risk or disrupt routine services. However, having too much inventory can deplete products held by the supplier (the Blood Service) to insufficient levels, increase the age of blood at transfusion and increase wastage rates.

All SA Health pathology providers that receive blood and blood products must utilise BloodNet to order and receipt blood products electronically, as well as to enter local inventory levels. Use of BloodNet will assist the Department to meet its financial accountability obligations under the National Blood Agreement.

All SA Health services that receive blood and blood products must adhere to Australian Standard AS3864: Medical refrigeration equipment – for the storage of blood and blood products – manufacturing requirements.
All SA Health hospitals and pathology providers must also participate in the SA Health BloodMove program, which includes but is not limited to the transfer of near expiry products to sites more likely to utilise them.

### 4.6 Organisational Contingency Plans

Organisational contingency plans in respect of BBPS relate to ensuring adequate supplies to ensure continuity of critical services. All SA Health LHNs must develop a local blood supply contingency plan to conserve inventory in times or shortage or a crisis, including communication strategies to clinicians ordering product. This plan must be consistent with, and linked into, the National Blood Supply Contingency Plan (available at: http://www.blood.gov.au/nbscp).

### 4.7 Transfusion Education

BloodSafe eLearning Australia offers a range of courses, which have been developed by a multidisciplinary group of expert clinicians. The courses are free and support attainment of accreditation under the National Safety and Quality Health Service Standard 7 Blood and Blood Products.

All SA Health staff that are involved in the handling, storage or administration of blood and blood products must complete the Transfusion Practice Courses relevant to their area of work:

- Clinical Transfusion Practice – medical staff, nurses, midwives, laboratory staff
- Collecting Blood Specimens – specimen collectors, phlebotomists and venepuncture staff
- Transporting Blood – hospital orderlies, couriers, porters and patient service assistants

Section 4.2 on Patient Blood Management also requires to promotion of the Patient Blood Management courses to relevant staff.

### 4.8 Advisory Group Participation

All LHNs, including separate SA Pathology representation, must participate in the following state-wide advisory groups (where the relevant products are held in the LHN):

- SA Blood Management Council
- Immunoglobulin Therapies Advisory Group (immunoglobulin products)
- Haemophilia Treatment Network (bleeding disorders products)
- Other blood sector advisory groups as and when they are formed.

### 4.9 Other National Policies

All SA Health services that receive blood and blood products must adhere to other national policies as and when they are developed by the National Blood Authority. Any exceptions will be advised directly to LHNs if and when they occur.

### 5. Roles and Responsibilities

#### 5.1 Chief Executive SA Health is responsible for:

- Ensuring that the delivery of services to consumers across SA Health is done in a manner which is in accordance with this Policy Directive.
5.2 SA Blood Management Council, through the Chief Public Health Officer / Chief Medical Officer, Director Safety and Quality and the Manager of Blood, Organ and Tissue Programs will:
- Establish, maintain and periodically review the effectiveness of this Policy Directive; and
- Disseminate learnings from the management of any issues raised through implementation of this Policy Directive.

5.3 Local Health Network (LHN) and SAAS Chief Executive Officers, and the Executive Director SA Pathology, will:
- Ensure responsibility for leadership and governance of blood and blood supply stewardship is delegated to the relevant committee within the LHN / SAAS / SA Pathology clinical governance structure (refer point 5.4 below)
- Ensure adequate resources and training are available for the implementation of this Policy Directive throughout the LHN / SAAS / SA Pathology
- Maintain an effective mechanism for review of blood supply stewardship within the LHN / SAAS / SA Pathology

5.4 LHN Transfusion and/or (Patient) Blood Management Committees will:
- Develop, implement and monitor local processes that support employees and other persons providing health services on behalf of SA Health, to achieve blood and blood product stewardship at all times.
- Manage blood and blood product stewardship incidents within areas of their control, ensuring the learning gained from any investigation process is fully implemented and monitored.

5.5 SA Pathology Transfusion Head of Unit and Laboratory Managers will:
- Promote this BBPS Policy Directive and any accompanying guidelines
- Assist others to ensure that SA Pathology meets its obligations under this policy
- Provide support and advice to staff in relation to blood and blood product stewardship issues within areas of their control.

5.6 BloodSafe Nurses will:
- Promote this BBPS Policy Directive and any accompanying guidelines
- Assist others to ensure that the health service/LHN meets its obligations under this policy
- Provide support and advice to staff in relation to blood and blood product stewardship issues within areas of their control.

5.7 Haemophilia Treatment Centre Nurses will:
- Promote this BBPS Policy Directive and any accompanying guidelines
- Assist others to ensure that the health service/LHN meets its obligations under this policy
- Provide support and advice to staff in relation to blood and blood product stewardship issues within areas of their control.

5.8 The State-wide IVlg Clinical Practice Nurse will:
- Promote this BBPS Policy Directive and any accompanying guidelines
- Assist others to ensure that the health service/LHN meets its obligations under this policy
- Provide support and advice to staff in relation to blood and blood product stewardship issues within areas of their control.

5.9 All SA Health employees will:
- Adhere to the principles and aims of this policy and ensure that they operate in accordance with any associated guidelines
• Ensure that any and all failures of blood and blood product stewardship are reported via the appropriate process.

6. Reporting

6.1 Haemovigilance
All LHNs must promote the Safety Learning System (SLS) for reporting of adverse events and near misses related to blood and blood products. This includes not only adverse reactions, but also blood specimen collection and labelling errors; patient identification errors and inappropriate wastage. All clinical staff involved in the administration of blood and blood products must also notify their pathology service of any product related issues. The pathology service is then responsible for notifying the relevant supplier.

As outlined under section 4.2 above (Patient Blood Management), clinical units are required to establish criteria for appropriate use according to the relevant clinical guidelines. Avoidable transfusions (e.g., using too high a trigger for transfusion, giving more units than are required or giving a transfusion when an alternative therapy would have been more appropriate) should be reported into SLS so that they can be highlighted for further investigation and provide valuable input into quality improvements at both local and state-wide levels.

6.2 Wastage Rates
All pathology providers must use the BloodNet system to record all discards of blood and blood products.

6.3 High Cost Patient Reporting
The South Australian Haemophilia Treatment Network has an endorsed reporting process for high cost care for coagulation disorders, which must be followed by all LHNs. This process is set out on the following page.

6.4 Australian Bleeding Disorders Register
It is a requirement that all patients with bleeding disorders be enrolled on the Australian Bleeding Disorders Register (ABDR) in order to meet the state’s requirements under the National Blood Agreement, including reporting on high cost users (see also point 6.3 above).

6.5 Blood Utilisation Linkage Datasets
Since 2006, the Department for Health and Ageing has been utilising linked hospital and pathology data from public hospitals across the state to provide a better understanding of South Australia’s blood usage. All SA Health LHNs must contribute to the ongoing ability of the Department to collate this data through the timely completion of patient episode details on the relevant hospital and SA Pathology systems, as well as the timely provision of any required data extracts directly from hospitals and/or SA Pathology.

6.6 Blood Costing and Accountability Data
All LHNs must contribute any required data for the Department to fulfill its obligations to the Independent Hospital Pricing Authority. This applies particularly in relation to the implementation of national activity based funding and pricing models for Australian public hospitals.
**Reporting Process for High Cost Care for Coagulation Disorders**

1. Reporting required to Blood, Organ and Tissue Programs, Department for Health and Ageing (phone 8226 6114 / 8463 7062 / 8226 7058 and/or email to manager or to healthbloodorganandtissueprograms@sa.gov.au).

   *All points of contact should be initiated as soon as possible or at least within 1 week of clinical awareness that a trigger point has (potentially) been activated:*
   - initial flag that there is a potential for one or more of the above triggers to be activated
   - follow up correspondence confirming that a high cost trigger has or has not been activated
   - advice of any recommendations from external peer review, TAC or SCC
   - advice of any changes in treatment plan and the impact on blood product use
   - follow up correspondence for any open case outlining product use on a regular basis (as appropriate and determined between the parties on a case by case basis)
   - final correspondence confirming that the case has been resolved (eg patient discharged and returned to standard care or similar)

2. Ensure case is listed for discussion (with the Department) at the next HTN meeting.

3. Individual clinician to report to relevant hospital division as deemed appropriate.

4. Reporting to Head SA Pathology Haematology Directorate as felt to be appropriate by individual clinician.

   Reports can be made by the treating clinician, haemophilia treatment nurse, haemophilia data manager, other HTN staff or pathology/lab staff.

**National Reporting Detail Required (indicative – may vary case by case)**

- Treating clinician name and hospital
- Deidentified patient initials
- Basic history of / background to the clinical situation
- Summary of peer review (if relevant to particular case) and any follow up reviews by TAC / SCC (as they relate to blood product use)
- Products used to date
- Estimate of type and volume of products to be used under clinical protocol / treatment plan
- Likely timeframe for clinical protocol to continue
- Advice on any changes to the treatment plan and their projected impact on blood product use
- Regular updates on product use (as determined between the parties) and finalisation of case

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**Blood, Organ and Tissue Programs provides advice to Divisional Accountant re any potential impacts on blood supply budget.**

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**Blood, Organ and Tissue Programs provides advice to the National Blood Authority re potential or actual high cost user, including early assessment of any implications for the agreed supply plan with the Commonwealth and/or any implications for product supply locally or nationally. This also includes confirming that case is covered by the national cost share arrangements.**
7. EPAS

EPAS order sets were constructed with acknowledgement of patient blood management and stewardship principles. Relevant documentation must be recorded by appropriate staff members in the EPAS system (where available).

8. Exemption

No exemption allowed for this Policy Directive.

9. National Safety and Quality Health Service Standards

The Australian Commission on Safety and Quality in Health Care has developed 10 National Safety and Quality Health Service Standards (the Standards).

This policy directive contributes to the following listed standards:

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National Standard 1: Governance for Safety and Quality in Health Service Organisations.

**Action 1.1** – Implementing a governance system that sets out the policies, procedures and/or protocols for ensuring compliance with legislative requirements and relevant industry standards.

**Action 1.14** – Implementing an incident management and investigation system that includes reporting, investigating and analysing incidents (including near misses) which all result in corrective actions.


**Action 5.2** – Implementing a robust organisation-wide system of reporting, investigation and change management to respond to any patient care mismatching events.

National Standard 7: Blood and Blood Products.

**Action 7.1** – Developing governance systems for safe and appropriate prescription, administration and management of blood and blood products.

**Action 7.2** – Undertaking a regular, comprehensive assessment of blood and blood product systems to identify risks to patient safety and taking action to reduce risks.

**Action 7.3** – Ensuring blood and blood product adverse events are included in the Incidents management and investigation system.

**Action 7.4** – Undertaking quality improvement activities to improve the safe management of blood and blood products.
Action 7.6 – The clinical workforce documenting any adverse reaction to blood or blood products.
Action 7.7 – Ensuring the receipt, storage, collection and transport of blood and blood products within the organisation are consistent with best practice and/or guidelines.
Action 7.8 – Minimising unnecessary wastage of blood and blood products.
Action 7.11 – Implementing an informed consent process for all blood and blood product use.

10. Risk Management
Administration of blood and blood products carries inherent risks to both patients and staff. A risk management approach to all areas of the Blood Supply Stewardship Policy Directive is required, and should be part of the day to day business of health services. Adopting the principles of BBPS is a key strategy in minimising the risk of blood and blood product related incidents at health sites.

Work Health and Safety risk management guidance and considerations defined in this policy directive align in principle with the SA Health Risk Management Framework 2014 and ISO 31000 Risk Management – Principles and Guidelines.

11. Evaluation
The effectiveness of this Policy Directive will be reviewed in June 2018.

Compliance with this Policy Directive within each LHN/health service will be measured through:
- Monitoring of blood product wastage levels against targets
- Completion rates for BloodSafe eLearning Australian course modules
- Monitoring of haemovigilance data through SLS
- Signed copies of the Australian Health Provider Blood and Blood Products Charter
- Inclusion of complete data in the blood utilisation linkage datasets.

12. Definitions
In the context of this document:
- BBPS means Blood and Blood Product Stewardship, an effective approach to ensuring responsible, sustainable and appropriate use of blood and blood products with a view to optimising patient outcomes.
- blood and blood products means all products derived from blood, including fresh, recombinant and therapeutic immunoglobulin products, that are listed on the national supply list.
- haemovigilance is defined as a set of surveillance procedures covering the whole transfusion chain (from the collection of blood and its components to the follow up of its recipients), intended to collect and assess information on unexpected or undesirable effects resulting from the therapeutic use of labile blood products, and to prevent their occurrence or recurrence.
- health providers means all providers of healthcare services in Australia, including but not limited to hospitals, community health services, pathology services and ambulance services, in both the public and private sectors.
- inventory means the total stockholding of blood and blood products held in the hospitals and / or pathology laboratory for patient use.
- LARS means the LHN Analytics Reporting Service portal that delivers local and corporate reporting from a range of SA Health data warehouses holding data from a number of administrative, financial and clinical systems across SA Health.
• **LHN** means Local Health Network. The corporate structures established to link hospitals and health services based on geographical location or provision of specialist services, and to provide decentralised governance arrangements for SA Health facilities. The Local Health Networks for South Australia are: Central Adelaide Local Health Network (CALHN), Northern Adelaide Local Health Network (NALHN), Southern Adelaide Local Health Network (SALHN), Country Health SA Local Health Network (CHSALHN) and Women’s and Children’s Health Network (WCHN).

• **SLS** means the Safety Learning System that SA Health services use to record, manage, investigate and analyse patient and worker incidents as well as consumer feedback.

• **wastage** means blood and blood products not put to therapeutic use (ie used by patients) due to incorrect handling, poor storage, time expiry or other reasons.

13. **Associated Policy Directives / Policy Guidelines**


14. **References, Resources and Related Documents**


South Australian Haemophilia Treatment Network reporting process for high cost care for coagulation disorders