



**THE WORK-SHOP
INCREASING BLOOD AVAILABILITY AND
PROVIDING THE HIGHEST DONOR AND PATIENT
SAFETY IN TRANSFUSION THERAPY IN
EMERGENCY SPECIAL CIRCUMSTANCES**



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**Cooperation mechanisms and the role of the SEE
Regional Development Centers in promoting a
harmonized approach to blood and blood
products management**

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THE WORK-SHOP INCREASING BLOOD AVAILABILITY AND PROVIDING THE HIGHEST DONOR AND PATIENT SAFETY IN TRANSFUSION THERAPY IN EMERGENCY SPECIAL CIRCUMSTANCES



Proposals:

- National evaluation (based on further model) → Regional (SEE) evaluation → SEE strategy
- Legislation – uniformity at SEEHN level (import/export regulations, transfusion security)
- Sequential designation of Responsible Persons → well-defined responsibilities
- Design of an alert platform
- Training sessions – specialized staff (physicians, nurses...) at both national and SEE level
- Simulation exercises – at national and SEEHN level
- Major coordination by RHC-SEEHN Blood Safety



Blood Collection Management in Romanian Transfusion Network based on common circumstances → emergency situations and special circumstances



- Presentation design
 - SEE - harmonized approach to blood and blood products management (certain features: separation rate, no of performed tests, staff number/category)
 - The questionnaire designed for framing each blood establishment → country → SEE region, based on “Romanian exercise”
 - Applied poll – about perception of blood donation in common/special circumstances
 - SWOT approach
 - Conclusions - future SEE policy/strategy



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year	n°		
	TB collected units	RBCs	separation rate
2008	351,381	233,595	66.4 %
2009	390,501	272,725	69.8 %
2010	400,285	277,699	69.9 %
2011	398,993	312,740	78.4 %
2012	399,848	338,274	84.6 %
2013	428140	391,922	91.54 %

Separation rate (p < 0.001). Source: Annual BTCs Activity Reports

year	Ag HBs	Ag/Ab HIV ½	Ag/Ac HCV	Ac HTLV I/II	syphilis	bacteri- ologic control	immune- hemato- logy	hemato- logy, bio- chemistry	total n° of laboratory tests
2008	405,780	384,428	396,783	345,142	395,142	35,448	384,428	1,631,109	3,978,260
2009	437,871	417,934	426,898	405,869	435,976	34,596	577,258	1,476,628	4,513,030
2010	439,778	406,581	435,646	410,572	441,719	27,504	1,347,243	1,500,119	9,547,245
2011	434,277	418,217	432,661	409,663	440,896	27,479	5,928,183	1,670,743	9,762,119
2012	432,509	406,064	428,299	412,170	431,663	30,810	5,794,613	1,593,489	9,529,617
2013	435,532	448,288	436.772	433.442	441,733	31,635	6,523,442	1,267,049	10,017,893
Laboratory activity (p < 0.001). Source: Annual BTCs Activity Reports									

year/ professional category	2008	2009	2010	2011	2012	2013	total n° of employees (national level)
MDs (Clinical Laboratory. General Medicine, Hematologists)	131.5	105.5	105.5	118.5	118.5	116	1,148.5
biologists, chemists..	96.5	89.5	89.5	86.5	86.5	86.5	1,102.5
nurses	603.5	633	633	557.5	557.5	553	1,098
lower health care staff	68	44	44	40.5	40.5	40.5	1,017.5
total n° of medical staff	899.5	872	872	803	803	796	1,007.5

Medical staff/categories; - Romanian Transfusion Network Source Annual BTCs Activity Reports



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THE QUESTIONNAIRE

was created by the members of the Scientific Board of National Institute

is used as a tool, based on the international criteria of blood/blood products collection management

is composed of 3 parts:

1. Promotion of blood donation/donor recruitment/specific tools/SWOT analyse
2. Blood donation/marketing for retention/BSM/SWOT analyse
3. Blood collection activity (mobile vs total collection)

compiles the annual activity reports data/staff data/technical and infrastructure basis/population social-economic/demographic data allows each blood establishment to be objectively framed

conclusions act as references for

FUTURE NATIONAL POLICY
in
TRANSFUSION MEDICINE

essential in gradual assessment of (BTC/country/SEE) the current situation and identifying the future strategy to promote blood donation as well as blood collection and blood products management , on both common and emergency situations/special circumstances

“By honest completion of the questionnaire about annual activity reports data, staff data, material basis, financial data and population statistics, the characteristics of each SEE country will be objectively framed, offering a point of reference for future policies of making transfusion medicine more efficient and safe in any circumstance”

Selections from the applied questionnaire, will be further displayed as well as the manner of interpretation (based on a predetermined evaluation scale) according to:

a. the national policy:

A) short-,

(B) medium-,

(C) long-term strategy

priority (1st, 2nd, 3rd), and

b. presence/number/efficiency, marked from 5 to 10.

1. PROMOTION OF BLOOD DONATION/DONORS							S	W	O	T
RECRUITMENT/ SPECIFIC TOOLS										
		strategy								
∞	7	promotion activities: "face to face"								
(C)-1 st	∞	radio, TV, newspapers								
(C)-1 st	6	video-clip, movies..								
(C)-2 nd	∞	posters, flyers..								
(C)-2 nd	∞	round-tables, conferences, scientific papers. sociologic studies..								
(A)-2 nd	6	donors' associations					involvement of institutions/people			
(B)-1 st	∞	institutions								
(B)-1 st	6	Red Cross involvement								
(A)-1 st	6	„Bus" (mobile) collection								
(C)-1 st		personnel abilities/colaboration with institutions and media/volunteers								
(A)-1 st		lack of personalized soft/lack of blood donation promotion training/no financial resources for blood donation promotion								
(B)-1 st		Red Cross involvement/donors' health status monitor/colaboration local authority								
(A)-1 st		undersized personnel/limited budget/population ageing								

2. BLOOD DONATION/MARKETING FOR RETENTION																	B	S	W	O	T				
(B)-1 st	8	57	first time	average time (minutes) spent by donor													B Supply Management	S	W	O	T				
				operational marketing for retention								donors' prophyle													
(B)-1 st	8	42	regular	personalized			non-personalized		minority languages		questionnaire		register of complains		education	socio-economic status	median age	gender	biological quality	behaviour	Inventory (established limits)	confidence/comfort	waiting time/undersized personnel/lack of tranings (communication skills)	Volunteers/donors' associations/EU funds	personnel migration/limited financial resources/not being part of emergency medicine
(B)-1 st	8	9	7	7	9	9	8	10	10	8	8	8	8	8											
(C)-1 st		9	telephone																						
(A)-2 nd		7	mail, SMS																						
(A)-2 nd		7	post card																						
(C)-3 rd		9	radio-TV																						
(C)-1 st		9	newspapers																						
(B)-1 st		8	Web-site																						
(C)-1 st		10	Hungarian																						
(C)-1 st		10	German																						
(A)-1 st		8	questionnaire																						
1 st (A)-1 st		8	register of complains																						
1 st (B)-2 nd		8	education																						
(B)-2 nd		8	socio-economic status																						
(A)-2 nd		35	median age																						
1 st (B)-3 rd		>60%	gender																						
(B)-3 rd		9	biological quality																						
(B)-3 rd		9	behaviour																						
(A)-1 st		8	Inventory (established limits)																						
1 st (C)-1 st			confidence/comfort																						
(A)-1 st			waiting time/undersized personnel/lack of tranings (communication skills)																						
(B)-2 nd			Volunteers/donors' associations/EU funds																						
(A)-1 st			personnel migration/limited financial resources/not being part of emergency medicine																						

3. BLOOD COLLECTION ACTIVITY/YEAR	2008	2009	2010	2011	2012	2013
% of mobile from total collection	8.75	7.23	6.56	5.99	6.2	6.5
national policy/ priority	(A)-1 st					

(A)1st: strategy; „Bus” (mobile) collection; lack of personalized soft/lack of blood donation promotion training/limited financial resources for blood donation promotion; undersized personnel/limited budget/population ageing; donor’s satisfaction questionnaire, register of complains; inventories; median age; waiting time/undersized personnel/lack of trainings (communication skills); personnel migration/limited financial resources/not being part of emergency medicine; mobile collection ; sociologic studies..

(A)2nd: personalized operational marketing - mail, SMS, post card

(B)1st: involvement of institutions/people: donors’ association, Red Cross; collaboration with local authority (including the signaling of the Blood Establishments location, along traffic routes); improvement of average of spent time by donors in BTEs; personalized web-site;

(B)2nd: contract with volunteers; round-tables, conferences, scientific papers; donors’ profile

(C)1st: promotion/recruitment (tools: mass media, newspapers, video clip, flyers..); improvement of personnel abilities; addressability maintenance; donors’ comfort maintenance

Ro Conclusions 1.

regarding the *medical staff* working in blood establishments, should increase with 20% (the necessary human resource for running in optimal conditions – common/special circumstances), with regular trainings (internal/external training, including an e-learning platform), aware of its role in the community, able to understand the context in which it evolves to achieve quality requirements, another vital point of interest is the *acquisition of specific equipment* (including for NAT testing), in sufficient number to cover all progressively increasing working volume and complexity

to streamline the institutions involved, is imperative to implement *an unique computerized soft* for donor management, the Donor Base enabling to intervene with timely and adequately recruitment/retention activities, and hemovigilance purpose as well, to provide interface to all interested parties

another key in improving the quality system, is the use a *national (SEE) standardized reporting system* for transfusion activity and performance assessment/reorganization

Conclusions 2.

should be acquired *authorized vehicles*, to support an increase of at least 25% of mobile collection, in about 12 months from the acquisition moment, able to be used in special circumstances, as well *the renovation/modernization of the infrastructure*, are prerequisites for the implementation of current technical knowledge, quality management system requirements, offering comfort and assuring the return of blood donors

in order to avoid potential consequences in both common/special circumstances, such as major discontinuity in hospitals supply with blood and blood components (either by reducing the amount thereof, or by decreasing transfusion safety or the worst, both of them), is compulsory to apply the above measures (respecting the national policy), through **ASSURING ADEQUATE FINANCIAL RESOURCES**, thus being fulfilled the medical staff's (pre-hospital/hospital levels) donors' and recipients' satisfaction



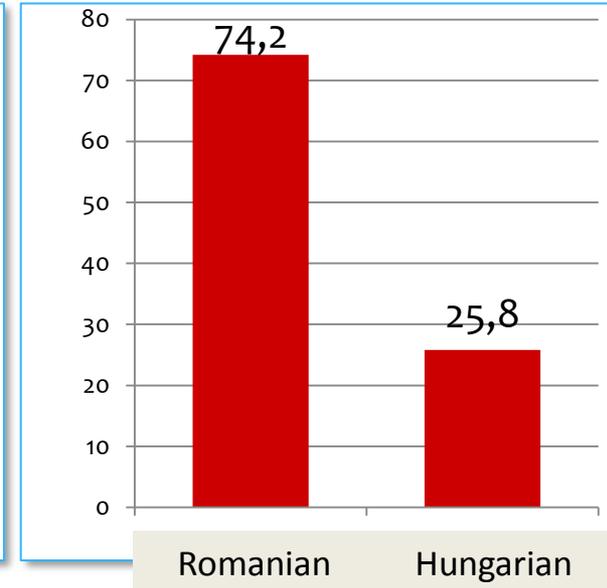
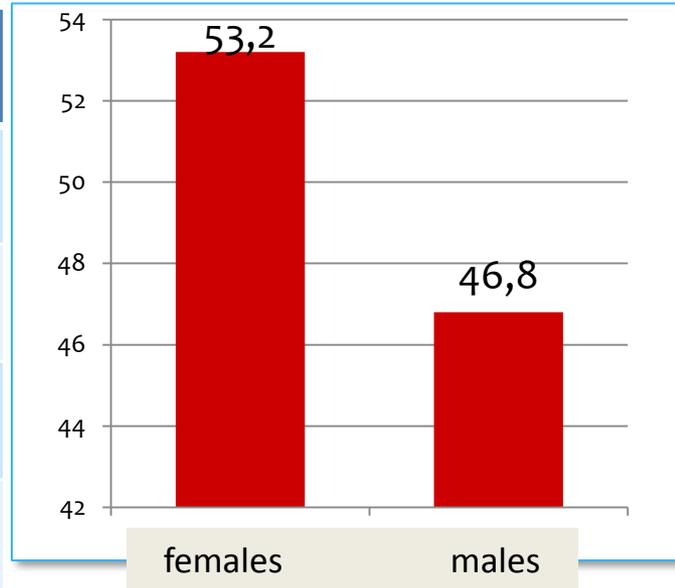
Blood Collection Management in Romanian Transfusion Network based on common circumstances → emergency situations and special circumstances



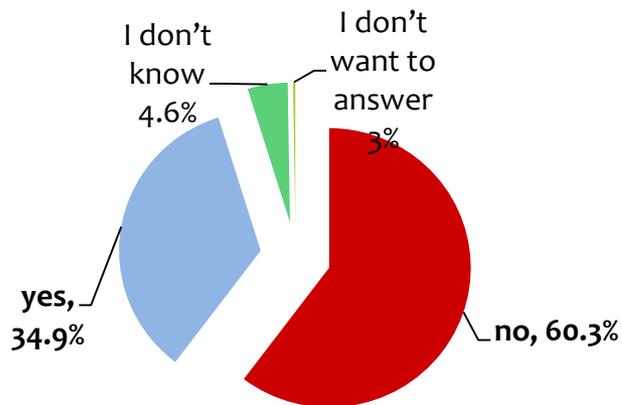
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Poll – April 2013

Age of subjects (n=394)	
the average age	47.6 yrs
Std deviation	16.3
minimum age	17
maximum age	86

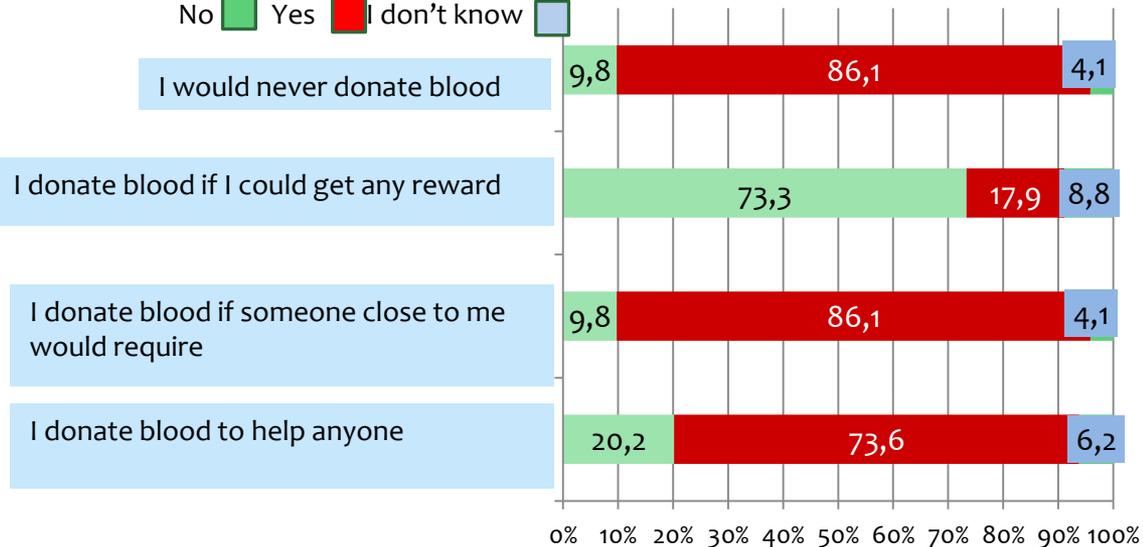


between relatives, close friends, some who have received blood transfusion?

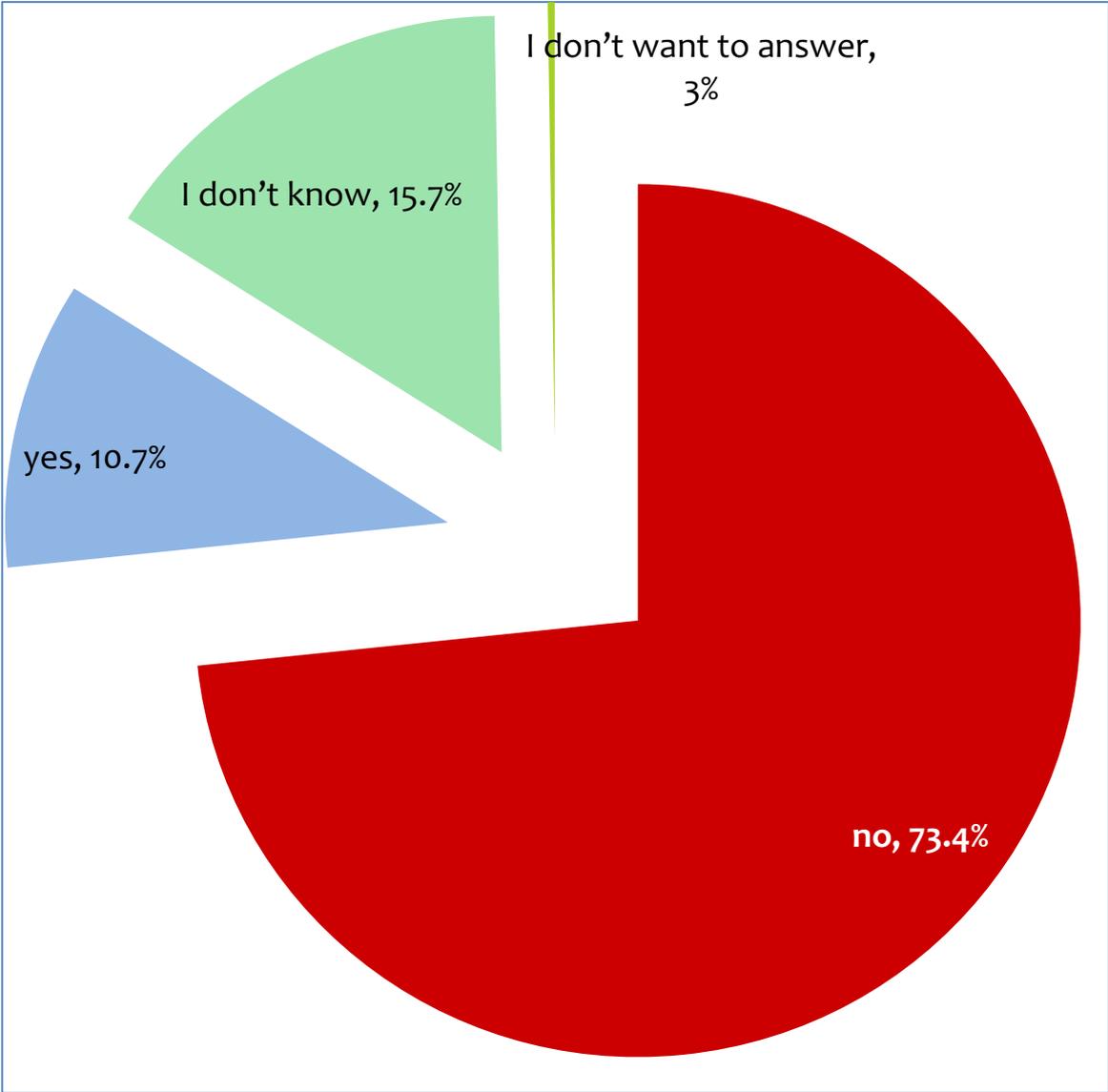


in the future, you are willing to donate blood?

No ■ Yes ■ I don't know ■



do you consider that the blood donation is promoted enough?

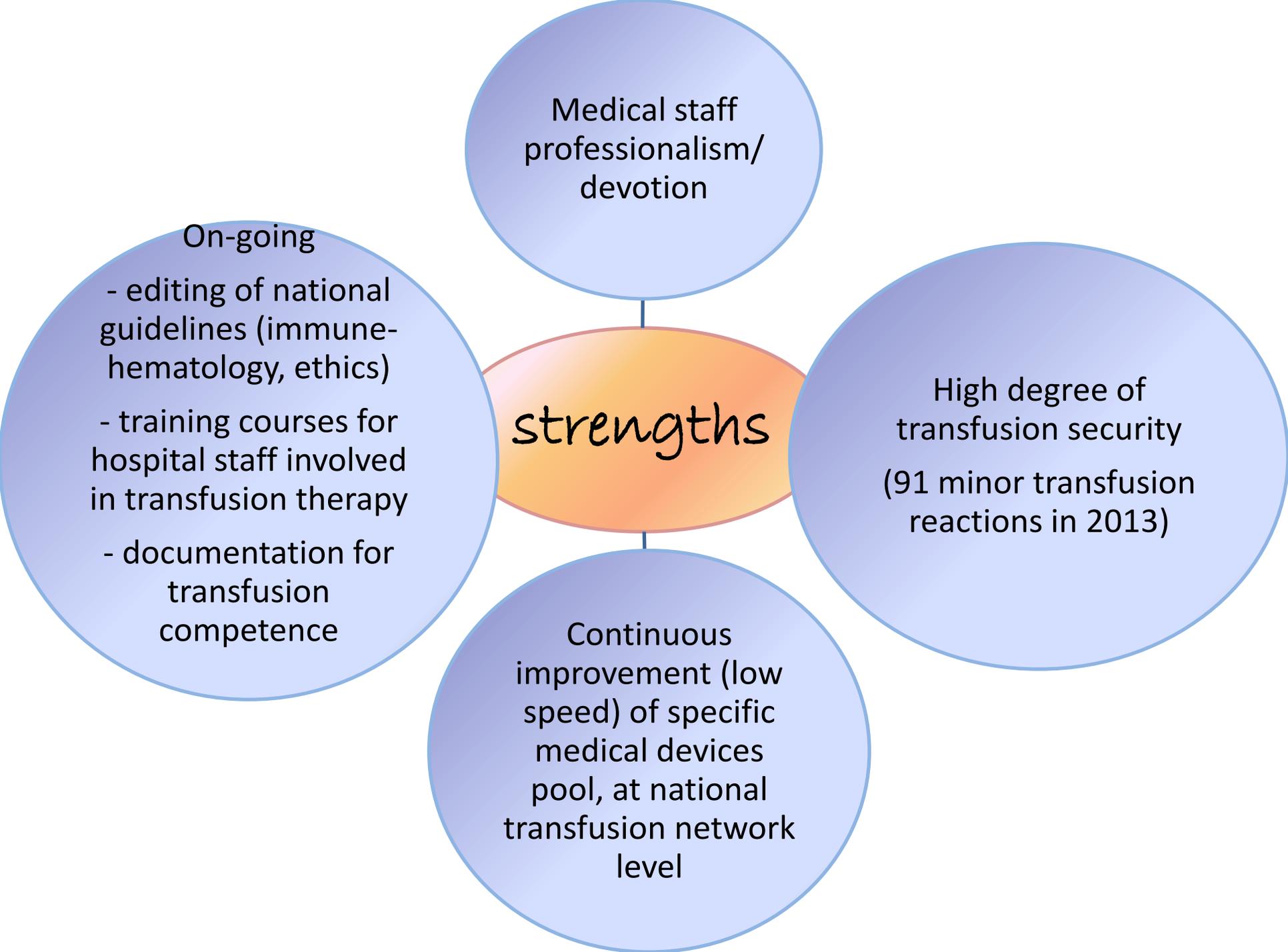


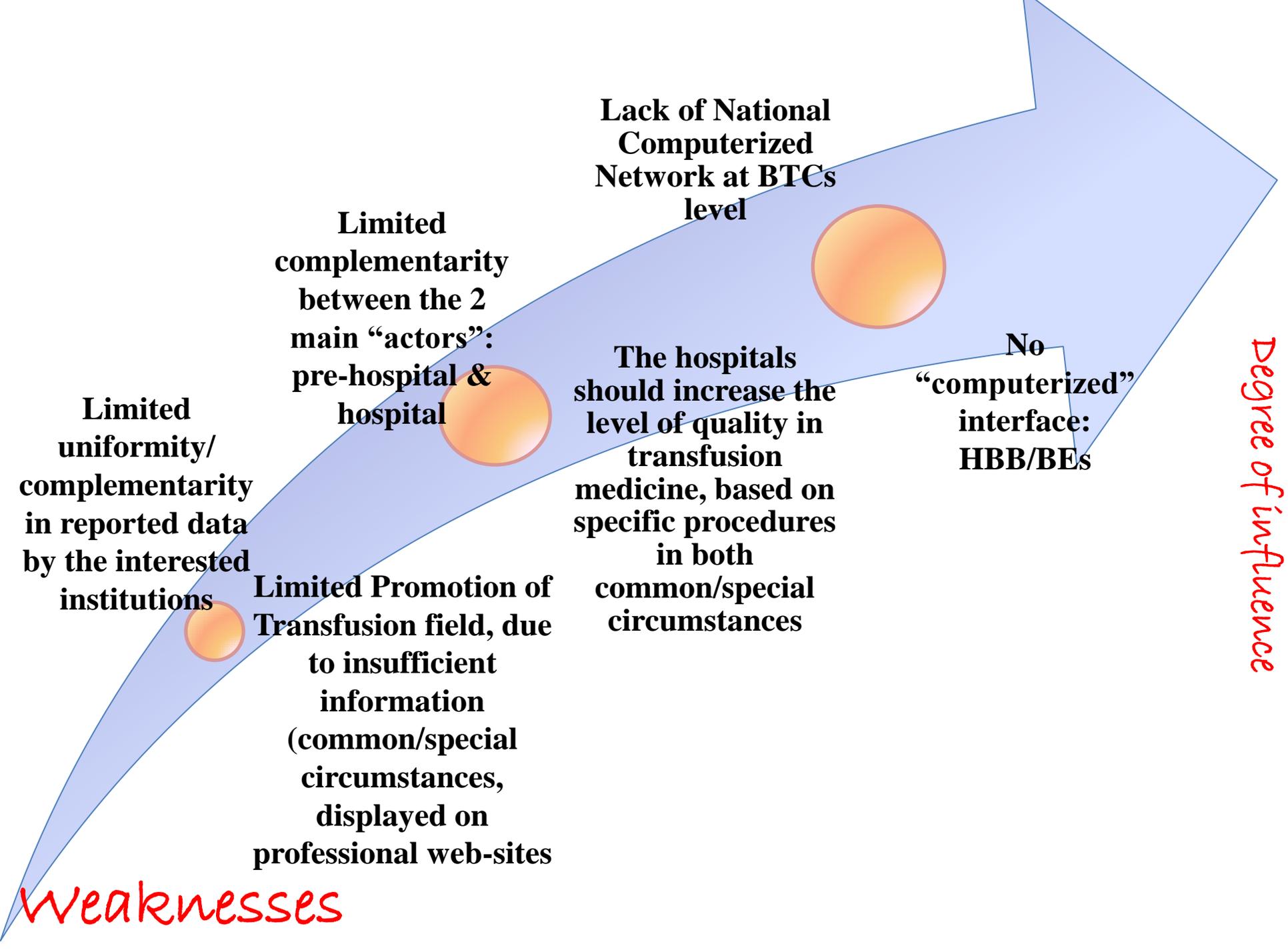


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Limited uniformity/
complementarity
in reported data
by the interested
institutions

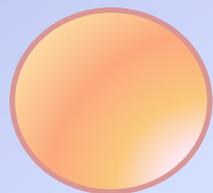


Limited Promotion of
Transfusion field, due
to insufficient
information
(common/special
circumstances,
displayed on
professional web-sites



Limited
complementarity
between the 2
main “actors”:
pre-hospital &
hospital

The hospitals
should increase the
level of quality in
transfusion
medicine, based on
specific procedures
in both
common/special
circumstances

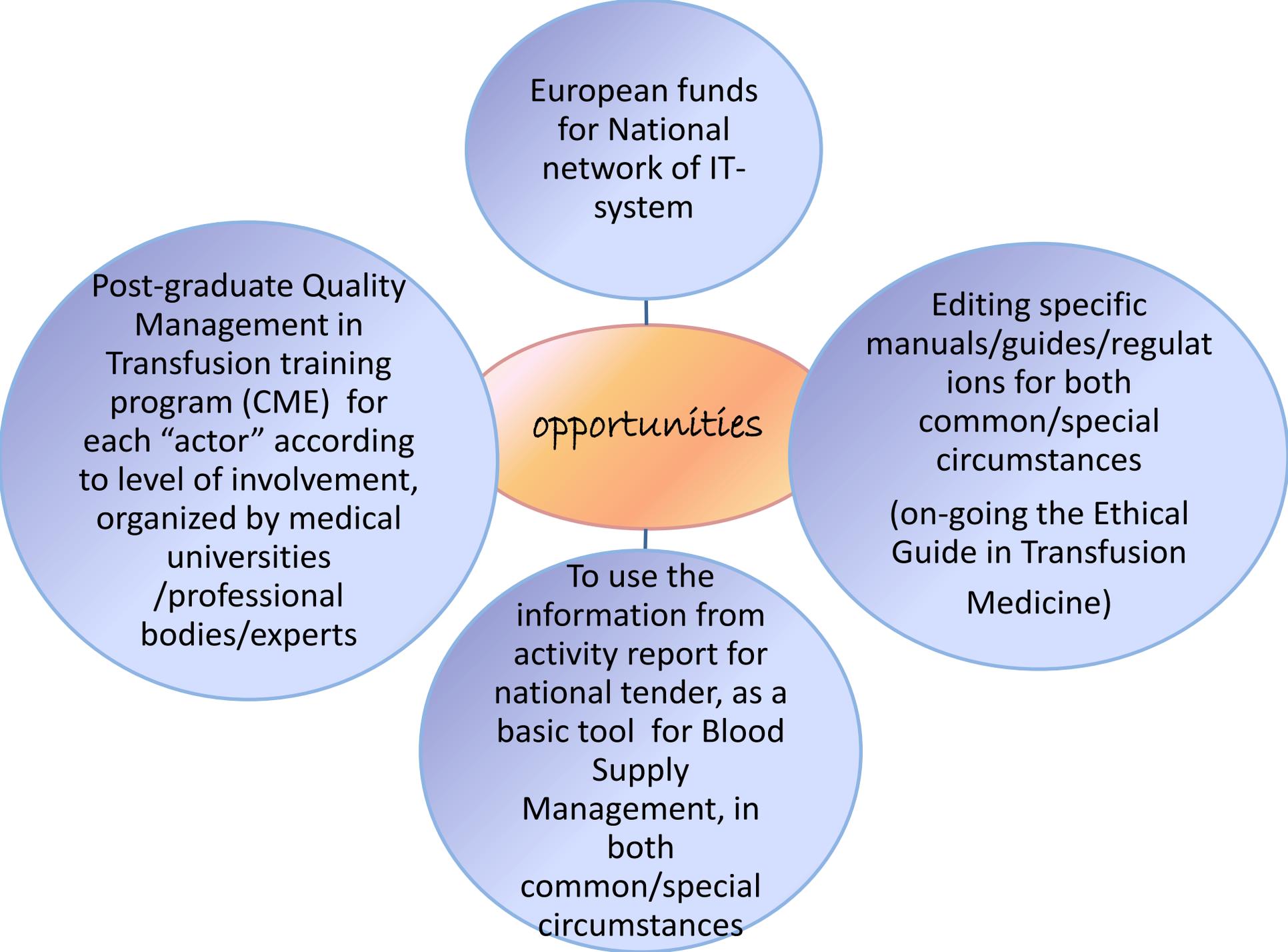


Lack of National
Computerized
Network at BTCs
level

No
“computerized”
interface:
HBB/BEs

Degree of influence

Weaknesses



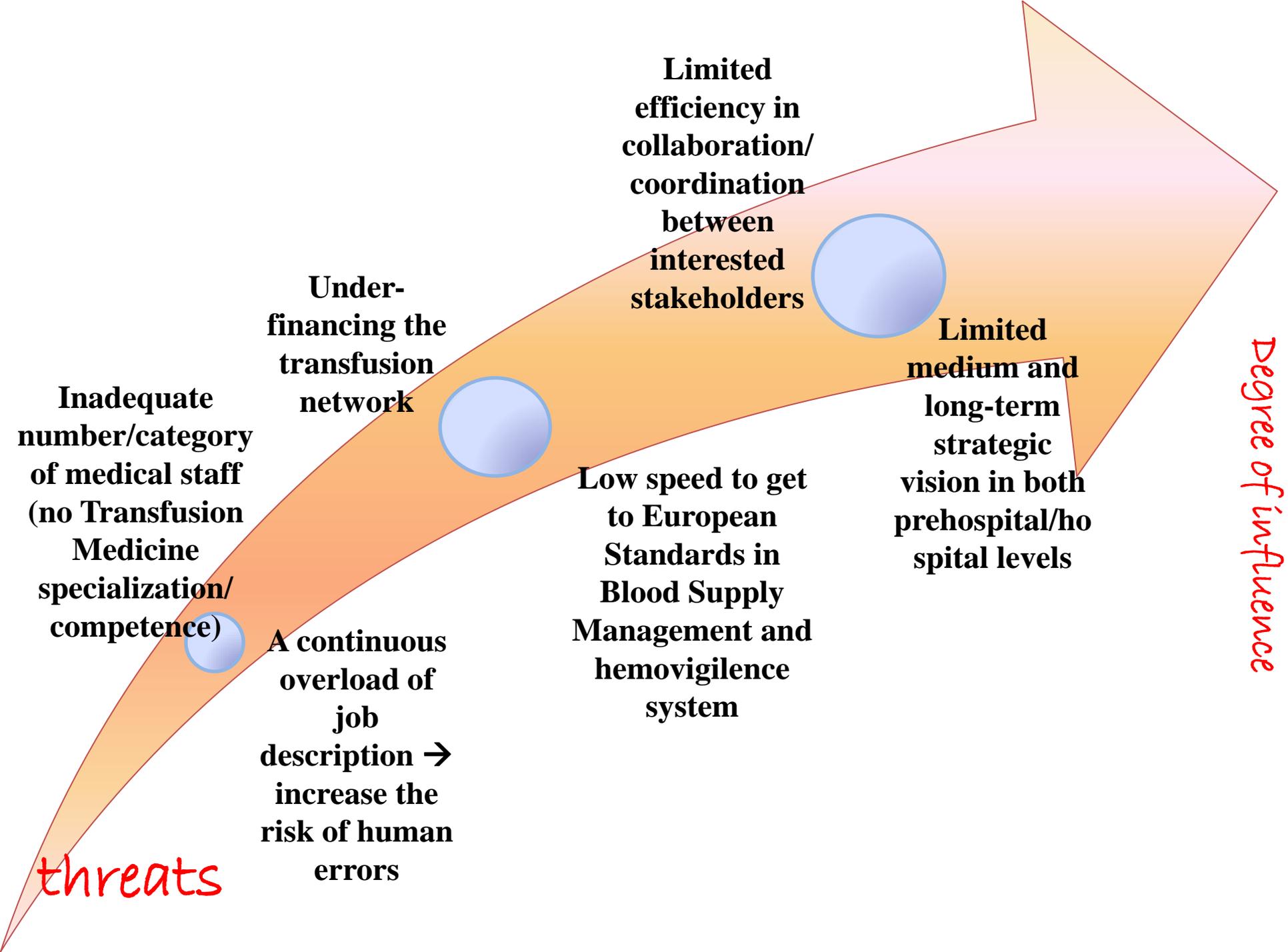
European funds
for National
network of IT-
system

opportunities

Editing specific
manuals/guides/regulat
ions for both
common/special
circumstances
(on-going the Ethical
Guide in Transfusion
Medicine)

To use the
information from
activity report for
national tender, as a
basic tool for Blood
Supply
Management, in
both
common/special
circumstances

Post-graduate Quality
Management in
Transfusion training
program (CME) for
each "actor" according
to level of involvement,
organized by medical
universities
/professional
bodies/experts



Limited efficiency in collaboration/coordination between interested stakeholders

Limited medium and long-term strategic vision in both prehospital/hospital levels

Under-financing the transfusion network

Low speed to get to European Standards in Blood Supply Management and hemovigilence system

Inadequate number/category of medical staff (no Transfusion Medicine specialization/competence)

A continuous overload of job description → increase the risk of human errors

threats

Degree of influence



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Conclusions - future SEE policy/strategy

- Necessity to:
 - be revised and validated the proposed questionnaire (by each SEEHN representative in blood safety domain, with the international institutions/experts participation)
 - be applied the questionnaire to each country, part of SEEHN, under the National Coordinator responsibility
 - be evaluated and to be found the common and specific features, in order to develop an efficient strategy, when refers to emergency situations/special circumstances at SEE level
 - publish a booklet with all compiled data



Oradea Pro Life – May 2013

Blood, Stem cells, organs and tissues donation promotion

a “Heart” of 150 lanterns was launched toward sky

the video clip will be presented to the **31st Plenary Meeting of South Eastern Europe Health Network**, June 2013, Chisinau