Table of Contents

1. Vision of Patient Blood Management........................................................................................................2
2. Communication Objectives ........................................................................................................................4
3. Communication Principles ........................................................................................................................5
4. Key Messages ..............................................................................................................................................10
5. Stakeholder Analysis ....................................................................................................................................13
6. Communication Tools and Channels ...........................................................................................................14
7. Roles and Responsibilities ........................................................................................................................17
8. Governance .................................................................................................................................................18
9. Challenges and Opportunities ...................................................................................................................21
1. Vision of Patient Blood Management

The vision of the Patient Blood Management Program is:

“To deliver optimal patient outcomes through the effective conservation and management of a patient’s own blood”

To ensure consistency between the vision and what is communicated about the Program to stakeholders, it is vital that all communications are aligned with the above vision statement.

What is Best Practice Patient Blood Management (PBM)

Patient Blood Management proactively assesses a patient’s blood needs using an evidence based, patient centred approach. Patient Blood Management aims to minimise the number of transfusions a patient requires while maximising health outcomes. This occurs both in surgical and non-surgical situations.

Patient Blood Management is based on three principles:
- optimising the patient’s own blood elements including red cell mass
- minimising the patient’s blood loss and bleeding
- optimising the tolerance of anaemia.

Patient Blood Management

Patient Blood Management is necessary to deliver benefits to patients and avoid unnecessary risks. The below messages around benefits and risks can be communicated to all stakeholders.

Risks
- Patient risk factors associated with illness and/or hospitalisation increase when transfused. These include infection and a longer length of stay in hospital.
- Without Patient Blood Management being instituted as a standard of care in Australia, the long-term demand of blood products will outstrip the supply available.
- There are increasing costs associated with the procurement and delivery of blood and blood products. Presently the cost in WA exceeds $100 million per year (2/3 Commonwealth Government funded, 1/3 WA Government funded).

Benefits
- Effective Patient Blood Management can deliver improved patient outcomes through the conservation and management of a patient’s own blood and better management of co-morbidities.
- Effective Patient Blood Management optimises appropriate use of the limited donor blood supply.
Effective Patient Blood Management minimises the cost associated with the procurement and delivery of blood, blood products and may free up resources; e.g. bed days.
2. Communication Objectives

The overarching objective of communications and stakeholder engagement in regard to the Patient Blood Management Program is:

*To deliver timely and accurate information to all Program stakeholders to ensure engagement, acceptance and adoption of best practice Patient Blood Management techniques.*

Specific communications objectives that will contribute to the successful achievement of the above goal are:

- To positively change the behaviour of medical practitioners in how they approach Patient Blood Management.
- To develop effective communication and education information flows to stakeholders most impacted by the Program so as to ensure any changes in working practices are embraced and implemented as effectively as possible.
- To ensure that all stakeholders understand that Patient Blood Management is evidence based delivering benefits to patients as well as WA Health.
- To build trust and develop effective working relationships with stakeholders of the Patient Blood Management Program.
- To secure buy-in from key strategic stakeholders to ensure that the facility should embrace and promote Patient Blood Management.
- To raise awareness amongst Health staff of the merits of Patient Blood Management.
- To inform Health staff about how to practice effective Patient Blood Management.
- To celebrate the successes of the Patient Blood Management Program so Health staff understands the benefits the Program has delivered.
- To sustain positive feeling and momentum related to Patient Blood Management.
3. Communication Principles

All communications developed as part of the Patient Blood Management Program will align with the following principles.

- Communications will be driven by staff from the Patient Blood Management Program who provide direction to the facility on how, when and who to communicate with about Patient Blood Management.
- Communications, will be standardised when dealing with professions/stakeholder groups to maximise relevance while ensuring accuracy of information.
- Communications will be evidence based and leverage existing approaches at (insert hospital name) that have been successful.
- When engaging with stakeholders the focus will be on understanding their needs and providing information that meets these needs.
- Logs will be kept of key stakeholder engagements, information shared and promises made so that a record of all Patient Blood Management engagements exist.
1. **(INSERT HOSPITAL NAME) COMMUNICATIONS**

1.1 Engaging Executive

The purpose of this stage is to gain endorsement from the facility to roll-out the Patient Blood Management Program across the site. The level of support and endorsement provided by a hospital executive will impact the success of the Program.

1. **Executive Team**

This may include but not be restricted to; medical executives at Area Health Service level, Medical Advisory Committee, Hospital executives, and State PBM team representatives. The focus should be equally based on benefits to patients, potential cost savings for hospitals and the endorsement the Program has from the Government. This meeting should discuss next steps for formalising a Patient Blood Management Program in the hospital. This stage may be completed in a single meeting though it is more likely to occur over a series of meetings.

2. **Determine the Hospital Patient Blood Management Committee**

The Patient Blood Management Committee consists of respected stakeholders from different hospital departments who are responsible for driving the implementation of Patient Blood Management within their focus area. The Patient Blood Management Program Committee, need to work with the Medical Director of PBM and Clinical Nurse Consultant of PBM, to identify appropriate people to be members of the Committee. It is the Medical Director of PBM responsibility to approach staff and ask them to become members of the Committee as this illustrates the legitimacy of the initiative within the hospital.

3. **Briefing and training of the Patient Blood Management Committee**

The purpose of this step is to ensure the executive are equipped with the knowledge and skills necessary to drive Patient Blood Management through their department/profession/focus area. This will be achieved through:

- Informing the Committee of their role and responsibilities in implementing the Patient Blood Management Program at their facility.
- Helping the Committee understand the vision of Patient Blood Management and what that vision means for implementation at (insert hospital name).
- Educating the Hospital Executive and Patient Blood Management Committee about the evidence base supporting Patient Blood Management so they can speak knowledgeably about this.
- Working with the Committee to assess the hospital greatest areas for improvement in Patient Blood Management to ensure initiatives rolled out are relevant.
- Determining the appropriate Patient Blood Management interventions, based on the hospital needs to begin using for implementation.
1.2a Non-surgical Implementation

1. Identify Patient Blood Management communication focus areas and plan

The Patient Blood Management Committee should identify 2-3 focus areas that will be communicated to all stakeholders about Patient Blood Management. This should be based on the assessment previously conducted that identified Patient Blood Management focus areas for *(insert hospital name)*.

2. Organise and implement a launch of the Patient Blood Management Program

This launch should enable as many relevant hospital staff to attend as possible. The logistics should be organised by the Patient Blood Management Committee. The State PBM team can provide support in inviting people and creating excitement/appetite for the event. The event should focus on explaining: what Patient Blood Management is, the evidence base supporting it and the steps that are about to be implemented at the hospital. Speakers to be included in the launch must include the Executive representation, the Medical Director of PBM (even if it is just for opening and closing remarks), and the PBM CNC to demonstrate executive level buy in.

3. Six months of intensive Patient Blood Management Communications

This step should include the distribution of posters, flyers and other written material. All members of the Patient Blood Management Committee should schedule a meeting with their peer group where they present to them the relevant evidence base, for their profession and actions they need to take to become effective at Patient Blood Management.

4. Monthly progress check

The Patient Blood Management Committee should meet to discuss the effectiveness of the first two months of implementation and plan activity for the subsequent two months. Any changes in behaviour or practices should be noted. This step is to be repeated on a every other monthly basis. On a six month basis, an update for the Chief Medical Officer (Department of Health) and the Hospital Chief Executive should be drafted.
1.2b Surgical Implementation

The purpose of this stage is to implement communications that support best practice Patient Blood Management. It is important to remember that people generally can only manage a small amount of change at any one time and will only absorb approximately 3-5 messages. Therefore when implementing Patient Blood Management it is suggested that you focus on one-to-two surgical initiatives at a time and complement this with two-to-three general clinical initiatives. The two areas of specialty that will show the overall most influence in any given centre are your highest transfusion user patient areas. In most hospitals this will be Orthopaedics and Cardiac Surgery. At (insert hospital name), a data report will be able to reflect which areas/procedures are your highest RBC users. These would be the best areas to focus on initially.

1. **Pre-operative profession specific communication**
   Communicate to different clinicians about the specific action they should take in the pre-operative stage in regard to Patient Blood Management. The focus should be on how actions prior to surgery can minimise the need for transfusion during surgery. Leverage the Patient Blood Management Committee to assist in organising and presenting information.

2. **Operative Profession specific communication**
   Communicate to different specialist groups about the specific action they might take in the operative stage in regard to Patient Blood Management. The focus should be on actions and knowledge during surgery that will minimise the need for transfusion during surgery. Leverage the State PBM team to assist in organising and presenting information.

3. **Post-operative profession specific communication**
   Communicate to different specialist groups about the specific action they might take in the post operative stage in regard to Patient Blood Management. The focus should be on actions after surgery that will minimise the need for transfusion during surgery. Leverage the State PBM team to assist in organising and presenting information.
1.3 Evaluate success and sustain momentum

The purpose of this stage is to understand what aspects of communication have worked well and which aspects could improve.

1. **Conduct a formal evaluation**
   Distribute a survey to relevant stakeholders getting them to rate the effectiveness of Patient Blood Management communications. The survey should focus on stakeholders’ knowledge, skills and behaviours towards Patient Blood Management. (Suggestion: perhaps after the first 6 months program has been in place and annually thereafter)

2. **Integrate data from all sources and review outcomes**
   Analyse the results from the formal evaluation and integrate this with data from other sources.

3. **(Insert hospital name) Communications**
   Develop a plan to overcome any communications gaps highlighted in the previous step. Look to leverage what has been effective to date to help overcome the gaps. Continue to use communication methods that have been viewed as effective.
4. Key Messages

This section outlines key messages to be delivered as part of Patient Blood Management Program communications. As there is a diverse range of stakeholders in [insert hospital name], some messages are tailored for different audiences to ensure they resonate. There are also messages that are used consistently to ensure stakeholders have a common understanding of critical elements of Patient Blood Management and can ‘speak the same language’ when discussing this.

Table 1: Key Messages by Stakeholder Group

| Executive Leadership in Hospital | There is an effective hospital wide, patient-centred, patient blood management Program. The Program has a physician medical director to provide clinical leadership and oversight as well as a Patient Blood Management (PBM) Clinical Nurse Consultant (CNC) to provide operational leadership. The director chairs an institutional based multidisciplinary committee consisting of physicians, nurses, data analysts, and pharmacists who are committed to supporting patient blood management activities in a progressive manner in their centre. The [insert hospital name] Program has the full support of WA Health to implement Patient Blood Management across all public hospitals in WA. Patient Blood Management may result in cost savings and increased efficiencies for hospitals by reducing recovery time, decreasing infection risk and freeing up patient beds. The donor blood supply is going to become scarcer, “you have a responsibility to ensure your establishment doesn’t use blood unnecessarily”. |
| Surgical / Medical Specialists, Consultants, Registrars and nursing | The following surgical/ medical issues are addressed in recent published studies: • Anaemic patients are more likely to be transfused in the perioperative period • Anaemic surgical patients have a higher rate of mortality and morbidity • Anaemic heart failure patients have a higher morbidity risk than those that are not anaemic • Preoperative optimisation of RBC and Iron stores are highly recommended in cases that are scheduled for surgical intervention that may have a predictable measurable blood loss. • Promote the “single unit rule” in the transfusion situations that are not in theatre, or actively bleeding: |
- Treat with one unit of blood (RBC) if patient status indicates and following recommended guidelines.
  - If one or more of the following criteria exist, patient may receive second unit if Consultant wishes
    - On-going active chest pain
    - Haemoglobin (Hb) under 70 g/L after first unit
    - Patient is actively bleeding
    - There was less than a 8g increase in Hb after first unit
  - If none of these apply the Consultant can call the Haematologist on call

- Transfusion of allogeneic blood can cause complications:
  - Increased risk of post-operative infection; wound, pulmonary etc
  - Some reported cases of increased risk of cancer recurrence
  - Extended length of stay in comparison to like procedures who are not transfused
  - Infection of artificial joint prosthesis
  - Higher risk of readmission to hospital for post-operative complications.

- Patient Blood Management (PBM) literature draws attention to particular fluid types that may contribute to coagulation issues in the perioperative period; staff stays up to date on published studies.

- PBM literature reports intraoperative temperature control helps prevent coagulopathy issues.

- PBM and recent medical literature reports that unless active acute coronary insult is present, Hb levels above 70 g/L should be sufficient for anaemic adult. No clinical studies or evidence of 100 g/L are located in medical published studies.

- Nadir of acute blood loss may not occur until 24 hours after blood loss ends.

- Acutely ill, and or inflamed patients have ineffective or reduced erythropoietic activity which leads to slower RBC production. To protect a patients RBC levels, minimise phlebotomy volumes and frequency.

- Effective erythropoietic activity (whether endogenous or exogenous-ESA-stimulated) demands easily accessible iron stores. As erythropoiesis speeds up secondary to oxygen carrying capacity suddenly reducing or when exogenous injection occurs, the level of iron required increases 4-8 fold. If exogenous ESA is given before adequate iron stores are readily available, the demand for iron actually can reduce
haemoglobin by as much as 20% in the first 24 hours, and will remain low till adequate iron stores are available. Therefore if iron saturation is not over 20% and a ferritin over 200 prior to exogenous ESA injection administration, IV iron 250-500 mg needs to be administered at least 24 hours prior to injection. Timing specific to individual iron product needs to be considered for its maximum availability. Rapid acute blood loss in a patient with adequate renal function (no coexisting comorbidities) requires IV iron for the same reasons to help optimise erythropoietic activity.

<table>
<thead>
<tr>
<th>Obstetricians</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perinatal iron deficiency and anaemia have existed for many years in the medical literature. In the past 10 years those numbers have increased due to diet, medications and untreated prenatal iron deficiency conditions. Many women cannot tolerate oral iron or have failed oral iron trials for many reasons.</td>
</tr>
<tr>
<td>• Goal / points of interest</td>
</tr>
<tr>
<td>o By beginning of second trimester if Hb is under 110 and oral iron has failed, consider intravenous iron administration to raise Hb above 110 g/L</td>
</tr>
<tr>
<td>o There have been scattered reports in the literature implying that infants who are born to severely anaemic and iron deficient mothers have cognitive disabilities in early childhood development.</td>
</tr>
<tr>
<td>Postpartum iron deficiency anaemia responds well to intravenous iron therapy.</td>
</tr>
<tr>
<td>• Anaemic iron deficient post-partum women are more likely to suffer from postpartum depression</td>
</tr>
<tr>
<td>• Treating iron deficiency anaemia allows women to better carry out their normal activity of daily living and care of the newborn infant at home.</td>
</tr>
</tbody>
</table>
5. Stakeholder Analysis

There are number of considerations that apply to all stakeholders in WA Health.

- **Patient Focused** – Overwhelmingly, people are attracted to the health field from a desire to help others. Delivering the best outcomes possible to patients will often be a motivator for health practitioners.

- **Time Poor** – Health practitioners face competing pressures for their time. Communications should be targeted in a direct and easily digestible manner.

- **Evidence based approach** – Health practitioners expect a strong evidence base supporting their activities. Communications should leverage the existing evidence supporting Patient Blood Management.

- **Experts in their field(s)** – All health practitioners bring particular expertise to their field. This should be leveraged with communications suggesting we are focused on adding to their skills and knowledge not questioning what they already know.

- **Face-to-face communication** – Health practitioners are accustomed to much more direct interaction in their roles than people in many other industries. They are used to delivering information face-to-face and like to receive information in the same way.

- **Increasingly cost aware** – Health practitioners are becoming increasingly cost aware as Government’s are requiring hospitals to show increased accountability regarding their costs.
6. Communication Tools and Channels

The Patient Blood Management Program will use a variety of communication tools and channels to ensure key Program principles become known, understood and applied. The tools and channels will be selected based on their appropriateness given:

- The type of information to be conveyed
- The stakeholder who will receive the communication
- The stakeholder who will deliver the communication
- The budget and time available to deliver the tool.

There are a plethora of communication tools that the Patient Blood Management Program can use. Care needs to be taken to ensure stakeholders receive messages without feeling they are being bombarded. The focus should be on quality communications that encourage stakeholders to change their behaviour rather than quantity. All communication tools deliver benefits but also pose risks.

Table 2: Overview of communication tools including advantages and disadvantages

<table>
<thead>
<tr>
<th>Tool</th>
<th>Best for.....</th>
<th>Advantages</th>
<th>Risks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Factsheet, flyers,</td>
<td>Providing succinct amounts of information to inform stakeholders about Patient Blood Management.</td>
<td>• Well written fact sheets can convey key information clearly&lt;br&gt;• Eye-catching posters, flyers will encourage people to stop, read and absorb information&lt;br&gt;• Can put them in places people normally have time to read (i.e. back of the toilet door).</td>
<td>• No interaction with the stakeholder so there is no chance to provide further information or challenge concerns&lt;br&gt;• If not placed in a good location or are not eye catching you may miss large proportion of stakeholders.</td>
</tr>
<tr>
<td>posters</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Email</td>
<td>Informing broad populations about small amounts of information/updates.</td>
<td>• Can ensure all members of a stakeholder group receive information at the same time. This is useful in WA Health with its broad geography and 24 hour work patterns&lt;br&gt;• Great for maintaining momentum as shows stakeholders that activity is happening regularly.</td>
<td>• The email is not read&lt;br&gt;• Emails often end up in the public sphere (i.e. media).</td>
</tr>
<tr>
<td>Events</td>
<td>Engaging stakeholders to create positive feeling, momentum for change.</td>
<td>• Well run events can create a culture of excitement and collective momentum to encourage change&lt;br&gt;• Events can leverage participatory learning through getting peers to share ideas.</td>
<td>• Can often be expensive&lt;br&gt;• Attendance can be a problem depending on the timing&lt;br&gt;• Risk of having a positive spike in change followed by a subsequent drop</td>
</tr>
</tbody>
</table>

Delivering a Healthy WA
<table>
<thead>
<tr>
<th>Tool</th>
<th>Best for.....</th>
<th>Advantages</th>
<th>Risks</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training face-to-face</td>
<td>Developing knowledge and behaviours to enable change.</td>
<td>• One of the most effective ways to enable behaviour change</td>
<td>• Expensive to run each time</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Can leverage peer experiences in training sessions.</td>
<td>• Changes in staff will mean training needs to be repeated.</td>
</tr>
<tr>
<td>Training on-line</td>
<td>Up-skilling staff with time or distance limitations that make face-to-face training difficult.</td>
<td>• Training can be completed at a time convenient to the user</td>
<td>• Less interactive than face-to-face training.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Depending on the set up, training can be revisited regularly and a useful follow up from face-to-face training.</td>
<td>• Risk is that people do not actively engage</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Refer to bloodsafelearning.org.au</td>
<td>• Can be expensive to set up.</td>
</tr>
<tr>
<td>Presentations</td>
<td>Informing about a Program, providing Program updates and maintaining momentum.</td>
<td>• Quick, easy and cheap to use</td>
<td>• Effectiveness is dependent on the skill of the presenter</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Can supplement with question time to make interactive</td>
<td>• A risk of over populating slides and resulting in PowerPoint overload.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Can help maintain momentum by engaging participants regularly.</td>
<td></td>
</tr>
<tr>
<td>Testimonials/Case studies</td>
<td>Engaging participants and encouraging change based on real life examples.</td>
<td>• A large part of decision making is made based on feelings not rationale thought. Case studies tap the ‘hearts and minds’ aspect of change</td>
<td>• Health is evidence based. Therefore need to supplement the emotional with the evidence or risk losing credibility</td>
</tr>
<tr>
<td></td>
<td></td>
<td>• Useful when trying to explain Program rationale to non-medical professionals as provides a tangible output they can relate too.</td>
<td>• The case study needs to be viewed as representative and relevant or risk losing credibility.</td>
</tr>
<tr>
<td>Tool</td>
<td>Best for....</td>
<td>Advantages</td>
<td>Risks</td>
</tr>
<tr>
<td>------------------------------------------------</td>
<td>------------------------------------------------------------------------------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| New online methodologies (Chat rooms, podcasts, twitter accounts) | Engaging tech savvy stakeholders who may not be able to engage in normal working hours. | - Particularly useful for rural and remote populations as it gives them a way to interact  
- Are tools that are likely to increase with use in the future  
- Can be accompanied by a novelty factor which encourages use. | - Keeping information secure is challenging with these methodologies  
- The anonymity of these forums means generally a moderator is needed  
- Particular demographics are more likely to use these forums. Most used by gen Y and below. |
| Lunch and learn Research lunches               | Educating stakeholders who have a set lunch hour.                            | - Can be interactive and display the evidence base behind the Program  
- Low cost  
- Can occur regularly to maintain Program momentum. | - Attendance can often be sporadic  
- Requires a facility member who can regularly lead such an event.                                                                                                                                 |
7. Roles and Responsibilities

The responsibilities of different parties in implementing the communications and stakeholder engagement strategy for patient blood management are outlined in this section.

**Patient Blood Management Clinical Nurse Coordinator and / or Office of Chief Medical Officer Senior Clinical Adviser** (as of 07/2012 Trudi Gallagher, and Audrey Koay)

- Assisting to establish a Patient Blood Management Committee at each site.
- Participating in Patient Blood Management Committee meetings.
- Providing communications, education and training to relevant staff at each facility as requested by the Medical Director of PBM at \(\text{(insert hospital name)}\) (or provide tools for their staff to provide the education and training if they choose to perform this themselves).
- Tracking Patient Blood Management metrics in a hospital and communicating the outcomes to the Hospital Executive (directly or through the Patient Blood Management Committee) and to the Patient Blood Management team.

**Patient Blood Management Project Officer** (as of 07/2012 Heather Roberts)

- Liaise with other members of the Patient Blood Management team and Patient Blood Management Committee’s to roll out communications.
- Ensure the communications directorate is kept up to date with developments in the Patient Blood Management Program that may require their input.
- Create an update monthly outlining the Program’s progress to be shared with SHEF.
- Maintain and update the communications toolkit and strategy including managing the storage and dissemination of the most up-to-date materials.
- Maintain and update the Patient Blood Management web site and Q&A log.
- Manage the Patient Blood Management email ensuring all emails are responded to promptly.

**Communications Directorate, Office of Chief Medical Officer** (as of 07/2012 Marcia Van Zeller)

- Approving all communications materials prior to distribution.
- Managing all media enquiries related to Patient Blood Management.
- Managing all requests for Parliamentary or Ministerial Briefs related to Patient Blood Management.
- Liaising with and updating Area Health Service Communications representatives on Patient Blood Management and the role they are expected to fulfil.
8. Governance

This section outlines Governance requirements for communications and stakeholder engagement. As the Patient Blood Management Program is funded and supported by WA Health, all communications undertaken by Patient Blood Management Program team are therefore considered to be the official opinion of WA Health. Incorrect communications pose significant risk with potential negative outcomes including but not limited to: litigation against WA Health, community trust in WA Health declines, Health professionals may no longer view WA Department of Health as a legitimate source for Health information.

Approval of Patient Blood Management Communications Material

The assumption that needs to be made when developing communications materials is that all material may end up accessible to the general public

All printed materials or presentations that form part of the Patient Blood Management Program, and will be delivered outside the Office of the Chief Medical Officer (Office of the CMO), must receive approval. The approval consists of 3 stages.

1. Technical Content Approval – This involves ensuring that any facts pertaining to Patient Blood Management are accurate. This approval is to be provided by the State Clinical Nurse Coordinator (as of 07/2012 is Trudi Gallagher)

2. WA Health Communications Approval – This involves ensuring that any materials align with WA Health Communications policy and style guide. This role is carried out by the Manager, Marketing Communications within the Communications Directorate (as of 07/2012 is Marcia Van Zeller) or her delegates. To enable smooth operation of the approval process, the Publication Request Form can be accessed from the below intranet address http://intranet.health.wa.gov.au/communications/docs/publication_request_form.doc

3. Patient Blood Management Program Approval – The final sign off for materials will come from the Patient Blood Management Program. Depending on the significance of the material some will require committee sign off. Others can be signed off by delegates of the Chief Medical Officer. To determine the type of sign off required contact Audrey Koay or Heather Roberts

Ministerial Briefs

Any requests for Ministerial briefs or submission to Parliament will come through the Ministerial Liaison Office. Within the Office of the CMO the communications directorate will coordinate technical input required with the final brief being approved by the Chief Medical Officer before being sent back to the Ministerial Liaison Officer.

Media Enquiries

All media enquiries are to be directed to the Coordinator Stakeholder Engagement, Communications Directorate (incumbent as of 07/2012 is Marcia Van Zeller). The
communications directorate will then liaise with relevant staff to organise an appropriate response.

Talking to the media in a work related capacity is prohibited for WA Health staff as well as contractors representing WA Health, unless prior approval has been obtained. Approval must be obtained for each separate instance of media engagement. In most circumstance the responsibility for addressing the media will sit with the Chief Medical Officer. A compelling reason will need to exist for other WA Health staff to be given approval to address the media.

Email

The State Patient Blood Management Program has an official email address which is bloodmanagement@health.wa.gov.au. This address should be included on all communication materials. The email address will be managed by the WA Patient Blood Management Project Officer (as of 07/2012 is Heather Roberts). Emails will be cleared on a daily basis. If the emails require responses from others the WA Patient Blood Management Project Officer will liaise with the appropriate parties.

Internet/Intranet

The State Patient Blood Management Program has a website available to WA health and the community which can be found at the following address:


The web site is maintained by the WA Health Patient Blood Management Project Officer. All materials placed on the web site need to be approved via the approval process outlined above.

The intranet site is:


The intranet site is maintained by the WA Health Patient Blood Management Project Officer. All materials placed on the web site need to be approved via the approval process outlined above.

Social Media

Social media can be highly effective communication tool for disseminating information and engaging people. However, the speed at which information is transferred across social media means that it also poses greater risks should inappropriate or inaccurate information be published. WA Health has recently published a social media policy that must be read before developing any social media tools. In addition, it is strongly recommended that all social media activities be managed through the communications directorate.

Storing Approved Communications Material
The WA Health Patient Blood Management Project Officer will maintain a folder containing electronic copies of approved Program communications material. As materials are updated or replaced, old materials will be removed. This folder will be made accessible to other members of the WA Health Patient Blood Management Program team and a representative from the Communications Directorate. Area Health Services may be provided with access to the folder but the appropriateness of this will need to be assessed case-by-case.
9. Challenges and Opportunities

This section outlines the risks and challenges associated with implementing the communications and stakeholder engagement strategy and plan. Some of these risks are focused within communications, others exist external to communications.

Communications Challenges

- Ensuring all key stakeholders are engaged: Interviews conducted over the course of developing this strategy have highlighted that within a hospital, a communications ‘black hole’ can negatively impact the Program. These interviews indicate the Program would benefit from a more structured approach to communications particularly for Hospital Executives and Haematologists.

- Ensuring all materials are approved prior to distribution: Materials presented on behalf of WA Health that have not been approved by both the technical and communications teams place the reputation of WA Health at risk. Extra time needs to be factored into developing materials to allow this.

- Maintaining a structured approach: Clear roles and responsibilities have been provided in this document to enable a structured approach to communications as opposed to a ‘scattergun’ approach. Without this, there is a risk that the information is provided to stakeholders is inconsistent and that key tasks are overlooked.

Opportunities

- Technical expertise and passion: The Patient Blood Management Program team includes people who are considered worldwide leaders in regard to the research and implementation of Patient Blood Management. People involved with the Patient Blood Management Program speak passionately about the difference it has made at both Fremantle hospital and worldwide in an inspiring way. This passion is likely to convince other sites to trial Patient Blood Management.

- Growing evidence base: As Health is evidence driven profession the growing evidence base supporting Patient Blood Management should be leveraged to influence clinicians to adopt best practice behaviour.

- Collaboration with the blood bank: The Australian Red Cross Blood Service (ARCBS) is a strong supporter of effective blood management and a trusted stakeholder of the community in relation to blood. As the Program moves towards engaging community members, joint statements from ARCBS and WA Health representatives will highlight the legitimacy of Patient Blood Management.