

The role of the Transfusion Practitioner 2018

In **Transfusion Today Number 109 (December 2016)**, the **ISBT Transfusion Practitioner Steering Group** wrote about the role of the Transfusion Practitioner. In the intervening 18 months, the Transfusion Practitioner role has gained momentum within ISBT, and Transfusion Practitioner sessions are now an established part of the ISBT congress meetings. However, the most commonly asked question remains, "what is a Transfusion Practitioner and what do you do?"

The term Transfusion Practitioner (abbreviated to TP) is an umbrella term that originated in the UK and is used internationally to describe the many and varied activities undertaken by an array of health care professionals in the areas of transfusion and patient blood management (PBM). The terms listed below are common terms that are used by countries to describe this role and these terms came from our recent ISBT survey undertaken about the TP role –

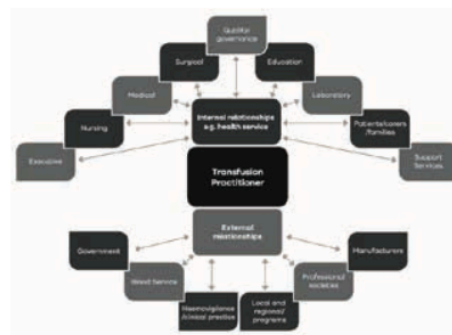
- Nurse/scientist/medical officer
- Transfusion nurse
- Transfusion safety officer
- Haemovigilance officer/nurse
- Transfusion clinical nurse consultant
- Transfusion medicine doctor
- Transfusion quality officer
- Scientist/laboratory technologist
- PBM coordinator/practitioner

Tps come from a number of different healthcare backgrounds, commonly nursing, scientific, and in some countries medical, which adds to the diverse skill sets seen in the role. As the backgrounds of the TPs are varied, so too are the activities, and the way they may undertake them varied. The activities will be driven by a combination of the TPs skills and the requirements/strategic direction of the organisation in which they work. There are skills that are common (or will develop once in the role), regardless of the professional background or organisation. These include being organised, having the ability to coordinate and facilitate projects/change, collect data, analyse data, provide education and training. One of the most important skills is having excellent communication skills as the TP role requires interaction with many different clinical areas,

and multidisciplinary groups to promote best practice and instil change (Bielby et al. 2018).

This ability to communicate and work effectively as part of a multidisciplinary team is essential to undertake activities of the role. The transfusion/blood management committee is a team that plays a very important role in the support and direction of the TP and the activities they undertake. The TP is an important member of this committee, and usually play a pivotal role in the preparation of material and data discussed at these meetings; and then they are usually the one responsible for carrying out, and/or coordinating any actions from that meeting. The many and varied multidisciplinary professional relationships are shown in Figure 1 (Bielby et al. 2018).

Figure 1: Multidisciplinary relationships of the transfusion practitioner



So what are the key activities of a TP?

Much of this will depend on the needs of the organisation, however, the key activities that may be undertaken could include some or all of these:

- Policy and procedure development and implementation
- Audit development, data collection, analysis and implementation of change
- Education to clinical colleagues and patients, development of educational resources



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- Haemovigilance – investigation of transfusion reactions and incidents, reporting and actioning change
- Patient blood management
- Change management
- Stewardship activities such as monitoring appropriate storage, handling and education to support best practice

The focus of all of these activities is to ensure that clinical practice aligns with state, national, and/or international guidelines and standards. The TP often provides a substantial contribution to the development of locally based policies, protocols and clinical practice guidelines, so that they reflect both best practice and local systems. Once developed and approved, part of the TP role is to make sure that all those involved in these processes have access to the information, and are aware of and understand the principles guiding safe practice. Once implemented the TP is usually the one who will audit to measure compliance.

Education is another important part of the role and is undertaken in many different ways, such as informal face-to-face conversations, situational learning opportunities, formal lectures, or perhaps the development of e-learning programme or other resources such as lanyard cards. Using many different approaches helps to engage staff and promote safe practices resulting in improved safety and experience for patients.

Over the years, TPs have found that the ability to network with colleagues is an essential element of their role. It gives TPs an opportunity to share ideas and work collaboratively to achieve common goals, whether this is a small local group of TPs meeting informally, national gatherings, or part of an international meeting such as ISBT congress. The recent ISBT meetings in London, Dubai, Copenhagen, and Toronto all held well-attended TP networking sessions that gave an opportunity for all those participating to share, discuss, learn, and educate their international transfusion/PBM colleagues. To allow this collaboration and communication to continue beyond the congresses, the TP Forum is available through the ISBT Community Forum to keep in touch with each other.

It is hoped that by further explaining "what is a TP?" and "what they do", that the important contributions they make within health is recognised, and it will provide support to those who currently do not have the role and would like to implement it. For more information please contact the authors through the TP Forum.