

BUSINESS CASE FOR A TRANSFUSION PRACTITIONER (TP) ROLE

i What is a business case?

A business case is a proposal or recommendation to decision makers for business improvement in the organization.¹

The business case should provide information addressing the following 5 key attributes:

- need and strategic fit
- objectives of the proposed program/change
- assessment of considered options
- affordability/cost effectiveness, and
- how achievable it is, including how the program will be monitored and evaluated.²

Simply put, a business case is a strategic tool for leadership decision-making which defines a proposed change and provides evidence that those who invest in the recommended initiative will see a return on investment within a reasonable time frame.²

Why a template?

This template has been produced by the 'Transfusion Practitioners' (TP) subgroup of the ISBT Clinical Transfusion Working Party as a tool to support the application for funding for a Transfusion Practitioner role. It may be used to support new role development or to support further expansion of services.

The template acts as an outline for developing your own business case, please add or subtract information as required. The business case should be tailored to your organization and support your organization's strategic goals.

Extra tips

A well-developed business case demonstrating robust collaboration combined with a persuasive presentation will increase the chances of success. It is important to determine who the key decision makers/approvers are, and be certain to include the key stakeholders for the TP role. Identifying common ground, and aligning interests, can be a powerful contributor to persuasion.²

Business case for a
Transfusion Practitioner
*[Haemovigilance
Officer, Transfusion
Nurse, Transfusion
Safety Officer, PBM
officer etc.]*

Date:

Author:

This document has been approved by: ...

1. EXECUTIVE SUMMARY

- i** Highlight the key points of your business case: provide a brief/succinct summary of the proposal, why it is needed, what the expected benefits will be, and the possible return on investment. (Summary should not exceed 1 page, as a full explanation of the need will be expanded later in the document).
Avoid jargon to be sure the reader will understand the language.

2. STRATEGIC CONTEXT

This section of the business case is the “what and why” section of the plan.¹

2.1 Identification of the needs

Where are we now?

- Explain the transfusion context in your hospital/health service and provide the last year's number of transfused blood components, (serious) transfusion reactions and incidents (including an error or near-miss).
- Include if available expenditure on blood components for one year and potential savings that could be made [appropriate use, reduction of waste].
If data is available provide benchmark data with other organisations.
- Highlight gaps in patient safety (monitoring, identification unrecognised adverse events) potential areas for improvements or areas of poor performance that could be changed with this resource.
- Explain how risk is managed in your setting in relation to transfusion.
- Provide a brief overview of the implementation of your Patient Blood Management (PBM) programme/or the plan to implement PBM.
- Highlight any issues/challenges/gaps in provision of transfusion practice related policy, procedures, resources.
- Provide information on how transfusion-related education is currently being undertaken [if any] and by whom. Identify gaps in the provision and further opportunities. Include national standards/recommendations for training.

Current arrangements

- Provide information how risks (quality, safety and appropriateness) related to transfusion is currently managed
- Who undertakes the current role? If the role is split between different departments then explain who they are.
- Include current committees and lines of governance including reporting.
- Provide examples of pilots, projects, specific activity.

What change is required?

The recommended or proposed change is the implementation and development of the TP role, [or supporting further expansion of the TP role] in your hospital/health service.

Literature supports the value of the TP role and the benefit, they are widely acknowledged as a critical part of the transfusion/PBM process in the healthcare setting.³

Here, the TP role could be briefly introduced, for example as following:

*The goal of the role of the **Transfusion Practitioner (TP)** is to improve and support the quality and safety of transfusion and implementation of patient blood management (PBM). This role involves clinical governance activities including audits, policy and procedure development, haemovigilance and change management, promotion of safe and appropriate transfusion practice, education, and waste management.³*

The TP plays an important role in communication, interacts in a multidisciplinary team and helps to bridge between the transfusion laboratory and the clinical areas.

*TPs come from a number of **different healthcare backgrounds** adding a collection of diverse skills to the role, for example: registered nurses or midwives, biomedical scientists, quality or scientific research background. ³. For this reason, the TP role and its activities are often undertaken in different ways within organizations, responding to both the needs of the service and the skill set of the TP.³*

What are the drivers for change?

There are many drivers for change in health services and it may be beneficial to use some/all of the following, especially if they can link/reinforce how the TP role would support the organizations strategic direction/plan. It would be helpful to consider this from your strategic direction, but also consider from a broader perspective and include national guidance and recommendations:

- patient safety
- clinical governance
- patient empowerment and consent
- changes to workforce
- blood supply challenges
- demand for blood components
- cost savings and efficiencies.

2.2 Identification of the desired outcomes

An effective business case must include the desired outcome/objectives stated in measurable terms.²

The simple matrix below including examples may help you focus on each area:

Examples	TP Aim	Measure
Patient safety	Safe administration of blood components	Number of serious transfusion incidents (trend analysis) Observational audits
Clinical governance	Implementation of transfusion policies/guidelines	Audit of compliance
Patient empowerment	Informed consent for blood components	Documentation in medical notes of consent for transfusion Audit of compliance
Patient Blood Management	Appropriate transfusion	% reduction/increase in a component demand
Cost savings	Stock management Appropriate use of blood products	% reduction in wastage of components % appropriateness to guidelines

It is important to align these and outline how they will contribute to the organization's aims and current strategic plan².

What will be the key activities of the role?

The new [expanded] TP role should improve and support the quality and safety of transfusion and implementation of patient blood management (PBM).

Here are some potential examples: (broader explanatory text can be found in Appendix 1)

- Haemovigilance
- Education
- Audit
- Implementation of PBM initiatives
- Implementation of electronic support systems for transfusion

The ISBT TP generic position description will also provide further information about role activities that could be included and may be helpful to help determine the associated salary of the TP (Appendix 2).

Outline the proposed line management and reporting.

3. ANALYSIS OF THE OPTIONS

Include an option appraisal if required.

Providing an analysis of the options will demonstrate that other possible approaches have been considered, and appraised. Research and include any available literature, adding examples that addresses/supports your proposal to address the identified problem/gap.

3.1 What are the viable options?

Example of potential options and the costs and projected savings related to each of these:

1. maintain status quo: no change to service,
2. employ a transfusion practitioner as part time,
3. employ a transfusion practitioner as part of a combined role,
4. employ a full-time transfusion practitioner.

3.2 Financial analysis

Include anticipated costs for next 3 years

- employment costs including 'on costs' such as allowances required according to your local environment
- workplace costs: equipment required to set up the role e.g. desk, phone, computer
- other costs: travel, education.

Include anticipated income

- could this role be part funded from another agency?
- can you apply for grants/charitable funds to support the role?

3.3 Option analysis

Describe the expected benefits, risks and costs of not employing a TP or expanding your service, see Appendix 3 & 4.

3.4 Justification: What is the best option with related rationale and alignment?

The evaluation criteria in this phase will need to be explicit.

4. ENGAGEMENT

- Consider gaining support for the role from other interested parties including aligned committees, stakeholders, patient groups and provide evidence of support as an Appendix 5.

5. IMPLEMENTATION PLAN

6.1 Milestones

It is recommended to add a timeline with the goals the TP should achieve in the first year(s) and a communication plan about the TP role to ensure the concerned collaborators will be well informed.

6.2 What metrics/parameters will be used to measure success?

To monitor or evaluate the realization of the TP role, it will be helpful to produce key performance indicators (KPI). Examples of these are below:

- Transfusion reactions and incidents reported monthly/quarterly to the hospital/health service transfusion/blood management committee
- Benchmark data on number of serious transfusion incidents
- Number of transfusion-related policies/procedures implemented/updated
- Number of transfusion-related education sessions organized and delivered
- Number of transfusion / PBM practices audited
- Establish targets for blood use, blood waste
- Establish targets for preoperative anaemia assessment
- Establish targets for implementation of transfusion-related IT system

i References

1. Shirey M.R (2011). Use of a business case model for organizational change. *J Nurs Adm.*;41(7-8):291-3.
2. Weaver D.J., Sorrells-Jones J. (2007). The business case as a strategic tool for change. *J Nurs Adm.*;37(9):414-9.
3. Bielby L. & Moss R. L. (2018). Patient blood management and the importance of the Transfusion Practitioner role to embed this into practice. *Transfus Med.*;28(2):98-106.
4. L. Bielby, C. Akers, S. Francis, et al. The role of the transfusion safety coordinator in Australia. *ISBT Science Series* (2016) 11 (Suppl. 1), 118-125.
5. Miller K., Akers C., Davis A.K. (2015). The evolving role of the transfusion practitioner. *Transfus Med Rev*;29(2):138-44.). *Transfus Med Rev*;29(2):138-44.

APPENDIX 1 - WHAT WILL BE THE KEY ACTIVITIES OF THE ROLE? EXAMPLES OF FURTHER DETAILED TEXT

- **Haemovigilance:**

TPs have an active role of embedding haemovigilance into practice, including (e.g.) investigation, reporting and follow-up of transfusion-related incidents (root cause analysis might be involved in case of serious events)⁴ and reporting of these incidents and transfusion reactions to the hospital transfusion committee and national surveillance system.⁵ Highlighting local data/gaps where the TP role could address.

- **Patient Blood Management (PBM):**

The TP is recognised as a key member and resource within a multidisciplinary team to implement PBM.³ They are enablers, engaging all involved and are seen as the conduit for information, able to pull together resources, provide education, undertake reviews, collect data and evaluate outcomes.³ As each PBM programme will be tailored to an organization's specific needs, so too will the TP role regarding PBM in that organization.³

• **Appropriate use of blood components**

The TP can support improved practice by applying strategies such as targeted education for the appropriate clinical groups, highlighting and promoting PBM recommendations and then undertaking regular reviews and audits of appropriateness.³

An example of such is the development of a single-unit transfusion policy and then undertaking the subsequent promotion and review of single-unit transfusion practice.³

The TP is uniquely placed to drive and monitor initiatives such as this, where they engage with both clinical colleagues who make the decision to transfuse and work with the scientific staff in the laboratory promoting the single-unit transfusion policy.³

• **Reducing iatrogenic anaemia**

Implementing strategies to reduce iatrogenic anaemia requires planning and communication with key staff such as medical, laboratory scientists/phlebotomists and nursing staff, with the TP perfectly placed to do so.³

The TP could introduce a project in a high-risk area to review the number of samples taken, the reasons for taking them and if they can be reduced.³

• **Preoperative anaemia clinics/assessment pathways**

The TP along with clinical colleagues are well placed to identify and map current patient flows, from the time of the decision for surgery to their admission to the operating suite.³

Mapping the flow will help determine where and what opportunities are available to appropriately assess patients for anaemia. The TP can also use tools such as quick anaemia audits to demonstrate the need for anaemia management.³ Then, with this data and the process flow maps, the TP can develop, with the PBM team, a proof of concept that would be suited to the organisation to address the need and to improve patient outcomes.³

• **Patients:**

TPs play a vital role to ensure that those working directly with patients are able (...) to provide patients with necessary information and have access to resources (i.e. patient information websites, picture charts) to assist them to make informed decisions about

and be involved in their own care. This is essential for informed consent to ensure the patient is aware of the risk, benefits and alternatives.³

- **Education:**

Planning, implementing and evaluating transfusion-related education programmes for hospital staff involved in the transfusion of blood components (such as clinicians, nurses, orderlies, and blood bank staff) is an essential part of the TP role.³⁻⁵

- **Audit:**

Transfusion practice audit within a health care service is an important role led by the TP.⁵ Current practice is reviewed, risk assessed, areas for improvement are identified, and outcomes of improvement projects are measured.⁴ TPs play a fundamental role in the development of audit tools, data collection, providing local context for the analysis of results and, importantly, ensuring the feedback and reporting of results are provided effectively and appropriately.⁴

- **Electronic Patient Record (EPR)/Electronic Medical Record (EMR) related to transfusion:**

The TP is one of the key subject matter experts who should be included when hospitals are setting up hospital-wide information technology (IT) systems that impact blood transfusion practices³, such as an electronic blood tracking system (until the transfusion to the patient), electronic blood ordering or prescribing, clinical decision support systems, pretransfusion (identity) checks by scanning, notification of transfusion reactions and informed consent for transfusion. The TP, along with scientific staff, has an understanding of use requirements, the local organisation of transfusion practices in the wards and the blood bank and national guidelines to ensure that there is a focus on the overall transfusion process from the decision to transfuse to the final fate of the blood.³

APPENDIX 2 - POSITION DESCRIPTION TEMPLATE

[add link to website]

APPENDIX 3 - OPTION ANALYSIS: EXAMPLES OF BENEFITS, RISKS AND COSTS

Options	Benefits	Risks	Costs	
No change	No additional expenditure required to support an additional role	<ul style="list-style-type: none"> - No dedicated resource to manage safe and appropriate use of blood components - Potential increase in risk to patients due to poor practice, inappropriate transfusion, poor management of adverse events leading to poor patient outcomes and increased litigation. - Potential increase in costs due to inappropriate transfusion. - Potential increase in adverse events due to lack of information and education. 	Indirect costs related to lack of improvements that could be realized by a TP: wastage, increased bed stay	...
Employment of a TP	<ul style="list-style-type: none"> - Improved patient care and empowerment - Managed risk through haemovigilance - Educated workforce - Improved governance through guidance, recommendations, audit and reporting - Reduction in costs - Innovation and implementation of new electronic systems to support safety - Engagement across systems and establishments 	<ul style="list-style-type: none"> - Lack of understanding and importance for the role - Lack of management buy in to ensure outputs are acknowledged and acted upon - Process is person dependent - Service may be underutilized - Service may become overwhelmed 	Salary, allowances, benefits, travel training IT furniture/ building ----- Total ----- ...

APPENDIX 4 - MITIGATION PLAN

Risk	Mitigation plan
<p>Importance of the role: - other service providers may not feel that this new service is necessary</p> <p>Lack of management buy in to ensure outputs are acknowledged and acted upon</p>	<ul style="list-style-type: none"> - Outline how the service will meet national guidelines and standards - Collect evidence that you have an issue and are not currently meeting these - Cost benefit analysis - Best practice and improved outcomes for patients
<p>Process is person dependent</p>	<ul style="list-style-type: none"> - Ensure the process has clearly defined role and responsibilities - Service co-delivered by consultant haematologist - Work as part of transfusion team
<p>[If your process involves a nurse specialist]</p> <p>Nurse specialist may be difficult to recruit – will require specialist skills</p>	<ul style="list-style-type: none"> - Develop a clear position description (PD) including: <ul style="list-style-type: none"> - relevant knowledge - training and experience - competence in patient assessment - PD to include consultant interaction/supervision
<p>Service may be underutilised</p>	<ul style="list-style-type: none"> - Develop appropriate communication and promotion plan to ensure all areas are aware of the new role and the assistance they can provide - Visibility of the staff member - Regularly visit areas, undertake promotion
<p>Service may become overwhelmed</p>	<ul style="list-style-type: none"> - Include in the plan regular review, auditing capacity used / available and service demand - Make case for additional staff as required
<p>[Add specific organizational risks]</p>	

APPENDIX 5 - REPORTING LINES

Reporting to

Senior Executive
Nurse



Transfusion Medicine
Specialist/Haematologist/
Head of Lab

Nursing
Management

Transfusion
Management



*Transfusion Practitioner
(nurse or scientist)*



Working
Relationships

