



# The Safety and Quality Improvement in National Blood Transfusion Service

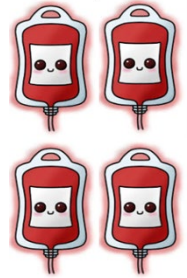
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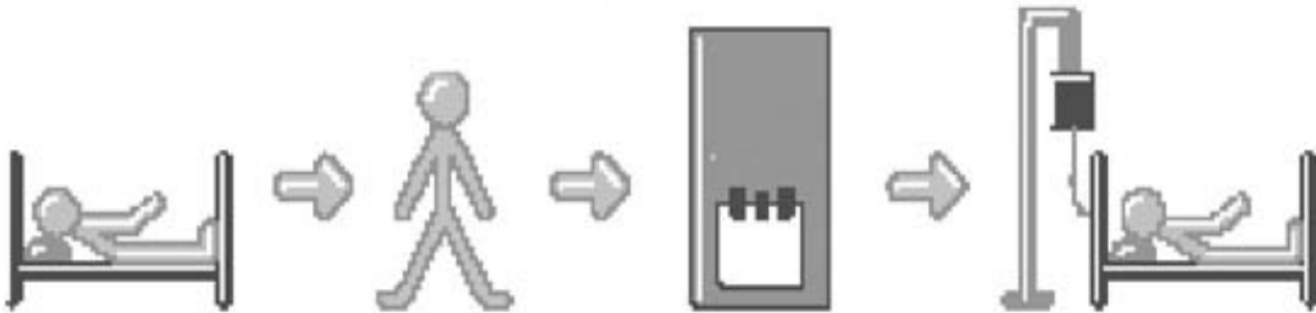


- MISSION: to provide safe, effective and adequate blood and blood products to all patients in needs.
- VALUES:
  - ✓ Promote a value system that ensures quality and integrity in all endeavors.
  - ✓ Respond to crises, big and small.
  - ✓ Provide outstanding customer service.
  - ✓ Support a safe and respectful environment for staff and guests.
  - ✓ Commit to research, education, and training.
- VISION: To be a Centre for excellence in the country





# BLOOD TRANSFUSION SAFETY





## The safety and quality of blood and blood components

- are of essential value in transfusion medicine.
- It is a responsibility of blood establishments to organize their activities so that quality and safety requirements are met.
- implementation and maintenance of an effective quality management system (QMS) will greatly contribute to the achievement of this goal.
- To be fully effective, a QMS should incorporate risk-based thinking in all aspects of the vein-to-vein transfusion process and include quality monitoring, which is carefully planned, continuous and properly evaluated.





# National Blood Programme

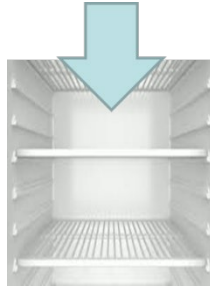


- developed a well-organized blood transfusion service (BTS)
- with quality systems in all areas
- prerequisite for the safe and effective use of blood and blood products
- preventing transfusion-transmitted infections (TTIs): HIV infections, hepatitis B and C viruses, syphilis and other infectious agents.





# Integrated Strategy for Blood Safety

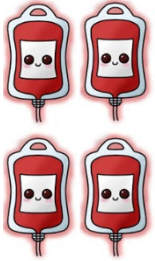


- Establishment of a nationally-coordinated blood transfusion service
- Collection of blood only from voluntary non-remunerated blood donors from low-risk populations
- Testing of all donated blood, including screening for transfusion transmissible infections, blood grouping and compatibility testing
- Reduction in unnecessary transfusions through the effective clinical use of blood, including the use of simple alternatives to transfusion (crystalloids and colloids), wherever possible.



# Promote of Blood Safety Programme:

- Secure government commitment and support for the national blood programme
- Establish a blood transfusion service as a separate unit with responsibility and authority, an adequate budget, a management team and trained staff
- Educate, motivate, recruit and retain voluntary non-remunerated blood donors from low-risk populations
- Ensure good laboratory practice in screening for transfusion-transmissible infections, blood grouping, compatibility testing, blood component production and the storage and transportation of blood products
- Reduce unnecessary transfusions through the effective clinical use of blood, including alternatives to transfusion n Establish a quality system for the BTS
- Train all BTS and clinical staff to ensure the provision of safe blood and its effective clinical use





# Blood Transfusion Safety

## PATIENT BLOOD MANAGEMENT

- PBM is the timely application of evidence-based medical and surgical concepts designed to maintain haemoglobin concentration, optimise haemostasis and minimise blood loss in an effort to improve patient outcomes.
- Defining the patient needs helps define the safety, decision making and administration standards for the use of blood and blood products in Cambodia.
- Acute or delayed complications
- Transfusion carries a risk of transmission of infect agents, such as HIV, hepatitis viruses, syphilis







# Coordination Service

- Donor selection is the first step in transfusion safety
- The risks associated with transfusion can only be avoided by close collaboration between the National Blood Transfusion Centre (NBTC) and clinicians in managing the components of the transfusion process
  - ✓ An adequate supply of safe blood and blood products
  - ✓ The effective clinical use of blood and blood products





# BLOOD & BLOOD PRODUCT SAFETY

The pillars of safety to minimize pathogen transmission are:

- ✓ a reliable, stable voluntary non-remunerated and regular, donor system,
- ✓ appropriate suitability testing (donor selection),
- ✓ proper documentation, and standardized laboratory testing.

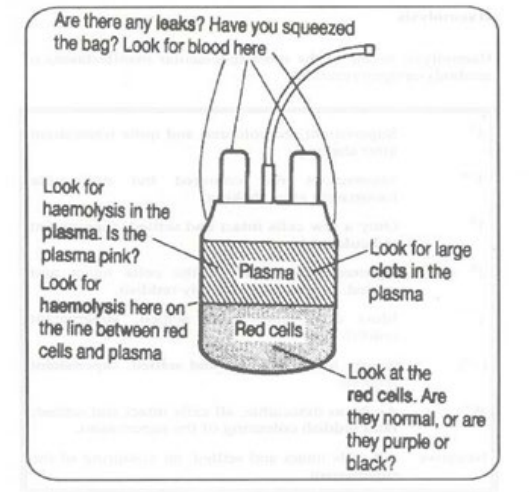




# BLOOD & BLOOD PRODUCT SAFETY

- Whole Blood collection
- Apheresis
- Product label:

- ✓ unit identification number (donation number),
- ✓ product identification,
- ✓ collection date,
- ✓ expiry date / time,
- ✓ ABO blood group and RhD type,
- ✓ test information (tested and found negative),
- ✓ possible other typing (e.g. c, E and K), and
- ✓ possible modifications (e.g. irradiation/ leucocyte depletion/washing).





# Blood Product Label

For each product:

- ✓ unit identification number (donation number),
- ✓ product identification,
- ✓ collection date,
- ✓ expiry date / time,
- ✓ ABO blood group and RhD type,
- ✓ test information (tested and found negative),
- ✓ possible other typing (e.g. c, E and K), and
- ✓ possible modifications (e.g. irradiation/ leucocyte depletion/washing).



# Patient Identification

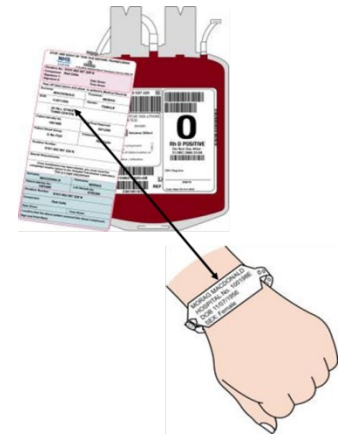
- ✓ full name,
- ✓ age or date of birth,
- ✓ full address,
- ✓ hospital identification number,

REQUEST FORM			
TRANSFUSION MEDICINE UNIT BLOOD GROUPING AND CROSS MATCHING REQUEST			
SURNAME JONES	MEDICAL RECORD No. 0123456	SEX F	WARD / CLINIC 3E
FORE NAMES Mary Robyn	BIRTH DATE 7/12/1968	REQUESTING DOCTOR Dr. J. Ian Tan	
PATIENT'S ADDRESS 24 Oakleigh Drive, GERALDTON WA 6543		Date 21/11/97	Time 2:01 pm
RELEVANT HISTORY 28 weeks gestation. Transfused 2 units O RND negative for acute bleed 3 days ago at country hospital. Continuing to haemorrhage.		SIG. <i>J. Ian Tan</i>	ROUTINE
REQUEST Group <input checked="" type="checkbox"/> Antibody Screen <input checked="" type="checkbox"/> Cross Match 2 Units Packed cells		Date Required 21/11/97	Time Required 3:31 pm
Other (Please specify) Antenatal screen		URGENT 45 min <input type="checkbox"/>	WITHIN: 1 1/2 hours <input checked="" type="checkbox"/>
			3 hours <input type="checkbox"/>



# Transfusion Safety

- ❖ The recipient of a transfusion may experience adverse events unrelated to transmissible disease risk.
- ❖ All adverse events require specific clinical management.
- ❖ Immune based transfusion adverse events may be immediate or delayed





## Effective Clinical Use of Blood[Demand Side]

### Can reduce unnecessary transfusions:-

- Development of a national policy and guidelines on the clinical use of blood
- Training in the clinical use of blood for all clinicians involved in the transfusion process and for BTS staff
- Commitment to the prevention, early diagnosis and treatment of conditions that could result in the need for transfusion (obstetrical complications, trauma and other causes of anaemia)
- Availability of intravenous replacement fluids (crystalloids and colloids) for the correction of hypo-volaemia
- Availability of pharmaceuticals and devices to minimize the need for blood
- Effective clinical use of blood and blood products in accordance with national guidelines
- Monitoring and evaluation of the clinical use of blood.



# Blood Transfusion Centres[Supply Side]

- (1) Blood Policy (2019)
- (2) Quality Manual for National Blood Transfusion Service 2019\
- (3) Facility and Safety Manual for Blood Transfusion Centre 2019
- (4) Training Procedure for Blood Transfusion Service 2019
- (5) Standard of Procedures for Blood Transfusion Service 2019
- (6) National Guideline for Transfusion Practice 2019
- (7) Sustainability of safety and quality improvement in national blood transfusion service is required sufficiency of resources in order to maintain an effective quality management system.





## Coordination Blood Centre and Hospital

BLOOD PROGRAM/ BLOOD CENTRE	HOSPITAL HEALTH CARE/ TRANSFUSION MEDICINE
ANZSBT	National Guideline for Blood Transfusion Practice
ISBT	1.PBM-Critical Bleeding/Massive Transfusion
✓ AFSBT	2.PBM-Perioperative
AABB	3.PBM-Medical
EBA	4.PBM-Critical Care
✓ AATM	5.PBM-Obstetrics and Maternity
WHO - BSP	6.PBM-Neonatal and Pediatrics
BP-JRCS	7.HTC,Haemo-Vigillance System

