

BMS Empowerment 2018

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Objectives

- Learn from experiences and consider making changes before an incident
- ◆To be aware of challenging situations and strategies to help
- ♦Be mindful of human factors that may affect practice
- ♦Understand why things can go wrong whilst we are trying our best
- ◆To promote BMS' and build relationships



What is Empowerment?

◆The process of enabling or authorising an individual to think, behave, take action, and control work and decision-making in autonomous ways.





Common Misconceptions...

- **►Empowerment does NOT mean working in isolation.** It doesn't mean you can't ask for support from your team.
- ♦It's NOT doing whatever you like whenever you like. The employer should define the boundaries of the employee's scope and decision-making power and you should always work within your professional standards.
- ♦It's NOT working without a net. Employees should receive clear guidance from senior management, established procedures and SOPs.
- It is not feeling you can't ask questions. For a BMS to grow in knowledge and confidence; they must feel supported and given opportunities for continual professional development.



What is Patient Blood Management?

- An evidence-based, multidisciplinary team approach to optimising the care of patients who might need transfusion – puts the patient first
- Focuses on measures for blood avoidance as well as correct use of blood components when they are needed
- Improves patient care, optimises use of donor blood and reduces transfusionassociated risk
- Reduces financial costs



National Guidelines





- **♦NICE** transfusion guidelines 2015
- Single Unit Transfusions: consider one unit of red cells in stable, nonbleeding patients and then clinically reassess the patient, check Hb and give further units if necessary.
- ◆The Patient Blood Management (PBM) recommendations endorsed by NHS England (2014)
- ◆The British Society for Haematology (BSH) Component Administration Guidelines
- **▶** BMS' should be aware of National Guidelines and their Trust SOPs. Therefore if you feel a request is out of these, you have every right to ask questions. Says who?...

Better Blood Transfusion 3 & PBM





Health Service Circular

Series Number: HSC 2007/001

Gateway Reference: 9058

Issue Date: November 2007

Better Blood Transfusion Safe and Appropriate Use of Blood Avoid the unnecessary use of blood and blood components in medical and surgical practice

Objectiv	ve	Action	By whom
of blood effective	he appropriate use and the use of alternatives in inical practice	 Implement existing national guidance (see Annex A) on the appropriate use of blood and alternatives 	HTCs and HTTs working with clinicians
		Establish local protocols to empower blood transfusion laboratory staff to ensure that appropriate clinical information is provided with requests for blood transfusion.	HTCs and HTTs working with alinicians, pathology managers and blood transfusion laboratories
		Establish local protocols to empower blood transfusion laboratory staff to query clinicians about the appropriateness of requests for transfusion against local guidelines for blood use	HTCs and HTTs working with chaicians, pathology managers and blood transfusion laboratories

Health & Care Professions Council



Standards of Proficiency: BMS

- ♦1. be able to practice safely and effectively within their scope of practice
- ◆1.1 know the limits of their practice and when to seek advice or refer to another professional
- ◆2.4 recognise that relationships with service users should be based on mutual respect and trust, and be able to maintain high standards of care even in situations of personal incompatibility
- ♦9.4 be able to contribute effectively to work undertaken as part of a multidisciplinary team
- ♦14. be able to draw on appropriate knowledge and skills to inform practice



Why should we feel Empowered?

- **♦**Collective responsibility to ensure appropriate use of blood:
 - PATIENT SAFETY
 - Blood conservation
 - -£££
- ♦ Need to be a service which advises and questions to:
 - Stop TACO (biggest cause of patient morbidity & mortality)
 - Help prevent inappropriate transfusions
 - Ensure Local/National guidance is adhered to
 - Protect a vital and finite blood supply
 - Save money

What's in it for YOU?





◆People often mistake Empowerment for being aggressive, or that it is important for lone working and adhering to guidelines.

But why would you want to feel empowered?





Myth Buster





'We are here to provide a service and shouldn't question requests'



- A competent BMS in transfusion is the 'gate-keeper' of blood components they
 have a responsibility for patient safety & blood stocks
 - Never delay or refuse the provision of blood
- An expert in Transfusion & can direct to guidelines & Haematologist
 - Always remain within your scope; refer if unresolved
- Can offer valuable support and education
 - Knowledge may be extensive but possibly lacking in clinical relevance



'We are here to provide a service and shouldn't question requests'

MALLE



'Doctor's know more about transfusion than we do'



- ♦BMS' complete extensive training & education in Blood Transfusion science
- Most requesting Drs are FY1 & FY2s & have ~1 hour of Trust transfusion training
- BMS' achieve continual development with annual competencies, CPD programmes, study days, NEQAS, TACT etc.
- Drs may have picked up bad practice from colleagues/mentors. Some Clinicians rarely deal with transfusions so may be unfamiliar with processes.
- ♦ A BMS is an expert in Transfusion & can give appropriate guidance
- Junior Drs can be more reluctant to challenge Consultant requests



'Doctor's know more about transfusion than we do'



'I don't have the authority to question'



♦HPC registration states a BMS must take accountability for their own actions

THIS IS IMPORTANT

- You have the authority to discuss/question a request but...
- You do NOT have the authority to just refuse it
- ♦ It is important to communicate you are not saying 'NO' but are referring to the guidelines or asking questions to understand the clinical picture. If you need further support, refer to a senior member of staff or the Haematology Consultant



'I don't have the authority to question'

MYTH



We are One Team

Biomedical
Scientists are
knowledgeable
but often isolated
from the hospital



We are all in the job for the good of the patient



Doctors are not always all knowing! – but are keen to learn

