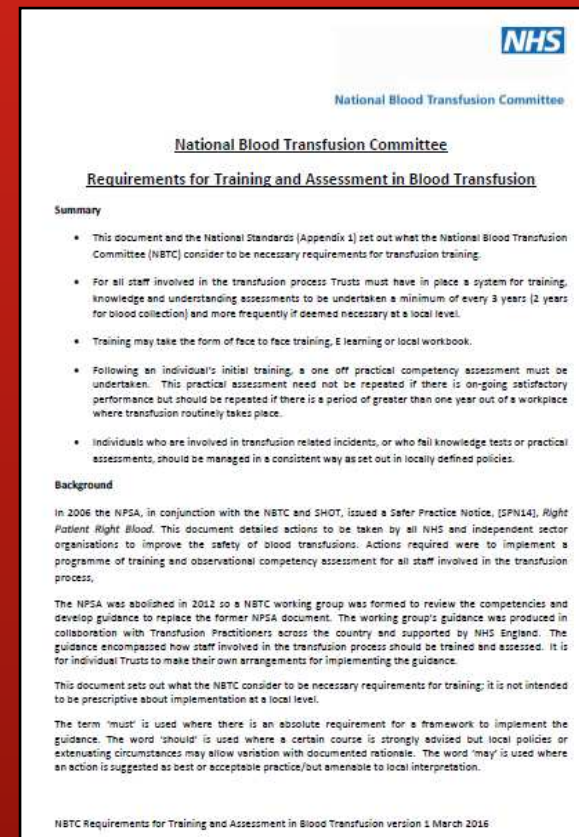


# **South West TP Group**

Update for RTC

# Requirements for Training and Assessment

- Released by NBTC in March 2016
- Developed from BCSH Guidelines for Administration of Blood Components 2009
- Replaces NPSA SPN 14 'Right Patient, Right Blood'
  - Initial training
  - One off observed competency assessment
  - Ongoing training and knowledge assessment  
<3 yearly (<2 yearly for blood collection)



Training and assessments must be performed against  
**NBTC National Standards and Key Learning Outcomes**  
to facilitate transferability between Trusts.

# SW RTC Observed Competency Framework

## Four Blood Component Standards:

- Sampling
- Pre-collection
- Collection
- Administration

- Based on NBTC National Standards
- One side per Standard
- Standards broken down into discreet sections
- Adaptable to requirements of individual Trusts

Blood Transfusion: Sampling	
Candidate name:	Assessor name:
Job title:	Job title:
Signed:	Signed:
Trust/organisation:	Date of assessment:
<b>PASS</b>	<b>FAIL</b>
The candidate has passed an observed assessment of competence in pre-transfusion blood sampling; it is their responsibility to ensure they do all of these steps for every pre-transfusion sample they obtain.	
▶ Candidate is competent in venepuncture: <input checked="" type="checkbox"/> Y <input type="checkbox"/> N ◀	
<b>Observed assessment</b>	
<b>Core identifiers:</b> last name, first name, date of birth, unique patient ID number [or in an emergency where patient identity is unknown, alternate unique identifiers as per local policy]	
<b>Action:</b> Circle Y or N here to indicate whether or not action was performed ↓	
1. Collecting/completing the transfusion request form Candidate ensured all patient <b>core identifiers</b> and mandatory fields are completed on the request form, and takes this to the patient's side	Y N
2. Identification of the patient	
a) <u>Conscious inpatient:</u> Candidate asked the patient to state their last name, first name, and date of birth Candidate checked these all match the patient's wristband/risk assessed equivalent Candidate checked all patient <b>core identifiers</b> match those on the request form	Y N Y N Y N
or	
b) <u>Unconscious / emergency unknown inpatient:</u> Candidate checked all patient <b>core identifiers</b> on the patient's wristband/risk assessed equivalent match those on the request form	Y N
or	
c) <u>Outpatient / community:</u> Candidate asked the patient (or parent/carer if the patient is unable to respond) to state their last name, first name, and date of birth Candidate checked these match details on the request form	Y N Y N
3. Taking and Labelling the blood sample Candidate bled one patient, and then labelled the sample at the patient's side in one continuous, un-interrupted process Sample labelled by the sample taker in hand-writing or with a printed label generated 'on demand' at the patient's side by the sample taker Sample labelling included all patient <b>core identifiers</b> taken from patient's wristband/risk assessed equivalent wherever present Sample labelling included date and time sample was taken Sample labelling included signature/identity of the sample taker	Y N Y N Y N Y N Y N
4. Completing the transfusion request form Candidate wrote the date and time sample was taken on the request form Candidate printed and signed their name on the request form	Y N Y N
Candidate should explain what they are doing when it is not an observable action All of the above must be achieved in this order to pass the observed assessment	

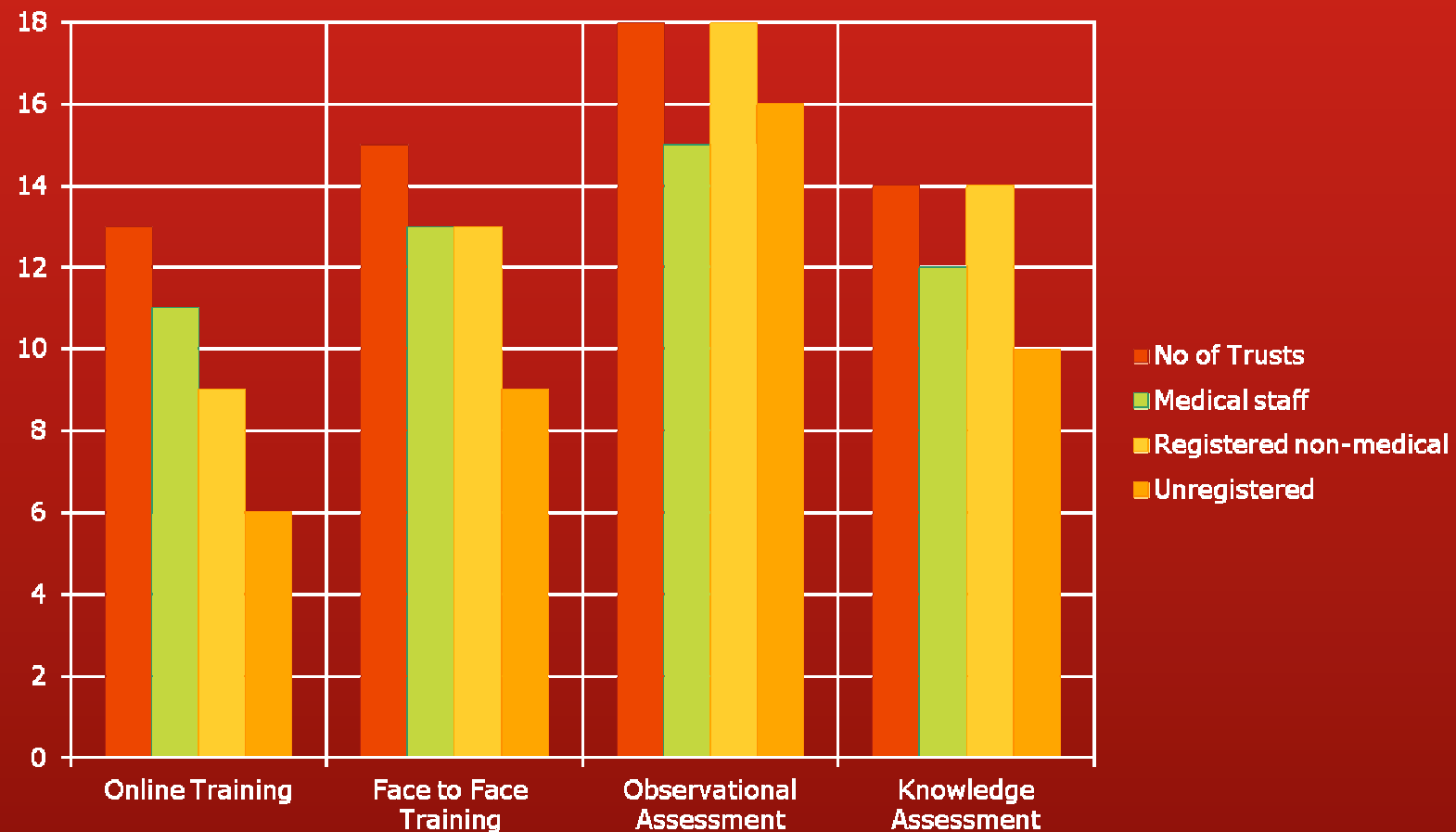
# Training & Assessment Questionnaire

## **18 Responses received:**

- Yeovil District
- Salisbury
- Poole
- Weston General Hospital
- UH Bristol
- Northern Devon Healthcare Trust
- Royal United Hospital Bath
- Royal Devon and Exeter
- Plymouth Hospitals
- Taunton
- Great Western Hospitals
- Royal Bournemouth & Christchurch
- Gloucestershire Hospitals
- North Bristol
- Royal Cornwall Hospitals
- Cornwall Partnership
- Eastern & Mid Devon Community Hospitals\*
- Somerset Partnership\*

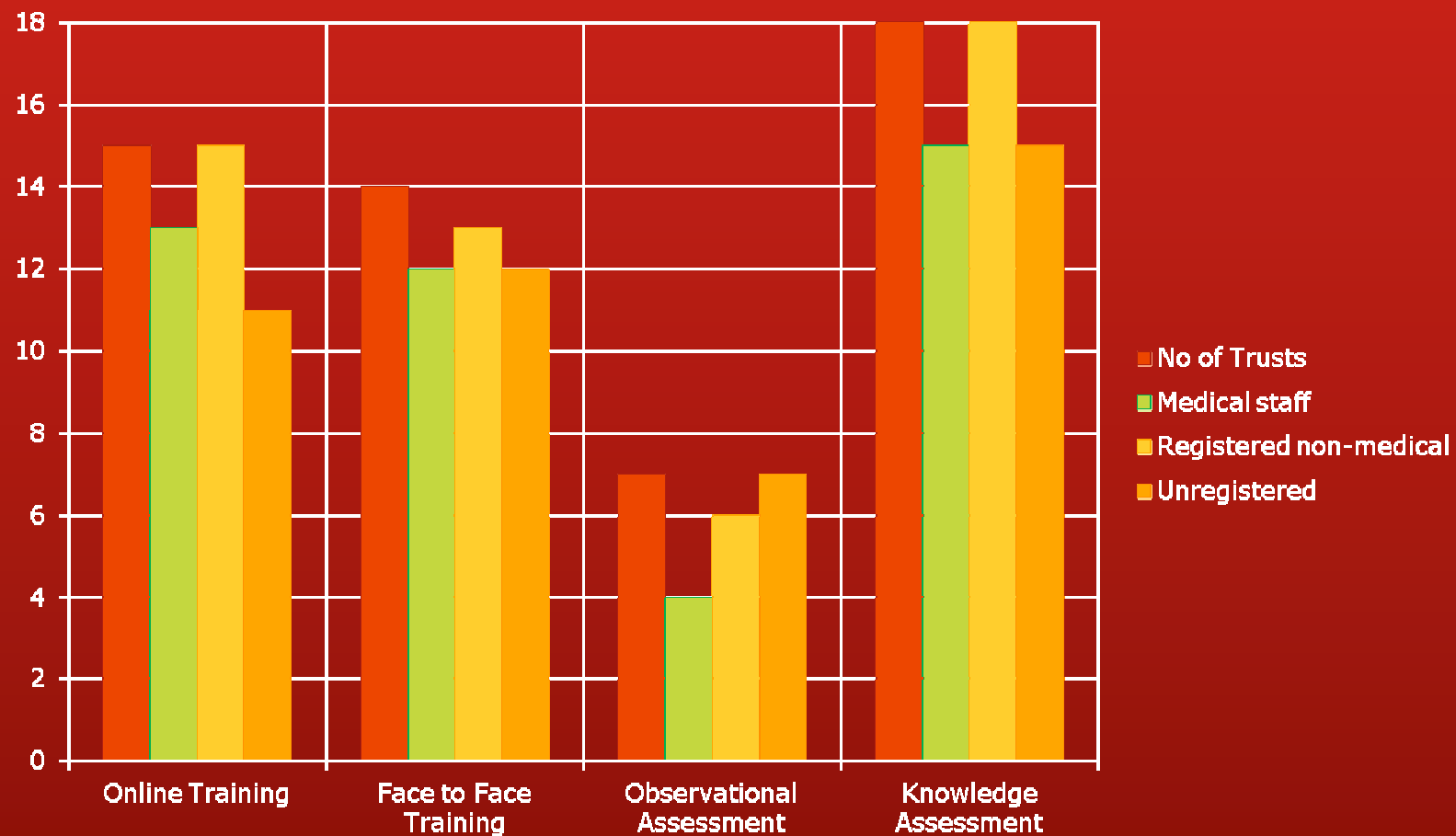
\* Two organisations do not manage medical staff training / assessment

# Initial Training & Assessment



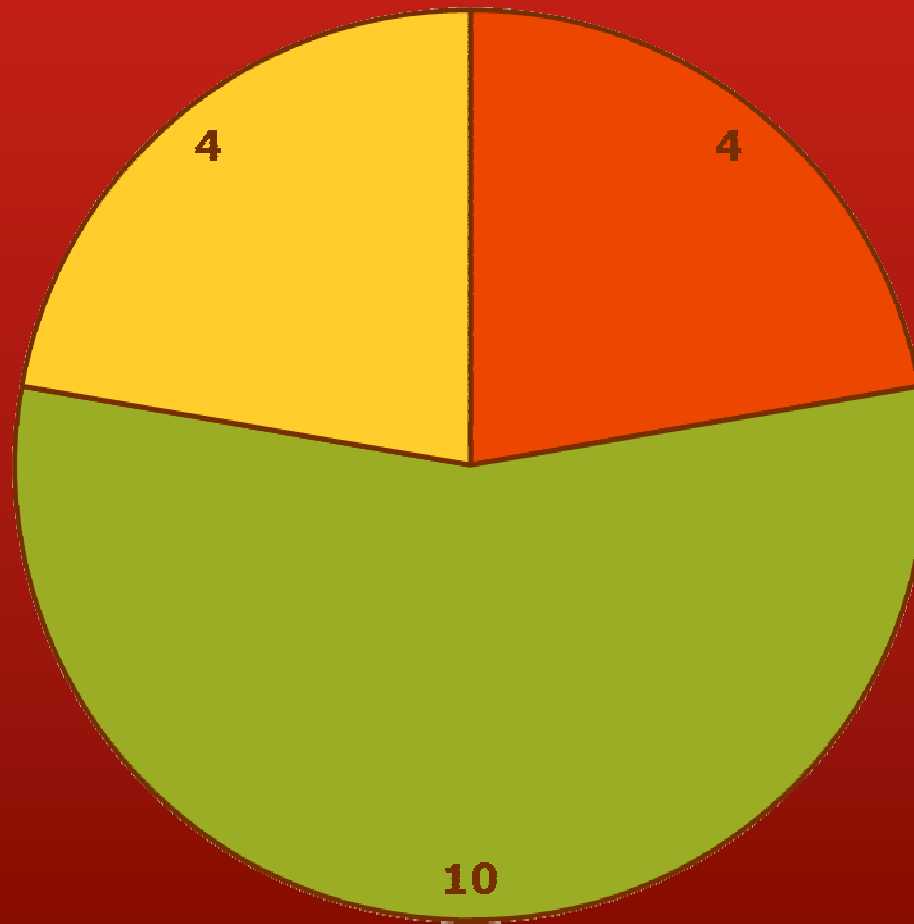
7/18 (39%) organisations use the RTC framework  
for observed competency assessments

# Update Training and Assessment



# Frequency of Update Training

- 1 yearly
- 2 yearly
- 3 yearly



# Update Training Variability

## **Online training (15 organisations):**

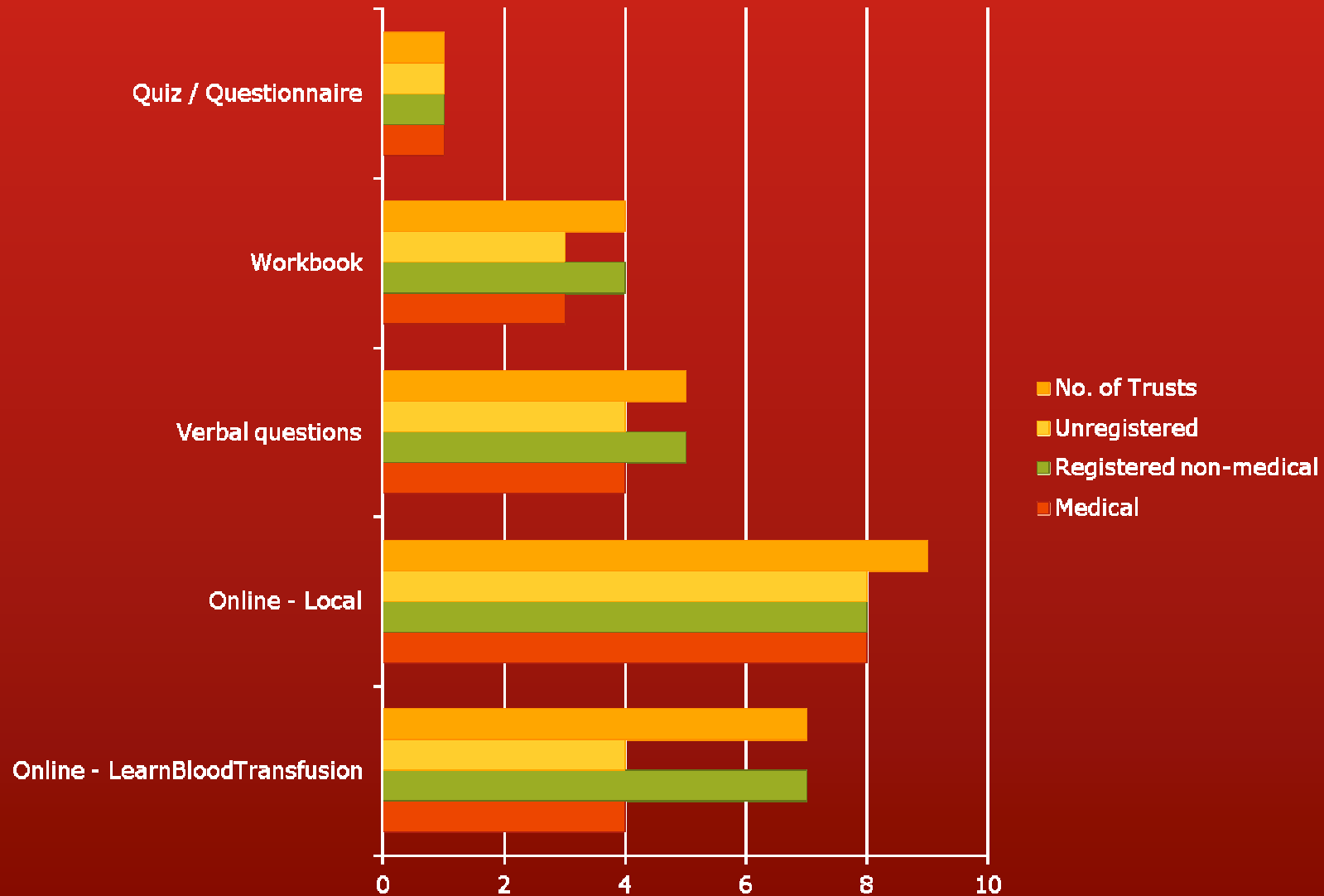
- Local package = 9/15
- LearnBloodTransfusion = 7/15

## **Face to face training (14 organisations):**

- Medical = 20 mins – 1 hour
- Registered non-medical = 30 mins – 3.5 hours
- Unregistered = 30 minutes – 2.5 hours



# Ongoing Knowledge Assessment



# Further Work

- 94% of TPs willing to work towards regional knowledge based competency standards

## Consent sticker

- 33% TPs interested in development of consent sticker
- 17% unsure if this would be of use
- 50% would not use a consent sticker

## Transfusion Record for patient notes

- 39% TPs interested in development of transfusion record
- 33% unsure if this would be of use
- 28% would not use a transfusion record