

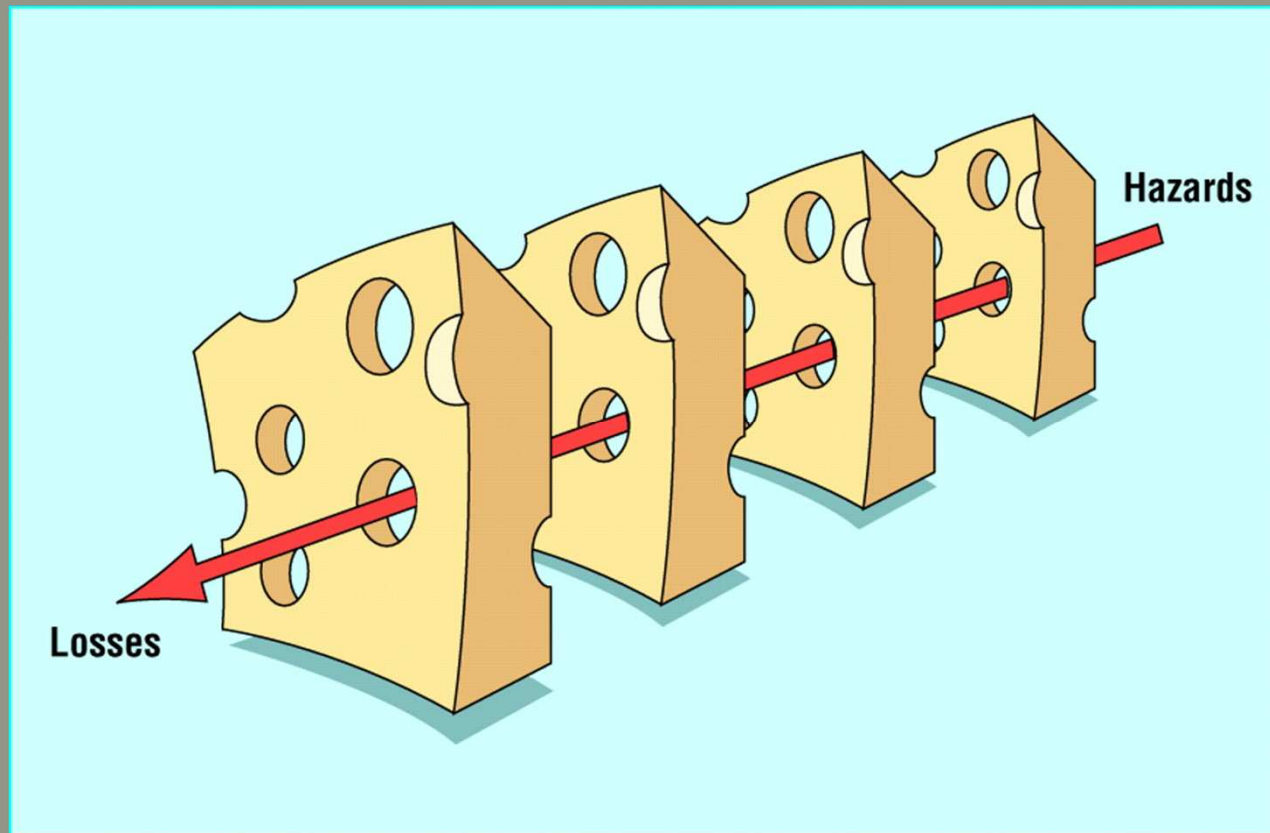
# What can research do?

- Identify solutions to problems
  - Mechanisms
  - Options
  - Implementation, including potential barriers
  - Document/monitor implementation and outcomes
- Research into implementation = implementation research
- Building concept of 'impact at scale' into our research designs

# Transfusion research: what and how?

- Defining the research question
- Choosing appropriate methodologies
- Many different methodologies – basic science, observational, interventional RCTs, data linkage, registries etc
- Value of pilot studies
- Examples from other settings
- ‘Real life’ generalisability vs trial data (HV ‘real life’ data)
- Impact of human factors (HR research) and systems
- Systems engineering research to design/implement better systems

The Swiss cheese model  
of how defences, barriers, and safeguards  
may be penetrated by an accident trajectory



James Reason: Human error: models and management. BMJ 2000

# Transfusion research: who?

- Multidisciplinary transfusion team – medical, nursing, scientific
- Work with other clinical specialties, management
- Patient and donor participation
- Know (or find out) where to get skills you need (database, biostats, cost-effectiveness analysis)
- Training in research methods

# Who?

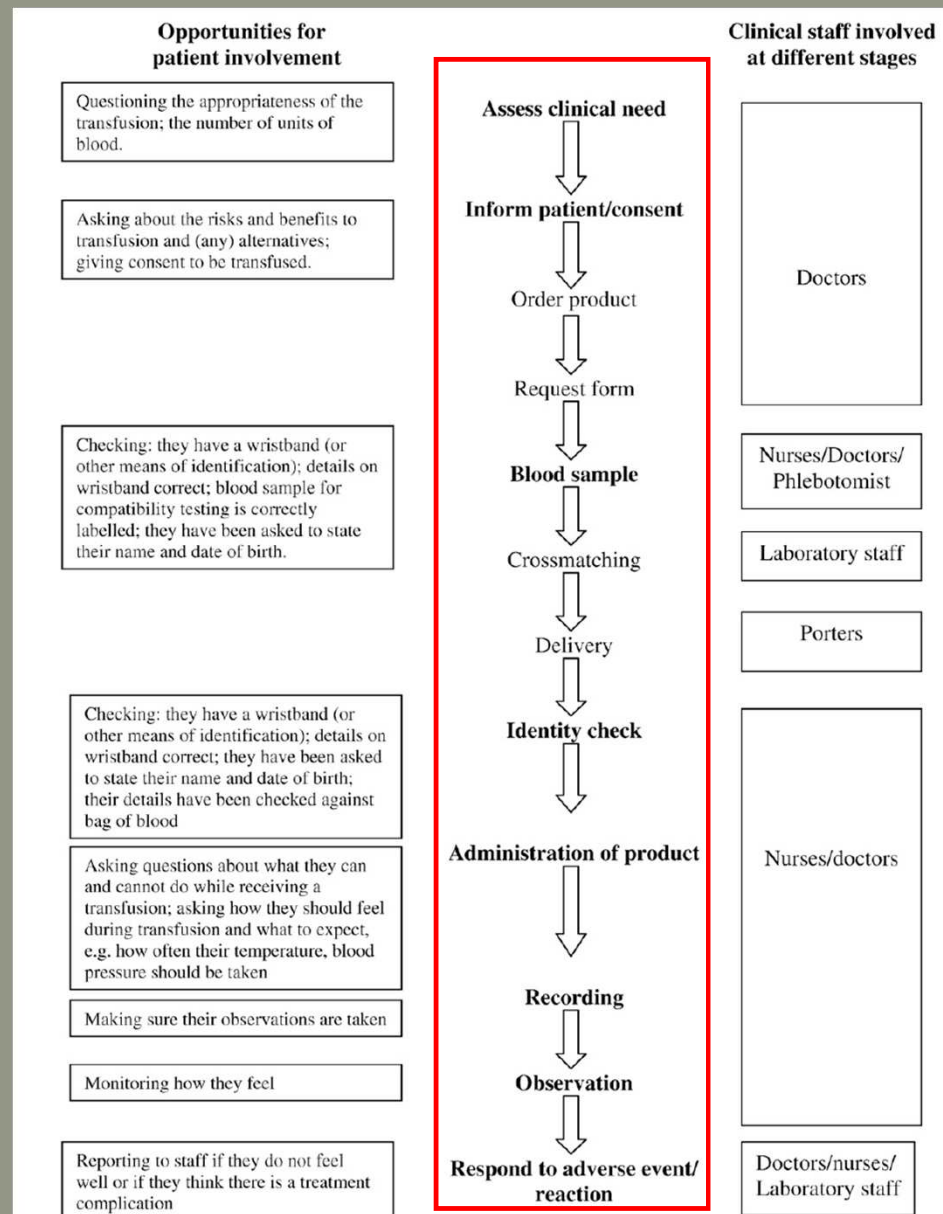
- Medical
- Nursing/midwifery
- Phlebotomy
- Scientific/technical
- Other hospital staff
  - Porters
  - Quality/risk
  - Executive
- Patients and families
- Others e.g. government



NHSBT  
“The strange case  
of Penny Allison”

# Transfusion safety: the potential role of the patient

Davis, Vincent, Murphy  
TMR 2011



NB. Processes shown in bold letters indicate stages of the pathway where patient involvement is possible

Figure 1. Patient involvement in the transfusion process.

# Data

- Many data sources – clinical audit, outcomes of RCAs/M&M meetings, registries (clinical, administrative etc), HV reports
- Don't always need new data – may need access (e.g. clinical and lab IT systems, administrative datasets)
- Understand quality and limitations of the data you have
- Make an solid investment in high quality data (consider adding 'formal' research element to projects)
- Careful data analysis



# What do we need?

- Implementation of research and HV findings
  - Local executive support for uptake of best practice recommendations
  - Incorporate implementation into research proposals
- Protected time for clinicians to get research into practice
- People with training in transfusion research methods
- Training opportunities and career options
- Sustainable funding models for transfusion research
- Better research infrastructure – including for international collaborative studies
- Publication of HV findings in peer-reviewed journals

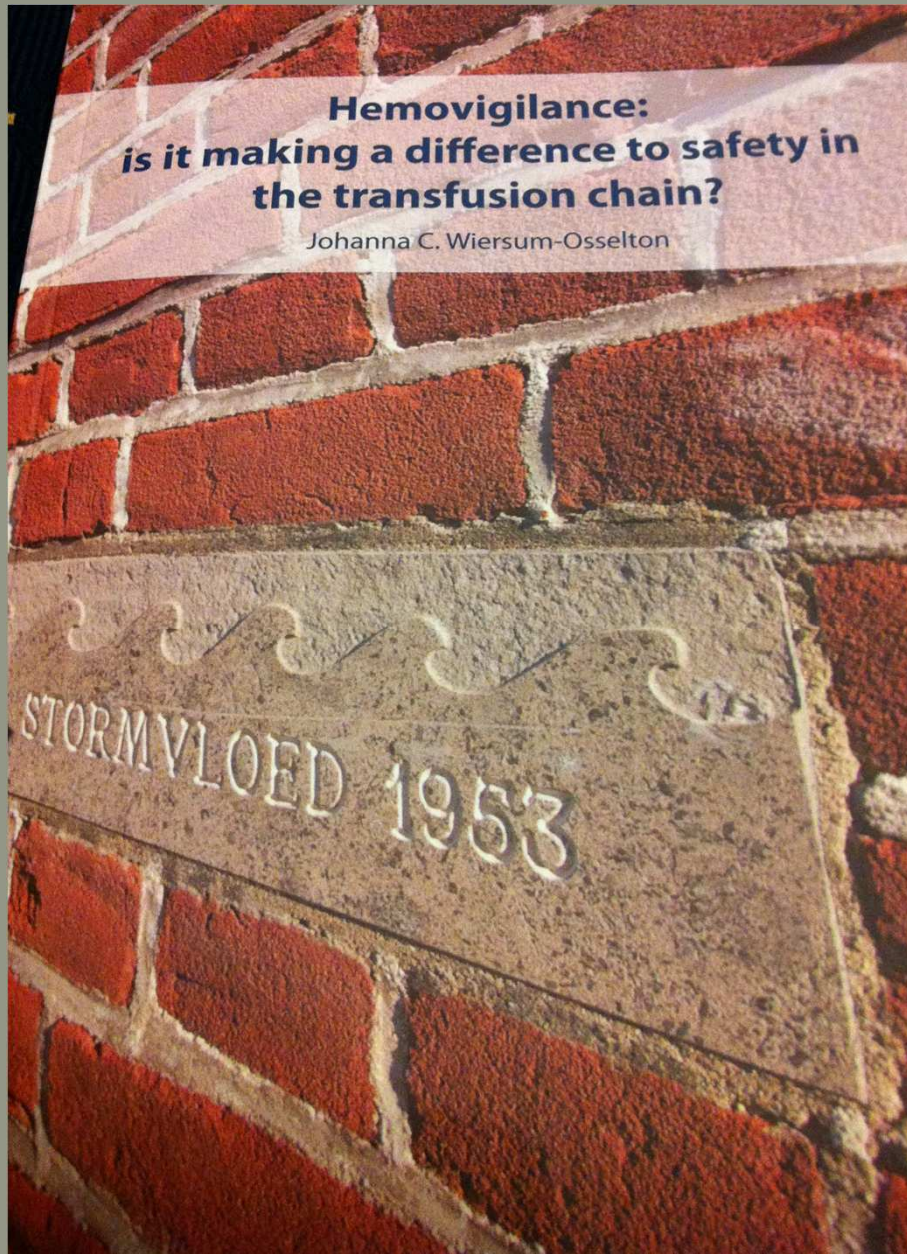


# Other important 'positives' of transfusion research

- Engagement:
  - Encourage interest in transfusion through projects
  - Morale and team-building, staff retention
  - Promote cross-discipline interactions
- Career development:
  - Get involved, learn new things, make good use of knowledge
  - Presentation/publications
- Capacity building
  - 'Upskilling' of participants, e.g. understanding AE mechanisms, biostats, return on investment in training and education
- Enable/demonstrate better use of resources
  - Stewardship of donor gifts, community investment

# Conclusions

- “Ideal” scope of HV to be defined
- Definitions of events may change over time
- HV can identify serious problems
- Research can help solve some of these
- Making progress in reducing some risks: e.g. TRALI, bacterial contamination, some IBCT/consequences
- Heightened awareness of other hazards
- Need a broad approach to research, methods
- Work to do – and many opportunities



# TRIP PhD #001

Thanks: Dr Jo Wiersum



PLEASE NOTE  
Batter please  
DO NOT put up  
to the net.  
Cricket Equipment  
must not be left in  
the back of the net.  
Maximum of 4 players  
is allowed at any one time.  
Only white conventional  
cricketing may  
be played.  
No pads

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