### **Competence for hospital based Haemovigilance Officers**

Competence is a complex multidimensional phenomenon and is defined as the ability to practice safely and effectively and fulfilling a professional responsibility (An Bord Altranais, 2007). Competency, therefore, is a collection of the knowledge, skill and attributes that are required to perform satisfactorily or well at a particular task (Office of Health Management, 2004).

Safe and effective practice requires a sound underpinning of theoretical knowledge that informs practice and is in turn informed by that practice. This is particularly relevant within the complex and changing environment of health care.

Competencies are gained through formal education, continuing professional development and (clinical) experience. These competencies must be relevant to the context of practice. Specific competencies are those identified as specific to the practice role and setting.

Within the current setting of haemovigilance practice, the domains of haemovigilance and traceability have been written into Irish legislation (SI 360 of 2005 and SI 547 of 2006). However, competency in haemovigilance and traceability alone does not define the role of the HVO. While traceability is the responsibility of the hospital blood bank (INAB 2006), the HVO will play a role in developing policy and systems to meet this requirement.

Requirements for haemovigilance and traceability in an Irish context were published by the Irish National Accreditation Board (2006). The National Haemovigilance Office seeks to identify the domains of competency which Haemovigilance Officers (HVOs) should demonstrate to meet the requirements of haemovigilance and traceability as defined in the standards.

# Domains of competence for hospital based Haemovigilance Offficers (HVO) derived from requirements of AML-BB

- 1. Development of clinical standards and guidelines for haemovigilance and traceability
- 2. Development and management of a system for identifying, managing, reporting and closing off both mandatory and non-mandatory adverse reactions, adverse events, near misses and non-compliances.
- 3. Use of audit to identify and initiate service improvements.
- 4. Use of risk management / quality tools to address and manage quality incidents.
- 5. Identification of personal Continuing Professional Development (CPD) requirements.

# Competency assessment framework – What and how?

An understanding of the implications of EU	Competency	Evidence	of
legislation	Assessment	Competency	
		Yes	No
This includes	Manager		
• EU blood Directives 2002/98/EC and	Assessment		
2005/61/EC, SI 360 of 2005 and SI 547 of 2006,			
Minimum Requirements for Blood Bank			
Compliance with Article 14 (Traceability) and			
Article 15 (Notification of Serious Adverse			
Reactions and Events) of EU Directive			
2002/98/EC (AML-BB)			
• ISO 15189			
Haemovigilance Handbook: Requirements for			
Reporting Serious Adverse Reactions and Events			
to the National Haemovigilance Office			

Can lead and participate in development of	Competency	Evidence	of
transfusion policy	Assessment	Competency	
		Yes	No
Availability of transfusion policies as defined in	Manager		
AML-BB	Assessment		
• Evidence of development and review of	Training in local		
transfusion policy in a systematic manner and as	policy		
outlined by organisational policy	development		
		ı	1

Identification , investigation co-ordination and	Competency	Evidence of	
reporting all adverse transfusion reactions	Assessment	Competency	
		Yes N	lo
Up-to date knowledge of adverse transfusion reactions	Manager assessment		
Evidence of a system to identify adverse transfusion reactions			
Maintains a record of all reactions reported and investigated at local level.			
Evidence of systems to report serious adverse transfusion reactions to National Haemovigilance			

Office	NHO (if appointed
Knowledge of which reactions are appropriate to	within previous year)
report to National Haemovigilance Office	
Knowledge of which reactions are not accepted by	Haemovigilance
National Haemovigilance Office	Handbook

Identification , investigation co-ordination and	Competency	Evidend	ce of
reporting all adverse transfusion events, near	Assessment	Competency	
misses and non- compliances		Yes	No
Evidence of analysis of adverse transfusion events	Manager assessment		
/near misses/ non compliances, where necessary			
facilitating change process to reduce continued risk to			
patients.			
Can initiate where appropriate and participate in root			
cause analysis			
Evidence of a system to identify adverse transfusion			
events / near misses / non-compliances			
Maintains a record of all events / near misses / non-			
compliances reported and investigated at local level.	Attendance at		
Evidence of ability to report serious adverse	training days run by		
transfusion events – both mandatory and non-	NHO (if appointed		
mandatory to National Haemovigilance Office	within previous year)		
Knowledge of which events are appropriate to			
report to National Haemovigilance Office	Haemovigilance		
Knowledge of which events are not accepted by	Handbook		
National Haemovigilance Office			

Can lead and participate in transfusion related audit	d Competency Evidence Assessment Competency		
		Yes	No
Evidence of training in audit	Manager Assessment		
Evidence of an audit schedule for local area	Training in audit		
Evidence of completed audit process	process		

Maintains an up-to date knowledge	Competency	Eviden	ce of
	Assessment	Competency	
		Yes	No
Attendance at conferences /training days /work shops	Records of		
to maintain an up to date knowledge.	attendance at		
• Completion of appropriate 3 <sup>rd</sup> Level Haemovigilance	training days and		
education e.g. Haemovigilance course at Dublin City	conferences.		
University (Newly appointed HVOs)	Completion of Level1,		
	Level 2 and Level 3		
	Elearning modules		

#### **Assessment**

#### **Assessment criteria**

Competency assessment is varied, and very little agreement exists on how competency should be measured. This framework will employ two approaches; evidence of training, and managerial assessment.

It is expected this framework be used to support the development of the HVO and the haemovigilance service within an organisation. Therefore competency assessment of the HVO should be integrated into professional development planning framework in the organisation. Where the achievement of competency is challenging, an action plan based on identified learning needs will be developed and agreed.

### **Action Plans (for achievement of competencies)**

Plan	Date	Achieved	Signature of
			Manager and HVO

## Who should assess hospital based HVO competency?

Competency assessment of HVOs should be based in the organisation in which the HVO is based, and should be carried out by the HVO's Manager. Where there is a separate clinical and professional management structures, a shared assessment should be conducted. This framework supports this process.

#### When should competency be assessed?

Assessment of newly appointed HVOs: Newly appointed HVOs should have formative and summative assessments as part of this competency assessment. A learning need analysis using the framework outlined should be carried out to identify learning needs of newly appointed HVOs in the relevant domains of competency. A formative assessment should be conducted within one month of commencing employment, and a summative assessment before the end of the 6-month period. The purpose of the formative assessment is to identify the learning needs of the HVO and how these will be achieved. A summative assessment shall be agreed when the identified learning needs have been accomplished.

**Ongoing assessment for HVOs in post:** Competency should be reassessed every 3 years (National Patient Safety Agency, competency for clinical blood transfusion)

## **Role of National Haemovigilance Office**

The role of the National Haemovigilance Office is

- Development and review the competency requirements for HVOs.
- Educational support for HVOs through DCU Course, E Learning, Training days.

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