

Submitting Review Outcomes and Creating a Continuing Authorisation Request

Step Action - Checking the remaining doses for a patient's authorisation

1. There are 3 ways of checking the patients remaining doses.

Option A: In the **Patient Record**, under **Current Authorisation** details, next to **Final Dose Planned Date** will either:

- Display a date which is based on the *planned date* or *partially dispensed*.
- *No remaining dose* text will display if there are no remaining planned doses.

Current Authorisation

Authorisation **1234567**

Authorisation Number [1234567](#)

Authorisation Date 13-Oct-2022

Medical Condition Acute idiopathic thrombocytopenic purpura (ITP) - haematological/midstream/urinary protein-BCT

Specific Condition Immunisation (symptomatic)

Indication Prevention of recurrent bacterial infections due to IgG synthesis abnormalities associated with haematological malignancies or post haematopoietic stem cell transplant

Treating Specialist Philip O'Connell
1234567 - The Canberra Hospital

Regimen	Dose Type	Dose	Infusion Method	Action
	Maintenance Dose (SCig)	Hizentra AU - 9.00 g every week.	Subcutaneous	+ Request Change

[+ Request Additional Disseminated Enterovirus Dose \(IVIg\)](#)

[+ Request Additional Supplementary Dose \(IVIg\)](#)

[+ Request Additional Disseminated Enterovirus Dose \(SCig\)](#)

[+ Request Additional Supplementary Dose \(SCig\)](#)

Authorisation End Date 15-Apr-2024 Continuing supply is conditional on a review being conducted prior to this date.

Final Dose Planned Date 15-Apr-2024

Treating Facility The Canberra Hospital

Administering Facility The Canberra Hospital

Dispensing Facility ACT Pharmacy - The Canberra Hospital

Last Dispensed Date 09-Nov-2023

[View Treatment Plan](#)

[Edit](#) [+ Record Review](#)

Option B: By clicking on the green hyperlink beside authorisation number to access the **View Authorisation** page.

View Authorisation

Patient Details

Patient: [ABBOTT, Rosalyn Qileen](#)
 44 year old female
 Date of Birth: 20-Nov-1979
 Weight: 60.00 kg
 The Canberra Hospital - 18888 [Edit](#)

Authorisation Details | [Record Review](#) | [Authorisation History](#) | [Assessment Amendment History](#)

Authorisation Number: [T3001816](#)

Approval Date: 13-Oct-2022

Medical Condition: Acquired haemorrhagic thrombocytopenia — hematological malignancy or post-HCT

Specific Condition: Non-Hodgkin lymphoma (NHL)

Indication: Prevention of recurrent bacterial infections during haemorrhagic thrombocytopenia associated with hematological malignancy or post-transplant immunosuppression

Treating Specialist: Polya-CHRISTINA Spinkell - The Canberra Hospital

Regimen

Dose Type	Dose	Infusion Method	Action
Maintenance Dose (SCig)	Hizentra AU - 9.00 g every week.	Subcutaneous	+ Request Change

[+ Request Additional Disseminated Enterovirus Dose \(IVig\)](#)
[+ Request Additional Supplementary Dose \(IVig\)](#)
[+ Request Additional Disseminated Enterovirus Dose \(SCig\)](#)
[+ Request Additional Supplementary Dose \(SCig\)](#)

Authorisation End Date: 15-Apr-2024 Continuing supply is conditional on a review being conducted prior to this date.

Final Dose Planned Date: 15-Apr-2024

Treating Facility: The Canberra Hospital

Administering Facility: The Canberra Hospital

Dispensing Facility: ACT Pathology - The Canberra Hospital

Last Dispensed Date: 09-Nov-2023

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Option C: In the **Patient Record**, you can view the patient’s treatment plan by selecting **View Treatment Plan** or select the authorisation number and scroll to the bottom of the screen.

Current Authorisation

[Authorisation T3001816](#)

Authorisation Number: [T3001816](#)

Authorisation Date: 13-Oct-2022

Medical Condition: Acquired haemorrhagic thrombocytopenia — hematological malignancy or post-HCT

Specific Condition: Non-Hodgkin lymphoma (NHL)

Indication: Prevention of recurrent bacterial infections during haemorrhagic thrombocytopenia associated with hematological malignancy or post-transplant immunosuppression

Treating Specialist: Polya-CHRISTINA Spinkell - The Canberra Hospital

Regimen

Dose Type	Dose	Infusion Method	Action
Maintenance Dose (SCig)	Hizentra AU - 9.00 g every week.	Subcutaneous	+ Request Change

[+ Request Additional Disseminated Enterovirus Dose \(IVig\)](#)
[+ Request Additional Supplementary Dose \(IVig\)](#)
[+ Request Additional Disseminated Enterovirus Dose \(SCig\)](#)
[+ Request Additional Supplementary Dose \(SCig\)](#)

Authorisation End Date: 15-Apr-2024 Continuing supply is conditional on a review being conducted prior to this date.

Final Dose Planned Date: 15-Apr-2024

Treating Facility: The Canberra Hospital

Administering Facility: The Canberra Hospital

Dispensing Facility: ACT Pathology - The Canberra Hospital

Last Dispensed Date: 09-Nov-2023

[View Treatment Plan](#) [Edit](#) [+ Record Review](#)

Treatment Plan							
This treatment plan does not constitute a prescription for immunoglobulin products.							
Planned Date	Dose Type	Dose	Status	Requested	Expected Infusion Date	Date Dispensed	Dispensed
25-Dec-2023	Maintenance Dose (SClg)	Hizentra AU - 9.00 g	Dispensed		25-Dec-2023	09-Nov-2023	Q 9.00g of 9.00g
01-Jan-2024	Maintenance Dose (SClg)	Hizentra AU - 9.00 g	Dispensed		01-Jan-2024	09-Nov-2023	Q 9.00g of 9.00g
08-Jan-2024	Maintenance Dose (SClg)	Hizentra AU - 9.00 g	Planned				
15-Jan-2024	Maintenance Dose (SClg)	Hizentra AU - 9.00 g	Planned				
01-Apr-2024	Maintenance Dose (SClg)	Hizentra AU - 9.00 g	Planned				
08-Apr-2024	Maintenance Dose (SClg)	Hizentra AU - 9.00 g	Planned				
15-Apr-2024	Maintenance Dose (SClg)	Hizentra AU - 9.00 g	Planned				

Once an approved Immunoglobulin (Ig) Authorisation is nearing or has just exceeded its expiry date, BloodSTAR will notify Medical Officers involved with the authorisation and prompt them to submit review outcomes and will provide the option to submit a Continuing Authorisation Request.

Step Action - Checking the remaining doses for a patient’s authorisation

1. There are two ways of recording patient review outcomes.

Option A: Click on the link in your emailed notification and you will be automatically directed to the relevant BloodSTAR message in the **BloodSTAR Messages** tab. Within that relevant message, click the link **Record Review Outcomes** at the bottom.

Review Reminder - DOE, John

11-Jun-2016

This patient is due for clinical review in accordance with the criteria for access to immunoglobulin products supplied under the national blood arrangements.

To access continued treatment for this patient you must complete a clinical review and submit a Continuing Authorisation Request **before 25-Jul-2016**. Failure to request continuing authorisation will cease the patient's access to treatment and you will be required to submit a new Initial Authorisation Request if continuing treatment is required.

For further information please contact the Authoriser on 02 62123456789

[Record Review Outcomes](#)

Option B: Once you are logged in as a Medical Officer, select the **Pending Reviews** tab on the **Home** page. This will display all authorisations that require review in the next 8 weeks or those that have expired in the last 8 weeks. Locate the patient you want to record a review for and click **Record Review**.

The screenshot shows the 'Pending Reviews' section of the BloodStar portal. It features a navigation bar with 'Home', 'Patients', 'Authorisation Requests', 'Treatment', and 'BloodSTAR Messages'. Below the navigation, there are tabs for 'My Authorised Patients', 'Pending Reviews', and 'My Requests'. A table lists patient reviews with columns for Patient, Date of Birth, Treating Facility, Patient ID, Medical Condition, and Review Due Date. The first row shows a patient with a date of birth of 01-08-1980, treated at 'NBA Test Facility', with a review due date of 26-Mar-2024. A 'Record Review' button is highlighted in red. At the bottom, there is a pagination control showing '10 items per page' and '1 - 2 of 2 items'.

Patient	Date of Birth	Treating Facility	Patient ID	Medical Condition	Review Due Date	
1001, 0001	01-08-1980	NBA Test Facility		primary immunodeficiency disease (PID)	26-Mar-2024	Record Review

2. On the **Review Outcome Form**, confirm that all patient details are correct and if necessary, change or update them by selecting **Edit Patient Details**.

The screenshot shows the 'Review Outcome Form' with a 'Patient Details' section. The details listed are: Patient (1001, 0001), Date of Birth (01-08-1980), Sex (Male), State (ACT), Postcode (2600), and Weight (60.00 kg). There is a dropdown menu for 'NBA Test Facility' with 'NBA' selected. An 'Edit Patient Details' button is highlighted in red at the bottom right.

3. Scroll down, enter the **Review Date**, and nominate the **Reviewing Medical Officer**.

The screenshot shows the 'Review Details' section of the form. The 'Review Date' field is set to '19-Mar-2024' and is highlighted with a red box. Below it, the 'Reviewing Medical Officer' field has three options: 'I am the Reviewing Medical Officer', 'Select existing Treating Medical Specialist', and 'Nominate a Reviewing Medical Officer'. A note below states: 'The Criteria requires that a review must be undertaken by an Immunologist.'

4. Under **Review Criteria**, select all applicable options for the **Qualifying Criteria** according to your patient's condition and fill in all relevant **Supporting Evidence** details. These options are dependent on the original diagnosis and, if selected, will create fields for you to enter more information about the patient.

5. In **Review Outcome**, select the overall review outcome from the available options:

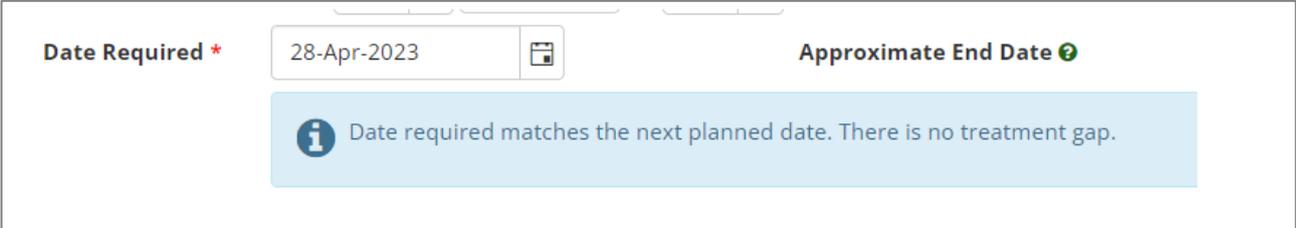
- A. Option to request continuing treatment for the current Ig Authorisation.
- B. Record a review/change on the authorisation without requesting continuing treatment.
- C. Cease the current authorisation as Ig therapy is no longer required or is being requested under a different indication. You have the option to cease treatment immediately or to choose a later date.

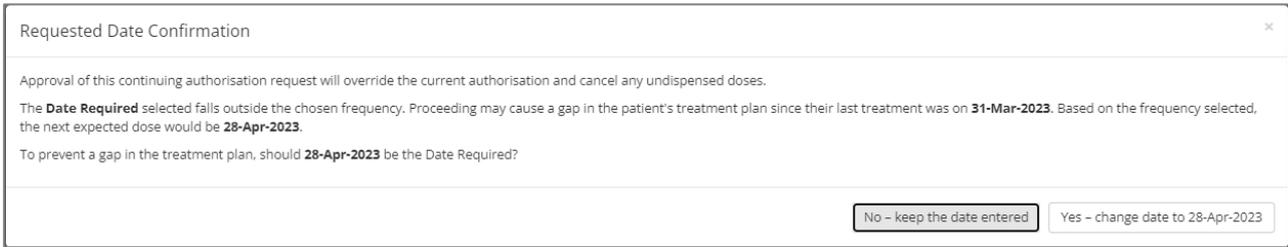
Review Outcome

Review Outcome * **A** **Request Continuing Treatment**
These review outcomes provide supporting information for the assessment of an additional authorisation period.

B **Review Only**
Record a review without requesting continuing treatment. Access to therapy will continue unchanged to the authorisation end date.

C **Cease Treatment**
End the current authorisation now because Ig therapy is no longer required, or is being requested under a different indication.

Step	Action – Submitting a Continuing Authorisation Request when there is one or more planned doses remaining in the previous authorisation
1.	<p>The system will prepopulate the Date Required to be the same as the next planned date and display a message saying Date required matches the next planned date. There is no treatment gap.</p> 

Step	Action – Submitting a Continuing Authorisation Request for the same dose type (IVIg to IVIg or SCIg to SCIg) and the date required is changed, creating a <i>treatment gap</i> .
1.	<p>The system will display a pop-up message advising the date entered creates a treatment gap the system will suggest an alternative treatment date to avoid a gap in treatment. The suggested date is based on the frequency selected in the new request.</p>  <p>There are two ways of recording patient review outcomes.</p> <p>Option A: If you select No – keep the date entered, the date you entered (e.g. 20 May 2023) will become the date of the first approved dose for this Continuing Authorisation Request. This may cause a gap in the treatment as specified in the pop-up.</p> <p>Option B: If you select Yes – change date to [Insert date], the date suggested by the system (e.g. 28 April 2023, in the example above) will be the date of the first dose for this Continuing Authorisation Request. This function is designed to reduce the number of unintentional gaps in a patient’s treatment plan.</p>