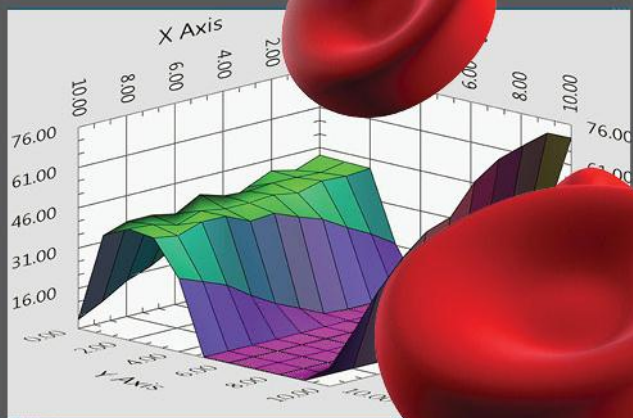
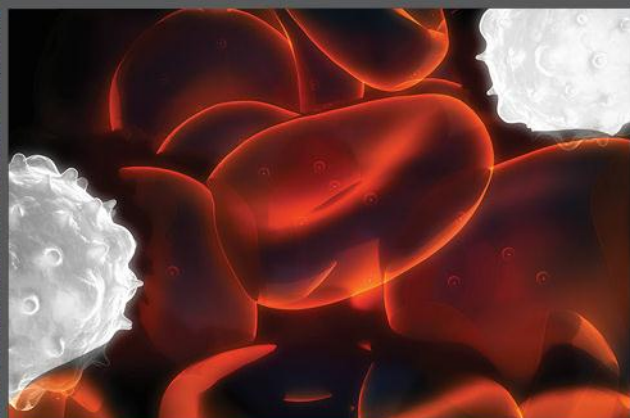


# NATIONAL BLOOD SECTOR DATA AND INFORMATION STRATEGY AND SCORECARD 2013 - 2016



NATIONAL BLOOD AUTHORITY  
AUSTRALIA

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# Document purpose

The *National Blood Authority Act 2003* states that the NBA is “to liaise with, and gather information from, governments, suppliers and others about matters relating to blood products and services”, and to provide information, advice and assistance to various stakeholders under the national blood arrangements.

The National Blood Agreement requires the NBA to perform the following activities and to facilitate coordination and information exchange with relevant stakeholders:

- promote optimal safety and quality in the supply, management and use of products, including through uniform national standards
- make best use of available resources, and to give financial and performance accountability for the use of resources by all entities involved in the Australian blood sector
- undertake national information gathering, monitoring of new developments, reporting and research in relation to the Australian blood sector
- undertake or facilitate national information management, benchmarking and cost and performance evaluation for the national blood supply
- facilitate the development of national information systems for safety and quality issues in relation to the Australian blood sector.

The Jurisdictional Blood Committee (JBC) Strategic Plan 2013-15 under goal 2 requires as a strategic priority for the JBC to “*Improve our evidence base to better understand blood and blood product management and use and identify opportunities for improvement (2.2)*”. In doing this they: “*Support the finalisation of a national data strategy for the blood sector as the basis for ongoing data analysis and feedback to JBC. Review the National Information and Data Strategy for approval. Facilitate development of governance arrangements for analysis and publication of data.*”

The National Blood Sector Data and Information Strategy 2013-2016 outlines the direction and scope of data and information development for the blood sector over the next three years to meet the requirements identified above.

# Introduction

The Australian blood sector faces immediate and ongoing challenges to meet the demand for blood and blood products. A number of factors will continue to put pressure on the sustainability of the blood sector, including:

- an ageing population that will increase demand for blood and blood products while concurrently reducing the pool of donors for the blood supply -
- sub-optimal use of blood and blood products, which is an additional risk factor for adverse patient outcomes
- lack of information about how, where and why blood products are used
- lack of data and performance measures to influence change at either the hospital system or clinician level
- an increase in financial pressures on the health system
- higher cost of producing plasma derived products in Australia than overseas and limited capacity for any substantial growth of the domestic plasma donor pool
- avoidable wastage due to during transport and inventory practices and product expiry.

The scale of change required to address the sustainability pressures generated by the sector should not be underestimated. The key limiting factor at this stage is the absence of comprehensive nationally transparent, available and standardised data which can be used to determine, and drive, the performance of the sector. This gap inhibits evidence based policy development and limits the extent to which clinical practice can be influenced.

A significant amount of data and information exists within the Blood Sector, however, the extent to which this data is currently available to the parties that need it, the quality of the data, and the capacity of the systems that hold it, varies widely. As is illustrated in *Table 1* on the following page, the majority of data/information is held either in supplier's systems or hospital systems.

TABLE 1. CURRENT STORAGE OF BLOOD SECTOR DATA

Blood product supply chain activities	Where data is located	National system (used for fresh and plasma derived products)	National system (used for clotting factor products)
Supply inventory levels and manufacturing information	Supplier systems		
Authorisation details	Supplier systems		ABDR
Order by health provider	Hospital or laboratory systems	BloodNet	ABDR
Issued to health provider	Supplier systems	BloodNet	
Received by health provider	Hospital or laboratory systems	BloodNet	
Wastage (fate of product)	Hospital or laboratory systems and/or ERIC system	BloodNet	
Issued to patient	Hospital systems (patient records and notes)		ABDR
Reason for use	Hospital systems (patient records and notes) general practitioner/specialist systems		ABDR
Outcome of treatment	Hospital systems (patient records, notes adverse events and mortality data) general practitioner/specialist systems		ABDR

In general, information within supplier’s systems is (relatively) easily accessible – the systems are typically electronic and core to the supplier’s business. Information from hospital systems is much less accessible and in some cases, is not in an electronic form (eg some patient notes) and is therefore extremely difficult to access. In addition, there is limited standardisation of what information is captured, how it is defined, stored and accessed, and limited standardisation of the hospital systems themselves. Jurisdictional variation in technology is also wide, with some jurisdictions moving towards standard, state wide hospital systems;

In addition to the existing systems within the sector, there are a number of national systems currently in development or being rolled out to health providers at various stages (BloodNet and ABDR) which are likely to positively impact data availability. Their use and the data that they can capture are illustrated in the Table 1.

## VISION

*To provide a coordinated, strategic approach, informed by the National Health Reform, to guide the capture, management and sharing of data and information on the performance and outcomes of the Australian blood sector.*

The strategy needs to consider national initiatives which may have an impact on data development. A number of broader national health initiatives are underway and the NBA has established relationships with the Government bodies whose work is most likely to impact on data development.

## THE PURPOSE

*To define the direction and scope of data and information development for the blood sector over the next three years.*

The strategy seeks to:

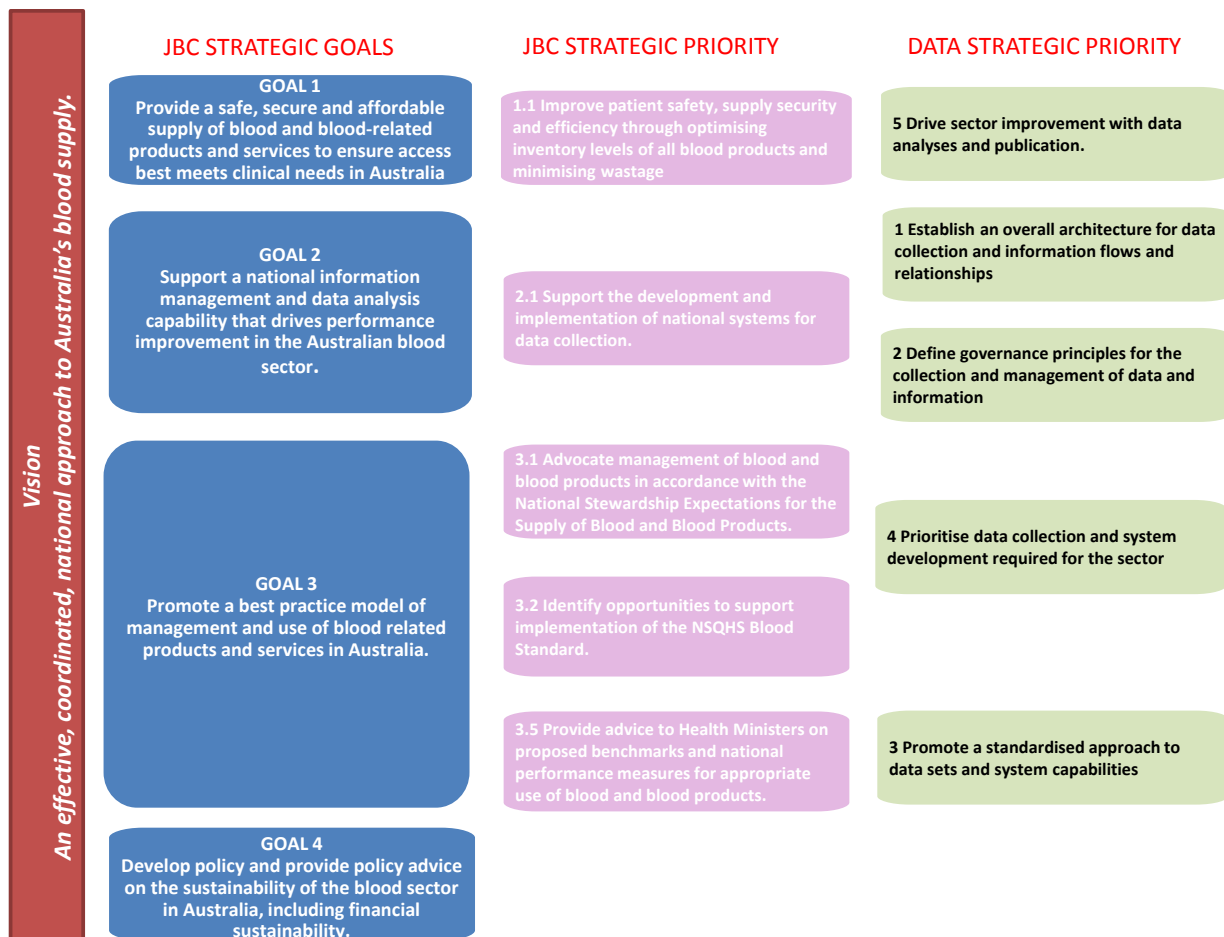
1. Provide priorities to guide investment in, and development of, systems to store, organise, extract and disseminate data. This will prevent overlap or investment in small scale and isolated projects, maximise coordination and optimise cost effectiveness in investment
2. Optimise use of existing expertise and systems – design and implement the changes needed for effective management and use of information in the sector
3. Engage with the non-government sector, including private hospitals, pharmacies and pathology labs, to align practices and standards, and agree benchmarks
4. Capture and build engagement in order to integrate opportunities to improve the efficiency and outcomes for the sector across all stakeholders; specifically to:
  - a. Align clinical demand for blood and blood related products with that required to meet evidence based clinical need
  - b. Provide an appropriate level of supply security at the lowest feasible and sustainable cost
  - c. Purchase products which provide the best value for money while not compromising patient outcomes
  - d. Stimulate targeted and priority research and analysis of the sector
  - e. Ensure that government policy objectives are measured and achieved
5. Demonstrate transparency and accountability of the data and information within the sector.
6. Position the blood sector for integration into the National Health Reform, including alignment with the National Health Performance Framework, using a Blood Sector Performance Scorecard administered by the NBA.

## STRATEGIC PRIORITIES 2013-16

*The Strategy consists of five Strategic Priority streams of activities:*

1. Establish an overall architecture for data collection and information flows and relationships
2. Define governance principles for the collection and management of data and information
3. Promote a standardised approach to data sets and system capabilities
4. Prioritise data collection and system development required for the sector
5. Drive sector improvement with data analyses and publication.

The strategic streams are presented in the figure below. This illustrates the five strategic priority streams of activities (in green) which support the JBC strategic priorities (in purple). It also shows how all five streams align to the four goals identified in the JBC Strategic Plan 2013-15 (in blue).



# 1. Establish an overall architecture for data collection and information flows and relationships

The architecture of the data, systems and information flow in the sector needs to capture, validate and reconcile data just once, at source, in order to generate real value across the sector. There are serious limitations in the existing blood sector information architecture as a result of, in part, dispersed responsibilities. This Strategy is designed to build collaboration and a shared commitment to more efficient and comprehensive data collection and dissemination.

Desired Outcome	Key Strategies
<p>1.1 The National Blood Sector Data and Information Strategy is maintained so that it remains relevant</p> <p>1.2 The overall architecture for data collection and information flows and relationships in the blood sector is published and gaps identified</p>	<p>1.1.1 Publish the agreed National Blood Sector Data and Information Strategy for 2013-16 (2012-13)</p> <p>1.1.2 Monitor best practices in health informatics to inform the activities of the sector (2013-16)</p> <p>1.2.1 The NBA will work with the stakeholders to document the data sets available for the blood sector and to identify the gaps in data collections and data linkages within the sector (2013-14)</p> <p>1.2.2 The NBA will work with the stakeholders to document the blood sector data collection architecture including the information flows and relationships and make it available to the blood sector (2013-14)</p> <p>1.2.3 The NBA will work with stakeholders to prioritise and identify measures to address the gaps in data collections and data linkages within the sector (2014-15)</p>
<p>1.3 Effective processes and tools to support data sharing are developed</p>	<p>1.3.1 Coordinate and inform the data and information activities of government departments with those of blood sector suppliers and the clinical community (2014-16)</p> <p>1.3.2 The NBA will work with key stakeholders to develop and implement data sharing and usage agreements between blood sector stakeholders (2013-15)</p>



## 2. Define governance principles for the collection and management of data and information

Data governance refers to the overall management of the availability, usability, integrity, and security of data. A sound data governance arrangement must be comprehensive and include a governing body, a defined set of procedures, and a plan to execute those procedures. Governance arrangements will exist at all levels within the sector and must be able to demonstrate their compliance against all required standards and community expectations.

The governance framework for data collection and management at the national level needs to be able to guarantee and demonstrate:

- Data will be shared, open and managed as an asset under documented governance processes (including ethics approval processes)
- Data and information will be released under strict guidelines to ensure compliance
- Data and information will be delivered to allow access, release and control
- Data and information will be auditable and ensure accountability
- Data and Information roles and responsibilities will be defined and published
- Data will be supported by data dictionaries, meta data and ensure a high quality data standard
- Obligations and expectations for external stakeholders data reporting are managed

Desired Outcome	Key Strategies
2.1 Awareness among sector stakeholders of the requirements of data governance	2.1.1 The NBA will work with key stakeholders to develop, maintain and disseminate exemplar policies, procedures and practices for the blood sector, to support data governance and compliance (2013-16)
2.2 Excellence in data governance and information management through sharing and publication of expectations	2.2.1 Publish the National Blood Sector Data and Information Governance Framework, including a set of principles to determine data standards and the framework which they can be developed and assessed (2013-14)  2.2.2 Document blood sector data governance frameworks and how they link to the NBA, ensuring that they are accountable and open to external review (2013-14)

### 3. Promote a standardised approach to data sets and system capabilities

As the ability to link widely disparate data sources becomes technologically possible, the need to standardise the way in which data is created, captured, encoded and stored becomes more important. While health sector-wide standardisation is in its infancy, some initiatives have made excellent progress and have laid important groundwork for standardisation.

The NBA will work with the blood sector to ensure integration with the National Health Reforms, including alignment with the National Health Performance Framework to achieve standardisation.

Desired Outcome	Key Strategies
<p>3.1 Publish the agreed Blood Sector Performance Scorecard</p> <p><i>Refer to Blood Sector Performance Scorecard below (Table 2 on page 14, to Table 5 on page 17).</i></p>	<p>3.1.1 Publish endorsed blood sector performance scorecard that includes contract operational measures, national measures and indicators for the use and management of blood and blood products as per tables 3, 4 and 5. (2013-16)</p> <p>3.1.2 Monitor and review the blood sector performance indicators to ensure they align with the National Health Performance Framework (2013-16)</p>
<p>3.2 Publish framework document to support development of specialist minimum data sets for the blood sector</p>	<p>3.2.1 Communicate blood sector development of data and information standards to all relevant stakeholders (2013-14)</p>
<p>3.3 Minimum data set specifications published that align with nationally authorised data dictionary definitions and the data principles for the sector</p>	<p>3.3.1 Develop and implement standards for blood sector data within prescribed national minimum data sets and align blood sector data with the data requirements of the National Health Reform to provide consistency of content and definition, to avoid duplication and diversity of solutions, and to reduce the cost of data development (2014-15)</p>

## 4. Prioritise data collection and system development required for the sector

This priority covers key strategies for data that is collected from existing systems (e.g. by data linkage) and the development of new systems to collect data. Data systems may also need to be developed or modified to aid data linkage or extraction. An important precursor of the work will be the identification of the currently available data sets, along with the data gaps within the sector (Desired Outcome 1.2).

Desired Outcome	Key Strategies
<p>4.1 Key data collection activities continue and are reviewed to ensure requirements remain current</p>	<p>4.1.1 BloodNet interfaced to major Health Provider Laboratory Information Systems (2013-16)</p> <p>4.1.2 BloodNet expanded to cover all blood and blood products funded under the National Blood Arrangements so that data such as discards, orders fulfilment and full goods receipt verification can be provided from one source (2013-15)</p> <p>4.1.3 BloodNet functionality enhanced to meet needs of key users; including interfaces with suppliers, supply chain efficiencies such as the Substitution and Payment Rules, National Inventory Management Framework and Service Requirements &amp; Standards and further reporting capabilities, such as a near real time National Blood Inventory Report (2013-15)</p> <p>4.1.4 Implement revised National Policy on Barcoding for Blood and Blood Products with traceability down to the individual unit level (2013-2016)</p> <p>4.1.5 Develop systems to meet the IVIg Governance Review recommendations and consider synergies with other products that may have similar prescribing restrictions and the need for data collection (2013-15)</p> <p>4.1.6 Development of MyABDR, a web and smart-phone based interface for people with bleeding disorders for patient self-recording in real time of bleeds and infusions (2013-2014)</p>
<p>4.2 Data needs for the blood sector are assessed and prioritised for delivery</p>	<p>4.2.1 Develop and implement tools and systems in priority areas as identified in Desired Outcome 1.2 to address the gaps in data collections and data linkages within the sector (2014-16)</p>

Desired Outcome	Key Strategies
4.3 Establish performance benchmarks	<p>4.3.1 Develop and agree benchmark targets for blood and blood product wastage/discards (2013-14)</p> <p>4.3.2 Develop and agree benchmark targets for blood and blood product appropriate use once the outcomes of 3.3 are known (2015-16)</p>
4.4 National Haemovigilance System	4.4.1 Agree the scope and design of a National Haemovigilance System to capture data to enable appropriate analysis (2013-14)

## 5. Drive sector improvement with data analyses and publication

Data becomes valuable when it is analysed in well-considered ways and disseminated to those parties who need and/or benefit from it. This section sets out the strategies to identify who analyses the data, how and why, to whom the resultant information is disseminated and the rules for controlling data dissemination, e.g. rules for ensuring privacy is maintained, recognising and managing sensitive information, and ensuring data and information is disseminated in a timely manner.

Desired Outcome	Key Strategies
5.1 Provide open access to data and information as a default position, where activities have been undertaken with public funding	<p>5.1.1 Following Desired Outcome 2.2, implement the agreed principles on open public sector information access (2013-14)</p> <p>5.1.2 Scope and implement additional online reporting through Jurisdictional Reporting application to meet jurisdictional needs (2014)</p> <p>5.1.3 Aggregated data sets available for download from NBA website including data sets in various formats that allow analysis (2014-2015)</p>
5.2 Collate and analyse data on a timely basis to support performance reporting and provide reports that address key blood sector questions	<p>5.2.1 The NBA to publish real time inventory and discards at the Health Provider level (2013-14)</p> <p>5.2.2 The NBA to publish comparative data on issues, discards and order fulfilment rates (2013-15)</p> <p>5.2.3 Report and publish the Performance Scorecard administered by the NBA (2013-14)</p> <p>5.2.4 The NBA to continue to publish the ABDR and IVIg annual reports (2013-16)</p>
5.3 The value of extant data will be increased through the use of data linking and improved contextual data	<p>5.3.1 Red blood cell appropriate use data linkage results published (2013-14)</p> <p>5.3.2 Identify and design further data linkage projects to address the gaps in data collections and data linkages within the sector from Desired Outcome 1.2 (2014-16)</p>
5.4 Collaborate and disseminate research and development results	<p>5.4.1 Coordinate communication in the blood sector to highlight current and proposed data research and development results (2013-16)</p>

## BLOOD SECTOR PERFORMANCE SCORECARD

A component of Strategic Priority 5 will be performance reporting through a Blood Sector Performance Scorecard administered by the NBA. The key objective in establishing this scorecard is to ensure integration of blood sector performance measurement with broader government health performance and accountability agendas. The National Health Performance Framework 2009<sup>1</sup> describes indicators for three tiers of the health sector to provide a comprehensive picture of the population's health and how the health system is performing in meeting health needs. The blood sector scorecard will conform to the Health System Performance framework (Tier 3). The interpretation of this framework for the blood sector is at Table 1.

While the sector scorecard is derived from the wider health sector framework, it also accommodates three key perspectives derived from the National Blood Agreement as summarised below.

1. **Supply security:** this perspective comprises measures of any interruption to supply, including product recall for safety reasons. For supply to be secure in the long term, and adequate to meet clinical need, it must remain affordable for governments.
2. **Clinical Safety and Quality:** this is a clinical perspective focused on patient outcomes and safety and quality of processes used to deliver these outcomes. This perspective comprises measures of the impact of health care on the patient's clinical status and functioning. Indicators of this type are often described as the 'gold standard' of service effectiveness indicators on the basis that health services must first and foremost be accountable to the populations they serve.

In pursuing the primary policy objectives of the National Blood Agreement, a number of secondary policy aims prescribe the third perspective:

3. **Sector Management:** this perspective comprises measures of the control and implementation of policy and governance in the blood sector. A high performing blood sector requires effective and responsive stewardship that demonstrates positive impacts on sector resources, processes and outcomes.

Preliminary internal work at the NBA has identified a number of blood sector performance measures that vary in the timeframes and resources necessary to implement them.

The data points in the scorecard (divided into three perspectives) at Tables 2 to 4 represent reporting that can now, or will be, achieved within the 2013-16 timeframe. Data points that require further development before implementation have been marked in grey, and the data sources for each measure are indicated. The scorecard will be reviewed and published annually.

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<sup>1</sup> <http://meteor.aihw.gov.au/content/index.phtml/itemId/392569>

**TABLE 2. HEALTH SYSTEM PERFORMANCE AND THE BLOOD SECTOR MEASURES**

	Effective	Safe	Responsive	Continuous	Accessible	Efficient & Sustainable
Health sector measure	Care, intervention or action provided is relevant to the client's needs and based on established standards. Care, intervention or action achieves desired outcome.	The avoidance or reduction to acceptable limits of actual or potential harm from health care management or the environment in which health care is delivered.	Service is client orientated. Clients are treated with dignity, confidentiality, and encouraged to participate in choices related to their care.	Ability to provide uninterrupted, coordinated care or service across programs, practitioners, organisations and levels over time.	People can obtain health care at the right place and time irrespective of income, physical location and cultural background.	Achieving desired results with cost effective use of resources. Capacity of system to sustain workforce and infrastructure, to innovate and respond to emerging needs.
Blood sector measure	Appropriate blood products are provided to eligible patients.	Safe blood products are administered safely by accredited health providers. Adverse events are reported and acted upon.	Patients consent to treatment with blood products, and are provided with appropriate information and feedback mechanisms.	Donor welfare is ensured while addressing donor sustainability. Supply of blood products is secure.	Blood products are available to meet clinical demand.	An efficient supply chain delivers affordable blood products.
Rationale	The administration of blood product is an intervention. Guidelines provide established standards against which the relevance of product to a client's need can be determined (patient eligibility). Additional appropriateness criteria may apply for products which are costly or in short supply. The outcome is product administered to an eligible patient.	A transfusion/infusion episode is safe if did not result in actual or potential harm to the patient. Adverse event reporting provides a direct measure of safety. Lower level indicators may be developed to address the processes used to reduce the risk of an adverse event occurring, including measures of product safety and accreditation and process improvements achieved by health providers.	A standard is currently being developed on the information to be provided to patients and carers on risks and benefits of using products and available alternatives. Informed consent must be obtained for all product administration.	The blood sector is subject to short-term supply disruptions, for example due to product safety issues and variability in global demand and supply. A secure supply of blood services is a primary objective of the National Blood Agreement, and to achieve this suppliers are required to hold product in reserve to ensure supply continuity.	Access implies that people in need of care actually receive services. Treatment rates should be compared with need. Access also implies geographical proximity so that services are delivered in a way that minimises dislocation of the consumer from family and local supports. A third meaning concerns timeliness, or responding to needs when they arise.	At the national level, cost and volume of product measure affordability and sustainability respectively. An efficient blood sector must also meet clinical need by providing health providers with adequate blood product, as determined by jurisdictions. Wastage is a lower level measure of both efficiency and sustainability which is currently a particular focus of the blood sector.

**TABLE 3. BLOOD SECTOR PERFORMANCE SCORECARD – SUPPLY DATA**

Criteria	Measures
<b>Effective</b>	<ul style="list-style-type: none"> <li>Number of unique donors per annum†(2013-14). Frequency of Donation†(2013-14)</li> <li>Variance between actual demand (based on orders by health providers) for blood products and actual supply by product type (based on receipts by health providers† (2013-14)</li> <li>Conversion rate of blood collection to supply† (2013-14).</li> <li>Donor retention rate above 75%†(2013-14)</li> </ul>
<b>Safe</b>	<ul style="list-style-type: none"> <li>Donations rejected as a result of testing less than 1%†(2013-14)</li> <li>Blood component recalls less than 0.5%† (2013-14)</li> <li>Plasma and recombinant product recalls activated less than 2 times per year‡ (2013-14)</li> <li>Donor adverse events reported†(2013-14)</li> </ul>
<b>Responsive</b>	<ul style="list-style-type: none"> <li>Annual health provider Blood Service questionnaire report†(2013-14)</li> <li>Percentage of health providers with local contingency supply arrangements in place: (2015-16)</li> <li>Number of days of In-Country blood product stock reserves‡ (2013-14)</li> <li>Number of urgent and life threatening orders fulfilled‡ (2013-14)</li> </ul>
<b>Continuous</b>	<ul style="list-style-type: none"> <li>Number of days of Global Committed stock reserves‡ (2013-14)</li> <li>Percentage of suppliers with NBA approved risk management plans* (2013-14)</li> <li>Percentage of stock out incidents at health providers: (2013-14)</li> <li>NBSCP is activated less than 5 days per year* (2013-14)</li> <li>Deliveries made In-Full-On-Time &gt;95%‡ (2013-14)</li> <li>98% of stock delivered within desired Minimum Shelf Life‡ (2013-14)</li> </ul>
<b>Accessible</b>	<ul style="list-style-type: none"> <li>National yield of plasma for fractionation† (2013-14)</li> <li>Percentage of suppliers with blood product inventory levels maintained at required contractual levels‡ (2013-14)</li> <li>Number of days national blood component inventory falls below agreed triggers* (2014-15)</li> </ul>
<b>Efficient and Sustainable</b>	<ul style="list-style-type: none"> <li>Percentage yields in fractionation process‡ (2013-14)</li> <li>Percentage of health providers using BloodNet and BloodNet Fate module* (2013-14)</li> <li>Percentage of demand for plasma products covered by domestic production‡ (2013-14)</li> <li>Price rises within 1% of CPI and health price index (2013-14)</li> <li>Percentage of facilities meeting National Wastage Reduction Strategy targets* (2014-15)</li> </ul>

Data sources: \*NBA, †Australian Red Cross Blood Service, ‡CSL, †Blood Product Suppliers, ‡Health Providers



**TABLE 4. BLOOD SECTOR PERFORMANCE SCORECARD – CLINICAL SAFETY AND QUALITY DATA**

Criteria	Measures
<b>Effective</b>	<ul style="list-style-type: none"> <li>▪ National clinical and product guidelines and IVIg criteria for use produced as directed by jurisdictions*(2013-14)</li> <li>▪ Jurisdictions satisfied with National PBM activities &gt; 75%* (2013-14)</li> </ul>
<b>Safe</b>	<ul style="list-style-type: none"> <li>▪ Percentage of health providers accredited against ACHS Equip Standards, or NSQHS Standard 7 or NPAAC Standards; (2013-14)</li> </ul>
<b>Responsive</b>	<ul style="list-style-type: none"> <li>• Number of new BloodNet reports developed in response to user demand* (2013-14)</li> <li>• Number of new initiatives resulting from BloodChat forums* (2013-14)</li> <li>• Number of users registered with BloodPortal* (2013-14)</li> <li>• Number of requests for data from NBA managed systems* (2013-14)</li> </ul>
<b>Continuous</b>	<ul style="list-style-type: none"> <li>▪ Number of jurisdictions contributing haemovigilance data for national reporting* (2013-14)</li> <li>▪ Number of jurisdictions reporting consistently with the National Haemovigilance Data Dictionary* (2015-16)</li> <li>▪ Percentage of health providers with a policy for a PBM program; (2015-16)</li> </ul>
<b>Accessible</b>	<ul style="list-style-type: none"> <li>▪ Number of downloads from NBA website for National Reference Sets* (2014-15)</li> <li>▪ Data available on national blood component and blood product issue costs, volumes, and discard rates* (2013-14)</li> <li>▪ Percentage of enrolling students completing BloodSafe eLearning* (2013-14)</li> </ul>
<b>Efficient and Sustainable</b>	<ul style="list-style-type: none"> <li>▪ Number of health providers with a policy of administering blood components in accordance with clinical guidelines* (2014-16)</li> <li>▪ Rate of issue of blood components and products per 1000 population* (2013-14)</li> <li>▪ Percentage of health providers stocked at inventory levels in accordance with National Inventory Management Framework* (2015-16)</li> </ul>

Data sources: \*NBA, †Australian Red Cross Blood Service, ‡CSL, †Blood Product Suppliers, ;Health Providers

**TABLE 5. BLOOD SECTOR PERFORMANCE SCORECARD - SECTOR DATA**

Criteria	Measures
<b>Effective</b>	<ul style="list-style-type: none"> <li>Percentage of national contract performance requirements met* (2013-14)</li> <li>Completion rate for Multi-Criteria Analysis Framework assessment of proposals for changes to products funded under Schedule 4 of the National Blood Agreement* (2013-14)</li> <li>Percentage of blood component orders filled without substitution* (2014-15)</li> </ul>
<b>Safe</b>	<ul style="list-style-type: none"> <li>Percentage of products and services that meet TGA requirements* (2013-14)</li> </ul>
<b>Responsive</b>	<ul style="list-style-type: none"> <li>National Blood Sector Data and Information Governance Framework published* (2013-14)</li> <li>Data capture rate for clotting factor use &gt;85% issued product* (2013-14)</li> <li>Blood product order fulfilment rate &gt;95%† (2013-14)</li> <li>Percentage of JBC decisions progressed within three months of meeting* (2013-14)</li> <li>Percentage of health providers supply complaints resolved within agreed timeframe‡ (2014-15)</li> </ul>
<b>Continuous</b>	<ul style="list-style-type: none"> <li>Number of jurisdictions with emergency blood management arrangements in place* (2013-14)</li> <li>Number of research applications for the sector citing the National Blood Sector Research and Development Priorities* (2014-15)</li> </ul>
<b>Accessible</b>	<ul style="list-style-type: none"> <li>Rate of NBA compliance with IPS and FOI requests* (2013-14)</li> <li>Number of requests met for national data complying with the National Blood Sector Data and Information Governance Framework* (2013-14)</li> <li>Number of guidelines reviewed or published* (2013-14)</li> </ul>
<b>Efficient and Sustainable</b>	<ul style="list-style-type: none"> <li>Cost of National Blood Agreement increases within 1% of health sector increases* (2013-14)</li> <li>Variance of &lt;5% in total performance against the NSP&amp;B* (2013-14)</li> <li>ROI on NBA administered projects (2013-14)</li> <li>Value for money measures from national procurement are transparently reported* (2013-14)</li> <li>Portfolio Budget Statement Deliverables and Key Performance Indicators reported* (2013-14)</li> </ul>

Data sources: \*NBA, †Australian Red Cross Blood Service, ‡CSL, ¶Blood Product Suppliers, ∷Health Providers

# Acronyms and glossary of terms

## ACRONYMS

ABDR	Australian Bleeding Disorders Registry
ACHS	Australian Council on Healthcare Standards
FOI	Freedom of Information
IPS	Information Publication Scheme
NBA	National Blood Authority
NSP&B	National Supply Plan and Budget
NBSCP	National Blood Supply Contingency Plan
NPAAC	National Pathology Accreditation Advisory Council
NSQHS	National Safety and Quality Health Service
PBM	Patient Blood Management
QA	Quality Assurance
TGA	Therapeutic Goods Administration

## GLOSSARY OF TERMS

bleeding disorders	Diseases that cause abnormal or exaggerated bleeding and poor blood clotting
blood products	Products available under the National Blood Agreement
fractionation	Blood plasma fractionation refers to the general processes of separating the various components of blood plasma.

