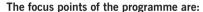
Eugene Zhiburt

Head of Blood Transfusion and Policlinic at National Pirogov Medical Surgical Centre



The Ministry of Health and Social Development of the Russian Federation and the Federal Medical-Biological Agency launched a large-scale development programme on voluntary blood donation to create awareness amongst Russians. This programme was promoted actively during 2008–2012.



- · Re-equipment of blood establishments,
- Creating a unified information database,
- Development of a system for voluntary blood and blood components donations.

The programme involved 82 subjects of the Russian Federation, including 96 regional and 11 federal blood establishments. The Russian state, hospitals, community organisations, businesses and individual donors and volunteers used the development programme, which resulted in a change in attitude amongst the Russians. This proofs that educational activities are very important in Russia.

The ISBT Academy workshop on "Standards and individual approaches in clinical transfusion medicine" was held in Russian Pirogov National Medical Surgical Centre in Moscow on December 14–16, 2011. The workshop counted 96 participants who mostly were physicians from blood banks and transfusion services. They listened to seven lectures. Afterwards the participants had the possibility to take part in a broad discussion. Since the quantity of blood establishments

decreased from 1618 in 2001 to 584 in 2010. Russian blood service is under centralisation. This attracted great interest for the lecture of Mr. Angus Douglas. He spoke about the experience of blood service centralisation in Scotland. Instead of having several blood centres, a single management centre was created for Scotland.

The responsibilities of Scotland's management

- Supply Chain Directorate,
- Clinical Directorate,
- Quality Directorate,
- Tissues Directorate,
- · Reagents Directorate,
- Plasma Fractionation Directorate,
- Support Services Directorate.

Scotland's management centre is designed

- Single donor management optimising collections across Scotland.
- 2 processing/testing centres under one management resulting in consistently high component quality,









- Single logistics management allowing stock optimisation.
- SNBT's clinical directors leading transfusion medicine in hospitals, including safety to bedside, optimal use, stem cells,
- · Support service costs reduced,
- R&D improved through international partnerships,
- · Decision devolution to energise staff.

The results of blood service centralisation reform in Scotland are-

- Improved donor management central planning, community relationships;
- Improved quality of components;
- Improved quality of transfusion medicine (optimal blood use):
- · Introduction of new technology;
- · Improved R&D leading to real break-throughs, for example, sourcing blood components from stem cells;
- · Improved staff morale and recruitment through devolving responsibility:
- Improved reputation of SNBTS;
- · Financial savings funded modernisation. Another interesting lecture on "Massive Transfusion;

Lessons from Military Trauma" was delivered by Dr. Sam Rawlinson. He has looked at the rationale behind using a proactive approach to managing major haemorrhage following trauma, and highlighted the need for a more refined Transfusion Triage System. The need for rapid laboratory turnaround time, and the potential use of Near Patient Testing was highlighted.

A variety of risk reduction measures have been considered:

- Pretested Emergency Donor panels with optimal ABO group,
- · Point of Collection testing,
- · Age of Blood,
- · Drv plasma.
- · Potential value of using Fibrinogen concentrate.

The next workshop will be on "New in transfusion medicine" and will be held in Pirogov Center on May 16-18, 2012.

29

28 Transfusion Today | Number 90, March 2012 Transfusion Today | Number 90, March 2012