

# Telemedicine and Blood collection session supervision by a nurse in France

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I, acting as Speaker  
declare that

in the exercise of my function and for this event, I AM NOT acting under my own or other's commercial interests or those of third parties; and that any relationships I have had in the last two years with subjects with commercial interests are not such as to allow these subjects to influence my functions in order to take advantage of them.



# TELEMEDICINE: CONTEXT AND LEGAL FRAMEWORK



## REPORT

- The physician shortage forces sites to cancel collections
- Medical care for donors remains exceptional : 6 serious adverse reactions per month and per region including one emergency call (EFS nation-wide: 2,5 million whole blood donations / year)
- Nurses' involvement in donors selection since 2017
- Well trained teams in first aid gestures;
- A system widely deployed in European countries



## OBJECTIVES

- **Maintain and even increase collection capacity and ensure self sufficiency in safe blood and blood products**



## SOLUTION

- A system with telemedicine including :
  - **Available physicians offsite on the phone;**
  - **A new role for nurses : the supervision of blood collection**

# A POSITIVE ENVIRONMENT FOR TELEMEDICINE : THE PRE-DONATION INTERVIEW REALIZED BY NURSE

## Valuation of the nurses

It increases skills and autonomy for nurses. It strengthens the link between physicians and nurses.

## Training

A robust national training is in place combining theoretical training and practical support under the supervision of a physician (100 pre-donation interviews required to practice)

## Gradual deployment

Deployment organized in two stages to ensure no significant different in deferral rates and donor adverse events.

Two years of experimentation with shared practice and meetings including health authorities.

Routine deployment has been authorized since the publication of decree 2017-309, 03/11/2017.

At the end of the year 2022 :

- 51,2% of collections benefit from nurses performing pre-donation interviews (29,4% collections in fixed sites et 72,9% mobiles sites) ;
- 36,8% of the interviews performed by 470 nurses.

# CURRENT SITUATION AND RISK ANALYSIS



## Blood collections : key features



## Serious adverse reactions

▶ **40 000** Collections per year in France

▶ **2 500 000** Whole blood donations per year

▶ **10** Regional establishments  
- between 130 000 et 360 000 donation per year

A retrospective study was carried out over the period from 01/01 to 06/30/2018 (1.25 million donations):

- **6 serious adverse reactions per month and per establishment;**
- **<1 emergency call per month per regional establishment.**

Serious adverse reactions	372
Vasovagal reactions	351
With trauma	24
Without trauma	327
Emergency call	42
hospitalisation	11

# TELEMEDICINE IN COLLECTION HAS ALREADY BEEN SUCCESSFULLY TESTED IN OTHER COUNTRIES

- Australia ;
- Norway (for 30 years) ;
- Sweden (for 30 years) ;
- Scotland ;
- Irland (for 3 years) ;
- Hungary ;
- North Ireland;
- New Zealand;
- Wales (for 15 years);
- Establishments from states of the USA : ABC, ARC, BSI ;
- Austria.



No impact on deferral or serious adverse events.

## FRAMEWORK OF THE PROJECT



### Mains issues of the project:

- Strong HR career possibilities for nurses and physicians
- Practical training issues for teams using new tools;
- Support for change implying training, management communication and general communication.



### Roadmap and action plan

- Regulatory development
- Training plan based on scenarios and role play
- Change support plan for teams

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## A CHANGE IN THE REGULATIONS IN COLLABORATION WITH THE HEALTH AUTHORITIES THEN MADE IT POSSIBLE TO AUTHORIZE AND IMPLEMENT TELEMEDICINE AND BLOOD DONATION SESSION SUPERVISION BY A NURSE



**Publication of the decree of 02/15/2019** opening and regulating telemedicine in blood collection.



**Publication of the decree of 06/27/2019** specifying the conditions under which communication is organized between the teams and the physician.



# TELEMEDICINE IS CHARACTERIZED BY THE CREATION OF NEW POSTS OF PHYSICIAN OFFSITE AND NURSES SUPERVISING THE COLLECTION

- The organization of the collection remains unchanged with the main four steps : reception, interview, blood donation, snack
- Collections remain the responsibility of the head of the department;
- Two new roles are emerging : physician offsite and nurses supervising the blood collection

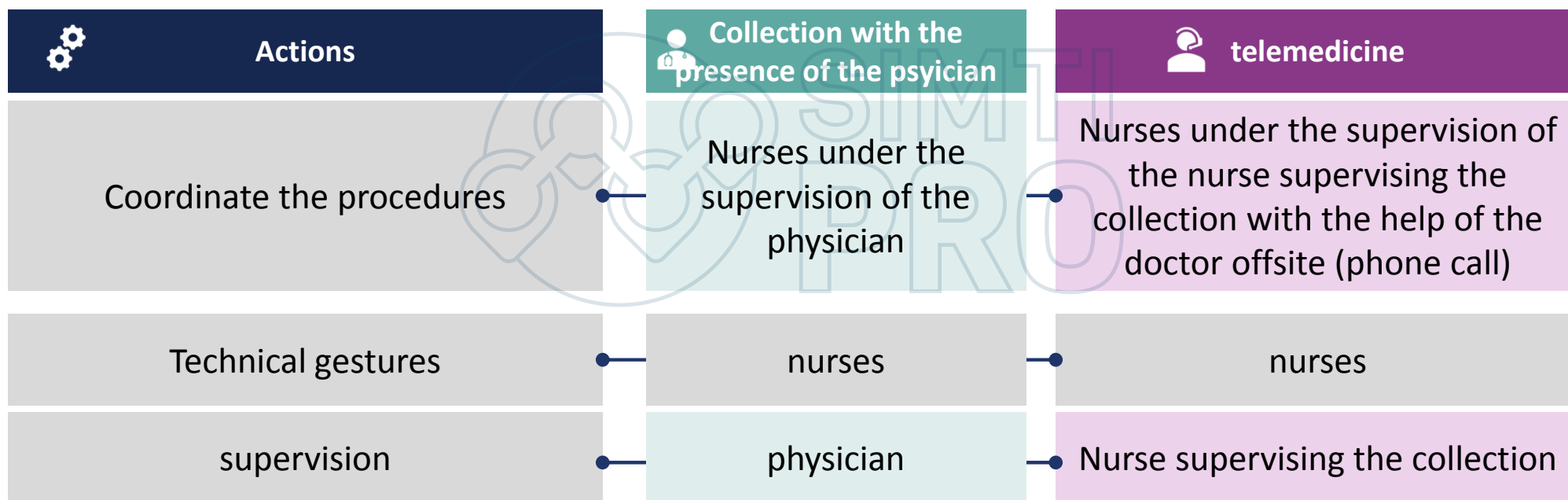
## New roles in telemedicine

### Roles with the presence of the physician at the site collection

### telemedicine



## Collection management and donor medical care in case of serious adverse event



# TEAMS CAN CONTACT THE PHYSICIAN (BY PHONE CALL) AT ANY TIME FOR MEDICAL PURPOSE



## 1. Donor interview

Transfusion practices

**Donors >65 years old ;  
First donors > 60 years  
old.**

In the absence of clear reason for deferral, the nurse performing the interview contacts the physician offsite

## 2. Medical questions

Internal guidelines

During the interview, the nurse can contact the physician by phone in case of doubt or question to obtain advice.

## 3. Serious adverse event

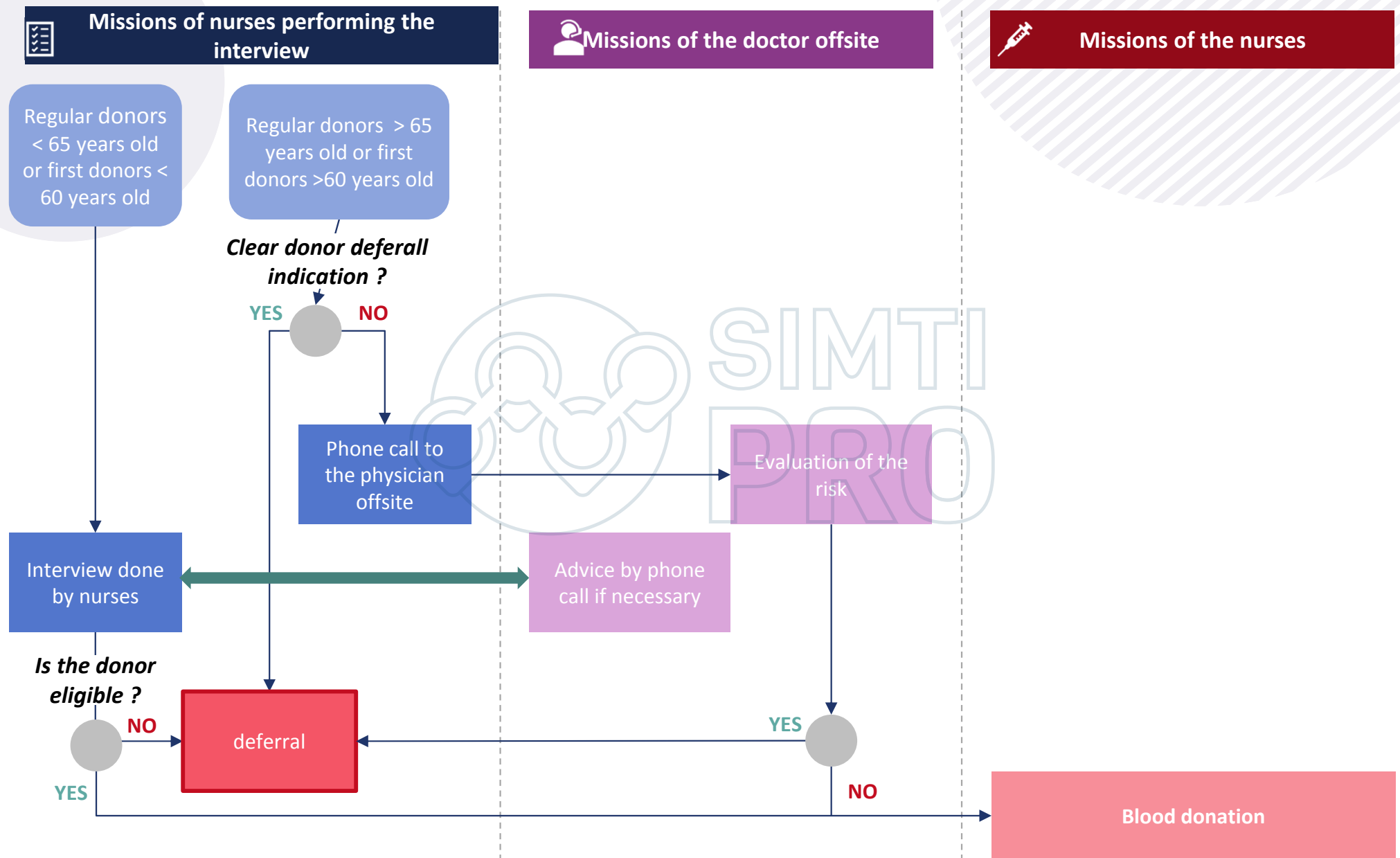
Procedures

In case of serious adverse event, the teams must contact the doctor

## 4. Other questions

For all other medical questions, the teams can contact the doctor

# TELEMEDICINE : THE DONOR INTERVIEW



## TELEMEDICINE : TECHNICAL AND LOGISTICAL TOOLS

Communication between the physician (offsite) and the teams is managed by **call management software** that allows call to be routed to the physicians, as a priority in the region. The team has two telephone numbers to dial depending on the type of call : medical question during the interview or donors serious adverse reaction .



**Doctor  
offsite**

The physicians offsite are equipped with smartphones, PC.



**Nurses  
(interviews)**

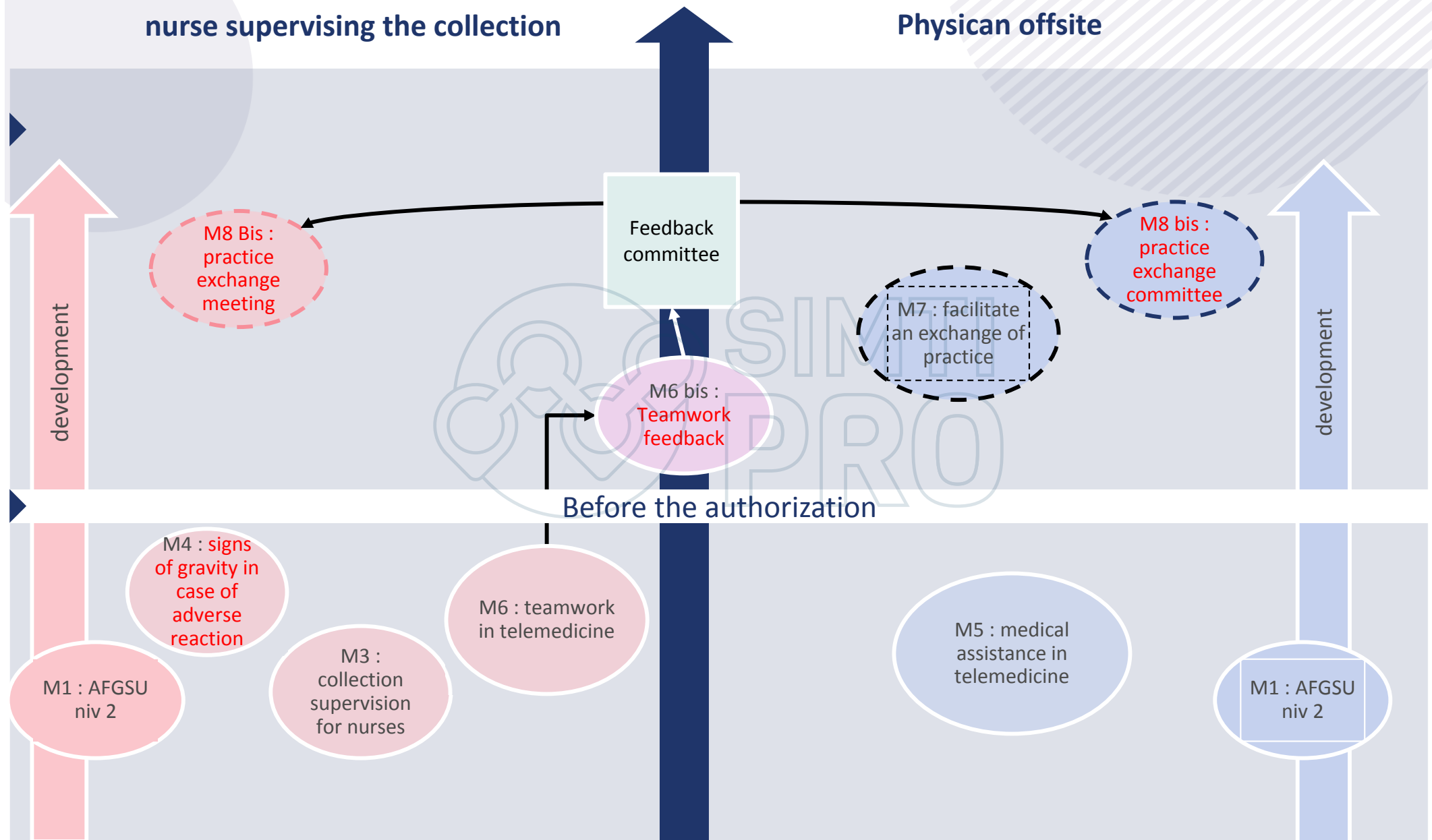
Smartphone for each nurse performing the interview.



**team**

Smartphone in emergency bag

# A ROBUST TRAINING PLAN IS PERFORMED IN ORDER TO ACCOMPAGNY THE CHANGE AND TO TRAIN TEAMS IN THEIR NEW ROLES



## COMPLEMENTARY CHANGE SUPPORT SYSTEM



**Social dialogue to inform**



**Specific support for local managers**



**Service meetings in each sites**



**Creation of professional networks to facilitate exchanges**



**An organization of meetings between national and regional establishments**



**Important Communication project in supporting change implying all actors and partners.**

# **A STRUCTURED EVALUATION PROTOCOL TO EVALUATE THE PROJECT THROUGHOUT ITS DEPLOYMENT**

**Evaluation reports are planned at key  
project milestones**

**This evaluation is structured by a  
global frame of reference build  
around 4 evaluative axes :**

- Deployment of telemedicine
- Preservation of autosufficiency
- Security for donors
- Adherence of the teams to the project



# A MODEL OF TELEMEDICINE VALIDATED IN ITS ORGANIZATION

- › **Team support of the project is confirmed : telemedicine is in place in more than 70 sites in France**
- › **The training course is relevant**
- › **Telemedicine does not complicate the organization of collections and efficiency is preserved.**
- › **No deterioration of the management of serious adverse event.**
- › **Slight increase in the deferral rate**
- › **The time spent on calls by physicians offsite allows them to carry out ancillary tasks without impacting their responsiveness**

# Thank you for your attention

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