Overseas perspective and guideline development

Acknowledgements:

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WA PBM program
National Blood Authority
ANZSBT

1636: Nova totius terrarum orbis geographica ac hydrographica tabula, Hendrik Hondius (1597-1651)
Concepts and definitions

- Range of concepts, scope, drivers, agendas, definitions
- Are PBM and optimal blood use the same?
- Red cell focus vs broader?
- Australian PBM guidelines:

Patient blood management aims to improve clinical outcomes by avoiding unnecessary exposure to blood components. It includes the three pillars of:

- optimisation of blood volume and red cell mass
- minimisation of blood loss
- optimisation of the patient’s tolerance of anaemia.

These principles apply in the management of any haematological disorder. Patient blood management optimises the use of donor blood and reduces transfusion-associated risk.
Development of Australian PBM guidelines

Steering committee
Expert working group
Clinical reference group
Participation of Colleges and Societies
Funding from National Blood Authority

Definition of questions
Systematic review
Guideline drafting
Recommendations and practice points
Draft for feedback
NHMRC approval
Publication
Implementation
Updating

Next:
• Medical
• Critical care
• Obstetrics
• Paediatrics/neonates

www.nba.gov.au
www.anzsb.org.au
Things that have gone “well” for Australia

- Regional practice improvement collaboratives
  - Government, Blood Service & hospital support, funding and participation
  - Transfusion nurses and trainers
  - Audits
  - Transfusion committees
- National “buy-in” and coordination
- National PBM committee
- National clinical guidelines
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- National clinical guidelines
- Accreditation requirement
- National clinical practice standards
Data linkage

- Strong interest from governments, health services, clinicians, academia
- Nationally-coordinated projects underway
- Data sources:
  - Hospital LIS
  - Medical records
  - Administrative datasets
  - Registries
  - Blood Service

- Definitions, quality, limitations

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Example: RBC transfusion in cardiac surgery

25 hospitals, 43529 procedures, 2005-2011
ANZSCTS registry and hospital LIS data

Six hospitals of interest in more detail

After adjusting for hospital/procedure factors

Many uses e.g. calculate VLADs for monitoring
Things we (all) need do more/better
(Our “learnings”/Recommendations)

- Guidelines and standards – available and into practice
- Engagement of clinical staff (outside “transfusionists”) incl GPs
  - Cross-discipline teams and role of champions
- Resources:
  - Government funding and support critical
  - Funding models
  - Tension for TNs/others between quality/safety roles and PBM activities
- Education and training
- Patient participation
- Data – quality, accessibility
- Uptake of cell salvage
- Research – incl. human factors, implementation
- Measure & improve effectiveness of education/interventions
- Performance measures

Thank you!