

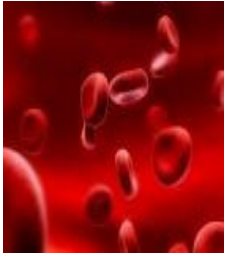
# Implementation of Patient Blood Management

## The National Perspective

Presented by

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13<sup>th</sup> September 2013



# **‘Patient Blood Management’**

- An evidence-based, multidisciplinary team approach to optimising the care of patients who might need transfusion
- Focuses on measures for blood avoidance as well as correct use of blood components when they are needed
- Improves patient care – optimises use of donor blood and reduces transfusion-associated risk
- Reduces financial costs

# PBM programmes

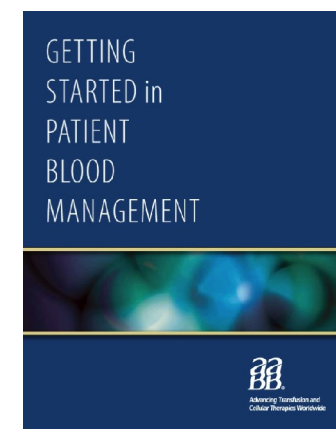
- Vary in size, scope, cost, effectiveness
- Can start small and focussed - then build on successes to address particular issues and expand to other disciplines
- Requires knowledgeable and determined champions



# PBM Abroad

## PBM Concepts from AABB:

- Limit loss through phlebotomy and testing
- Optimise patient's haemoglobin levels before surgery
- Using red cell recovery techniques
- Minimise peri-operative blood loss
- Making evidence based decisions re transfusion



## Other countries, Australia and Austria refer to '3 pillars':

- Optimising pre-op cell volume
- Reduction of peri-operative blood loss
- Increasing tolerance to anaemia and accurate blood transfusion triggers

**Adopted by WHO in 2010 to improve transfusion safety**

	1. PRE-OP Optimize haemoglobin	2. INTRA-OP Minimize blood loss and bleeding	3. POST-OP Resuscitate and optimize tolerance of anaemia
Preoperative	<ul style="list-style-type: none"> <li>Optimize cell volume</li> <li>Minimize bleeding</li> <li>Optimize haemoglobin</li> <li>Optimize patient's haemoglobin levels before surgery</li> </ul>	<ul style="list-style-type: none"> <li>Minimize blood loss</li> <li>Minimize bleeding</li> <li>Minimize blood loss</li> <li>Minimize bleeding</li> <li>Minimize blood loss</li> <li>Minimize bleeding</li> </ul>	<ul style="list-style-type: none"> <li>Optimize patient's haemoglobin levels after surgery</li> <li>Optimize patient's haemoglobin levels after surgery</li> <li>Optimize patient's haemoglobin levels after surgery</li> <li>Optimize patient's haemoglobin levels after surgery</li> </ul>
Intraoperative	<ul style="list-style-type: none"> <li>Minimize blood loss</li> <li>Minimize bleeding</li> <li>Minimize blood loss</li> <li>Minimize bleeding</li> </ul>	<ul style="list-style-type: none"> <li>Minimize blood loss</li> <li>Minimize bleeding</li> <li>Minimize blood loss</li> <li>Minimize bleeding</li> </ul>	<ul style="list-style-type: none"> <li>Optimize patient's haemoglobin levels during surgery</li> <li>Optimize patient's haemoglobin levels during surgery</li> <li>Optimize patient's haemoglobin levels during surgery</li> <li>Optimize patient's haemoglobin levels during surgery</li> </ul>
Postoperative	<ul style="list-style-type: none"> <li>Optimize patient's haemoglobin levels after surgery</li> <li>Optimize patient's haemoglobin levels after surgery</li> <li>Optimize patient's haemoglobin levels after surgery</li> <li>Optimize patient's haemoglobin levels after surgery</li> </ul>	<ul style="list-style-type: none"> <li>Optimize patient's haemoglobin levels after surgery</li> <li>Optimize patient's haemoglobin levels after surgery</li> <li>Optimize patient's haemoglobin levels after surgery</li> <li>Optimize patient's haemoglobin levels after surgery</li> </ul>	<ul style="list-style-type: none"> <li>Optimize patient's haemoglobin levels after surgery</li> <li>Optimize patient's haemoglobin levels after surgery</li> <li>Optimize patient's haemoglobin levels after surgery</li> <li>Optimize patient's haemoglobin levels after surgery</li> </ul>

# Performance Measures established by Joint Commission in USA

- Began with Stakeholder meeting 2007
- Evaluated 68 submitted measures - reviewed, revised, tested and piloted 10
- Finally agreed on 7 PBM measures in 2010:
  1. Transfusion consent
  2. RBC transfusion indication
  3. Plasma transfusion indication
  4. Platelet transfusion indication
  5. Blood administration documentation
  6. Pre-op anaemia screening
  7. Pre-op blood type screening and antibody testing



# PBM in England

- BBT initiatives since 1998
- Demand for blood components rising
- Resource issues across the NHS
- Competition in supply and services
- Blood is not high on the agenda for the majority of hospitals
- The NHSBT Commercial Review
  - commended work undertaken by both NHSBT and Hospitals in this area
  - recommended that more should be done to implement best practice and reduce inappropriate use of all blood components

PBM is joint initiative between NHSBT, NBTC and DH

# Patient Blood Management Conference

18<sup>th</sup> June 2012 at RCPATH

## Objectives:

- Build on the success of previous BBT initiatives
- Improve the use of routinely collected data to influence transfusion practice
- Provide practical examples of high quality transfusion practice and measures for the avoidance of transfusion
- Consider what resources are needed to deliver better transfusion practice
- Understand the patient perspective on transfusion practice





# Presentations

- Opened by Sir Bruce Keogh and Lynda Hamlyn
- Key themes
  - Progress of BBT
  - Using data to influence PBM
  - PBM in Practice
  - How to deliver PBM – included patient perspective
- All presentations available on NBTC pages on [transfusionguidelines.org](http://transfusionguidelines.org) website
- PM - Workshops



# PBM Conference Workshops

- What resources are needed to implement PBM?
- What data is needed to support PBM and how to collect it?
- What approaches to PBM should be routine?
- What more should NHSBT, NBTC and the DH do to support hospitals delivering PBM?
- What performance measures should be used for PBM?



# PBM Conference Evaluations

- 90 people attended
- Average speaker score 78%
- Workshops 65%
- Venue 90%
- Catering 58%
- General organisation 94%



Excellent review  
of where we are  
now and what is  
needed

I really do look  
forward to  
participating in this  
very exciting project!

Wide range of  
speakers giving a  
flavour of  
approaches to  
PBM

Excellent day...  
let's make it  
happen!

info from  
Australia and  
US was very  
useful

Fantastic  
subject; Really  
started me  
"buzzing" again

Short, snappy  
presentations with a  
distinct message at  
the end of each

Yes, I want to regionally roll  
this out this year to maintain  
momentum. Please do not  
take time with this.

Thought  
catering could  
be improved

Would have liked more  
time for discussion

Some of the  
slides were too  
busy

A bit of  
information  
over load

Too many  
speakers in the  
morning  
session

Disappointing  
to see some  
empty seats

Need more involvement  
from transfusion  
practitioners and  
transfusion lab staff



# PBM Evaluations

## **What will you take back to your place of work?**

- Need wide use of Tranexamic acid. Will drive to champion PBM and publish widely'
- Need to identify current blood usage and our pre-op situation.
- The concept of PBM will be taken forward in my Trust.
- Plenty - too much to list!
- You can't change what you don't measure. Need action.
- That I need to look at data management to try and pull useful data from the LIMS system for clinical staff.

## **Would you recommend the event to other colleagues?**

- '100% Yes!'

# PBM – What next?

- One of the agreed outcomes was that the National Blood Transfusion Committee should establish a Patient Blood Management Working Group.
- Report on the PBM Conference is in preparation for NBTC on 24<sup>th</sup>
  - includes summary of workshops
  - Draft terms of reference for PBM Working Group



# PBM Working Group

## Proposed remit:

- Provide recommendations to the NHS for the implementation of PBM from the presentations and workshops at the Seminar and publications on this subject.
- Oversee audits of the use of PBM, both current practice and follow-up audits to assess the response to recommendations to increase PBM activities.
- Monitor progress with implementation of PBM.

# PBM Working Group

## Proposed expected output:

- Develop initial recommendations to the NHS for the implementation of PBM by the end of December 2012.
- To conduct an initial audit of PBM measures by October 2013.
- To develop detailed recommendations for the implementation of PBM and for performance measures to monitor progress by the end of December 2013.
- To support NICE in its development of guidelines and quality standards.



# PBM – What else?

- NHSBT BBT team reviewing resources and workplans to support PBM initiatives
- National Comparative Audit being asked to support audit of PBM
- RTCs being asked to organise PBM events across the country with support from NHSBT BBT teams – this is the first!
- NBTC and RTCs are key to making PBM happen!

# The 'Patient' in PBM

PBM firmly places the patient  
at the centre of the decision making process

Vital to inform  
and involve  
patients in our  
care – 'informed  
consent'



PIWG developed  
'Blood transfusion:  
questions frequently  
asked by patients'  
for Patient section  
on [blood.co.uk](http://blood.co.uk)  
website

UK Patient Awareness Campaign 'Do you know who I am?'



## **‘Do you know who I am?’ 2012 UK Patient Awareness Campaign**

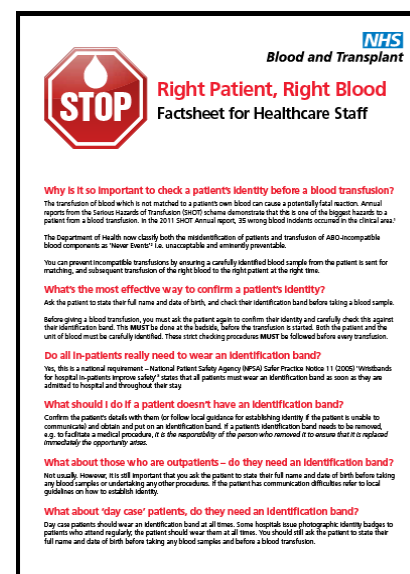
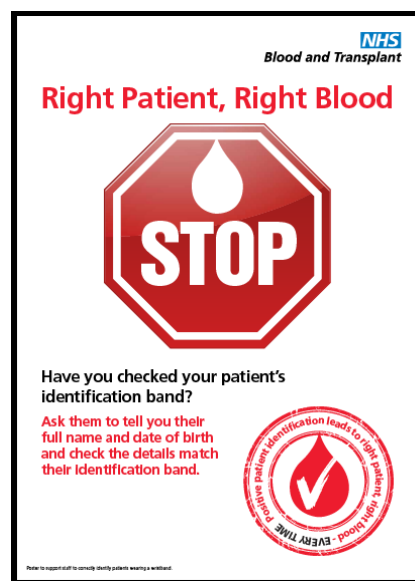
- Led by NBTC Patient Involvement Working Group
- To raise awareness of the importance of positive patient identification in the blood transfusion process with patient, the public and healthcare professionals
- Emphasis on ‘patient involvement and participation’
- As recommended by SHOT Annual Report 2009

# UK Campaign Resources

- Posters
- Factsheets
- Stickers
- Event guide
- Other resources

NBTC pages on [transfusionguidelines.org](http://transfusionguidelines.org) website

## UK Patient Awareness Campaign 2012



**Thank you....  
over to you!**

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