Patient Blood Management (PBM) & the Role of the BMS

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PATIENT at the CENTRE of everything we do.

Thank- you:

Questions?

Background; PBM was launched on 18th June 2012.

- Transfusions are unsustainable in the long-term.
- Presentations from & “learning” from Australia and USA
- Treatment of anaemia
- Pre Operative Optimisation
- Cell Salvage
- Iron

http://www.transfusionguidelines.org/docs/pdfs/nbtc_pbm_2013_08_macdougall.pdf

- MSBOS
- AIM II: (another presentation today from Clive Hyam)
- Introduction of Electronic Issue (E.I.) on-demand

http://www.transfusionguidelines.org/Index.aspx?Publication=NTC&Section=27&pageid=7729

PBM was follow up;

- Joint SEC & London RTC event in London in September 2012.
- Presentation at the Transfusion Practitioners Education Day in November 2012 at Maidstone.
- The UK is developing its own KPI from the lessons learned from Australia and USA
- **PATIENT** authorisation and CONSENT for Transfusions
- Pre Operative Optimisation: Iron Therapy
- Cell Salvage
- Surgical techniques and innovations.
- AIM II: discussed in another lecture
- Introduction of E.I. on-demand
- Better Blood Transfusion team to move to PBM Team

What is Patient Blood Management?

- Patient Blood Management (PBM) is a multidisciplinary, evidence-based approach to optimising the care of PATIENTS who might need blood transfusion.
- PBM puts the PATIENT at the heart of decisions made about blood transfusion to ensure **they** receive the best treatment and avoid, inappropriate use of blood and blood components.
- PBM represents an international initiative in best practice for transfusion medicine.

Why PBM?

- WE have lost our focus: Where did the patient go?
- Transfusions are unsustainable in the future;
- A single unit transfusion of red cells is “antigenically” the same as giving the recipient a solid organ transplant!
- Use of platelets have increased year on year.
- 60% of transfusions are for medical patients, up to 30% are inappropriate!
- For a Large Blood user (BSMS) 10 K Red cells per annum 1,800 units of red cells are inappropriately used; equates to £ 224 K per annum
- BUT WHERE is the ACTUAL evidence that Transfusions actually work?

What can we the BMS do?

- **BMS empowerment & influencing physician behaviour (appropriateness of Clinicians requests)?**
- **Transfusion Triggers?**
- **Aware of TACO**
- **Massive Haemorrhage & Major Obstetric Haemorrhage**
- **Police inappropriate Transfusions**
- **Influence and actively participate in HTT/Blood Conservation Group and PBM groups.**
- **Provide evidence to HTC and RTC**

the BMS does fit in

- Guidelines and standards available and in practice; NEW BCSH guidelines on Pre-Transfusion
- Engagement of **clinical staff** (**outside of transfusion**) incl. GPs
- Cross-discipline teams; participate and encourage role of champions; Nurses, and Transfusion Advocates; Haem/Onc. units; Encourage Laboratories without walls!
- Resources:
- Trust funding and support is critical locally
- Help our Transfusion Practitioners/others between quality/safety roles and PBM activities
- Participate in and maybe deliver education and training
- Data quality, accessibility
- Uptake of cell salvage
- Measure & improve effectiveness of education/ interventions; Participate in RCA meetings especially after Major Haemorrhage incidents; What can we learn, what can we do better?
- Performance measures; Laboratory KPI: O Neg usage and wastage

Maximum (Surgical) Blood Ordering Schedule.

- *Presentation today By Kelly Feane*
- A List of operations routinely performed by your Trust and the “agreed” number of units which the Transfusion laboratory will usually issue to cover a patients operation having the “said” procedure.
- For operations on-site and off-site, especially if there is a significant time delay due to transportation requirements.
- MSBOS agreed by Trust HTC and regularly reviewed by HTC.

PBM how? HELP! Join in.

- Putting the Patient FIRST & foremost; Patient CONSENT.
- Education and training of our clinical staff; BMS, Trainee BMS, MLA and clerical support staff, Nurses, Nursing Assistants;
- HTT: driven but include Blood Conservation Group; (formerly our Cell salvage group) and Pre-op optimisation.
- Physician led; Not necessarily the Consultant Haematologist; Someone who is passionate about transfusion is key
- **Transfusion BMS staff are KEY as are our essential Transfusion Practitioners**
- **Transfusion Advocates are essential**
- PBM guidance; from BBT team
- DoH guidance.
- NICE guidance
- Share our Knowledge and Education on Transfusion matters.

PATIENT at the CENTRE of everything we do.

We NEED you.

Thank- you: