
Patient Blood Management

An evidence-based approach to patient care

Evidence based, multidisciplinary approach to optimise the care of patients who may need transfusion.

International initiative in best practice, supported by NHS England, and released 26th June 2014.

Jo Martin
Professor JE Martin MA MB BS PhD FRCPath
National Clinical Director of Pathology, NHS England

Rationale

- Audit consistently shows inappropriate use of red cells by 15-20% & platelets/plasma by 20-30%
- PBM improves outcome
- ↓ use can ↓ health care costs
- Risk of blood shortage

Requirement – General *Blood and Transplant*

Structure

Hospital management

- Trust Board PBM champion
- Managers to support business cases for PBM initiatives e.g. Blood Conservation Co-ordinator, Anaemia Nurse, Strategy for Patients requiring Chronic Transfusion.

Hospital Transfusion Committee with a PBM programme

- Surgeon, anaesthetist, obstetrician, medical & transfusion physician to oversee directorate PBM initiatives.
- Patient representative

Trust Transfusion Team

- Consultant, Transfusion Practitioner & Transfusion Laboratory Manager- to facilitate PBM activity

Requirement – General *Blood and Transplant*

Action

- Education / training - clinical staff & patients
- PBM principles - consider alternative treatment & appropriate blood use, incorporate into care pathways,
- Use - NBTC indication codes, one unit non bleeding patients
- Safe Transfusion Practice (NPSA Safer Practice Notice 14) - implement & over see.
- Audit
 - Benchmark clinical teams
 - Develop IT solutions e.g. LIMS, blood track

Requirement - Surgical

- Pre-op assessment
- Alternatives e.g. iron – po absolute, iv functional def
- Reverse/discontinue anticoagulation & anti-platelet agents
- Minimise blood loss e.g. patient position, tranexamic acid, IOCS, new technologies
- post op protocol, consider effect of haemodilution, alternatives

Requirement - Medical

- Alternatives e.g. iron – po absolute iron deficiency, iv for functional deficiency
- Correct underlying cause of anaemia
- Protocols for
 - reversal/bleeding with warfarin, NOAC's
 - Major haemorrhage, GI bleeding
 - Thrombocytopenia with chemotherapy, stem cell transplantation
- Individual plan for long term transfusion dependant patients

Requirement - Laboratory

- Blood stock control
- Empower laboratory staff to question possible inappropriate requests
- Support audit with provision of data via blood tracking & LIMS
- Work with IT to set up computerised order entry

Proposed Strategy

	Appropriate use	Safety	Cost savings
Trust strategic aims	Exemplary quality Leading edge service Patient centred culture		Financially healthy organisation
Trust Board	Trust board representative		
Directorate level	<u>Trust Transfusion Committee (TTC)</u> Clinical lead membership from all blood using directorates to - attend 3 monthly meetings - Oversee directorate operational PBM initiative implementation Trust Transfusion Team to facilitate activity		General managers – - hold devolved blood budget - facilitate cost effective business case for Blood Conservation Co-ordinator, Medical Anaemia Nurse, Transfusion Strategy for Haematology Patients requiring Chronic Transfusion - Severn Pathology Manager to lead Blood Tracking & new LIMS implementation
		Safe Transfusion Practice Implement & oversee NPSA Safer Practice Notice 14	
Operational	Blood Conservation Co-ordinator – to organise surgical initiatives Medical Anaemia Nurse – to organise medical initiatives Transfusion Strategy for Haematology Patients requiring Chronic Transfusion Implement good practice into routine care		
Monitoring	Blood Track New LIMS		

How can we facilitate implementation within region?

- Structure - continue database survey with follow up letters to outliers
- Assist regional co-operation, development of good practice, implementation within hospitals – e.g.
 - Business case/ guideline sharing
 - Regional standard for competency assessment
 - Benchmark specialty transfusion practice between hospitals via LIMS
 - Lab staff questioning possible inappropriate requests
 - Single unit transfusion in non bleeding patients
 - Introduction of transfusion alternatives