

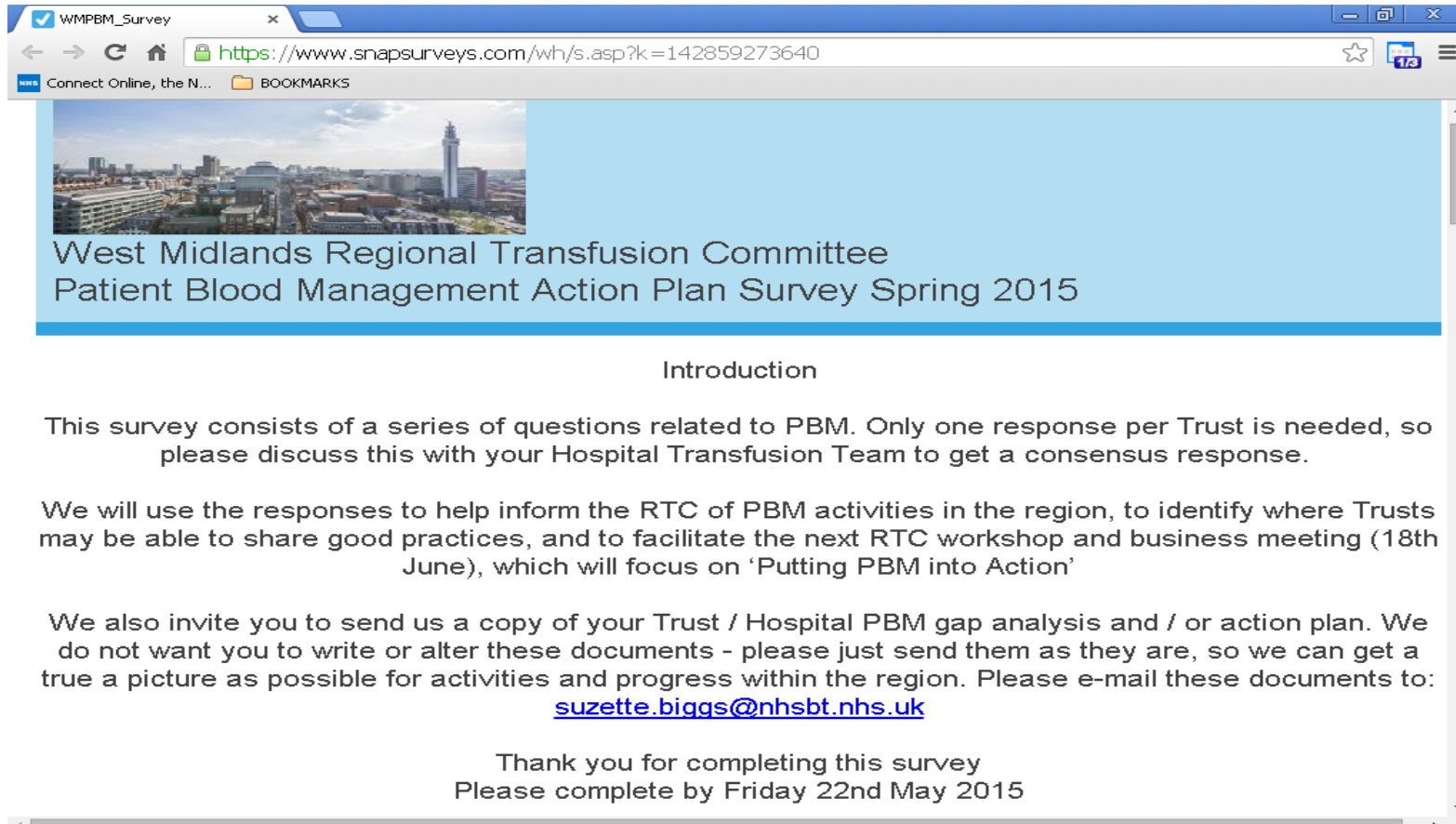
WM RTC PBM Survey

WM RTC Workshop
18th June 2015

Andrea Harris
NHSBT PBM Regional Lead

PBM Survey

- Circulated regionally 29th April 2015
- Initial deadline 22nd May 2015 – later extended to 5th June
- SNAP survey



The screenshot shows a web browser window with the following content:

- Browser tab: WMPBM_Survey
- Address bar: <https://www.snapsurveys.com/wh/s.asp?k=142859273640>
- Page title: West Midlands Regional Transfusion Committee Patient Blood Management Action Plan Survey Spring 2015
- Section: Introduction
- Text: This survey consists of a series of questions related to PBM. Only one response per Trust is needed, so please discuss this with your Hospital Transfusion Team to get a consensus response.
- Text: We will use the responses to help inform the RTC of PBM activities in the region, to identify where Trusts may be able to share good practices, and to facilitate the next RTC workshop and business meeting (18th June), which will focus on 'Putting PBM into Action'
- Text: We also invite you to send us a copy of your Trust / Hospital PBM gap analysis and / or action plan. We do not want you to write or alter these documents - please just send them as they are, so we can get a true a picture as possible for activities and progress within the region. Please e-mail these documents to: suzette.biggs@nhsbt.nhs.uk
- Text: Thank you for completing this survey
Please complete by Friday 22nd May 2015

Q1 Name of Trust: (this information will be anonymised on the survey report - complete ONE questionnaire per Trust)

Q2 Have you done a PBM gap analysis (Note - please answer "Yes" even if your gap analysis is incomplete. Only answer "No" if you have not started a gap analysis.)

- Yes
 No

Q3 Do you have a PBM action plan? (Note - please answer "Yes" even if your action plan is incomplete. Only answer No if you have not started an action plan.)

- Yes
 No

If you are happy to share your PBM gap analysis and/or action plan, please send to:

suzette.biggs@nhsbt.nhs.uk

Q4 Have you established a local PBM group (either stand alone or part of HTC)?

- Yes
 No

Q5 How confident are you that your PBM plans (or current practices) will be sufficient to appropriately address:

1 = No confidence at all, 10 = very confident

	N/A	1	2	3	4	5	6	7	8	9	10
Minimise iatrogenic anaemia	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Q6 Comments

Q9 Please rate the support you receive from your RTC and NHSBT to help you implement your PBM plans

	1	2	3	4	5	6	7	8	9	10	
RTC	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
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NHSBT	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

Q10 Comments

Q11 What are the key drivers to implementing PBM in your Trust?

Q12 What are the key barriers to implementing PBM in your Trust?

Q13 Is there anything specific the RTC could do to assist PBM implementation?

If you intend to submit a paper copy of this questionnaire, please send it to:

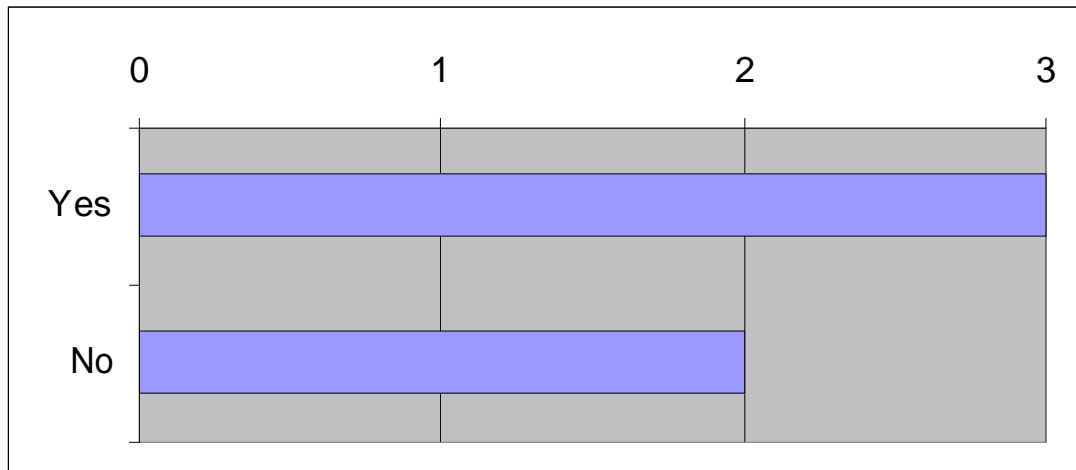
Brian Hockley
Data Analyst and Audit Manager
Sheffield Blood Centre
Longley Lane
Sheffield
S5 7JN

Results

- Survey responses received from only 5 Trusts
 - 3 large Trusts
 - 1 medium Trust
 - 1 small specialist hospital
- Only 2 action plans received
 - 2 medium Trusts

Results

- **Have you done a PBM gap analysis?**
Please answer 'yes' even if gap analysis is incomplete
- **Do you have a PBM action plan?**
Please answer 'yes' even if action plan is incomplete
- **Have you established a local PBM group?**
Either stand alone or part of HTC



2 large Trusts
1 medium Trust

1 large Trust
1 specialist hospital

Results

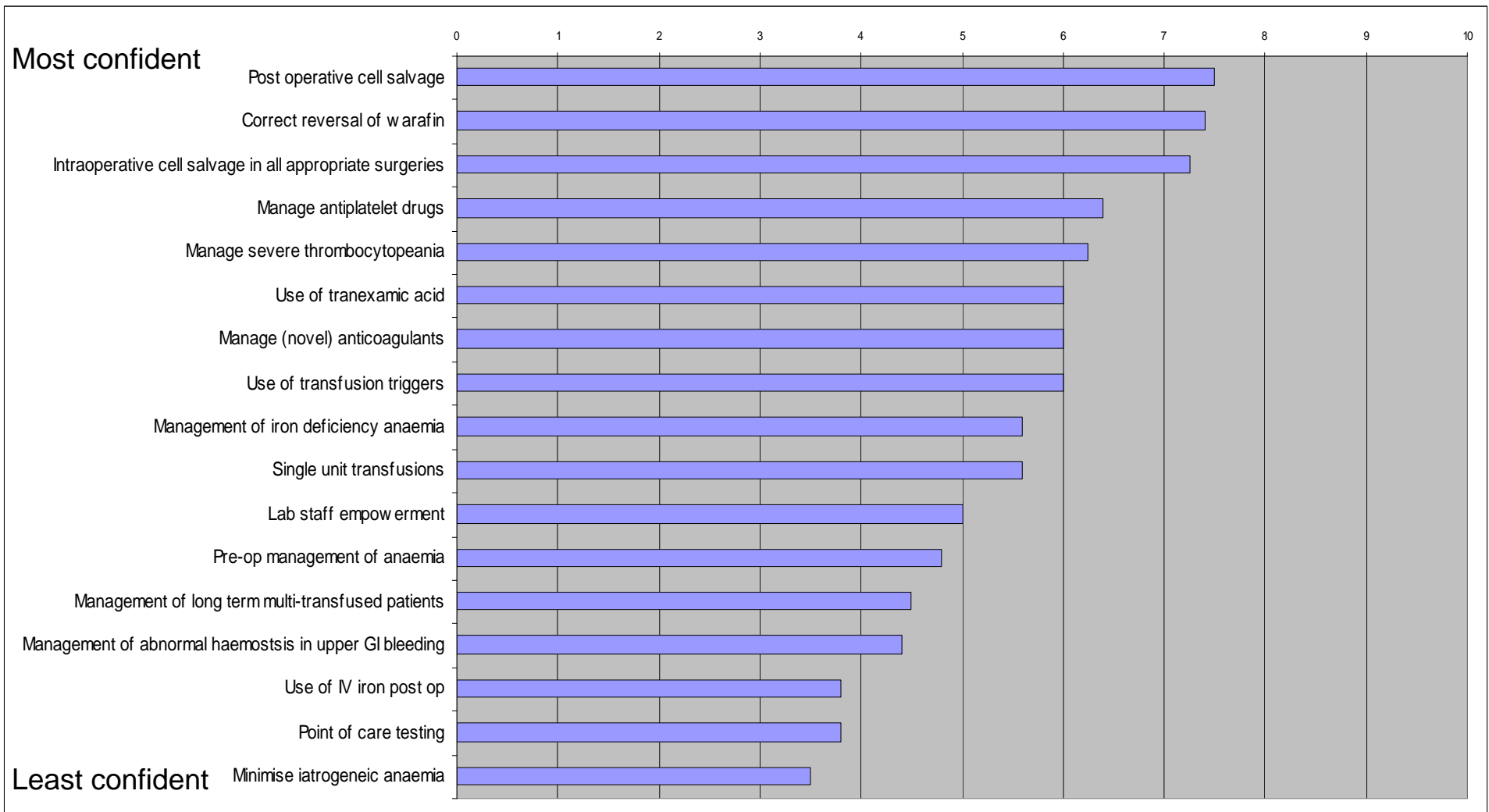
- How confident are you that PBM plans (or current practices) will be sufficient to appropriately address

(1 = no confidence at all, 10 = very confident)

Results

(see handout)

	1	2	3	4	5	6	7	8	9	10	NA	Total score	Number of responses	Average score
Post operative cell salvage						1			1		2	15	2 (+ 2 NA)	7.5
Correct reversal of warafin						2		2	1			37	5	7.4
Intraoperative cell salvage in all appropriate surgeries					1		1	1	1			29	4	7.25
Manage antiplatelet drugs	1						2	1	1			32	5	6.4
Manage severe thrombocytopenia - chemo or stem cell transplants				1	1			2				25	4	6.25
Use of tranexamic acid		1				2		2				30	5	6
Manage (novel) anticoagulants	1						3	1				30	5	6
Use of transfusion triggers				1	2		1		1			30	5	6
Management of iron deficiency anaemia			1		1	1	2					28	5	5.6
Single unit transfusions			1		2		1	1				28	5	5.6
Lab staff empowerment	1					1		1			1	15	3 (+ 1 NA)	5
Pre-op management of anaemia		1	1			2	1					24	5	4.8
Management of long term multi-transfused patients			1	1	1	1						18	4	4.5
Management of abnormal haemostasis in upper GI bleeding			2	1		2						22	5	4.4
Use of IV iron post op	1	1		1		2						19	5	3.8
Point of care testing		2	1		1		1					19	5	3.8
Minimise iatrogenic anaemia	1		2				1					14	4	3.5



Results

Additional comments

Pre-op:
is fragmented

Iatrogenic anaemia:
Long stay ITU patients
have a reduced
sampling regime, but
there is no Trust policy

National indication codes:
are part of electronic ordering,
however medics just tick over

Lab staff empowerment:
Reconfiguration has obliterated
our laboratory who are very
demoralised

IV iron:
-other than haematology, other
specialities are reluctant to use
- Not on everyone's radar – unfortunately!

Single unit:
Discussions at senior medical
staff mandatory training is
starting to reap benefits

Iron deficiency anaemia:

- a low Hb rarely triggers investigation of anaemia, and usually a red cell transfusion is prescribed
- Trust chronic anaemia guideline needs updating

Results

Additional comments

Intra-op cell salvage:

- Not applicable as we are a DGH and do not perform cell salvage
- Is used in some cases, but could be used more. A new consultant is now on board
- Advert for cell salvage practitioner post recently issued

Post op Cell salvage:

- Not applicable as we are a DGH and do not perform cell salvage
- This appears to be cyclic, depending on current trends
- Does not take place any longer in our organisation

GI bleeding:

being discussed by GI team at present

Tranexamic acid:

This is part of our MHP protocol and all A&E staff are aware of this - sometimes gets missed

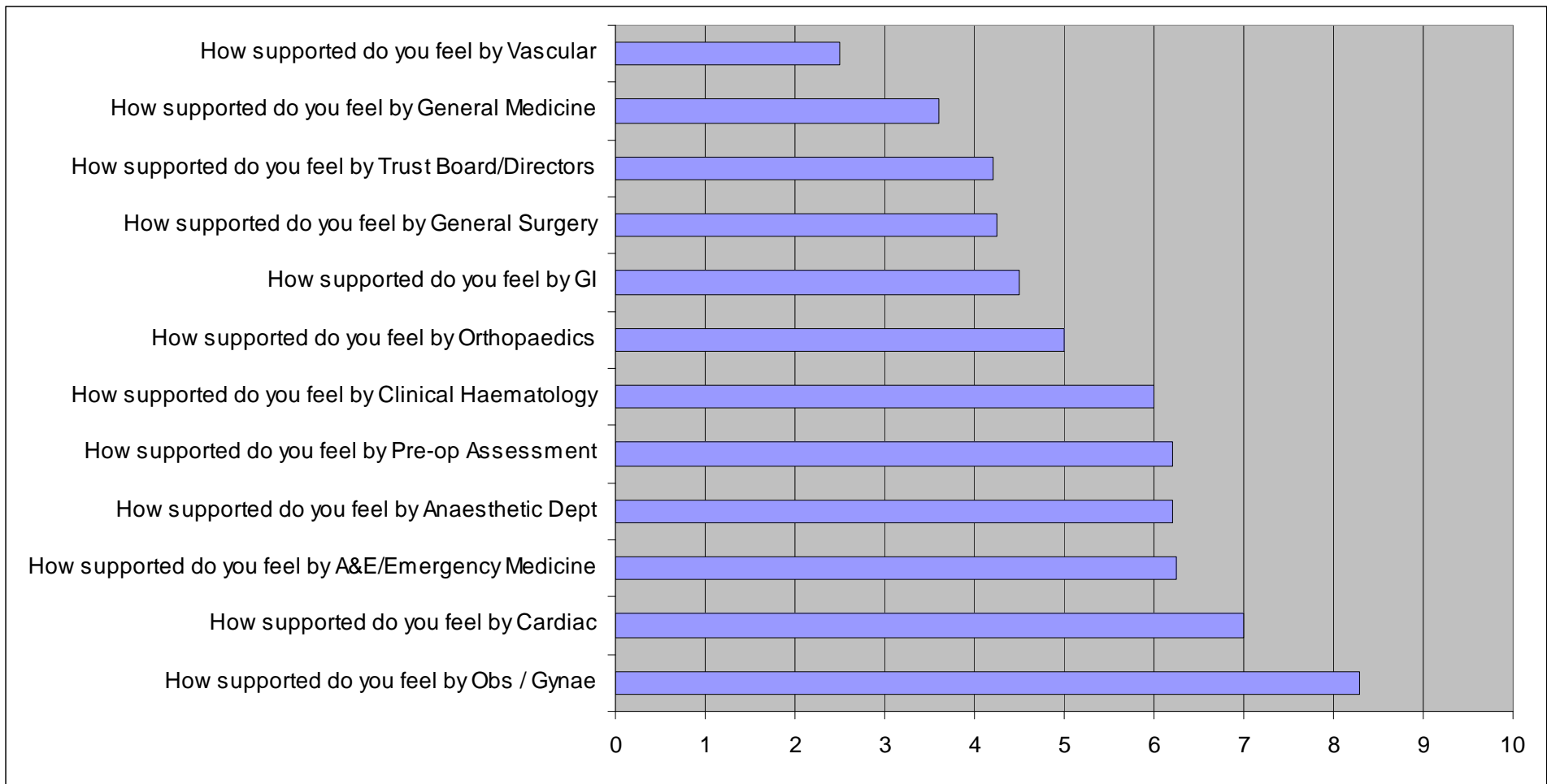
Management of long term multi-transfused patients

- Improving
- Need to flag up early on that a patient is likely to be long term

Results

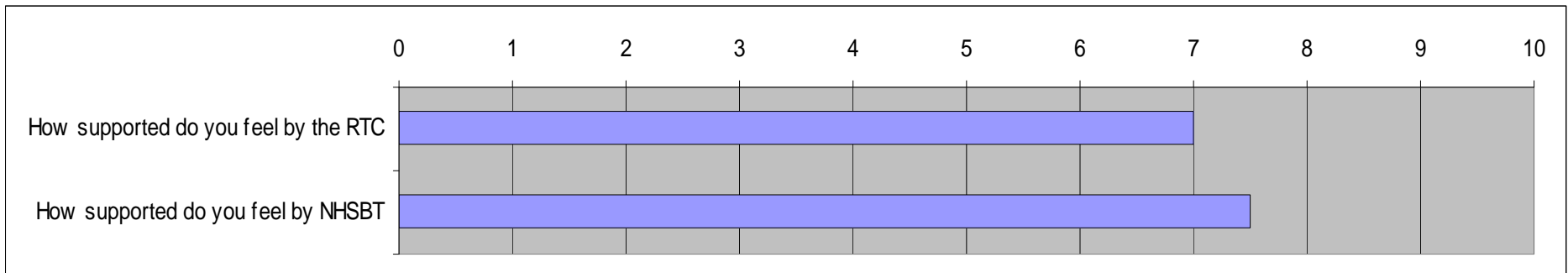
- How supported do you feel by the following speciality teams to implement your PBM plans.....

(1 = no confidence at all, 10 = very confident)



It is a struggle to get all haematology consultants on board with PBM

Pre-op nurses have no clout to be able to sort out problems themselves. They often contact haematologists



RTC / NHSBT set the direction but up to the Trust HTT / HTC to deliver PBM

The recommendations / action plan was great, just need to do gap analysis and implement

Leaflets and study days are great

Results

What are the key drivers to implementing PBM in your Trust?

- Financial cost of blood
- Risks of transfusion
- Financial, safety, efficiency, external agencies (CQC, MHRA, AKAS etc)
- Elective surgery is the main function of my Trust
- There does not seem to be any engagement at present

What are the key barriers to implementing PBM in your Trust?

- Staffing resource
- Anything to do with transfusion does not appear to be a priority
- Lack of resources: money, staff, time
- Custom and practice
- Non supportive haematology consultants
- Can't foresee any major issues

Is there anything specific the RTC could do to assist PBM implementation?

- Perhaps some key simple targets aimed at Chief Executives!!
- Sharing good practice e.g. Case Studies

Thank you

To all who completed the survey and submitted action plans

Next

Sharing good practice