A Journey of Educational Transformation and Organizational Improvement through Development of an Institutional Patient Blood Management Program

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PHCMC Inpatient RBC transfusions from July 2016 through June 2017 shows significant improvement.

- Increased RBC transfusion criteria compliance rate from 59% to 80%.
- Decreased RBC transfusion volume from an average of 346 units/month to 296 units/month; 15% reduction.
- Decreased RBC transfusions per 1000 patient days from 58.6 to 51.3; 13% reduction

Method adoption from the CA Region of 6 ministries (hospitals) resulted in approx. $4.5M annual direct and indirect savings.

1. Collection of baseline transfusion data.
3. Mapping our transfusion process.
4. Literature search for evidence-based blood management practices.
5. Performance of a gap analysis to guide our improvement efforts.
6. Development an education plan aimed at our physicians, nurses, senior leadership, and external community partners.

PHCMC formed an interdisciplinary team consisting of physicians, nurses, quality management specialists, and representatives from perioperative services and blood bank to build the PBM program.

Review of several TJC, AABB, and SABM resources including current, evidence-based transfusion criteria and strategies guided our PBM program development.

The regional healthcare data team created reports which helped identify outlier specialties, and individual providers for targeted education.

Using Best Practices for Blood Transfusions

- PhHCMC Blood Transfusion Guidelines:
  - Hgb < 8.0 g/dl in patients with cardiovascular disease, post-operative patients following cardiovascular or orthopedic surgery, and unstable, critically ill patients.
  - Hgb < 7.5 g/dl in hemodynamically stable patients, including critically ill patients.
  - Transfusion decision should consider patient condition in addition to lab values.
  - Transfusion of a single RBC unit is often sufficient.