



PBM Accreditation: Who Wants It? Who Needs It?



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Disclosures

- Employee:
 - Nothing to declare
- Stockholder:
 - Nothing to declare
- Scientific advisory boards:
 - Bayer, Leo Pharma, Vifor Pharma, Portola, Octapharma, Pharmacosmos
- Speaker bureau:
 - Bayer, Pfizer, Bristol-Myers Squibb, Octapharma, Shire, Vifor Pharma, Daiichi-Sankyo
- Clinical trials:
 - Portola, Bayer, Boehringer-Ingelheim, Baxalta, Daiichi-Sankyo
- Travel support:
 - Bayer, Baxter, Pfizer, Pharmacosmos

Disclosures

Haematologist



Disclosures

Haematologist

Member of National Blood Transfusion Committee PBM working group



Disclosures

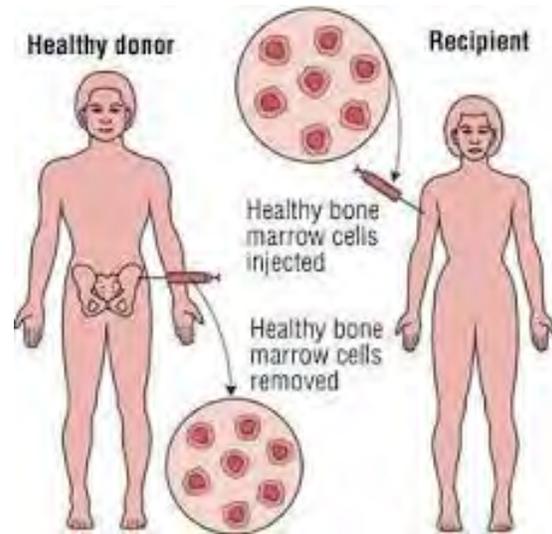
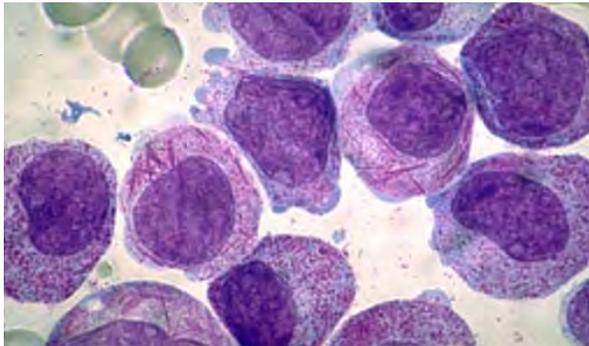
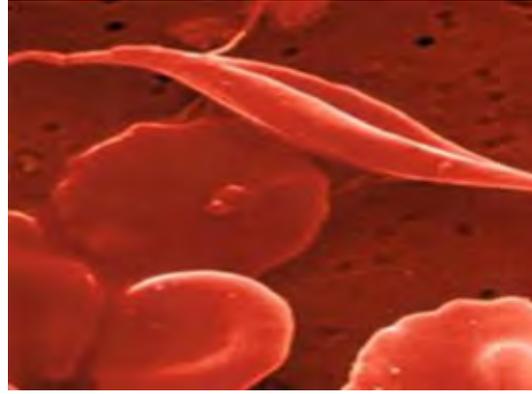
Haematologist

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Co-chair of PBM self-assessment group

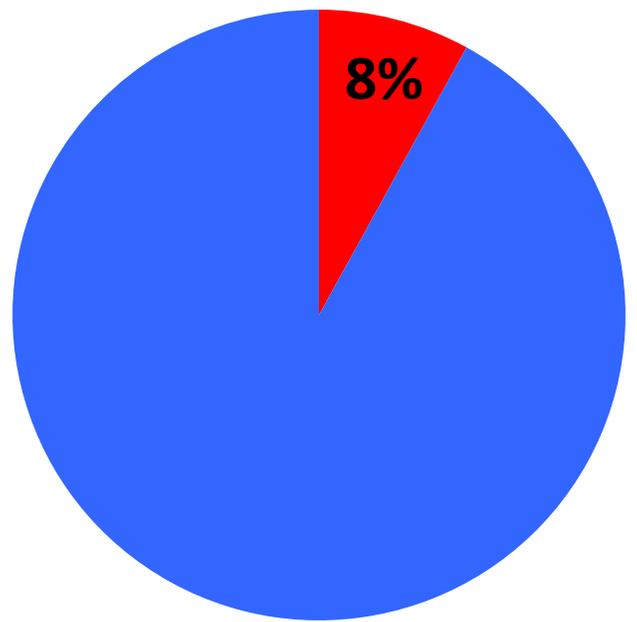








2018 Survey of Patient Blood Management

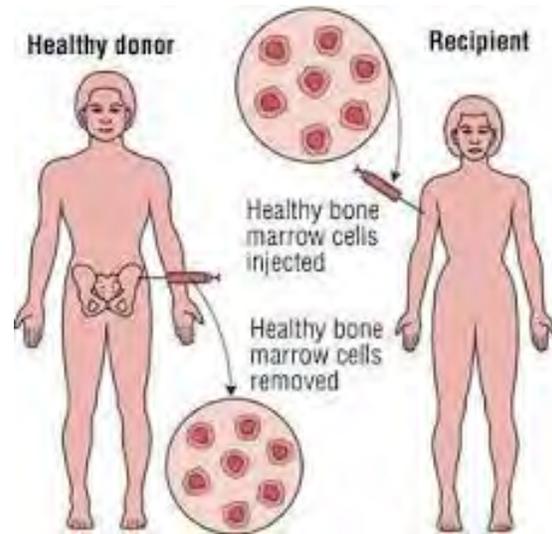
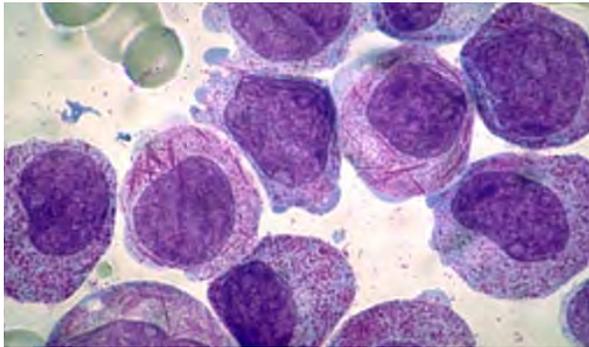
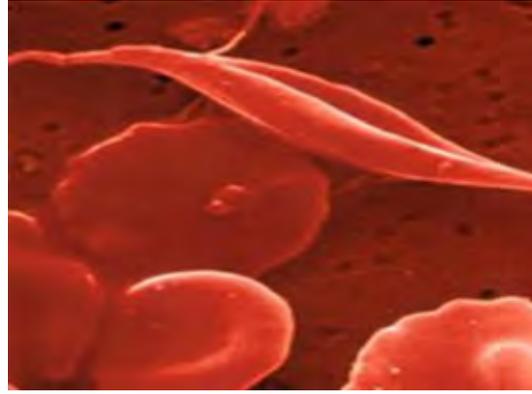


Jayne Addison
Patient Blood Management Practitioner
NHS Blood and Transplant/Serious Hazards of Transfusion

Brian Hockley
Data Analyst and Audit Manager
NHS Blood and Transplant/Serious Hazards of Transfusion

Louise Sherliker
National Lead
Patient Blood Management Practitioner Team
NHS Blood and Transplant







PATIENT BLOOD MANAGEMENT

PRE	<ul style="list-style-type: none">• Detect anemia• Identify underlying disorder(s) causing anemia• Manage disorder(s)• Refer for further evaluation if necessary• Treat suboptimal iron stores/iron deficiency/anemia of chronic disease/iron-restricted erythropoiesis• Treat other hematinic deficiencies• Note: Anemia is a contraindication for elective surgery	<ul style="list-style-type: none">• Identify and manage bleeding risk• Minimize iatronic blood loss• Procedure planning and rehearsal• Preoperative autologous blood donation (in selected cases or when patient choice)	<ul style="list-style-type: none">• Assess/optimize patient's physiological reserve and risk factors• Compare estimated blood loss with patient-specific tolerable blood loss• Formulate patient-specific management plan using appropriate blood conservation modalities to minimize blood loss, optimize red cell mass and manage anemia• Restrictive transfusion thresholds
INTRA	<ul style="list-style-type: none">• Timing surgery with hemotological optimization	<ul style="list-style-type: none">• Meticulous hemostasis and surgical techniques• Blood-sparing surgical techniques• Anesthetic blood conserving strategies• Autologous blood options• Pharmacological/hemostatic agents	<ul style="list-style-type: none">• Optimize cardiac output• Optimize ventilation and oxygenation• Restrictive transfusion thresholds
POST	<ul style="list-style-type: none">• Stimulate erythropoiesis• Be aware of drug interactions that can increase anemia	<ul style="list-style-type: none">• Vigilant monitoring and management of postoperative bleeding• Avoid secondary hemorrhage• Rapid warming/maintain normothermia (unless hypothermia specifically indicated)• Autologous blood salvage• Minimize iatronic blood loss• Hemostasis/anticoagulation mgnt• Prophylaxis of upper GI hemorrhage• Avoid/treat infections properly• Be aware of adverse effects of medication	<ul style="list-style-type: none">• Optimize anemia reserve• Maximize oxygen delivery• Minimize oxygen consumption• Avoid/treat infections promptly• Restrictive transfusion thresholds

Multidisciplinary multimodal team approach

Blood and Transplant



PBM

Optimising and maintaining the patient's own blood in order to reduce the likelihood of a transfusion being required



Transfusion reactions

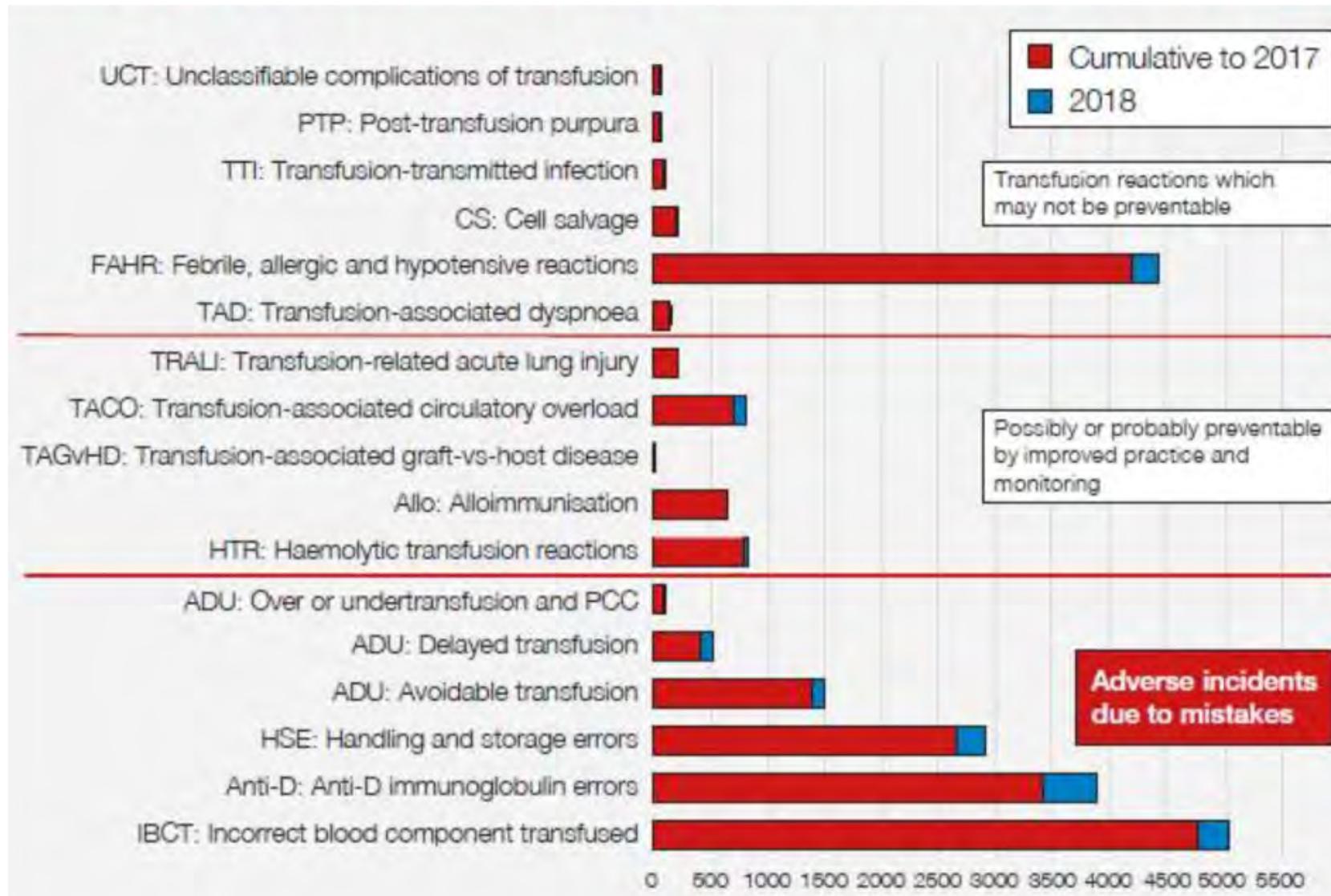
Acute:

- Acute haemolytic
- Febrile non-haemolytic
- Urticarial
- Anaphylactic
- TRALI
- TACO
- Acute hypotensive

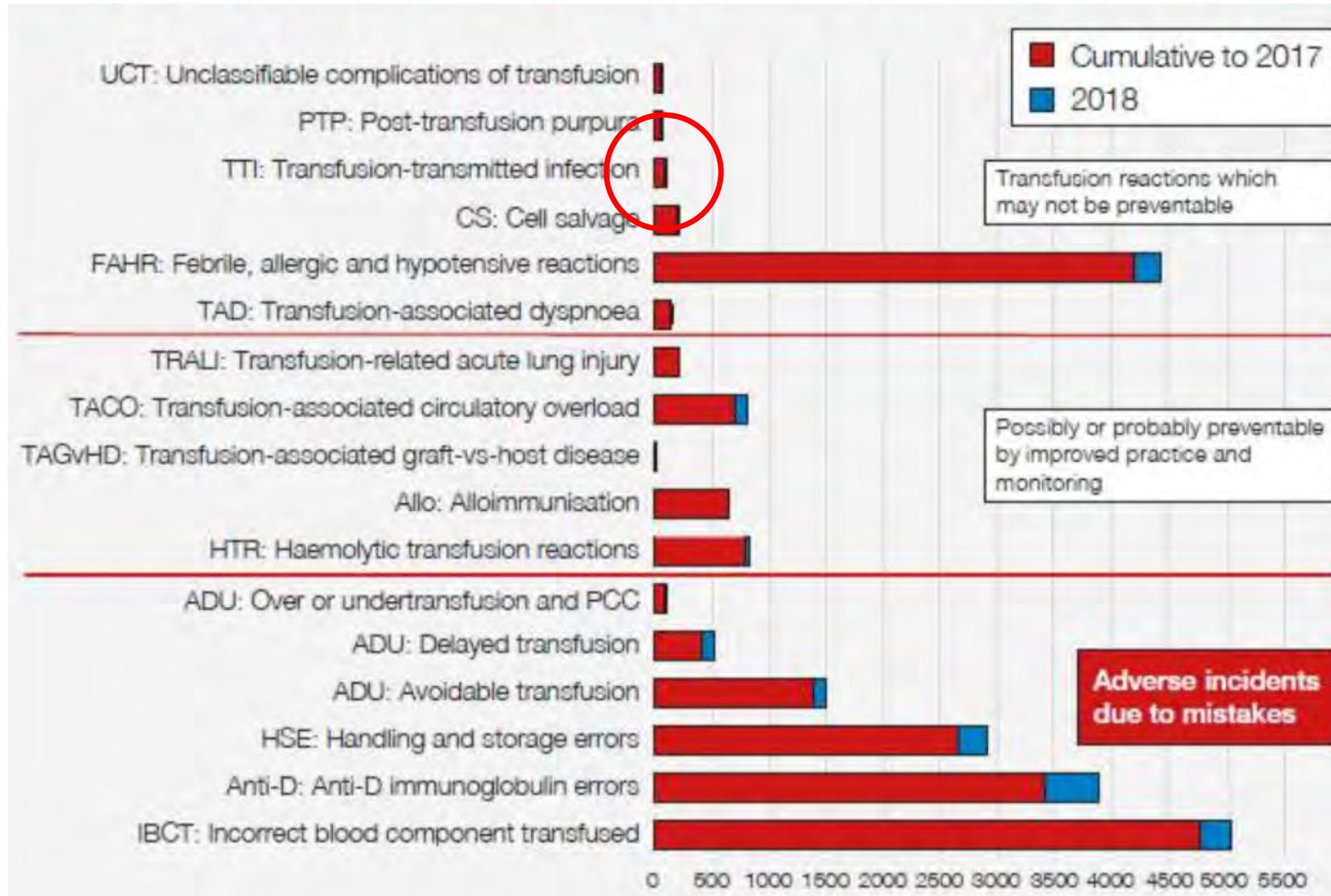
Delayed:

- Delayed haemolytic
- Post-transfusion purpura
- Graft versus host disease
- Iron overload
- Transmission of infectious diseases

SHOT DATA 1996 – 2018 (n=21474)



SHOT DATA 1996 – 2018 (n=21474)



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MEDICAL DIRECTIVE
(signed document inside)

NO BLOOD



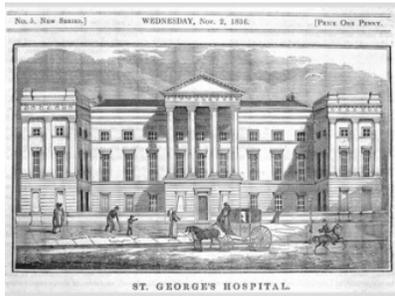








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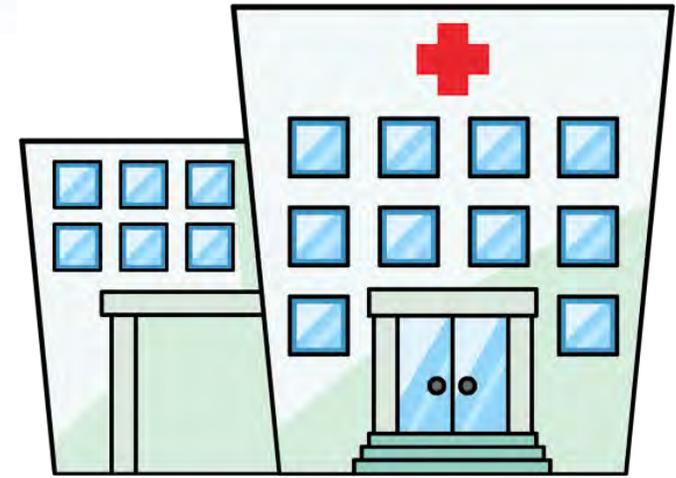
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Why have an accreditation system?







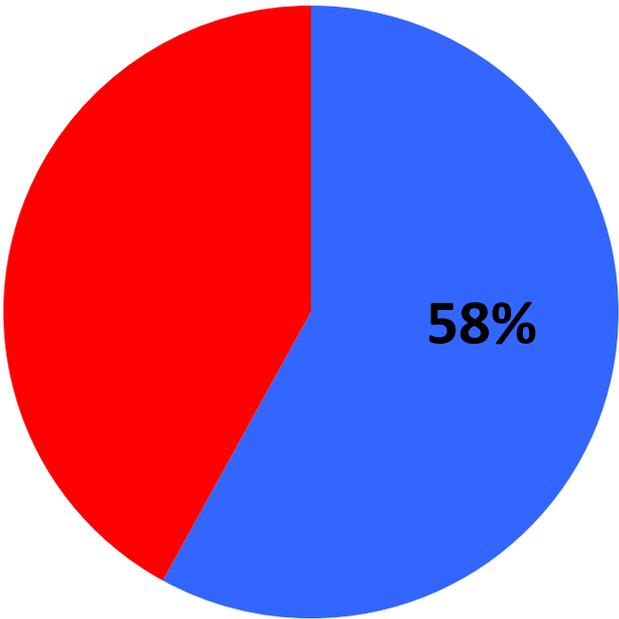








2018 Survey of Patient Blood Management

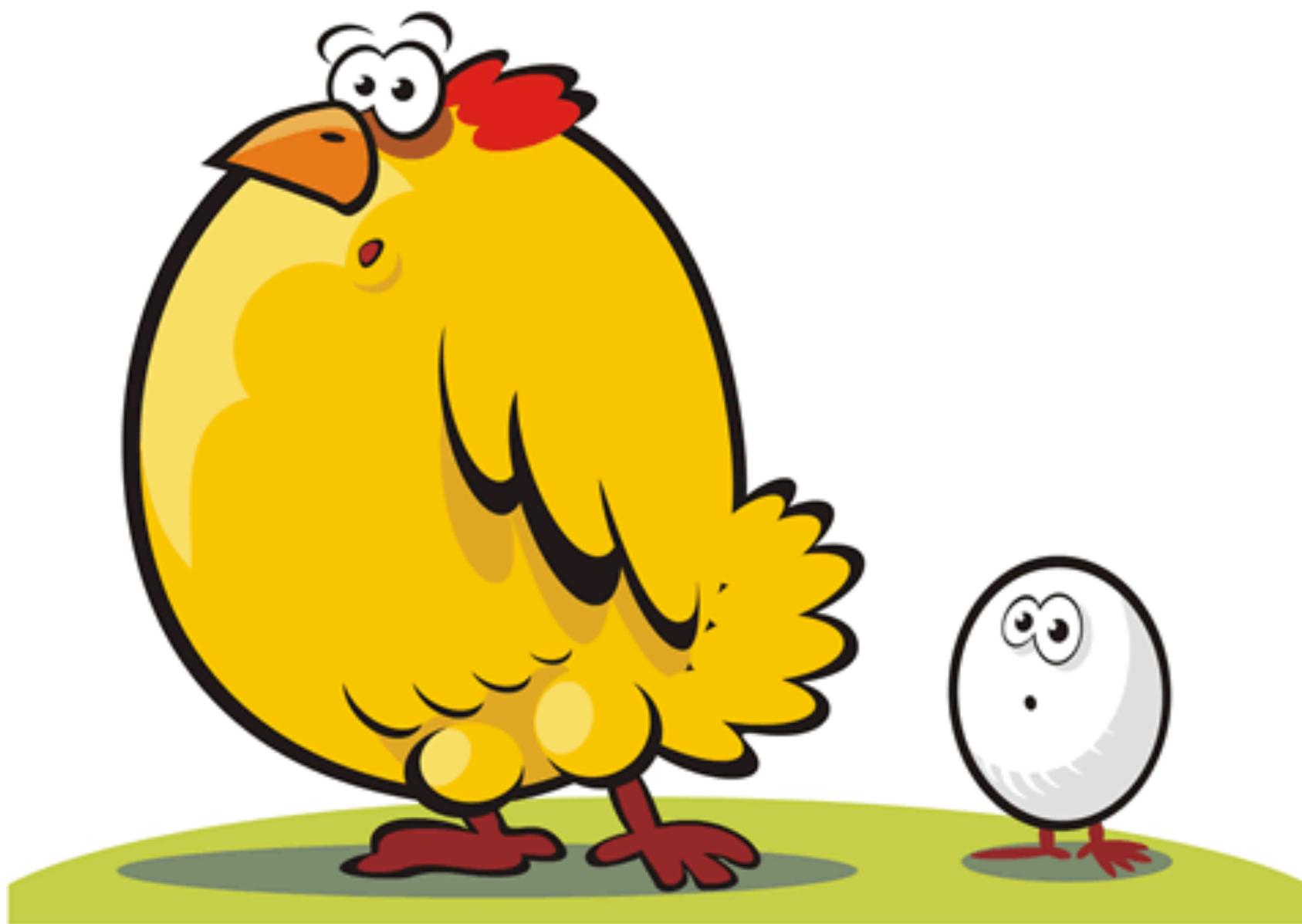


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UKHCDO

UNITED KINGDOM HAEMOPHILIA CENTRES DOCTORS' ORGANISATION







VTE Exemplar Centres

Providing leadership in thrombosis care

VTE Exemplar Centre Criteria

Checklist for organisations considering making an application to become a VTE Exemplar Centre



Tick	1.	VTE STRATEGY
	a.	Chief Executive agreement
	b.	Thrombosis committee/VTE Implementation group (or equivalent) established <ul style="list-style-type: none"> • Cross organisation and multidisciplinary representation (organisational chart)
	c.	VTE Guidance in place <ul style="list-style-type: none"> • Clinicians • Maternity • Extended prophylaxis

Tick	2.	COMPLIANCE & PROCESSES
	a.	Risk assessment <ul style="list-style-type: none"> • Risk assessment system(s) in place • Risk assessment tools utilised • Data demonstrating exceeding National Quality Requirement of 95% risk assessment for more than 3 consecutive months
	b.	Root cause analysis <ul style="list-style-type: none"> • Process and staff (flow chart demonstrating how RCA is undertaken & how findings drive improvement)
	c.	Audit <ul style="list-style-type: none"> • Audit mechanisms in place and staff to support the process • % patients receiving appropriate thromboprophylaxis • % patients should receive written information on admission and discharge
	d.	Reporting <ul style="list-style-type: none"> • Clinical governance (trust) • Incident reporting • Use of league tables (by ward/directorate)
	e.	Commissioning and contracts <ul style="list-style-type: none"> • Inclusion of VTE in acute/community contract service specifications • Submission of RCA reports to commissioners

Tick	3.	TRAINING & EDUCATION
	a.	Evidence of staff having undertaken appropriate thromboprophylaxis training
	b.	Trust/hospital induction programmes includes VTE education <ul style="list-style-type: none"> • New staff • Junior doctors • Nurses
	c.	E-learning packages available for staff (e.g. King's/VTE Prevention England module)
	d.	Attendance at national learning events and forums

Tick	4.	COMMUNICATIONS
	a.	Staff <ul style="list-style-type: none"> • VTE Communications strategy in place • Evidence of communications undertaken (e.g. campaigns, internal communication such as newsletters, intranet, league tables, use of social media e.g. Twitter)
	b.	Patient (evidenced by audit) <ul style="list-style-type: none"> • Written information is offered - Patient Information Leaflet • VTE is explained verbally to patients by appropriate member of staff
	c.	Hospital patient group(s) are informed about VTE

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England



Patient Blood Management Certification

AABB and The Joint Commission have teamed up to offer Patient Blood Management Certification. Based on the [*AABB Standards for a Patient Blood Management Program*](#), this new voluntary hospital certification is open to Joint Commission accredited hospitals.

Missed the recent PBM webinar? Getting ready for PBM Certification? View the archived webinar and the presentation slides.

- [On-Demand Webinar](#)
- [Presentation Slides](#)

[Contact The Joint Commission](#) for more information about Certification.

First PBM Certification in U.S. goes to D.C. Hospital – MedStar Georgetown University Hospital

[Read the press release.](#) MedStar Georgetown University Hospital

President, Mike Sachtleben, congratulates the hospital's Patient Blood Management Team on achieving the nation's first blood management certification from The Joint Commission and AABB. [View on YouTube.](#)



**MedStar Georgetown
University Hospital**

**Congratulations to
MedStar Georgetown
University Hospital!**

**The first hospital to successfully
achieve Patient Blood
Management Certification**



The Joint Commission

Patient Blood Management Certification



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The Joint Commission

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Where are we now?

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PBM self-assessment group has been formed

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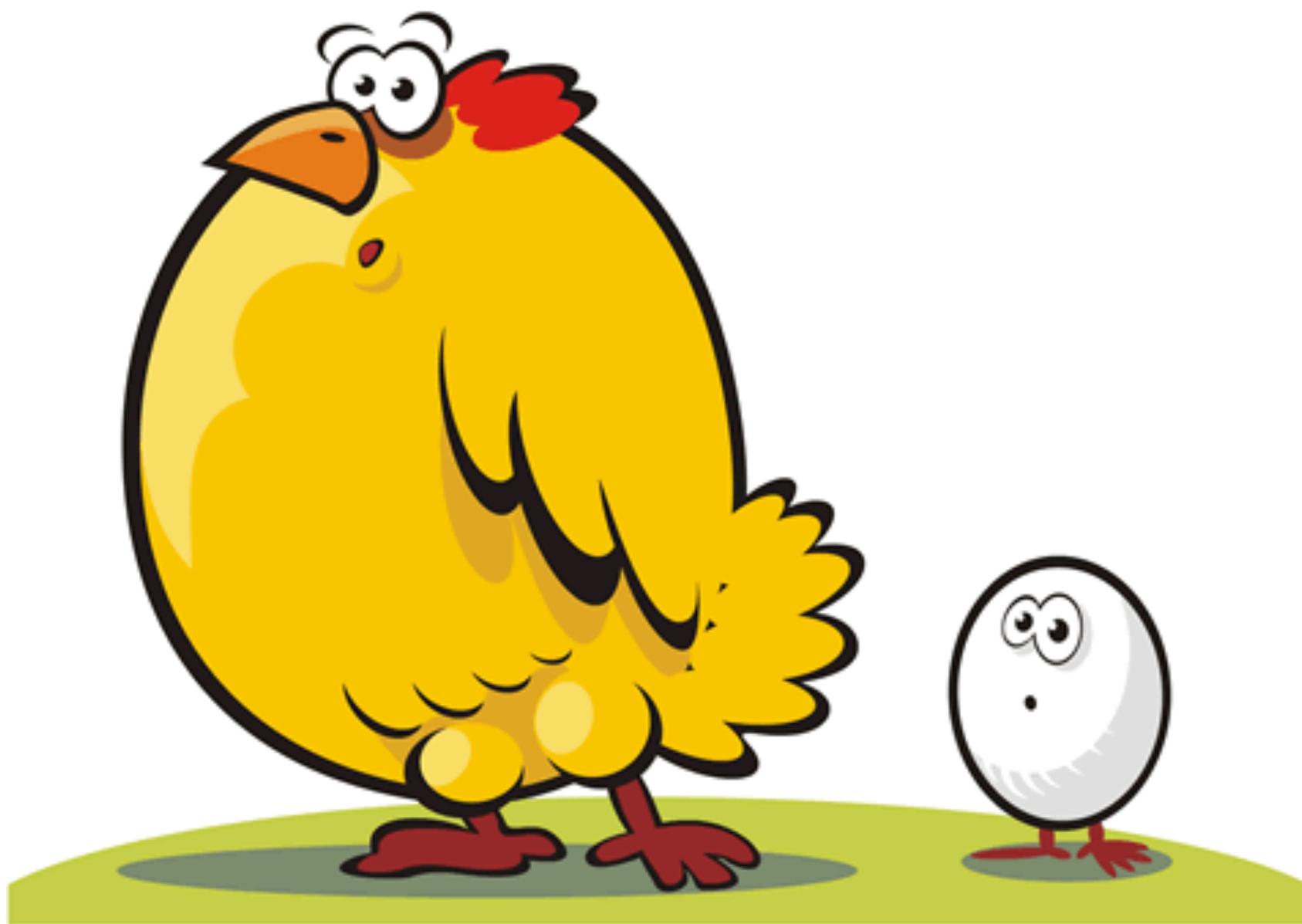
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Planning for self-assessment (at least initially)











Royal College
of Physicians

National Comparative Audit
of Blood Transfusion



Blood and Transplant



Royal College
of Physicians

National Comparative Audit
of Blood Transfusion



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PBM Accreditation

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Do we want it?



PBM Accreditation

Do we need it?





