



# How can I implement PBM and guidelines for children in my hospital

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# Introduction

- ▶ 2002/98/EC – Quality & Safety from collection to distribution
- ▶ 2004/33/EC – Technical aspects
- ▶ BSQR 2005 – EU directives set in law
- ▶ BSQR 2006/2013 – Traceability, SAE, SAR, Quality Systems

# Patient Blood Management - Why?

- ▶ 15-20% red cell transfusions inappropriate
- ▶ Restrictive approach proven to reduce morbidity and mortality
- ▶ 20-30% plasma/platelets given inappropriately
- ▶ Medical advances
- ▶ Ageing donor population, scarce resource
- ▶ **BEST PRACTICE!**
- ▶ Reduced healthcare costs

# Patient Blood Management – What is it?

## NOT a one fits all strategy

- ▶ Multifaceted approach
- ▶ Patient choice
- ▶ Preservation of resources
- ▶ Stakeholder “buy in”
- ▶ Building infrastructure
- ▶ Audit and evidence for change
- ▶ Improved patient outcome



# Starting blocks - Audit

- ▶ Where is blood being used?
- ▶ How much blood is being used?
- ▶ Adherence to locally agreed indication codes based on National guidelines?
- ▶ Agreed MSBOS?
- ▶ Sampling protocols?
- ▶ POCT
- ▶ Single unit transfusion
- ▶ Patient knowledge

# Building Blocks

- ▶ Executive commitment
- ▶ Engaged multidisciplinary HTC/PBMC
- ▶ Strong HTT with Consultant lead
- ▶ Strong support from laboratory personnel
- ▶ IM&T engagement
- ▶ Clinical support at all levels – nurse champions
- ▶ Education ( patients and personnel)

# Conclusion

- ▶ Multidisciplinary approach
- ▶ Key stakeholder commitment
- ▶ Strong HTT
- ▶ Audit
- ▶ Feedback
- ▶ Monitoring
- ▶ Patient choice
- ▶ Improved patient outcome
- ▶ **BEST PRACTICE!**