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

Tracey Shackleton
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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!