



*Blood and Transplant*

# 2015 Survey of Patient Blood Management

## What is Patient Blood Management?

Patient Blood Management (PBM) is an evidence-based, multidisciplinary approach to optimising the care of patients who might need transfusion.



PBM puts the patient at the heart of decisions made about blood transfusion to ensure they receive the best treatment and avoidable, inappropriate use of blood and blood components is reduced.



National, regional and local audits in England consistently show inappropriate use of all blood components;

15-20% red cells      20-30% platelets/plasma.

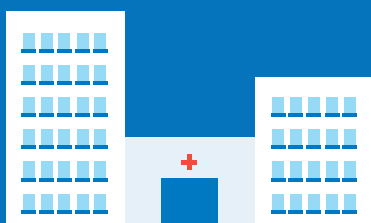


PBM represents an international initiative in best practice for transfusion medicine.

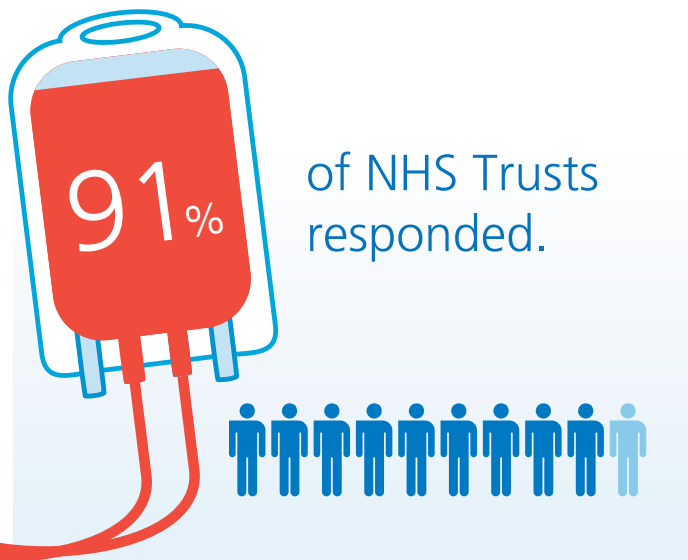


Evidence shows that the implementation of PBM improves patient outcomes by focussing on measures for the avoidance of transfusion and reducing the inappropriate use of blood and therefore can help reduce health-care costs.

PBM improves patient care by reducing inappropriate transfusion and also helps to ensure the availability of blood components for those patients where there are no transfusion alternatives.



In 2015, the PBM survey was repeated to evaluate progress towards PBM implementation. The survey was an initiative between NHS Blood and Transplant and the National Blood Transfusion Committee.



## Patient Blood Management Initiatives

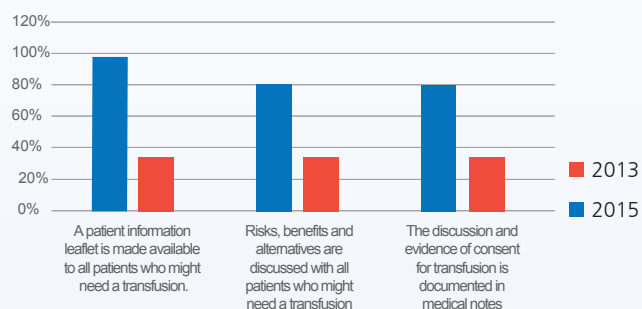
### Consent

There has been substantial improvement in the provision of information relating to consent since the 2013 survey, from 65% to 98%

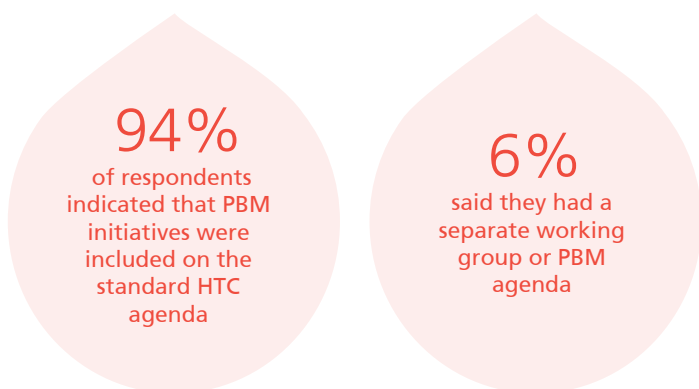
For surgical patients this figure was slightly less at 86%

% Respondents per Trust red blood cell use level				
Very High	High	Moderate	Low	Very Low
38%	28%	24%	9%	0.7%

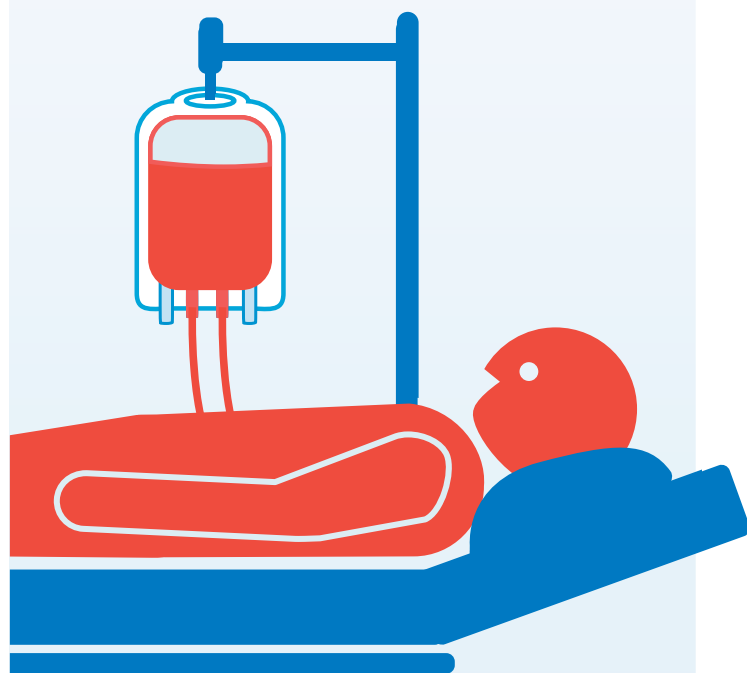
### Consent and Information About Transfusion



NHS Trusts have a variety of internal care oversight structures.



Who does your Hospital Transfusion Committee report to?				
Clinical governance committee	Patient safety committee	Trust Board	Other	None – we do not report
52%	42%	29%	12%	2%

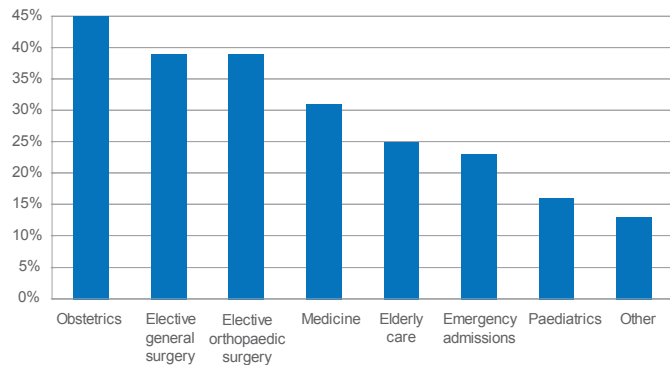


## Identification and Management of Anaemia

### A. Policies for Anaemia Management

57% of Trusts do not have a policy for the management of anaemia.

Specialties Included in Anaemia Policies (n = 56)



### B. Oral and Intravenous (IV) Iron

98%

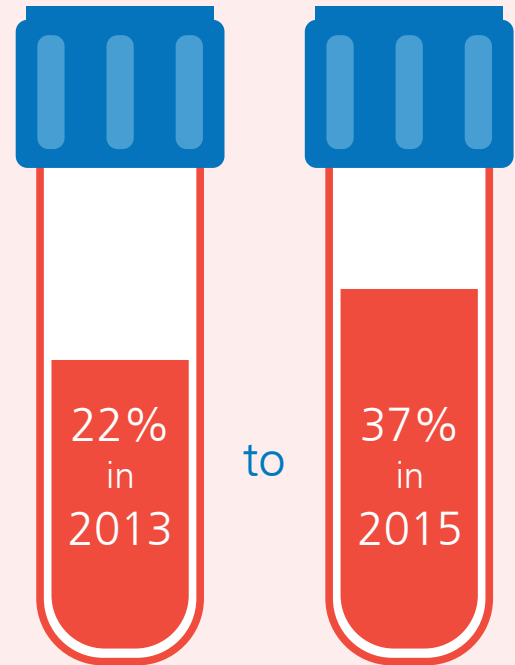
of Trusts are able to offer both oral and IV iron to correct anaemia

There has been an increase in the use of oral and intravenous iron across all specialties

	2013	2015
Use of oral and I.V. iron by Specialty	114	126
Medicine	67%	79%
Elective general Surgery	56%	65%
Elective orthopaedic surgery	No Data	64%
Paediatrics	13%	25%
Elderly care	No Data	55%
Emergency admissions	16%	36%
Obstetrics	61%	77%
Other	16%	27%

### C. Iatrogenic Anaemia

There has been an increase in the number of Trusts who have conservative blood sampling initiatives from



Of these Trusts, 44% said this applied to ALL patients and not just to specific specialties.

Intensive Care Units and paediatric care were the most common specialty areas with minimal blood sampling policies.

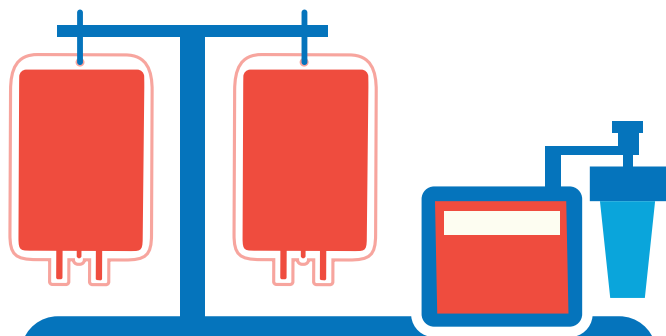
## Identification and Management of Bleeding Patients

### A. Policies

There is a significant increase in the number of Trusts who have developed and implemented a protocol for the management of abnormal haemostasis.

Trusts with Protocol on	2013	2015
Reversal of warfarin	No Data	99%
Management of bleeding associated with novel anticoagulants (NOACs)	49%	77%
Anti platelet drugs	27%	73%
Major haemorrhage	78%	99%

## Cell Salvage



86%

of respondents said they used intra-operative cell salvage (ICS) - overall there have been a 6% increase in the use of ICS across specialities.

Principle users of ICS remain

91%  
orthopaedic  
surgery

86%  
obstetrics

## B. Visco elastic technology

The use of visco elastic technology (TEG, RoTEM) remains unchanged at

24%

Where this technology is used, theatres remain the major user

85%

Theatres	Emergency department	Obstetric department	Cardiac	Critical care
82%	22%	32%	42%	38%

## C. Anti-fibrinolytics

There is an increase in the use of anti-fibrinolytics for major bleeding across all specialities.

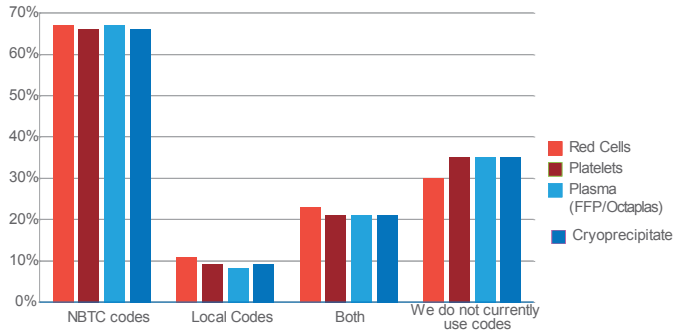
Does the Trust use anti-fibrinolytics, e.g. Tranexamic Acid, for major bleeding in the following patients?	2013	2015
Trauma	74%	91%
Surgical	71%	91%
General medical	44%	46%
Obstetric	60%	71%
Other	-	15%



### The use of NBTC or local indication codes to guide transfusion

74% of Trusts use either NBTC indication codes, local indication codes or both. This is a slight drop from 79% in 2013.

Use of NBTC or Local Indication Codes to Guide Transfusion



### Transfusion requests: guiding and challenging

	Yes	No
Trust uses a IT systems in place for clinical reasons for transfusion	20%	80%
Trust have a protocols to guide transfusion requesting	79%	21%
Trust challenges requests	95%	5%
Trust has Individual treatment plans for transfusion dependent patients	64%	36%



### Transfusion thresholds, single unit policies and ATD platelet dosage

#### Lower Transfusion Threshold

**51%**

of respondents have either implemented a lower transfusion threshold policy or are planning to.

**12**

organisations did have a policy that covered specific clinical areas. Where this was the case, 46% covered critical care and 46% covered clinical haematology.

#### Single Unit

**27%**

of Trusts have a single unit red cell policy and 8% have it in specific areas.

**53%**

of Trusts have said they are planning to introduce a single unit red cell policy.


#### Single Dose Platelets

**89%**

of respondents had or are planning to have a policy for transfusing one ATD of platelets at a time in non-bleeding patients.

**In 5%**

of Trusts who applied the policy to specific areas, over 60% were in general medicine and surgery, critical care and orthopaedic surgery.



Reasons for not introducing a policy included paediatrics where transfusion was stated as being based on weight.

**95%**

of Trusts said patients were re-assessed prior to further transfusions - both clinically and with a full blood count.

