

2023 HEALTHTRUST UNIVERSITY CONFERENCE

PLAYING TO WIN

ALIGNED FOR SUCCESS
OPTIMIZING OUTCOMES

Drew Preslar, Moderator

Every Drop of Blood Counts

Beatrice LeBeuf, MSc, MLS (ASCP),
SBB, CPHQ, CPPS

Becky O'Neal, MBA, MLS (ASCP)

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Disclosures

- The presenters have no real or perceived conflicts of interest related to this presentation

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Learning Objectives

At the end of this session, participants should be able to:

1. Identify the necessary components of a successful Patient Blood Management Program.
2. Recall the required elements for a strategic Patient Blood Management implementation.
3. Recognize possible challenges and how to apply solutions during implementation and ongoing governance.



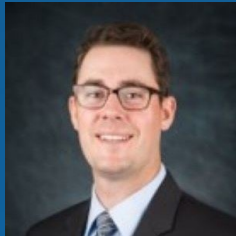
Speaker Introductions

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Meet the Presenters



Drew Preslar, MBA
AVP, Advisory Services
HealthTrust



Beatrice LeBeuf, MSc, MLS
(ASCP), SBB, CPHQ, CPPS,
Blood Bank Technical
Consultant, HCA Physicians
Services Group



Becky O'Neal, MBA, MLS
(ASCP), Director, Lab Solutions
HealthTrust



Part 1

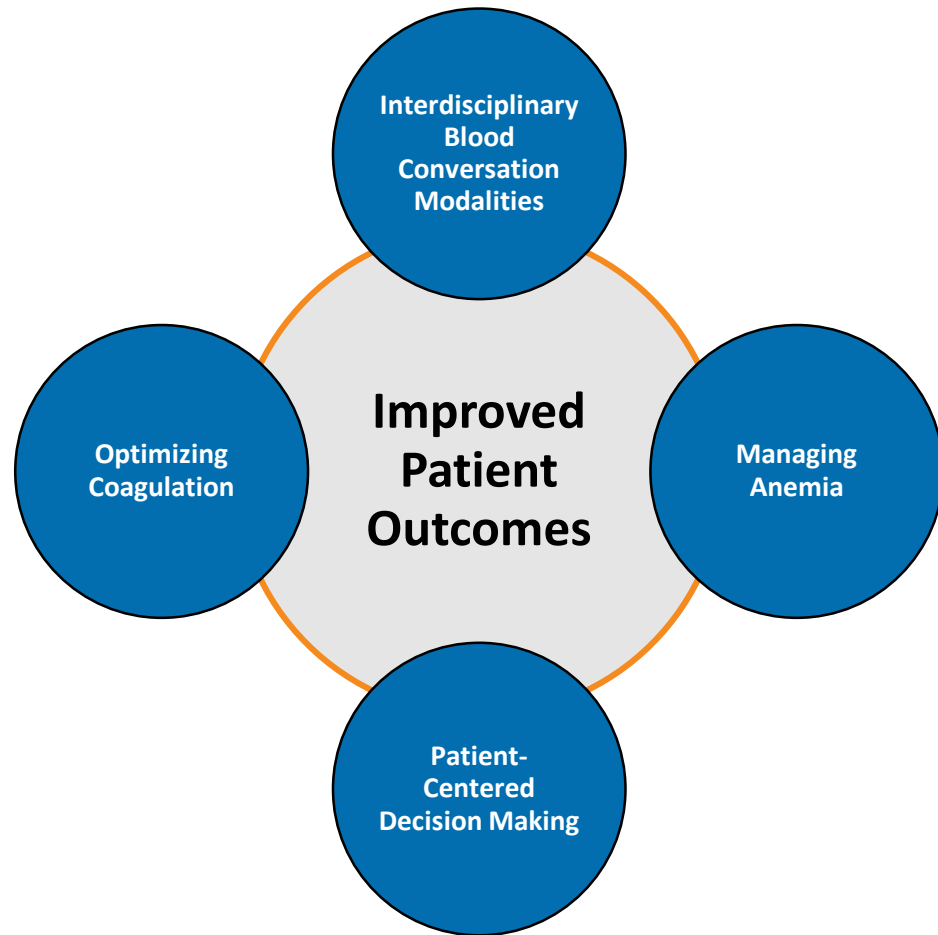
The Patient Blood Management Program

Panelist Discussion Question

What is Patient Blood Management?

- Blood utilization vs. Patient Blood Management
- History of Patient Blood Management
- Benefits to implementing a Patient Blood Management Program?

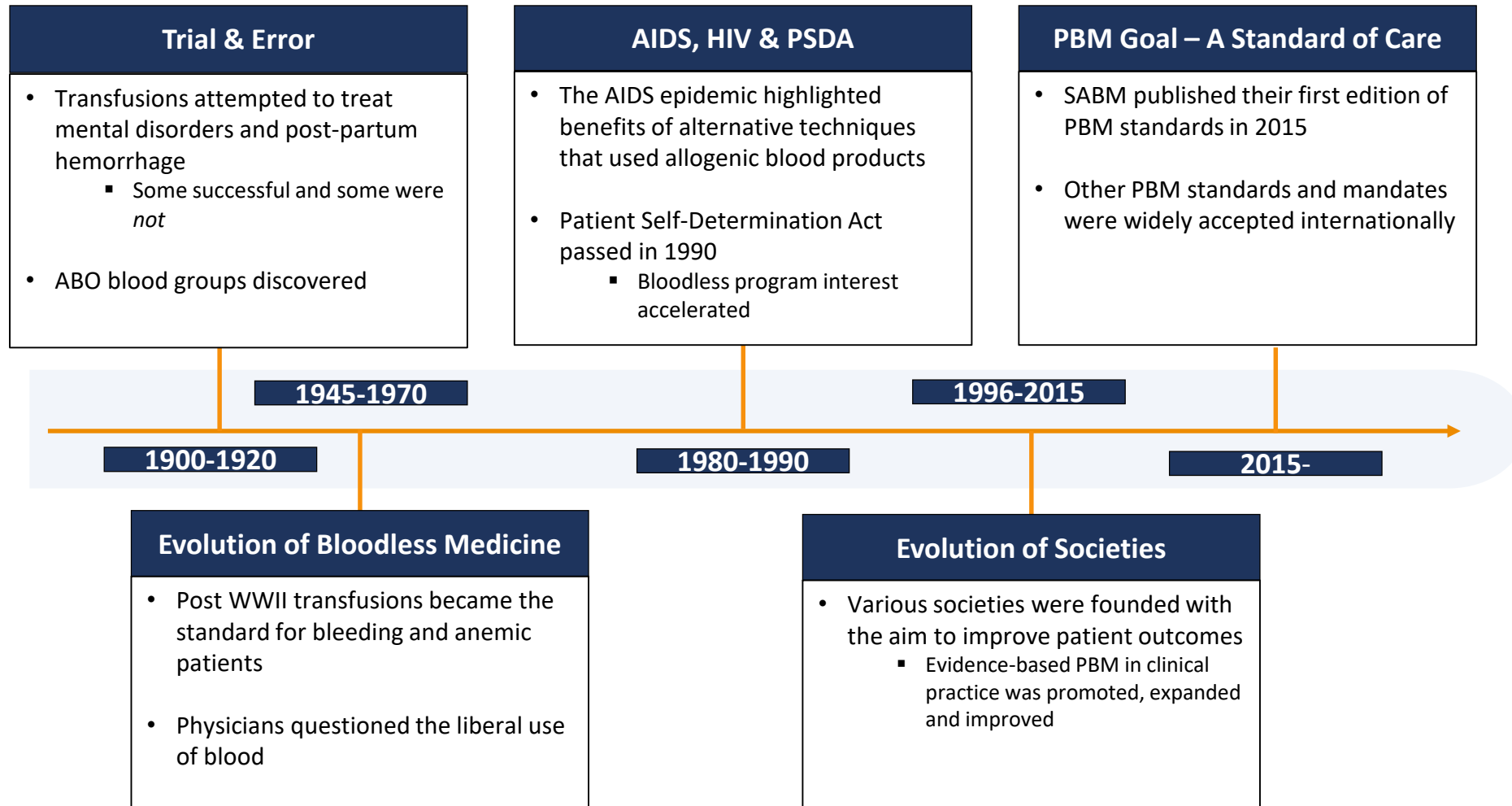
Evidence, Education, Better Outcomes



PBM is patient oriented, not product oriented

** Patient Blood Management (PBM) is the timely application of evidence-based medical and surgical concepts designed to maintain hemoglobin concentration, optimize hemostasis and minimize blood loss in an effort to improve patient outcomes.*

History of Patient Blood Management



Source: SABM PBM Certification Course, Lesson 1, <https://sabm.talentlms.com/unit/view/id:1932> accessed 6/2/2023

Benefits



Risk reduction



Improved patient outcomes



Reduced hospital stays, readmissions, and lengths of stay



Ensuring blood availability for those most in need



Optimized care for those who may need transfusion



Fostering collaboration throughout the hospital



Providing a competitive edge in the marketplace



Enhanced staff recruitment and development



Cost savings



Part 2

Patient Blood Management Strategies

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Panelist Discussion Question

What are some strategies when implementing a Patient Blood Management Program?

- Goals of a PBM Program
- Knowledge of clinical practice guidelines
- Techniques, methods, and best practices

Goals of a Patient Blood Management Program

The Responsibility of a PBM

Optimize patients' baselines consider prior to surgery

Minimize surgical & other sources of blood loss

Harness patients' physiological tolerance of anemia

RBCs: Indications & Guidelines

Indications/Contraindications

Indications

•Symptomatic deficiency of **oxygen carrying capacity** and **tissue hypoxia**

Exchange transfusion

Contraindications

Current anemia due to iron deficiency

Volume expansion or to increase oncotic pressure

Utilization Guidelines

Red Blood Cells (ARC Compendium, 2021)

Hemoglobin Level	Recommendation
Low <ul style="list-style-type: none"> < 6/7 g/dL <ul style="list-style-type: none"> Young Health Patient Acute Anemia 	Administer red blood cells
Intermediate <ul style="list-style-type: none"> 7-8 g/dL 	Justification based on ongoing indication of organ ischemia, potential or acute ongoing bleed
High <ul style="list-style-type: none"> > 10 g/dL 	Red blood cell transfusion <i>usually</i> unnecessary

Platelets: Indications & Guidelines

Indications/Contraindications

Indications

- Treat bleeding due to **decreased circulating platelet count & functionally abnormal platelets**

Prophylactically to prevent bleeding at pre-specified low platelet counts

Contraindications

Patients with autoimmune thrombocytopenia, thrombotic thrombocytopenic purpura, hemolytic uremic syndrome and heparin-induced thrombocytopenia with thrombosis

Utilization Guidelines

Platelets (ARC Compendium, 2021)

10,000/mL

- In stable, non-bleeding patients

20,000/mL

- Unstable, non-bleeding patients

100,000/mL

- Actively bleeding patient
- Patient undergoing major invasive procedure/surgery

20,000/mL

- Patient undergoing neurosurgery/ophthalmologic surgery

PBM Techniques & Methods: Reduce Risk & Harm

- Early detection, evaluation and management of anemia
- Identification of bleeding with rapid control; goal-directed control of coagulopathy, if present
- Use of intraoperative blood conservation modalities
- Perioperative/intraoperative use of pharmaceuticals to minimize bleeding
- Avoid diagnostic blood loss when possible
- Apply evidence-based rationale for use of transfusion
- Employ patient-centered decision-making



Overview of Best Practices

Best Practice	Example
<p>Identify key physician leaders to develop a blood utilization best practice strategy</p>	<p>Medical Directors, Physician Leaders within the Emergency Room, ICU & Cardiovascular Service Lines</p>
<p>Develop a hemoglobin concentration trigger policy that applies to the majority of acute care patients</p>	<p>pRBC transfusion trigger for Hgb < 7 g/dL</p>
<p>Establish a physician oversight to assess appropriateness of transfusions outside of excluded patient populations</p>	<p>Physician-led blood transfusion review panel</p>
<p>Dedicate an FTE to review blood utilization appropriateness</p>	<p>Dedicated blood utilization manager/nurse</p>
<p>Institute specific inclusion and exclusion criteria for blood transfusion triggers</p>	<p>Exclude cardiovascular, trauma, neonate & BMT patients from transfusion trigger policy</p> <p>Identify patents within excluded service lines & review transfusion practices with MDs in those areas</p>

Overview of Best Practices

	Example
Update facility blood transfusion policies, eliminating unnecessary use of high blood cost blood products	Use of leukocyte-reduced red blood cells (LR-RBCs) outside of BMT and neonates
Assess facility practice data and identify poor practice habits	Two units of blood transfused when 1 unity may suffice Second Hgb concentration not drawn in-between units to assess need LR-RBCs ordered when not needed
Re-educate medical staff	Hospital-wide education campaign on blood utilization
Provide data to physicians	Physician letters listing transfusions from previous reporting period that fall outside criteria Engage physicians by asking them to review their cases against best practice guidelines & provide references
Develop consistent, relevant and accessible metrics to track utilization, appropriateness and spend	Assign lead to merge HCA NPR report with Blood Dashboard logic to drive change



Part 3

Implementing a Patient Blood Management Program

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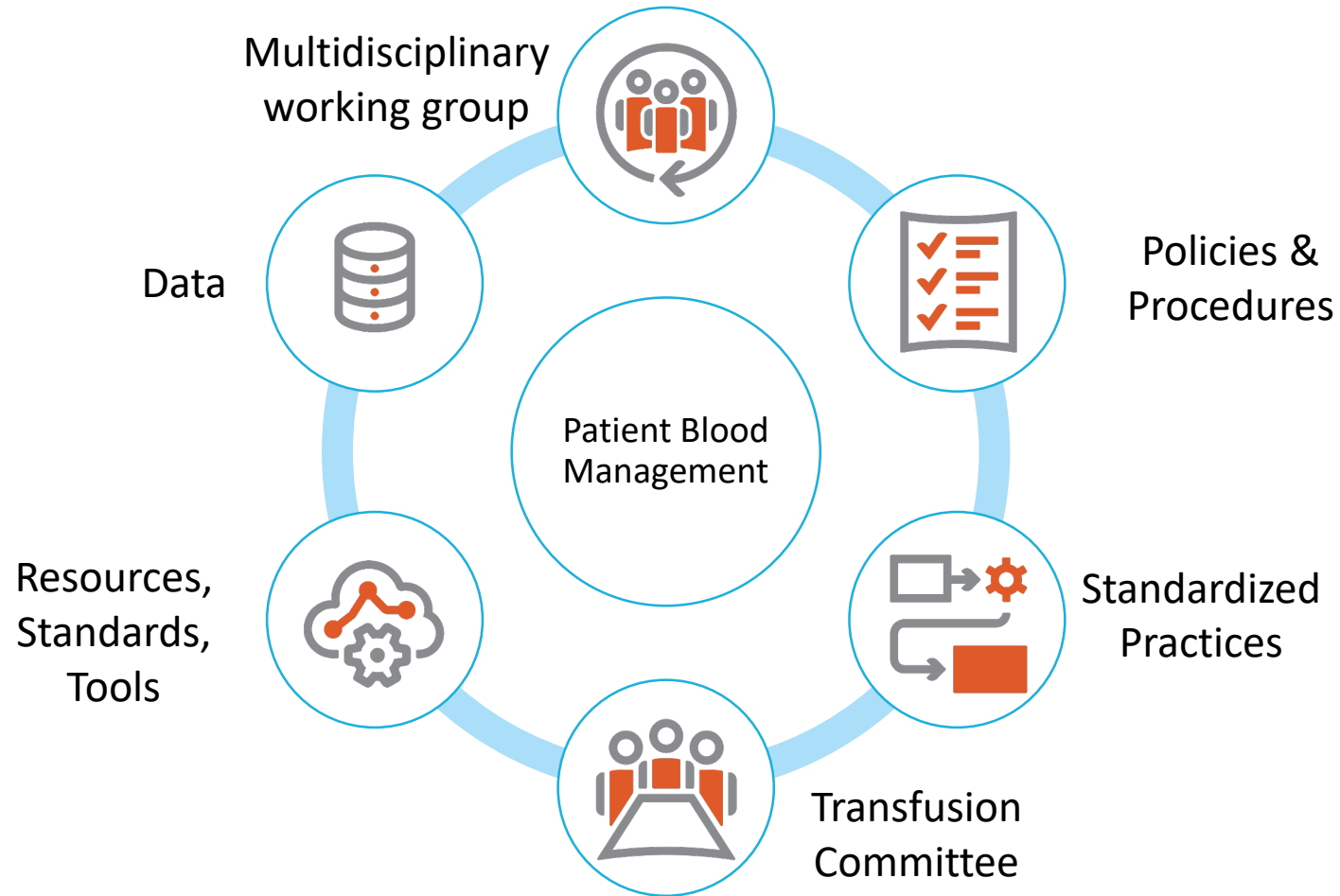
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Panelist Discussion Question

Where do you start when implementing a Patient Blood Management Program?

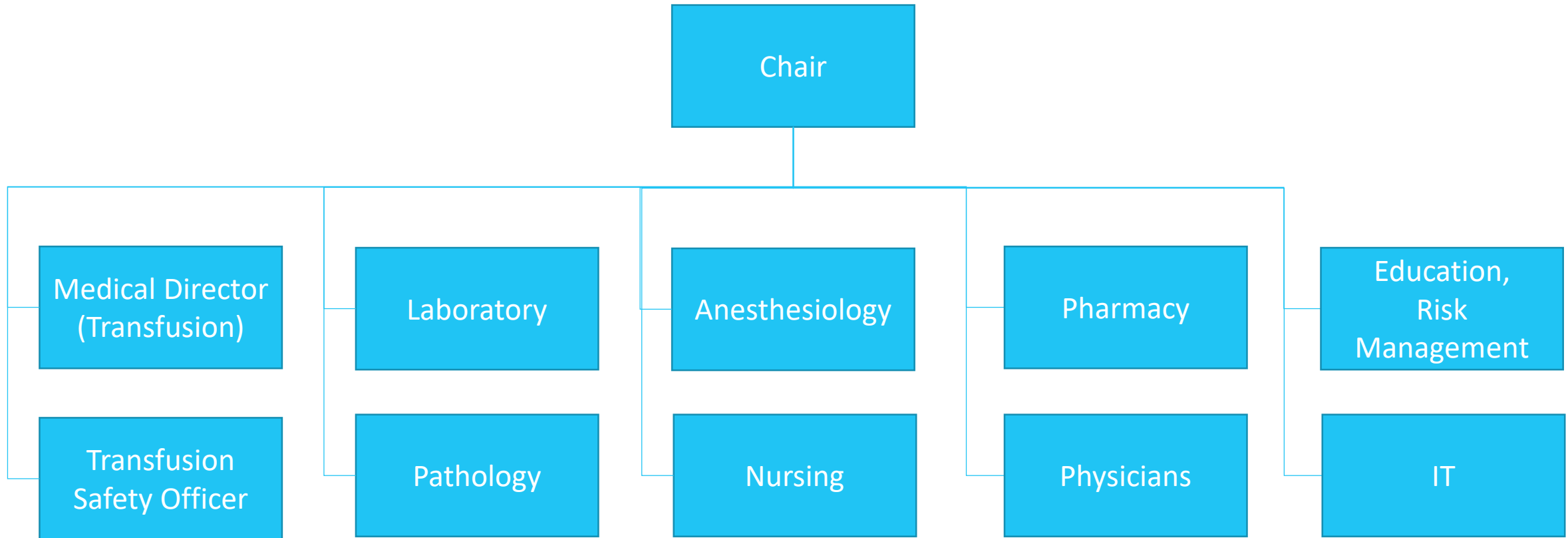
- Components of a successful PBM program
- Creating a PBM Committee
- Challenges to starting a program

Components of a Successful Patient Blood Management Program



“Patient Blood Management: Benefits Patients, Hospitals, and Communities,” *Joint Commission Resources*: <https://www.jointcommission.org/resources/news-and-multimedia/blogs/improvement-insights/2022/08/patient-blood-management/> 08/19/2022; Accessed 6/5/2023.

Patient Blood Management Committee Members



Barriers & Solutions When Implementing a Program

Barrier	Solution
Institutional organization	Program goals and drivers
Staff and time constraints	Division of duties
Lack of awareness or interest in PBM	Identify clinical leaders who are passionate about quality and safety and engage them early.
Funding and resource limitations	Reinvestment strategy to invest savings into program growth. Align with ultimate institutional goals.



Part 4

Meaningful Metrics & Visualization Tools

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Panelist Discussion Question

How do you measure progress?

- How do you drive change through data?
- Which metrics should be tracked?
- How can a dashboard help keep goals on track?

Driving Change Through Data

Transfusion Triggers	Care Delivery Discovery	Patient Data
< 7 g/dL	2 Units vs. 1 Unit	Diagnosis/DRG
7-8 g/dL	% Surgery vs. Medical	Attending Physician
8-10 g/dL	Transfusion Volume	Burn, Trauma, Pediatric
> 10 g/dL	Antifibrinolytics Therapy	Massive Transfusions

Education & Awareness Campaigns

why give **two** when **one** will do?

Single unit red cell transfusions should be the standard for non-bleeding, hospitalized patients.

Don't transfuse more units of blood than absolutely necessary.



Choosing Wisely

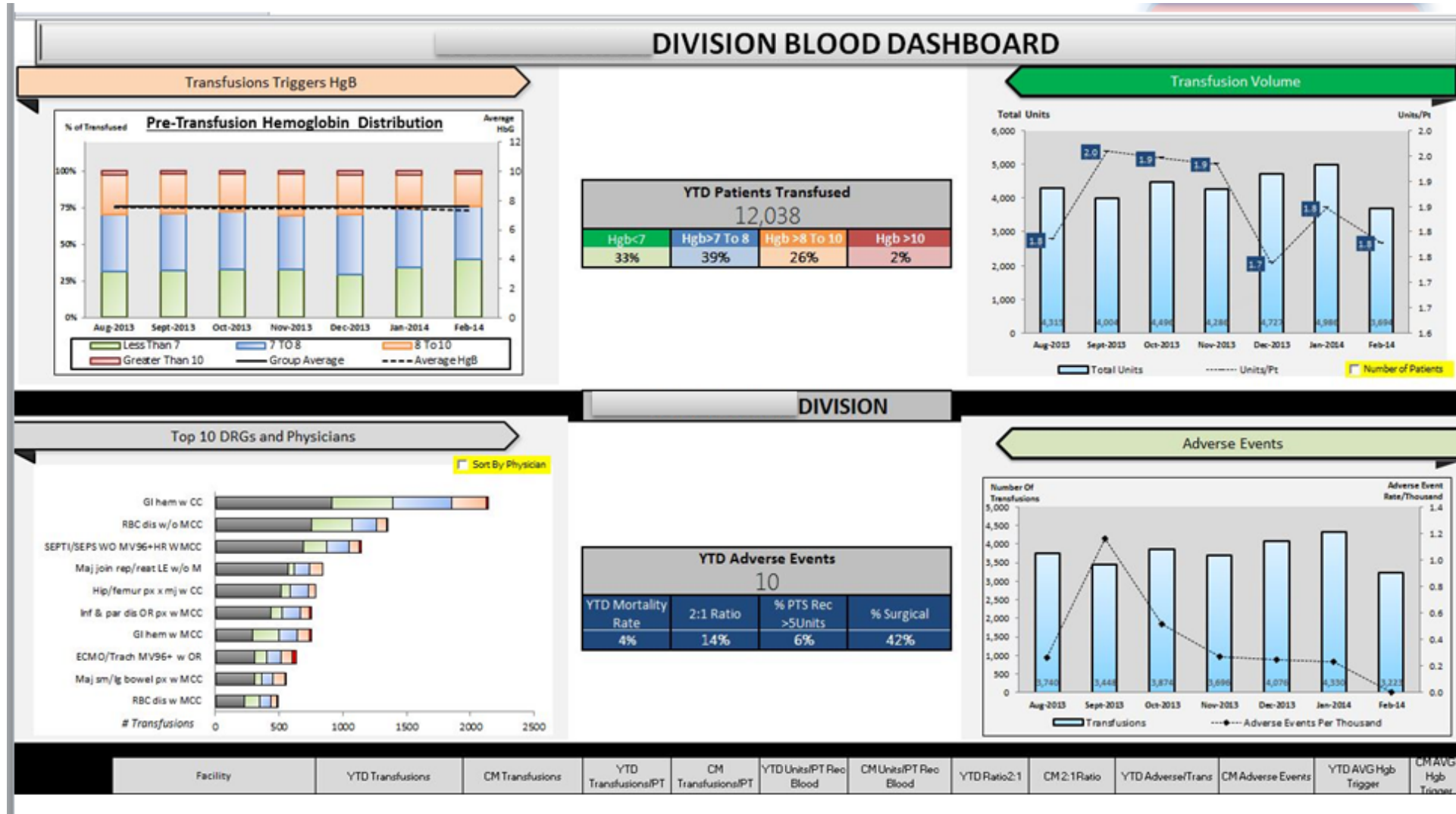
An initiative of the ABIM Foundation

aa
BB

American Association
of Blood Banks

Source: https://www.aabb.org/docs/default-source/default-document-library/resources/choosing-wisely-five-things-physicians-and-patients-should-question.pdf?sfvrsn=3a62496f_4

Corporate Blood Dashboard — Example



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Thank you...

Beatrice LeBeuf | Beatrice.NeradovaLeBeuf@MedicalCityHealth.com

Becky O'Neal | Becky.Oneal@HealthTrustPG.com



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