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President’s Message

Welcome to the New AABB News

First, I’d like to extend a Happy New Year to my fellow AABB members. As you can see, 2018 brings some important and exciting changes to AABB News.

As always, this publication continues to be the informative monthly magazine that AABB members have come to know and appreciate. But we have made some notable updates that I am sure AABB members will welcome and value — because the changes were based on your input.

As you can tell by glancing at this issue’s cover and flipping through its pages, the look of AABB News has been transformed. The magazine’s logo has been modernized and its appearance has been upgraded.

In addition to these aesthetic changes, we have updated our editorial approach. Each issue of the new AABB News will feature a focused theme that is relevant to AABB members; the feature articles in each issue will be related to the theme. Furthermore, we are introducing some new highlights that will be included in each issue. The first, “In the Field,” will present an in-depth profile of a leading facility or program associated with the issue’s theme. The second, “White Coats,” will include an interview with an AABB member whose work relates to the issue’s theme.

Benefit to members

The AABB staff has spent considerable time working on the redesign of this magazine. The update represents the culmination of a thorough assessment and reevaluation of the publication. Last year, AABB staff surveyed AABB members to learn more about what you were looking for in a publication and determined how this magazine could best suit your needs. Additionally, your Board of Directors was involved in helping to shape the plans for the updated publication.

Finally, we consulted with a creative design firm to develop a pleasing and modern new look for the magazine.

Most importantly, AABB News will continue to serve as a resource for the association and its members. AABB’s goal for this magazine is not only to provide members with updates on the association, but also to offer insightful and thought-provoking articles that can help to advance the fields of transfusion medicine, cellular therapies and patient blood management. After all, this magazine is an important benefit of AABB membership; the new version is intended to elevate this benefit.

I am thrilled about the new version of our association’s magazine and excited to introduce this first issue to you. I’m confident my fellow AABB members will share my enthusiasm. I hope you enjoy this issue and continue to look forward to AABB News every month.

Mary Beth Bassett, BS, MT(ASCP)
AABB President
As a health care executive, do any of these topics keep you up at night?

- Diversification and Novel Partnerships
- Protecting Patient and Donor Data
- U.S. Health Care and Reimbursement
- Responding to a Catastrophic Event

If so, you can’t miss the 2018 NBF Leadership Forum – a must-attend event for health care executives in transfusion medicine, patient blood management, and cellular therapies. For more information, visit www.aabb.org/2018LF.

Join Us!

2018 NBF LEADERSHIP FORUM
March 20, 2018  Hyatt Regency Scottsdale Resort & Spa at Gainey Ranch

www.aabb.org/2018LF

AABB Membership Discounts Available
The Trajectory of Patient Blood Management in the United States

By Nikky D’Amour, RS, BSN, CEN
Guest Contributor

Many factors contributed to the development of the field of patient blood management (PBM) in the U.S. My introduction to PBM began in 2008 as providers started to recognize the need to deliver bloodless care to an underserved patient population: Jehovah's Witnesses. Treating Jehovah's Witnesses, whose religious convictions preclude them from receiving primary blood components, became one of the early drivers for the approach that grew into the field of PBM. To avoid the need for transfusion, Jehovah's Witnesses normally undergo proactive care to diagnose and treat pre-operative anemia and improve their outcomes.

The proactive approach to ensure patient readiness before an elective procedure has proven so beneficial that many health care providers have begun embracing it for every patient.

In my experience, avoiding unnecessary blood transfusions has become a much higher priority as more and more studies have come out highlighting the risks associated with unnecessary transfusions.

In addition, a growing body of evidence shows that restrictive transfusion thresholds are at least as good as — and possibly superior to — more liberal strategies in a number of patient populations, including critically ill patients (the 1999 Hébert et al. Transfusion Requirements in Critical Care [TRICC] study).

As an additional benefit, reducing the number of unnecessary blood transfusions has helped institutions adapt to changes in the blood supply and translated into financial savings, as well.

Based on positive experiences with bloodless medicine and research supporting restrictive transfusion strategies, practitioners have begun extending this new-and-improved treatment method to additional patient populations. Most importantly, this is being done in a way that puts patients’ needs at the center of the decision-making process and does not jeopardize the availability of blood in trauma settings.

As the successes of PBM have become more widely known, they are starting to change how blood is administered. Educating physicians and encouraging them to rely on evidence-based transfusion guidelines continue to increase this trend.

Yet there is still a need to standardize the structure of PBM programs to support the consistency of patient care across institutions. PBM standards, such as AABB’s Standards for a Patient Blood Management Program, are one way to close that gap.

PBM programs across the U.S. are producing data showing that the return on investment for implementing such a program is worth the cost, as evidenced by improved quality outcomes-related metrics and overall institutional savings.
Looking to enrich your hospital’s annual educational programs in blood components administration? Or applying for the AABB/TJC Patient Blood Management (PBM) Certification? Then checkout the newest AABB product, the PBM Training Bundle.

This bundle includes two PBM modules, *Optimizing Transfusion Benefits* and *Informed Consent*, and satisfies training needed to comply with PBM Standard 2.1.4 Facility-Defined Credentials. Ideal for individual and group training.

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*Bundle pricing is available for institutions only. Individual purchasers do not qualify for this discount, but may purchase each module separately.*
Several years ago, leaders at the Johns Hopkins Health System in Baltimore, Md. conducted an assessment on the number of blood transfusions performed at their facilities annually. Concerned that in some cases, blood transfusions were being performed in excess, they sought more information to determine the frequency and necessity of these procedures. The concerns were amplified in 2012, when The Joint Commission named blood transfusion as one of the most overused procedures in health care.

According to Steven Frank, MD, director of the Johns Hopkins Health System Patient Blood Management Program and the Center for Bloodless Medicine and Surgery, this was the impetus for the organization to begin developing its patient blood management program (PBM), which was launched in 2012. “We decided there may be a great opportunity to reduce risk and cost, while improving outcomes by encouraging evidence-based transfusion practice,” Frank said.

In addition, an assessment of the program, published recently in *Anesthesiology*, showed that the program helps Johns Hopkins save more than $2.1 million annually in blood acquisition costs, representing a 400% return on investment for support of the program.

Today, the Johns Hopkins Health System Blood Management Program is renowned as a leader in PBM. Last year it achieved a Level 1 certification in PBM from The Joint Commission and AABB. “One requirement for this top level of certification is to have a program providing optimal care for patients not accepting transfusion for personal or religious reasons,” Frank said. “By having such a ‘bloodless’ program, we not only attract grateful patients, we also learn to do ‘more with less’ for other patients in the hospital.”

Frank recalled that when he was working on proposals for the PBM program, hospital administrators were receptive, particularly when they examined the potential cost savings. “We convinced the hospital administration to support our patient blood management program by showing them data on patient outcomes, as well as the return on investment,” he said. “Since blood is either poorly reimbursed — or not reimbursed at all — every unit of blood saved is money back into the hospital’s bottom line.”

The benefits of the program are far more than economical. The program has been linked to better patient outcomes, a reduction in the risk of transfusion-transmitted diseases and improved patient safety.

**Changing the Culture**

For many health care providers, a directive to use less blood or perform fewer blood transfusions may seem contrary to what they have previously been taught. As Frank and his colleagues learned, retraining staff and changing the culture of care are often important steps in developing a PBM program. “We first developed an educational campaign for staff that focused on recent landmark studies supporting a restrictive transfusion strategy,” Frank told AABB.
“We convinced the hospital administration to support our patient blood management program by showing them data on patient outcomes, as well as the return on investment.” - STEVE FRANK, MD

**News.** “We also implemented specific campaigns for patient blood management, the most successful of which was our ‘Why Give 2 When 1 Will Do?’ campaign, which advocated single-unit red blood cell (RBC) transfusions.”

Once the program was launched, administrators harmonized transfusion guidelines across the five-hospital health system. They then developed dashboards and reports showing guideline compliance rates for individual departments and individual providers. They also implemented best practice advisory notifications in the electronic order sets to notify staff when their blood orders were outside of hospital guidelines.

Specific recommendations were developed to help reduce blood use across the health care system. For example, anesthetic techniques such as avoiding hypothermia and using controlled hypotension were recommended to decrease bleeding. The use of cell salvage was increased to recycle blood lost during surgery, which can then be transfused back to the patient. In addition, smaller phlebotomy tubes are now being used to reduce blood lost to lab testing.

Frank said that once staff members began to fully understand the principles of PBM, as well as its benefits, they were receptive to the program. The change in practice was apparent fairly quickly. “At some of our community hospitals, about two-thirds of all RBC orders were for double unit transfusions [prior to the launch of the program] and now they account for less than 20%,” he said.

The financial benefits for the hospital were seen fairly quickly as well. “At the community hospitals in our health system — which had no blood management in place prior to this program — we saw a financial impact within six months or so,” Frank said.

Efforts to maintain the success of a PBM program are ongoing, as new staff must be trained and results must be continually monitored. Val Stockbine, MSN, RN, CPHQ, Transfusion Safety Officer at The Johns Hopkins Hospital, said she and her colleagues are pleased with the results of the patient blood management program, but that efforts to maintain success are never-ending. “Achieving success in patient blood management is a continuous process,” she said. “Along with continuous collection and analysis of data, there needs to be ongoing education and performance evaluation. This is especially true in organizations that have a lot of staff turnover, such as teaching hospitals like ours.”

The program helps Johns Hopkins save more than $2.1 million annually in blood acquisition costs, representing a 400% return on investment.