

Special Interest Group

Patient Blood Management (SIG6)

1-2 August 2018, Sydney

Meeting Code HRT1815

Why Participate?

- ❑ *Reduce patient harm: Reform transfusion practice*
- ❑ *Learn how Western Australia is a world exemplar in PBM*
- ❑ *Share strategies to meet #7 of the Australian National Standards*
- ❑ *Reclaim excess beddays*
- ❑ *Reduce blood product costs*



Select Roundtable SIG6 on your subscription agreement and return by email to: accounts@healthroundtable.org



\$A5,750* for first facility in your network. \$A4,750* for each additional facility. *excl GST

Individual delegate venue fees are billed separately.



Kate Tynan
+61 417 481 661
kate.tynan@healthroundtable.org

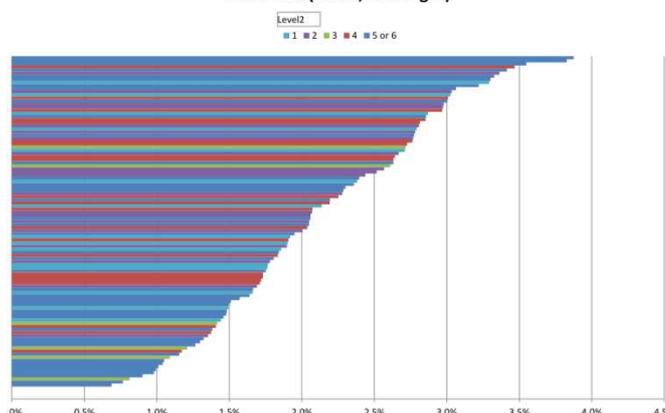
In partnership with leading clinical experts, this Special Interest Group (SIG) seeks to optimise care by better managing and preserving patients blood and reducing the requirement for transfusion.

THE PROBLEM: International consensus:

- 10% of blood transfusions are appropriate
- 40% have uncertain benefits
- 50% inappropriate

There is a large variation in transfusion practice among Roundtable members. For planned surgical and obstetric patients screening and remediating anaemia is the solution.

Obstetrics (Acute, Overnight)



THE OPPORTUNITY: Patient Blood Management is an important safety and quality initiative with the potential to improve patient outcomes whilst also reducing hospital expenditure.

- Red Blood Cell (RBC) transfusion is independently associated with increased morbidity, mortality, hospital and ICU length of stay, and increased cost. On average, RBC transfused patients stay 2.5 days longer, with increased odds ratio of death of 1.7.
- A recent West Australian study estimated the total hospital-associated cost of RBC transfusion across a five hospital health service to be \$77 million per year.
- Australian NSQHS Standard 7 requires that hospitals have systems in place to ensure safe and appropriate prescribing and use of blood and blood products, and that they are consistent with national evidence-based guidelines.

THE SOLUTION: Can we afford NOT to do Patient Blood Management? Western Australia is a world exemplar in PBM, we can all implement workable solutions based on the WA strategies and experience.

Who should participate?

- » This Special Interest Group is intended to share "good practice" ideas and innovations for PBM programs.
- » Ideally, a cross-disciplinary team of those who are responsible for PBM.
- » You may bring up to five people per health service.

The Health Roundtable will:

- » Work with experts to identify key trends and innovations.
- » Survey participating health services for innovative practices.
- » Collate and analyse results.
- » Summarise the meeting and circulate all presentations.

Special Interest Group

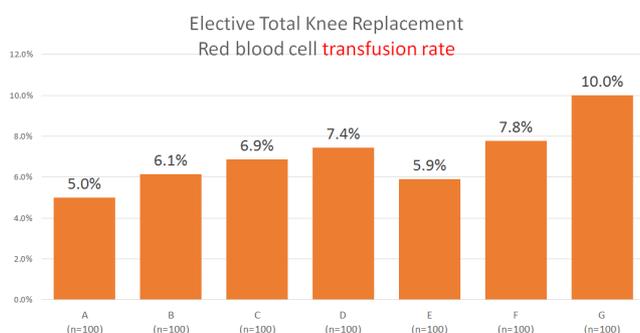
Patient Blood Management (SIG6)

The problem: Western Australia Metro Data on Transfusion and Cost
Retrospective cohort study from a five hospital health service in Western Australia between July 2011 - June 2012.

After adjusting for age, gender, admit type (emergency or elective), DRG and patient complexity (HRT complexity), compared with non-transfused:

- » Mean inpatient cost 1.83 Times higher in txed group
- » Estimated total hospital associated cost of RBC transfusion AUD \$77 million, representing 7.8% of total hospital expenditure on acute-care inpatients.
- » Significant dose-dependent association between the number of RBC units transfused and increased costs after adjusting for confounders
- » **The Solution PBM program and benchmarking**

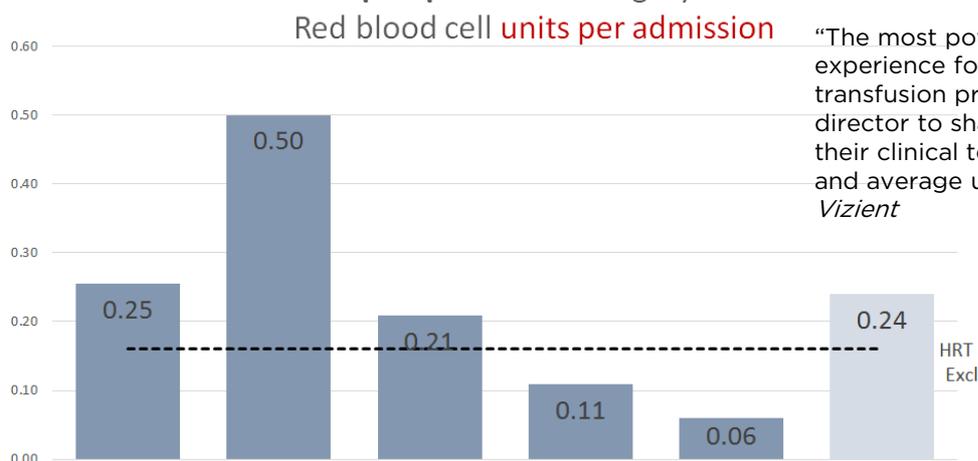
Q: Who transfuses the most RBCs?



In 2017 The Health Roundtable was able to replicate the WA approach to benchmarking and provide clinician level data on transfusion activity through data linkage. This is a powerful tool for supporting change in practice in both rates of transfusion and how many units transfused.

Why do two when one will do: If one then none?

Elective Total Hip Replacement Surgery- Jan to Dec 2016



“The most powerful lever in my 30 years experience for changing clinician transfusion practice is for a medical director to share clinician level data with their clinical team, both transfusion rates and average units” *Akiva Faerber, Vizient*

The Health Roundtable
(ABN 71 071 387 436)
Suite 804, 28 Foveaux St
Surry Hills NSW 2010
General Enquiries
Tel: +61 2 8041 1421

The Health Roundtable helps health executives learn how to achieve best practice in their organisations. We collect and analyse operational and clinical data of our member organisations to search for innovations in patient care. We promote collaboration and networking amongst health executives and staff through our roundtable meetings, workshops, and other activities.