

PBM Perspective, Part 1 – The Clinical Perspective

Patient Blood Management

Patient blood management (PBM) goes beyond the decision of whether or not to transfuse. PBM is an evidence-based, multidisciplinary approach to improve care of patients. Aspects such as correcting anemia, minimizing blood loss, and adopting best practices require consistent training and organizational collaboration. When applied appropriately, PBM can improve patient care while conserving resources.

Education in transfusion practice has traditionally been limited in most medical school curriculums – 1 to 2 hours of didactic lectures at best over the four years.¹ In fact, most physicians learn when and what to transfuse based on norms and habits passed down from senior physicians. This has resulted in high variability in transfusion practice.^{2,3,4} Principles of transfusion can vary greatly across specialties, healthcare institutions, and even within the same group of physicians. Such disparity in practice leads to unnecessary transfusions and waste of resources.

In the last 15 years, there has been tremendous growth in the number of randomized controlled

trials to provide rigorous evidence on best transfusion practices.⁵ During the same period, a myriad of observational studies have repeatedly shown a strong association between blood transfusion and worse patient outcomes. These publications have bolstered the practice of PBM. Using PBM to guide appropriate transfusion promotes the following positive patient outcomes:

Did you know? When benchmarked against other countries delivering similar or higher quality care, the US is a leading consumer of blood products without any associated benefits.⁷

- 1) **Quality of Care:** Evidence-based use of blood products enhances patient safety. While a valuable therapeutic agent, blood transfusion is not without risk. PBM programs provide protocols and education to avoid unnecessary transfusions and associated risks.
- 2) **Better Outcomes:** Patients who get less blood do better. Use of restrictive transfusion strategies

result in fewer transfusions with patient outcomes that are similar or better than outcomes associated with more liberal transfusion strategies.^{5,6} Decreased mortality, morbidity, surgical site infections, pneumonia, and sepsis in surgical and critically ill patients along with a positive impact on patient length of stay are clear benefits to PBM.

- 3) **Patient Access:** Conservation of already constrained resources allows more blood to be available for those patients who may truly need it.
- 4) **Patient Autonomy & Satisfaction:** Religious beliefs, individual concerns and cultural differences may influence a patient's decision to receive a blood transfusion. PBM embodies a "patient-centered decision making" approach where the risks, benefits, options and alternatives are presented for the patient to

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make an informed choice. By respecting the patient's wishes and needs related to transfusion, PBM strategies not only provide a "right fit" but also improve patient satisfaction.

These positive clinical results are indisputable drivers for

implementing PBM programs at many healthcare institutions today. Consistently, hospitals are reporting that the appropriate use of blood, blood components, and derivatives – coupled with other PBM strategies – reduce or avoid the need for a blood

transfusion. The true value of PBM is that by improving patient care, it enhances clinical practice and creates momentum for continued improvements.

References

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