



**World Health
Organization**

Global Forum for Blood Safety: Patient Blood Management (PBM)

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Organized by WHO HQ/Geneva and Sharjah Blood Transfusion and Research Centre
and co-sponsored by the Government of United Arab Emirates (UAE)

Structured observations

Need for common understanding of concepts (and definitions)

- Include blood components & fractionated products
- Some definitions based around (avoidance of) red cell transfusion
- Hospital and other settings (e.g., general practice)
- Rational/optimal/appropriate clinical use – is it same as PBM?
- Is PBM part of the universe of overall transfusion ("Blood management and Patient management should not be conflicting concepts")
- How to describe the patients who may (not) need transfusion
- Measures to minimise need for transfusion
- Most of the elements already set out in *WHO Aide-Memoire on 'Clinical Use of Blood'* and *WHO Aide-Memoire on 'Clinical Transfusion Process and Patient Safety'*
- Patient-centred/patient-focussed approach
- Patient involvement in care and decision-making
 - Informed consent
 - Patient education
- Role of policy, guidelines, legislation, regulation and accreditation in promoting best practice at a national, regional, institutional level
- Leadership (governmental, administrative, clinical professional – clinical champions)
- Delineation of responsibilities (administrative, clinical and others)
- Clinical governance, role of Hospital Transfusion Committees, other stakeholders
- Importance of multidisciplinary teams in managing patients
 - Nurses and midwives
 - Doctors (family medical practitioners etc)
 - Transfusion lab scientists/technicians
 - Administrators and Pharmacists
- Role of transfusion practitioner in hospital setting
 - Training in Quality Management including clinical audit
- Education for clinical staff (content, delivery, assessment)
- Awareness of and access to/funding of therapies including “other modalities to transfusion”

- Sources of information: research (randomized control trials (RCT) to registries), haemovigilance, look back or clinical audits
- Evidence base (needs developing) and awareness of available evidence and translation into practice
- Sharing ideas, materials and results
- Measuring results (what, how, standardisation (comparability), what to do with the data, taking action)
- Benchmarking – between clinicians, units, institutions
- Links with broader patient safety initiatives (patient identification, informed consent)
- Resources
 - People (time, authority, expectations)
 - Information Technology (data management and data linkage)
 - Funds: may be barrier but ultimate investment, enablers
- Capacity building: infrastructure, personnel, educational programmes and materials (all levels – under graduation to post graduation)

Issues common to all

- Evidence base, awareness and application
- Engagement of clinical staff
- Communication and education
- Personnel – trained, dedicated resource
- Measurement of outcomes and sources of data
- Haemovigilance systems and adverse reactions - monitoring for transfusion and alternatives
- Funds

Particular issues identified by developing countries

- Still major focus on need for adequate supplies of safe blood, variable rates of voluntary non-remunerated blood donation
- Need for improved disease prevention and control of conditions, which can result in transfusion if not managed
- Burden of disease (HIV/malarial/nutritional anaemia, haemoglobinopathies, obstetrics, trauma) vs. haematology/oncology
- Prevention of unnecessary transfusions especially where supplies are limited /unsafe
- Access to blood component therapy vs. whole blood
- Blood cold chain management
- Access to laboratory support especially diagnostics
- Availability of trained staff
- Need for coordinated transfusion service structures at country level and support within hospitals
- Access to educational material for clinical staff generally, and targeted/appropriate to the local situation