

2015 Audit of Patient Blood Management in adults undergoing elective, scheduled surgery

Hospital Name

KEY FINDINGS REPORT

Our hospital participated in the 2015 audit of PBM in adults undergoing elective, scheduled surgery.

This report provides an overview on how we performed in relation to the key audit standards and how we compare to other hospitals nationally.

If you would like **further information** on the findings for these 4 key standards and the other 7 standards, please refer to:

- 'Full Audit Report'
- 'Supplementary Information Report'

Who needs to know the results from this audit? Recommended Dissemination List

We should consider sending copies of this feedback report to the following:

- All relevant divisional directors
- All relevant divisional clinical effectiveness leads
- Members of the clinical audit project team (if any)
- Head of nursing
- Clinical audit sponsor
- Medical director
- Clinical audit department (via facilitator for the division)
- Hospital Transfusion Committee and/or Patient Blood Management Committee

Local lead for this audit in your hospital: Name, Job Title, name.surname@trust.nhs.net

How do we compare with other hospitals?

Pre-operative anaemia optimisation (PBM standard 1):

Clinical staff must ensure that patients listed for **elective major blood loss surgery** have an Hb measured at least 14 days pre-operatively and act upon results*

*Anaemia is defined as Hb of less than 130g/L in men less than 120g/L in women

Our hospital achieved this standard for **67% (2/3)** of patients

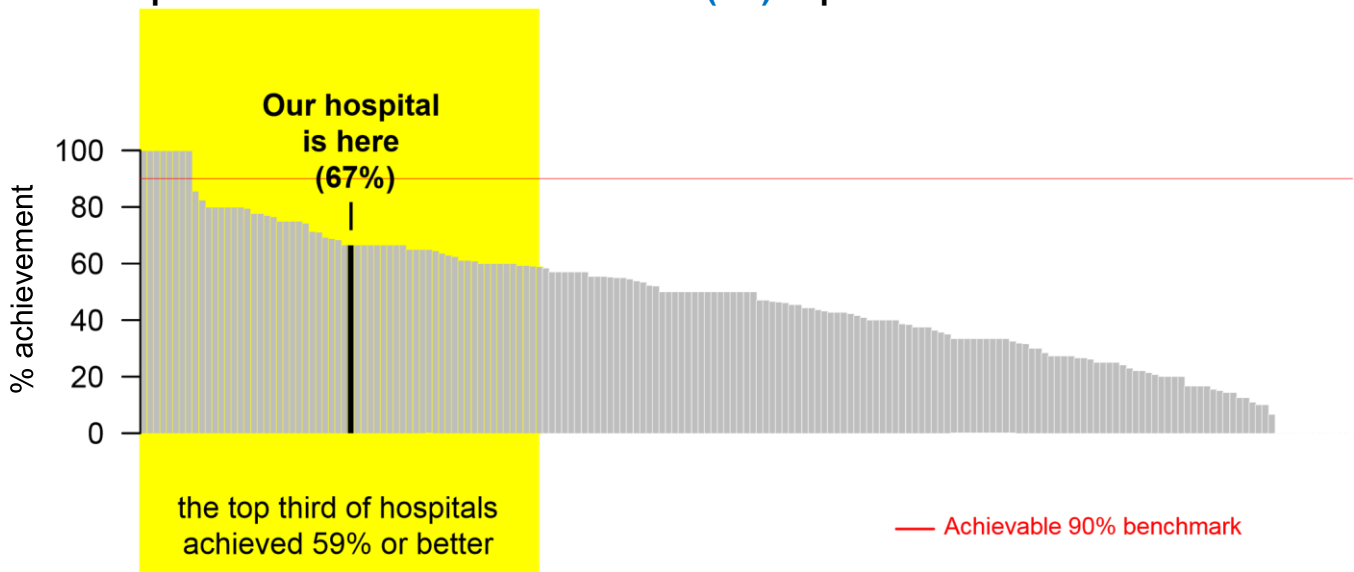


Figure 1: PBM standard 1 hospital comparison. Each chart shows our performance in comparison with the other participating hospitals. The red line illustrates an achievable benchmark of 90%, recognising that a standard of 100% would not be universally attainable.

What should we do next? Recommendations:

For our Hospital	For clinical staff responsible for preoperative management	For the Hospital Transfusion / Patient Blood Management Committee
<ul style="list-style-type: none"> Well done. We showed a high level of achievement in this standard. We are performing within the top third of hospitals nationally. This demonstrates strong support for PBM within our hospital. However, there is room to further improve our practice. We should prepare an action plan that will recognise and build upon our existing good practice to further improve the service that we provide. 	<ul style="list-style-type: none"> Clinical staff should ensure that patients are counselled about the relationship between anaemia, morbidity and mortality, and should be given the opportunity to defer non-urgent surgery until anaemia is investigated and treated. Clinical staff should ensure that anaemia screening occurs between the referral for surgery and decision to proceed in order to allow investigation and correction if appropriate. Even where surgery is urgent, clinical staff should still use whatever time is available before operation for anaemia investigation and treatment initiation. 	<ul style="list-style-type: none"> The Committee should ensure that healthcare pathways are structured to enable anaemia screening and investigation/ correction before surgery. The Committee should work with Commissioners to formalise integrated pathways and funding for the referral of patients found to be anaemic during surgical workup, if the nature of the anaemia suggests that unexpected significant underlying disease is possible. The Committee should work with clinicians to continue monitoring practice in relation to this standard, by conducting further local audits of the number of patients undergoing surgery with anaemia, and feeding back this information to clinical teams.

Post-operative transfusion indicated (PBM standard 8):

In patients who do not have active post-operative bleeding, clinical staff should only prescribe a transfusion if the Hb is less than the defined Hb threshold or for transfusion (70g/L in patients without acute coronary ischaemia 80g/L in patients with acute coronary ischaemia).

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Our hospital achieved this standard for 22% (4/18) of patients

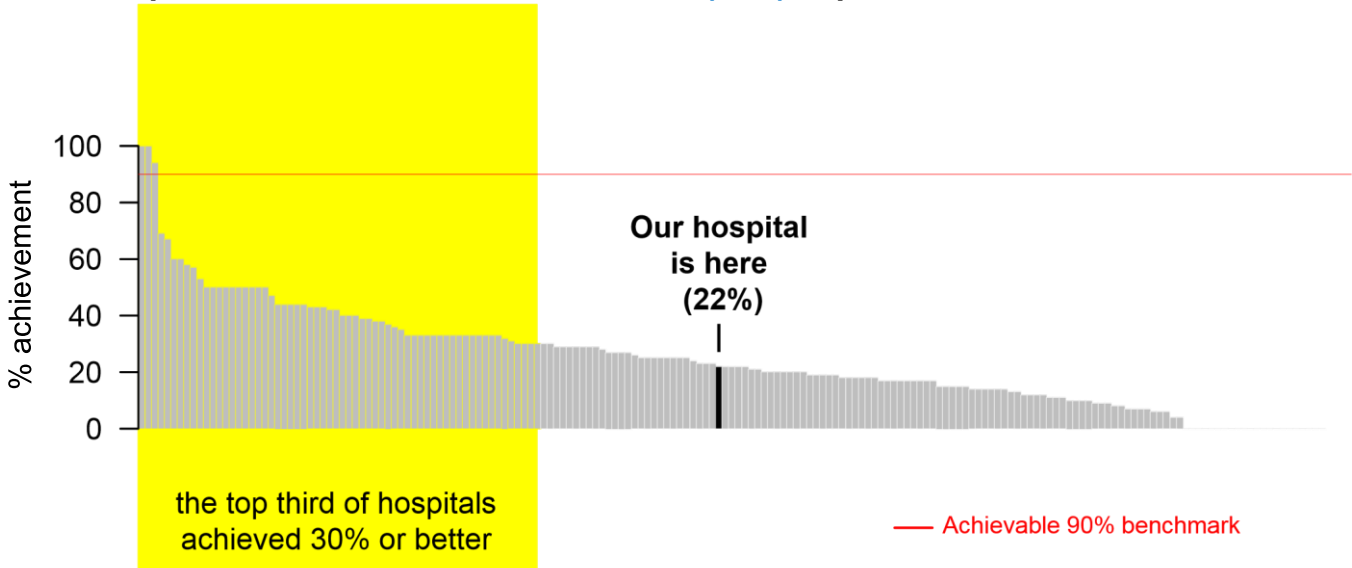


Figure 2: PBM standard 8 hospital comparison

What should we do next? Recommendations:

For our Hospital	For clinical staff making the decision to transfuse	For the Hospital Transfusion / Patient Blood Management team
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<ul style="list-style-type: none">• Our performance for this standard was in the mid-range when compared with other hospitals nationally, but there is still room for further improvement.• We should formulate an action plan to continue to improve our practice towards achieving this standard.	<ul style="list-style-type: none">• Clinical staff should only prescribe a red cell transfusion in stable nonbleeding patients who have a pretransfusion Hb of less than 70g/L or less than 80g/L in those with acute coronary syndrome.• Clinical staff should record the reason for transfusion in the patient's case notes and record a justification for transfusion if the transfusion was prescribed for a patient with a Hb higher than the agreed thresholds.	<ul style="list-style-type: none">• If a stable non-bleeding patient has a pre-transfusion Hb greater than 80g/L, the transfusion laboratory staff should query the request prior to issuing blood, with support from Hospital Transfusion / PBM team to do so.• The team should work with clinicians to conduct further audits of the proportions of patients receiving transfusion outside recommendations.• The team should consider how best to work with clinical trainers to ensure that induction and ongoing education programmes for clinical staff include randomised trial findings which compare the patient outcomes of different red cell transfusion strategies.• For hospitals with access to electronic order comms systems, the team should consider how best to work with the IT department to design a system of decision support at the time of ordering that supports best practice.
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Post-operative transfusion – single unit approach (PBM standard 9):

For patients receiving a post-operative transfusion, clinical staff should prescribe one unit of red cells at a time and re-check Hb before prescribing a further unit (unless the patient has active bleeding)

For our Hospital	For clinical staff making the decision to transfuse	For the Hospital Transfusion / Patient Blood Management team
<ul style="list-style-type: none"> • Our performance for this standard was lower than two thirds of the other hospitals nationally. In order to improve the care we provide to our patients, we should prioritise this standard when planning our response to feedback. • We should formulate an action plan to improve performance towards a more feasible short-term goal, such as the national median (i.e. 31%). 	<p><input type="checkbox"/> Staff should recheck Hb after the first unit has been transfused to see if second unit can be avoided.</p>	<ul style="list-style-type: none"> • If more than one unit transfusions are being requested for routine preoperative patients, the laboratory staff should be encouraged to challenge the request before issuing the blood, with the support of the Hospital Transfusion / PBM team. This also strengthens team working rather than clinicians and lab staff working in “silos”. • The Hospital Transfusion / PBM team should work with clinicians to continue to monitor practice in relation to this standard by conducting further local audits of the proportions of patients receiving single or more than one unit transfusions, and feeding back these findings to clinical teams.

Our hospital achieved this standard for 13% (2/16) of patients

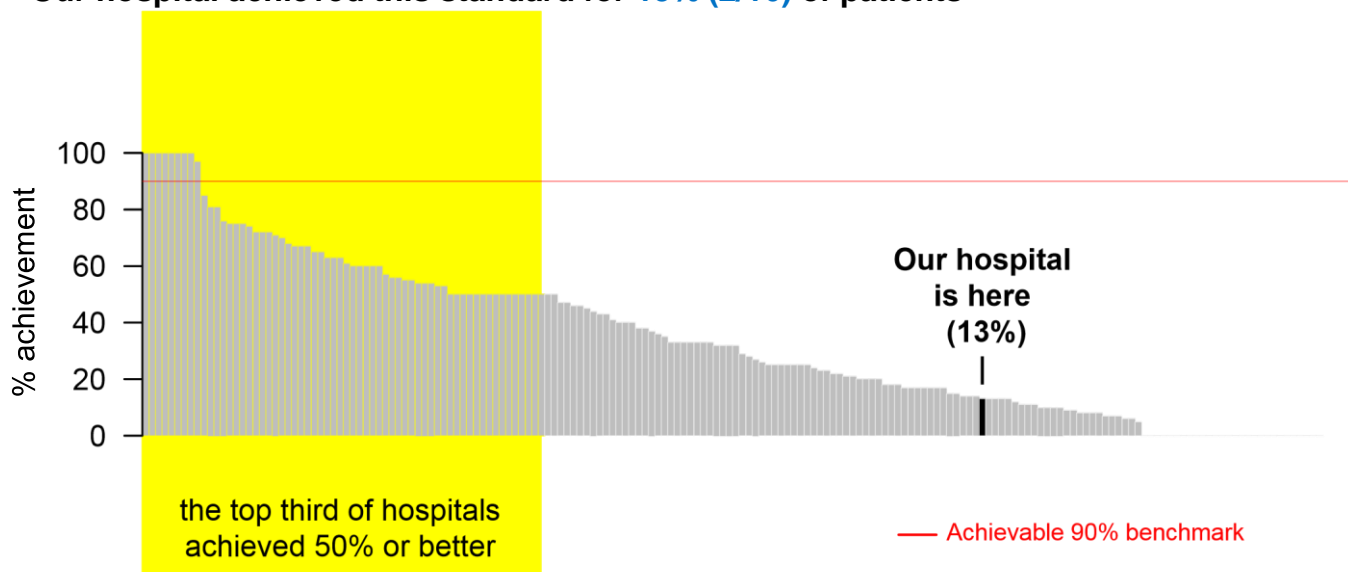


Figure 3: PBM standard 9 hospital comparison

What should we do next? Recommendations:

Patient Blood Management (PBM standard 11):

Clinical staff should attempt all appropriate patient blood management measures in patients who receive a transfusion during major blood loss surgery

For our Hospital	For Theatre Staff, Anaesthetists and Surgeons	For the Hospital Transfusion / Patient Blood Management Committee
<ul style="list-style-type: none"> Along with most other hospitals, our performance for this standard was lower than expected. We should formulate an action plan to improve performance towards a more feasible short-term goal, such as 50% working towards 100%. 	<ul style="list-style-type: none"> The theatre team, anaesthetists and surgeons should ensure that the PBM measures identified by the Hospital Transfusion / Patient Blood Management Committee are implemented as appropriate. Where available, peer data should be applied to compare individual surgeons and encourage participation in PBM. 	<ul style="list-style-type: none"> The Committee should ensure that local guidelines exist regarding the use of PBM measures, including clear recommendations on the individuals or teams responsible for implementing these measures. The Committee should ensure that the use of tranexamic acid is the standard of care for surgical patients expected to have moderate or more significant blood loss unless contraindicated. The Committee should identify the need for intra-operative cell salvage and resource appropriately; this would normally be used in relevant high blood loss procedures in association with tranexamic acid.

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Our hospital achieved this standard for 0% (0/4) of patients

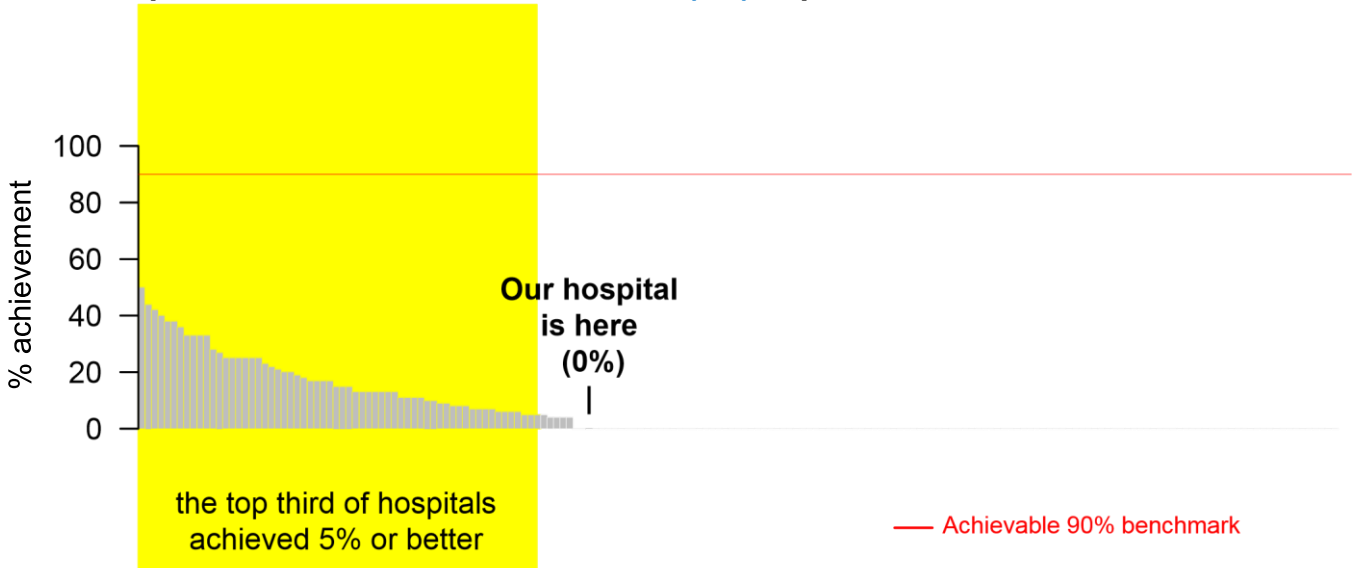


Figure 4: PBM standard 11 hospital comparison

What should we do next? Recommendations:

What should we do next? Action Plan

There is evidence that making a specific action plan can facilitate responding to feedback efficiently

- An action plan outlines **what** needs to be done, by **whom**, **where** and **when**.
- We recommend that you pick **two** or **three** recommendations from the findings report that are important for your hospital to address
- You may find it useful to **complete some** or **all of this action planning template** when planning your hospital's response to the feedback from this audit

Key Action(s) to be taken I.e. WHAT needs to be done to address this recommendation in our hospital?	Co-ordinator for Action I.e. WHO will be responsible for this action?	Target of Action I.e. WHOM is the action going to affect?	Location for Action I.e. WHERE will this action take place or be discussed?	Timescale for Action I.e. WHEN will this action be completed (mm/yyyy)?	Indicator of Outcome for Action I.e. HOW will the outcome of the action be monitored to ensure it has achieved the desired effect?

Name of individual(s) completing the action plan:

Date:

Name of individual(s) completing the action plan:

Date:

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Recommendation from Audit Report	Our selected recommendations(s) to address				

