



Special Roundtable

R5. Improving Patient Blood Management

26-27 June 2017—Sydney

Meeting Code HRT1725

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 National Standards**
- ✓ **Reclaim excess beddays**
- ✓ **Reduce Blood product costs**

SUBSCRIBE



Select Roundtable R5 on your subscription agreement and return by email to:

accounts@healthroundtable.org

COST

\$A5,000 per Member Facility (plus GST). Additional facilities \$4,000. Individual delegate venue fees are billed separately.

Earlybird discount of 2% if subscription and payment is made by 15 December 2016.

ENQUIRIES

Event Manager

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THE PROBLEM: International consensus:

10% of blood transfusions are appropriate

30% have uncertain benefits

60% inappropriate

Large variation in transfusion practice among Roundtable members.

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.
- Blood product costs will be devolved to public hospitals and incorporated into the ABF framework.
- Existing wide variation: RBC transfusion rates vary from 8% to 93% in cardiac surgery, and 9-92% in orthopaedics. A large number of transfusions may be inappropriate and avoidable.
- 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 Roundtable 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.
- » Merge your pathology and Casemix data to benchmark blood utilisation.
- » Collate and analyse results.
- » Summarise the meeting and circulate all presentations.





Special Roundtable

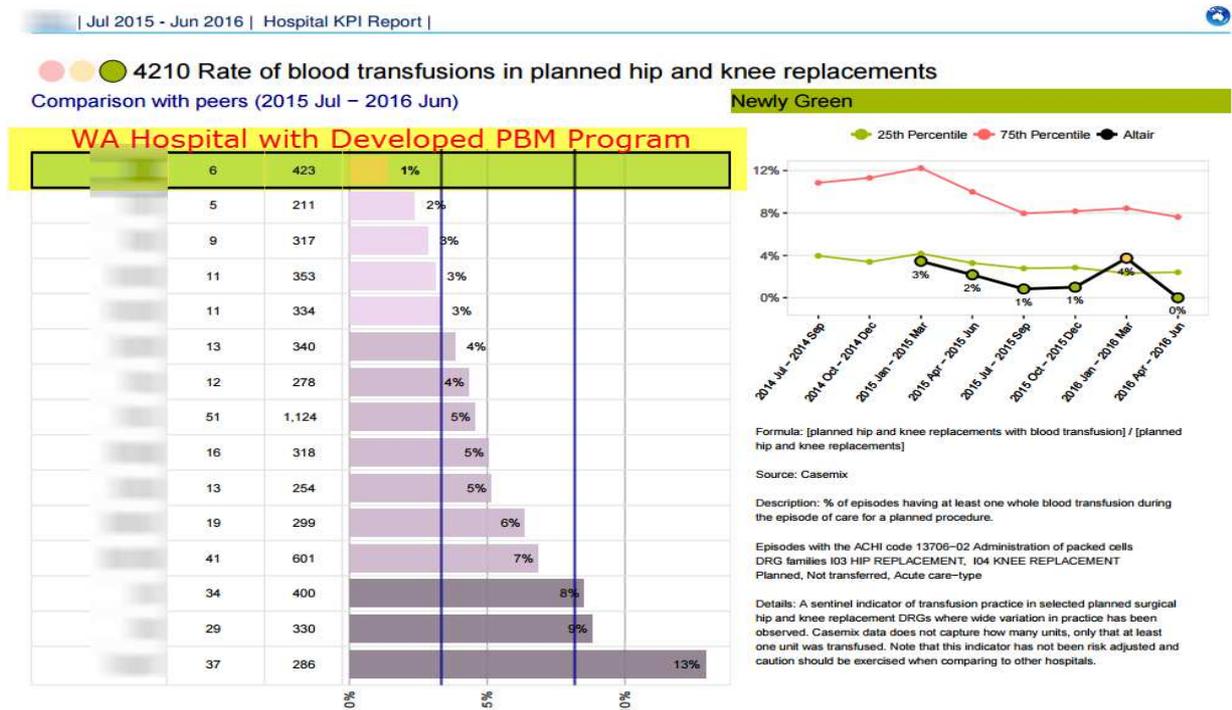
R5. Improving Patient Blood Management

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



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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.

