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| Health Service Blood Management or Patient Blood Management Committee guidance (January 2021) |
| (Replaces Victorian Department of Health and Human Services Hospital Circular 01/2018 – Health Service Blood Management Committees) |

## Health Service Blood Management or Patient Blood Management Committee/s purpose:

To promote best practice and enhance patient blood management (PBM)/transfusion awareness through education, facilitation of policy development; monitoring and review of PBM practices, blood and blood product use and adverse events.

## Background

Transfusion and PBM processes are complex; while transfusions can be lifesaving, equally there may be associated morbidity and mortality. To address these risks mandatory governance through the Australian Commission on Safety and Quality in Healthcare, National Safety and Quality Healthcare Standards (National Standards), Standard 7 - Blood and blood products, were implemented in 2013. The second edition of these standards published in November 2017, saw Standard 7 be renamed as the Blood Management Standard. These standards outline the clinical governance requirements as they relate to the management of blood and blood products in any setting where these products are used1.

Other national governance guidelines/frameworks that support appropriate use of blood and blood products and adequate levels of safety include:

* National Blood Authority (NBA) National Stewardship Expectations for the Supply of Blood and Blood Products
* NBA patient blood management guidelines (Modules 1, 2, 3, 4, 5 & 6)
* NBA strategies/frameworks – ‘wastage reduction, education and training, PBM guideline implementation, research and development and national haemovigilance’
* National Intravenous Immunoglobulin Criteria
* Australian & New Zealand Society of Blood Transfusion (ANZSBT) guidelines
* Australian Standards AS3864.2 Medical refrigeration equipment

The multidisciplinary Blood Management Committee (BMC) or Patient Blood Management Committee (PBMC) plays a significant role in the health service clinical governance and quality improvement to support blood management.

#### Health Service Blood Management Committee or Patient Blood Management responsibilities:

The BMC/PBMC provides governance oversight to ensure that PBM and transfusion practices align with national standards and guidelines. Health services need robust governance and risk management programs including BMC/PBMCs. This requires commitment of health service management and clinical/laboratory staff to a PBM/transfusion infrastructure.

All health services must have structures and processes in place that fulfil the role and function of a BMC/PBMC, and to fulfil national standards requirements. A standalone BMC/PBMC may not be appropriate for all health services. Committee structure will depend on the size of the health service/organisation. For large metropolitan health services, a dedicated BMC/PBMC would be required to cover all aspects; whereas, smaller health services or health care networks may include PBM and transfusion as agenda items in quality/governance focused committees. It may be appropriate for metropolitan health services, rural health networks, and groups of private hospitals, to establish one BMC/PBMC to oversee PBM and transfusion practice at affiliated campuses. It is desirable that there be at least one representative from each health service on the BMC/PBMC. Committee reports should be provided to the executive responsible for blood management governance, and ideally, these delegates will be included in the membership.

A key responsibility of BMC/PBMCs is to bring together a multidisciplinary group of professionals who share the interest of PBM and transfusion risk management. The primary role of an BMC/PBMC is to provide an active forum for communication between staff directly involved in clinical and laboratory-based PBM and blood transfusion activities, to provide solutions, feedback and education in relation to identified problems, and to ensure that PBM/transfusion practice accords with best practice and aligns with national standards.

The BMC/PBMC will need mechanisms to:

* Develop and regularly review policies, procedures and guidelines covering PBM and transfusion practice to ensure alignment with national guidelines and standards
* Ensure blood products are used appropriately and administered safely in accordance with national evidence-based PBM guidelines, standards and institutional policies
* Ensure transfusion alternatives or minimisation techniques (for example minimal blood sampling or intraoperative cell salvage) are used appropriately and in accordance with relevant guidelines
* Monitor and review blood product wastage and develop strategies for reduction and improvement
* Monitor and review adverse transfusion reactions, transfusion-related incidents and near misses and develop strategies for reduction and improvement
* Monitor local transfusion practices by use of audits and comparison with appropriate benchmarks
* Ensure appropriate education and safety and quality improvement programs are available in the areas of patient blood management, appropriate use and management of blood products2.
* Ensure organisational processes are in place to actively involve patients/consumers in their care when providing safe blood management3.

**Meeting frequency**: It is expected that the BMC/PBMC would meet at regular intervals (monthly/quarterly/biannually), depending upon health service/organisation size and demand for services.

**Agenda:**

The agenda should include standing items such as:

* Policies, procedures and guidelines
* Blood product use and wastage
* Audits
* Adverse transfusion reactions
* Incidents, errors and near misses
* New or changes to existing blood products and equipment
* Education
* PBM initiatives and quality improvement projects
* Contingency/emergency planning
* Partnering with consumers

**Administration and reporting lines:**

The BMC/PBMC would be administered by and report through the health service governance/quality improvement structure including the pathology department/providers to health service executive.

**Membership:**

Membership of the BMC/PBMC would include representation from the following:

* Executive management
* Governance/quality/clinical risk management
* Representatives of major providers PBM practices/users of blood and blood products: surgery, medical, paediatrics, haematology, oncology, orthopaedics, obstetrics and gynaecology, anaesthetics, emergency/trauma, ICU
* Nursing
* Transfusion nurse/trainer/safety officer or blood champion
* Blood and blood product suppliers (Australian Red Cross Lifeblood – Victoria)
* Consumer/patient representative
* Others that may be relevant either ongoing or from time to time are; pharmacists, bioethicists and perfusionists.

### References

1. Australian Commission of Safety and Quality in Healthcare (ACSQHC), National Safety and Quality Health Service Standards (second edition). ACSQHC, Sydney 2017 <https://www.safetyandquality.gov.au/our-work/assessment-to-the-nsqhs-standards/nsqhs-standards-second-edition/>

2. Australian Red Cross Lifeblood - Patient Blood Management Committee Handbook <https://transfusion.com.au/node/2363>

3. Australian Commission of Safety and Quality in Healthcare (ACSQHC), National Safety and Quality Health Service Standards (second edition). ACSQHC, Sydney 2017 <https://www.safetyandquality.gov.au/our-work/assessment-to-the-nsqhs-standards/nsqhs-standards-second-edition/>

### Further information

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**Resources**

Ontario Regional Blood Coordinating Network – Transfusion Committee Toolkit <https://transfusionontario.org/en/category/toolkits/transfusion-committee/>

Ontario Regional Blood Coordinating Network Transfusion Committee Handbook <https://transfusionontario.org/en/category/toolkits/transfusion-committee/>