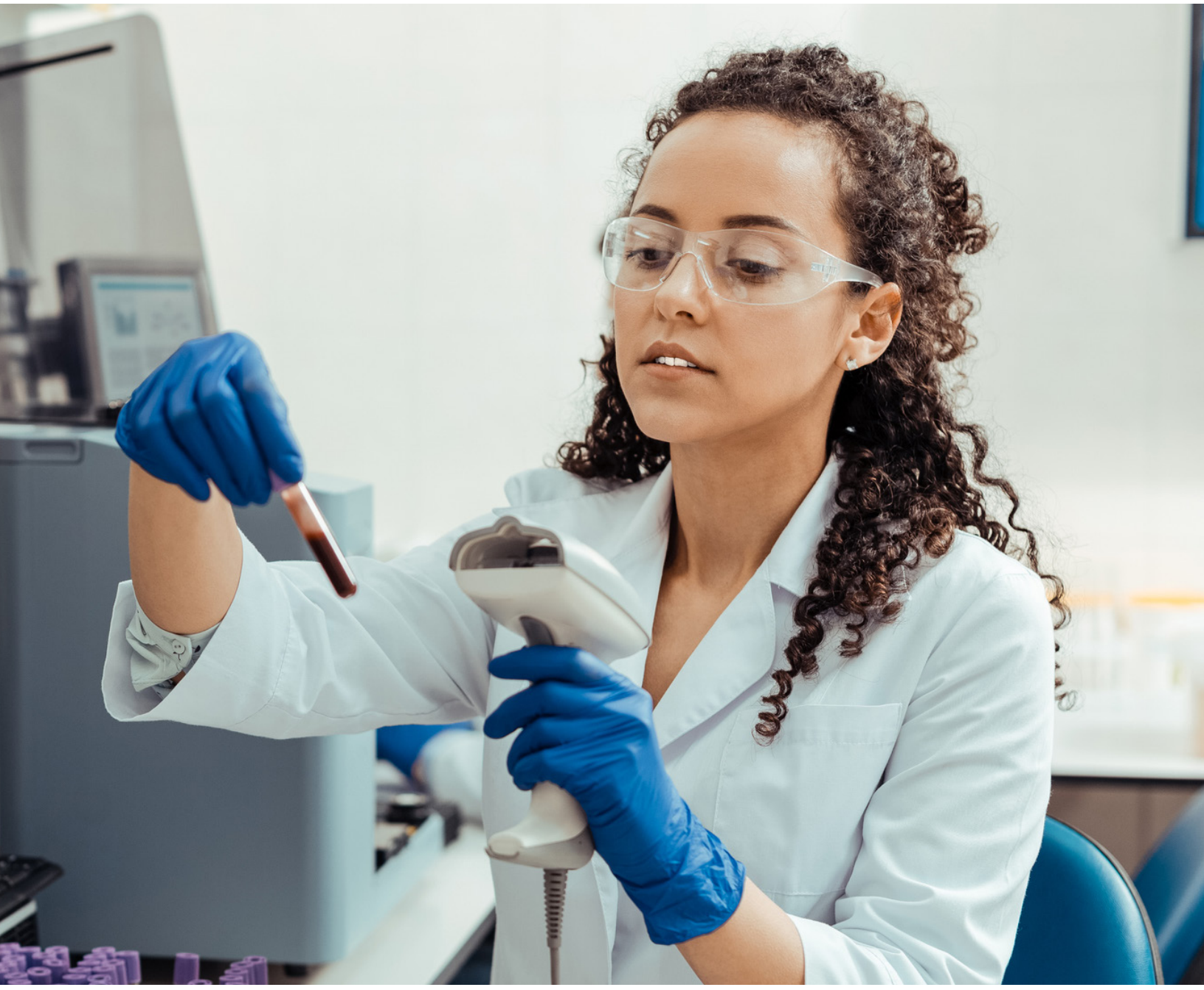
Patient Blood Management Certification in Action in Multiple Sites in a Health System



TriHealth, a unified health system based in Cincinnati, Ohio, chose to pursue Joint Commission Patient Blood Management (PBM) certification – which is based on AABB standards – in 2019 as the result of several prior health initiatives.

- In 2012, TriHealth began hiring transfusion safety officers (TSOs) to review the blood use at their hospitals. They were overseen by each hospital's chief medical officer but were not standardized across the system.
- In 2013, orthopedics requested a pre-surgical anemia clinic to address their anemia patients. This was the beginning of the first of the pre-surgical and prenatal anemia clinics.
- And, in 2015, the TriHealth Cancer Institute began the development of a benign hematology program with Thomas Coyle, M.D., an expert in blood management, at the helm. He led the charge, along with his team, to develop a comprehensive PBM program for TriHealth.

"We started by developing a quality manual and program for PBM based upon the resources and personnel we had," says Dr. Coyle, TriHealth's Medical Director of Benign Hematology. "Then we took all of The Joint Commission's and AABB's criteria, compared it to our plan and, over the next year and a half, went in and tried to fill every gap. To the credit of the orthopedics and joint replacement programs, there was a structure to build upon already, which was a big advantage."

Project leaders, Kim Blanton, MSN-Ed, RN OCN, Manager, Hematology/Blood Utilization and Anne LaMar, MSN-Informatics, RN, Transfusion Safety Officer, used an AABB gap analysis tool to identify areas they had mastered, areas they were working on, and areas where they still needed to focus. "It took us about four years to finally submit our application. Even though we felt we were ready to submit earlier, we still had areas that we wanted to focus on to improve our program," says Blanton. They also contracted with a consulting firm to assist with data abstraction and education for nurses and physicians. When the contract with the consulting firm ended, a data architect was hired to help build the TriHealth "blood universe."

"All of this was firmly supported, ideologically and financially, by our Executive Director, Mark Witte, who is a visionary and strong supporter of using evidence-based practices to improve quality, safety, and patient satisfaction," says Blanton. "Our biggest challenges were standardization across our TriHealth system and changing current practices to new evidence-based practices. Fortunately, getting support from our Executive Director was not a challenge."

PREPARING FOR CERTIFICATION

"We started out easy – the first thing we looked at when I got here were our transfusion practices," says Dr. Coyle. "It turned out that in our computerized orders, around 70 percent of transfusion patients were being premedicated with Benadryl whether they needed it or not. It was not evidence-based so we stopped that practice, took it out of the orders and explained to everyone why we were doing it. That accomplishment, in and of itself, was easy to do and let people know that we were here and what we were doing.

"The essence of starting a PBM program is going to all the constituencies and saying, 'We need to change the way we do things,'" continues Dr. Coyle. "The advantage of having the Patient Blood Management Certification criteria list was that it helped us convince people in the health care system of what are the best practices. You can even use it as a lever to get where you aspire to be."

"Here's an example – we got dinged by The Joint Commission for how we were doing surgical blood consents. We leveraged that to bring our blood consent process up to speed. It took a significant cultural change to get the overburdened clinicians to do one more thing, but informatics helped us figure out a way to make getting blood consent as easy, fast and painless as possible. We did it by linking the consent docs to orders. Once again, the Patient Blood Management Certification criteria was an important 'incentive' to use," adds Dr. Coyle.

Dr. Coyle shares another example of how preparing for certification brought certain problems to light so they could be corrected. “We noticed that our cardiothoracic surgery was using an astounding quantity of cryoprecipitate (CPP). It turned out to be a miscommunication between the surgery staff and bloodbank. The bloodbank thought they were being told to order CPP when the surgical staff just wanted to know that there was enough on hand if they needed it. Again, the standards for certification were helpful backup tools to get everyone to follow best practices.”

“We consulted with several other health care systems and picked their brains about successes, challenges, tracer questions from The Joint Commission and evaluation of workflows,” says Anne LaMar, MSN-Informatics, RN, Transfusion Safety Officer. “Everyone was willing to help. Achieving certification is not a competition.”

EDUCATION AND DATA COLLECTION

The biggest challenges in preparing for certification, in addition to the normal resistance to change, were education and collecting data from multiple systems. “We worked extensively on education in many different formats: formal, informal, electronic, physician and nurse meetings,” says Blanton. “There were challenges involved with deploying education to nurses and providers who are team members and contracted services; we had to develop out-of-the-box thinking to ensure that all received the required education.”

As for collecting data from multiple sources, Blanton credits teammate Anne LaMar (a nurse and undergraduate IT major) with keeping things on track. “Anne worked on ensuring that we had the correct validated data and identified areas that we still needed to track. Within our Blood Utilization Committee, we started requiring membership providers to report out on their annual data. We also sent them quarterly data to review with their colleagues. We meet biweekly with our Information Systems Department contact to work on tweaking reports and validation of the data and asking for additional reports.”

Patient education also plays a role in blood management. For bloodless patients, several safeguards were added to the database system that would be triggered at patient blood refusal. “I also track all bloodless patients admitted during their stay and if they begin to become anemic, I talk to them with the providers about alternatives,” says LaMar.

THE REVIEW EXPERIENCE

“Believe it or not, the review was an enjoyable experience,” says Blanton. “The atmosphere was collaborative. The reviewers were there to recognize achievements and make suggestions for improvements. In fact, they identified an area that I entirely missed. It was a great catch on their part.”

“The reviewers were wonderful and put us at ease,” adds LaMar. “They recognized that we worked really hard and they wanted to share in our successes.”

“I think about PBM as being the coxswain of a rowing team,” says Dr. Coyle, “The rowers are the orthopedists, pharmacy, blood bank, nursing staff, informatics, anesthesiologists, surgeons, and perioperative teams. The PBM’s job is to teach the team best practices. When the reviewers come, they aren’t looking at the coxswain, they’re looking at the rowers. My first impression was that the team did the hospital proud. My second impression is that it is always good to have someone from the outside look at things to reaffirm what you’re doing right.”

BENEFITS OF CERTIFICATION

TriHealth pays close attention to the numbers which show notable reductions in patients receiving blood products, wastage, transaction reactions and deviations from standard protocols. Another benefit is that more hospital team members and providers ask the PBM team for best practices and request changes to improve their processes.

The major benefit of certification, according to Dr. Coyle, is that it made the hospital better and safer. "Think of it like training for a half-marathon. The reward isn't the medal at the end of the race, it's how the training got you into shape," he says. "Going for certification also made team members more aware of the importance of blood management. Certification increases credibility."

ADVICE TO COLLEAGUES

According to Dr. Coyle, it's a good idea to put a medical director champion in charge of the whole program. "A blood management program is meant to smooth the interactions between bloodbank and bedside clinician, so it's better if the champion has been bedside and uses blood him or herself in treatment."

A few more suggestions from Dr. Coyle: "Use the resources that are already there and leverage them, don't reinvent the wheel. And make sure you have an administrative person to run the program. The clinician can help guide direction, but the administrative person makes it happen."

Blanton has additional worthwhile advice: "Everything does not have to be perfect. Celebrate your current victories and make a Plan B for processes that there is push back on. Do not get discouraged. Know that there will always be those that want to regress back to the old ways. You have to identify deviations and continue to re-educate."

It's also often necessary to be flexible to get the job done. "We have been champions, cheerleaders, encouragers, teachers, data miners, problem solvers, subject matter experts, liaisons, project managers, change agents, compliance monitors, policy and procedure developers and redevelopers, reviewers of order sets, committee members and more. Whatever the team needed at the moment. Both Good Samaritan and Bethesda North hospitals have successfully achieved Patient Blood Management Certification from AABB and The Joint Commission due to the hard work of all disciplines within the system with the goal to improve patient care and safety."