

# NHSBT 2015 Audit of PBM



- Mr Toby Richards
- Professor of Surgery
- Vascular Surgeon
- University College London
- Monash University, Melbourne



# PREVENTT

Preoperative intravenous iron to treat  
anaemia in major surgery

# Thank You / Disclosures

## Grants:

NHMRC  
NIHR – HTA  
SHINE award for Innovation  
Rosetree Foundation  
NIAA  
Mason Trust  
UCH vascular charity  
UCH friends charity  
Vifor Pharma  
Covidien / UCL  
Vifor Pharma / UCL  
Pharmocosmos  
Acelity

NIHR – RfPB  
Stoke Association

CRN

## Industry:

Gideon-Ricter  
Pharmocosmos  
Vifor Pharma  
Medtronic  
Covidien  
Acelity  
Saatchi & Saatchi Health  
Veniti  
Cook  
Gore  
Baxter  
KCI

## Associations:

K-PBM  
LATM  
AAGBI  
ASGBI  
FIGO  
BBTS  
NHSBT  
NATA  
Biolron  
ACTA / STS  
VS  
CX iLegx  
ESVES  
LSHTM  
UCL

**NHS**

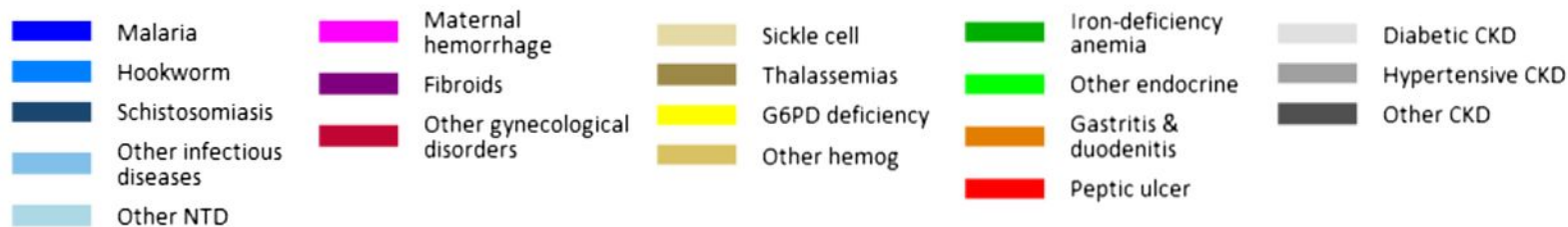
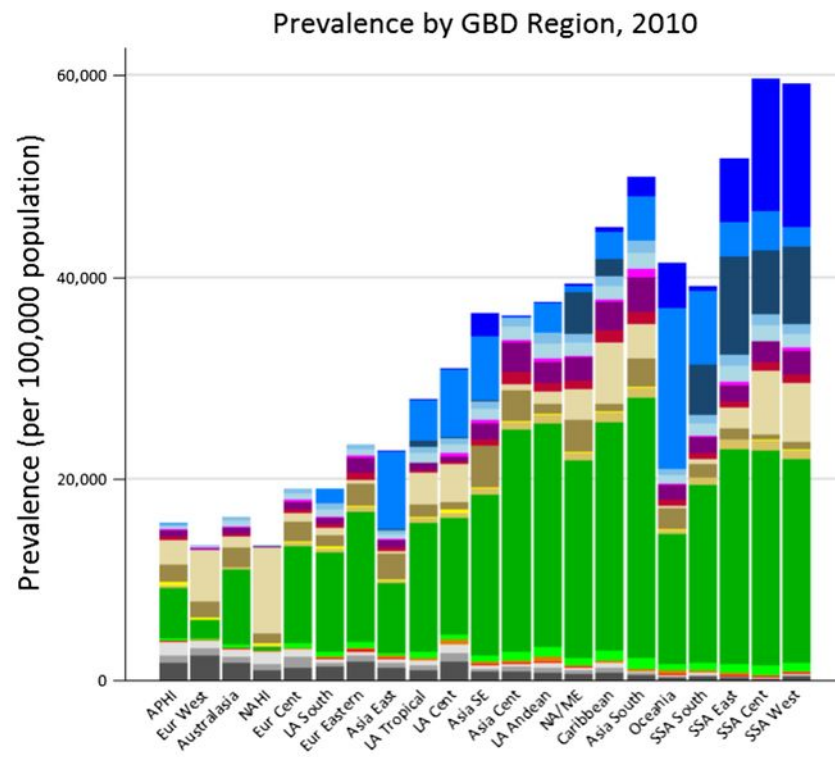
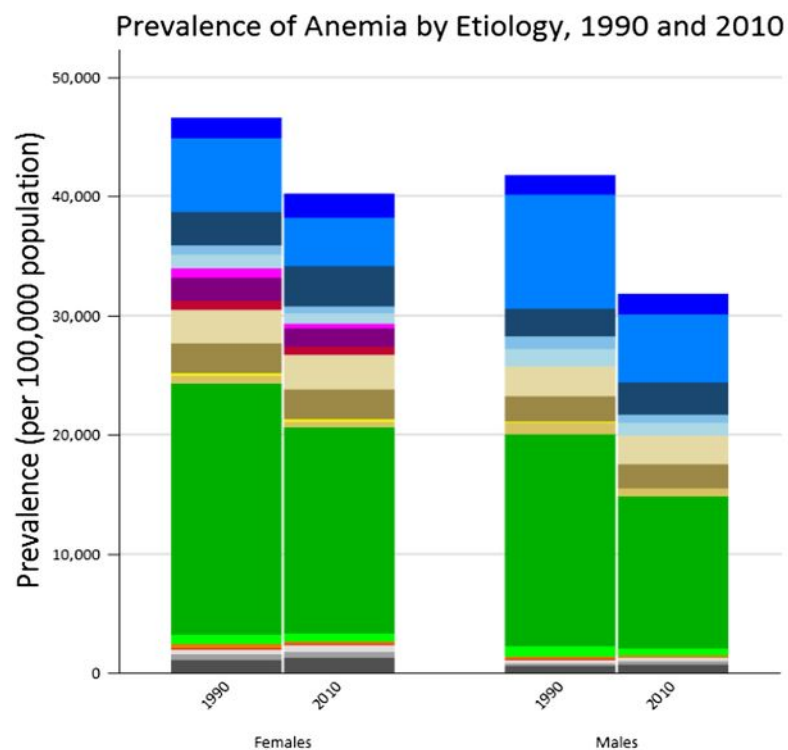
*National Institute for  
Health Research*



**THE  
IRON  
CLINIC**



# Global and regional cause-specific anemia prevalence for 1990 and 2010.

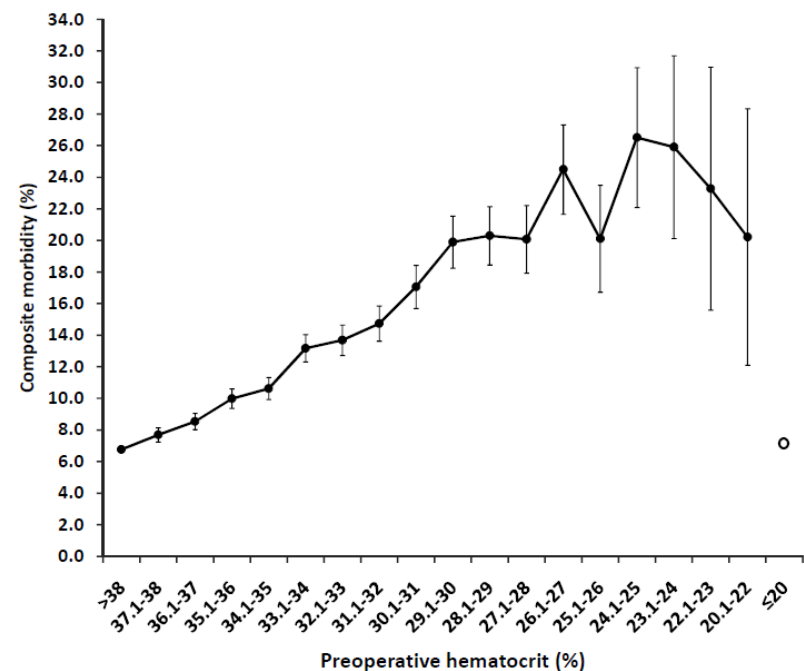
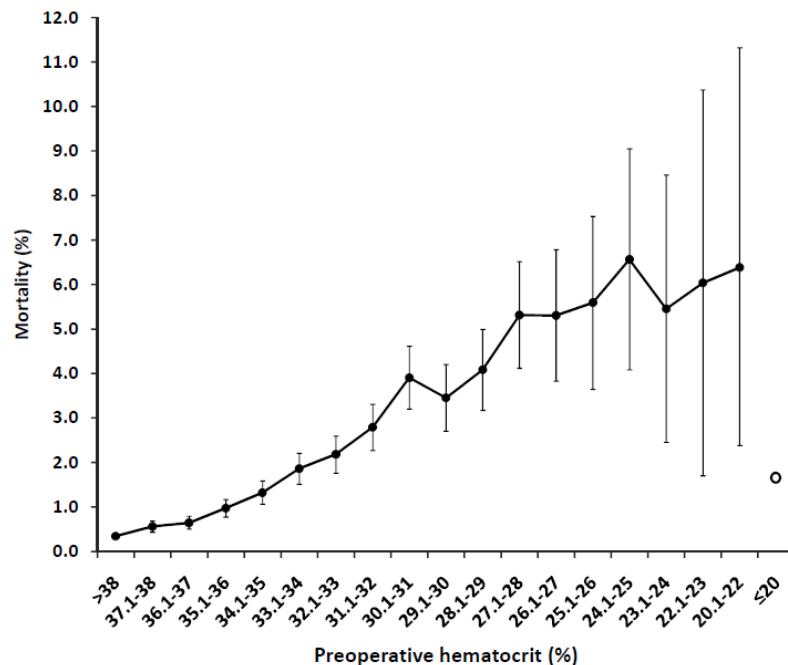


Nicholas J. Kassebaum et al. Blood 2014;123:615-624

## Preoperative anaemia and postoperative outcomes in non-cardiac surgery: a retrospective cohort study



Khaled M Musallam, Hani M Tamim, Toby Richards, Donat R Spahn, Frits R Rosendaal, Aida Habbal, Mohammad Khreiss, Fadi S Dahdaleh, Kaivan Khavandi, Pierre M Sfeir, Assaad Soweid, Jamal J Hoballah, Ali T Taher, Faek R Jamali



# Harms associated with single unit perioperative transfusion: retrospective population based analysis

Elizabeth L Whitlock,<sup>1</sup> Helen Kim,<sup>1</sup> Andrew D Auerbach<sup>2</sup>

[thebmj](#) | *BMJ* 2015;350:h3037 | doi:10.1136/bmj.h3037

346 Hospitals in USA

2009-2011

N =1,583,819

Elective surgery

41,421

Transfused

52% 2 units

Variable	No (%) without stroke/ MI (n=1 575 775)	No (%) with stroke/ MI (n=8044)	Multivariate OR (reference)
0	1 524 850 (97.4)	7 548 (93.8)	
1	12 715 (0.81)	132 (1.6)	2.33 (1.90 to 2.86)
2	21 420 (1.4)	222 (2.8)	2.37 (2.00 to 2.81)
3	2 881 (0.18)	45 (0.56)	3.13 (2.23 to 4.31)
≥4	3 909 (0.25)	97 (1.2)	4.87 (3.86 to 6.14)



# NOT Older or Sicker ?

Variable	Whole dataset	Propensity score matched		P value
		Not transfused	Transfused	
No of patients	1 583 819	41 421	41 421	—
No (%) with stroke/MI	8044	336 (0.81)	496 (1.1)	<0.001*
<b>Adjusted odds ratios for stroke/MI†</b>				
pRBC use (units) (reference: 0 units):				
1	2.33 (1.90 to 2.86)	1.71 (1.31 to 2.24)		<0.001
2	2.37 (2.00 to 2.81)	1.73 (1.36 to 2.20)		
3	3.13 (2.28 to 4.31)	2.24 (1.56 to 3.22)		
≥4	4.87 (3.86 to 6.14)	3.16 (2.36 to 4.23)		

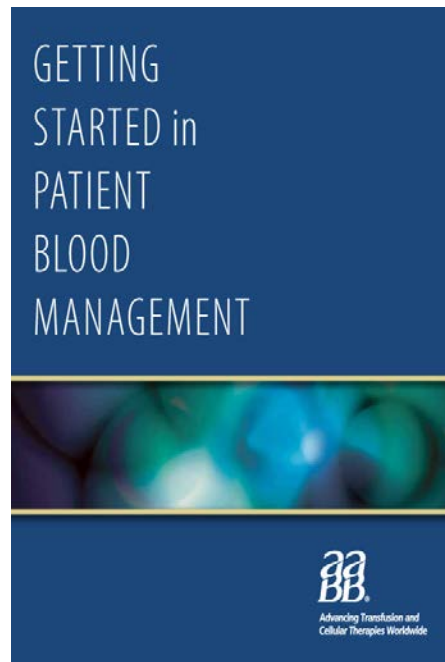
NOT  
Operation

Subgroup variable	Colectomy (partial and total)	Small bowel resection	Hip/knee replacement or revision	Spine, including fusion and laminectomy	Hysterectomy
No of patients	37 989	16 179	432 419	196 802	112 960†
No (%) transfused	1748 (4.6)	647 (4.0)	15 516 (3.6)	3903 (2.0)	1747 (1.6)
No (%) with stroke/MI (%)	689 (1.8)	309 (1.9)	1447 (0.33)	670 (0.34)	115 (0.10)
<b>Odds ratio for stroke/myocardial infarction (95% CI)</b>					
pRBC use (units) (reference: 0 units):					
1	2.36 (1.33 to 4.19)	2.05 (0.66 to 6.30)	1.26 (0.78 to 2.03)	1.43 (0.65 to 3.14)	5.21 (1.15 to 23.7)
2	2.21 (1.38 to 3.54)	2.84 (1.32 to 6.11)	1.77 (1.22 to 2.56)	1.73 (0.90 to 3.33)	7.57 (3.33 to 17.2)
3	2.56 (1.06 to 6.17)	1.80 (0.23 to 13.9)	3.29 (1.61 to 6.74)	3.87 (1.46 to 10.3)	4.79 (1.45 to 15.8)
≥4	1.96 (0.84 to 4.54)	4.37 (1.45 to 13.1)	3.05 (1.29 to 7.21)	4.27 (1.73 to 10.5)	9.46 (2.29 to 39.0)

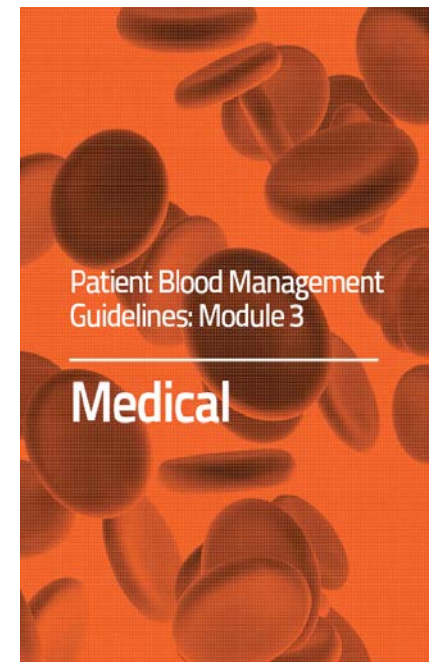
# Patient Blood Management (PBM)

WHO WHA63.12

“Bearing in mind that patient blood management means that before surgery every reasonable measure should be taken to optimize the patient’s own blood volume, to minimize the patient’s blood loss and to harness and optimize the patient-specific physiological tolerance of anaemia following WHO’s guide for optimal clinical use (three pillars of patient blood management).”



A joint initiative with The Department of Health  
and The National Blood Transfusion Committee



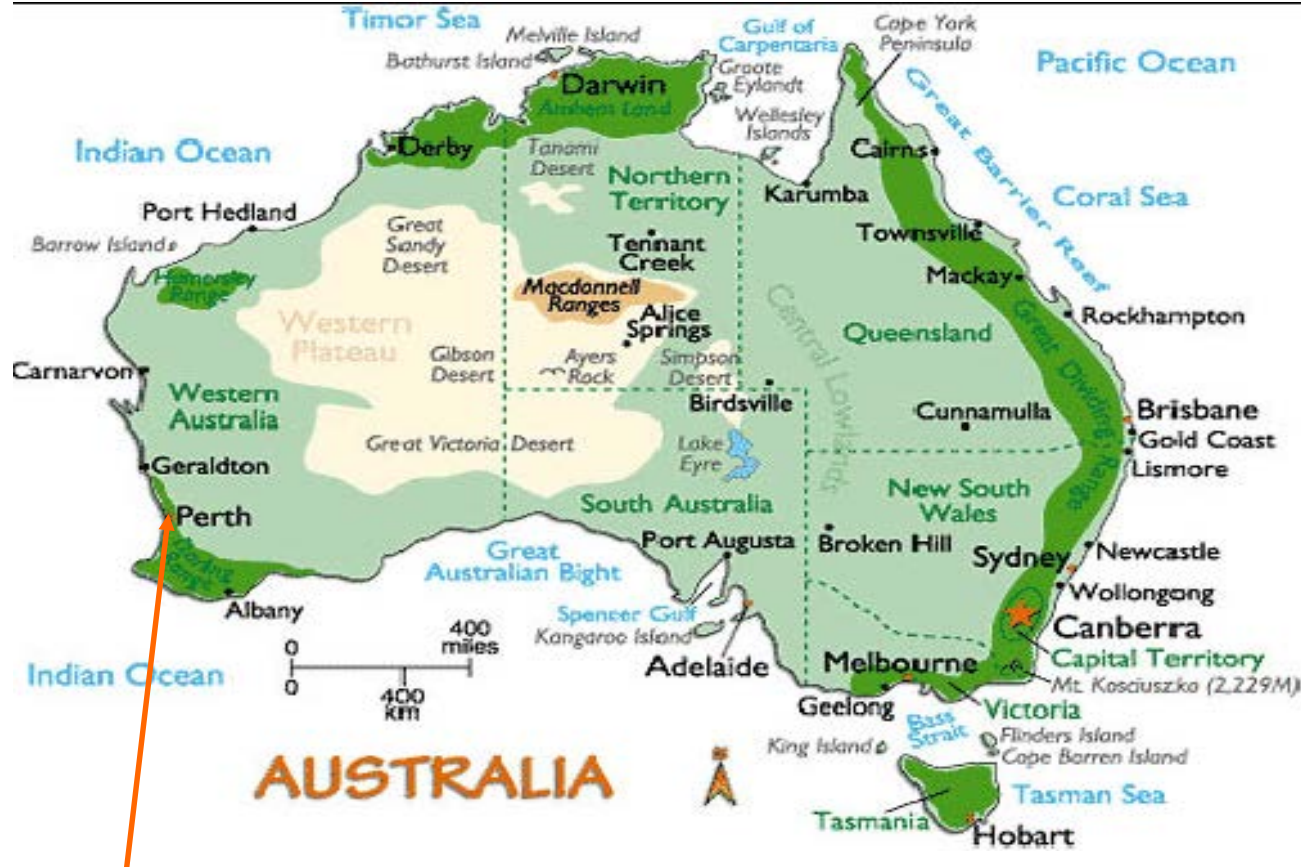
# Benchmarking

- Audit
- Anaemia
- Anaemia management
- Transfusion protocol
  - Major Haemorrhage
  - Single unit
- Transfusion usage





# Western Australia



77 % of the population  
resides in the Perth  
Metropolitan Area

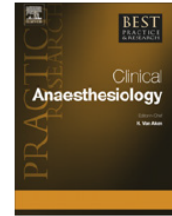




Contents lists available at SciVerse ScienceDirect

## Best Practice & Research Clinical Anaesthesiology

journal homepage: [www.elsevier.com/locate/bean](http://www.elsevier.com/locate/bean)



### • 2008 W.A. Government PBM program

- Jurisdictional Change Management
- Quality improvement & Patient Safety
- 5 years

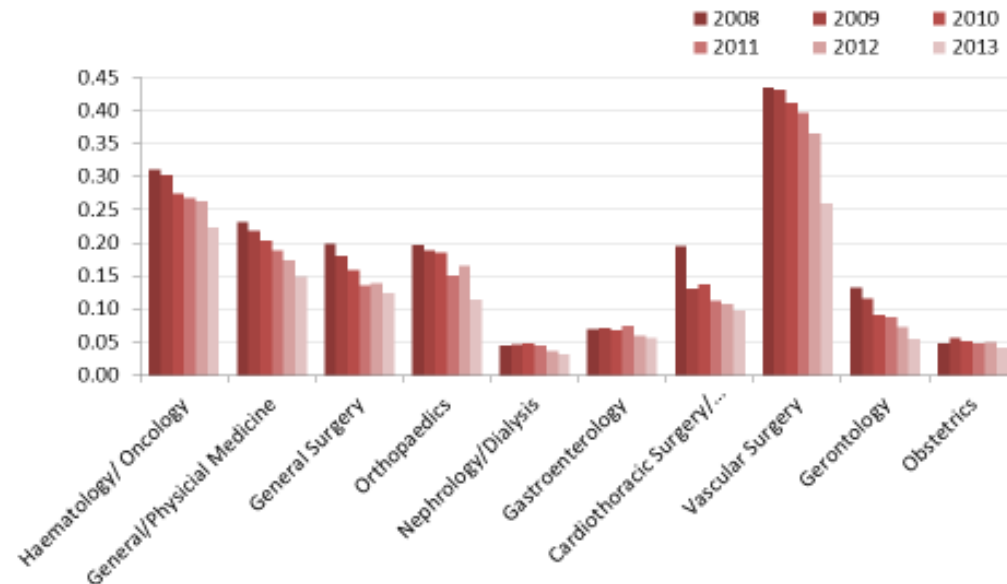
Patient Blood Management  
Guidelines: Module 2

Perioperative

### – Literature Review

- Multidisciplinary
- Multimodal

Mean red cells transfused per discharge  
WA Public Metro Hospitals, discharges 2008-2013




# EDUCATION: –

Patients, ALL staff, Seminars, 1 on 1, meetings

**Prescribe less  
...then Reassess**

Fremantle Hospital & Health Service

**ONE UNIT ONLY**



Prescribing a **SINGLE** unit of blood may reduce the risk of an adverse event

In accord with the NHMRC guidelines a "ONE UNIT" policy will be implemented from August 1<sup>st</sup> 2009

- Only one unit of blood can be ordered if a patient is not actively bleeding.
- Only one unit will be issued at a time.
- 2<sup>nd</sup> unit will be issued if clinically indicated after the patient has been reviewed.
- Each unit transfused is an independent clinical decision.
- If requested the Haematology Department will be happy to provide advice on the appropriate management of anaemia

Authorised by Julie Torres CMC Transfusion Med July 2009 Review July 2012

**Stay Single  
... prescribe single units**

Fremantle Hospital & Health Service



Prescribing a single unit of blood may reduce the risk of an adverse event

In accord with the NHMRC guidelines a "ONE UNIT" policy will be implemented from August 1<sup>st</sup> 2009

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Authorised by Julie Torres CMC Transfusion Med July 2009 Review July 2012

**NICE** National Institute for  
Health and Care Excellence  
**PRACTICE**



GUIDELINES

## Blood transfusion: summary of NICE guidance



Blood transfusion

*What you need to know*

- Consider alternatives to blood transfusion in surgical patients



Anaesthesia

Journal of the Association of Anaesthetists of  
Great Britain and Ireland

Anaesthesia 2016

doi:10.1111/anae.13489

# Guidelines

AAGBI guidelines: the use of blood components and their  
alternatives 2016



# **National Comparative Audit of Blood Transfusion**

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



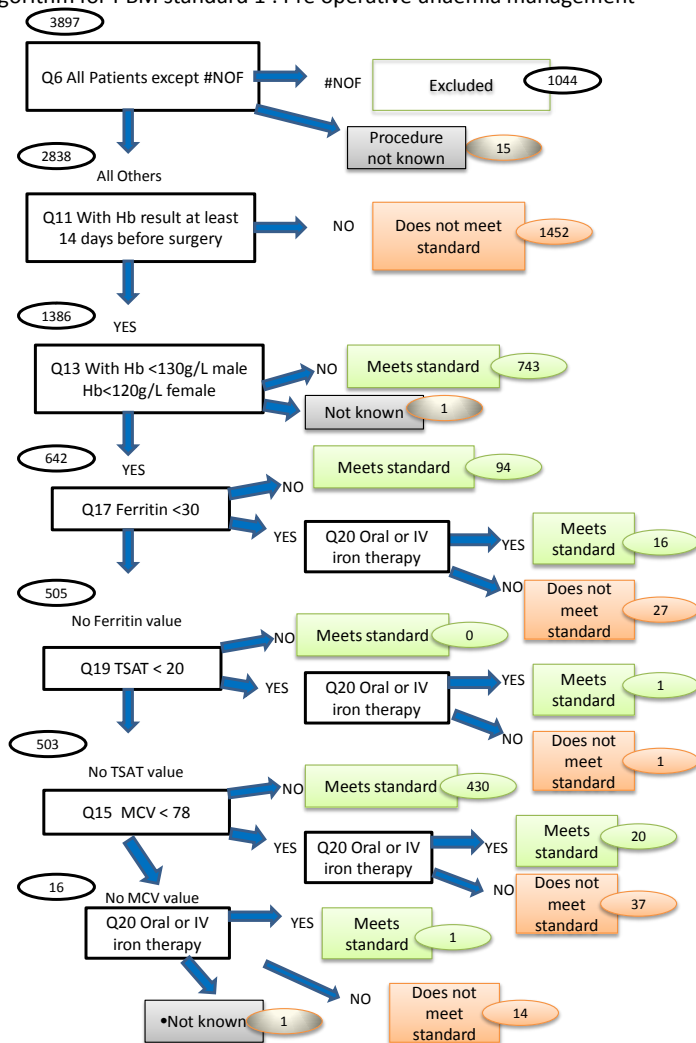
PBM	Algorithn
PBM1	Pre-operative anaemia management
PBM2	Pre-operative transfusion allowed
PBM3	Pre-operative transfusion allowed only if preoperative anaemia optimisation has been attempted where appropriate
PBM4	Pre-operative transfusion - single unit transfusion policy
PBM5	Pre-operative anticoagulant and antiplatelet management
PBM6	Patients having intra operative transfusion in whom at least one PBM measure has been attempted (where appropriate)
PBM7	Patients having intra operative transfusion in whom all PBM measure have been attempted (where appropriate)
PBM8	Post operative transfusion allowed (whether or not PBM measures attempted) - FIRST EPISODE
PBM9	Post operative transfusion following the single unit policy - FIRST EPISODE
PBM10	Post operative in whom at least one PBM measure has been attempted (where appropriate)- FIRST EPISODE
PBM11	Post operative in all PBM measures have been attempted (where appropriate) FIRST EPISODE



- PBM 1 – Iron Def. Anaemia
- 46-48% anaemic

- Screen?
- Identify?
- Investigate?
- Manage?

Algorithm for PBM standard 1 : Pre operative anaemia management





# POST OPERATIVE

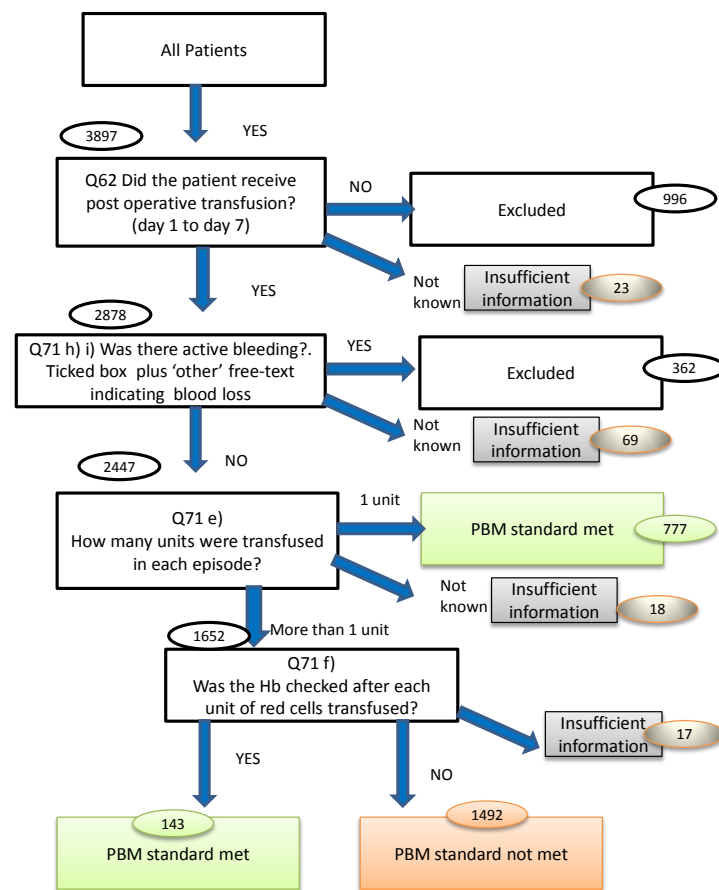
Algorithm for PBM standard 9 : Post operative transfusion following the single unit policy (FIRST episode)?

PBM 8: Restrictive Policy

PBM 9: Single unit Policy

PBM 10: BT + any PBM

PBM 11: BT + all PBMs





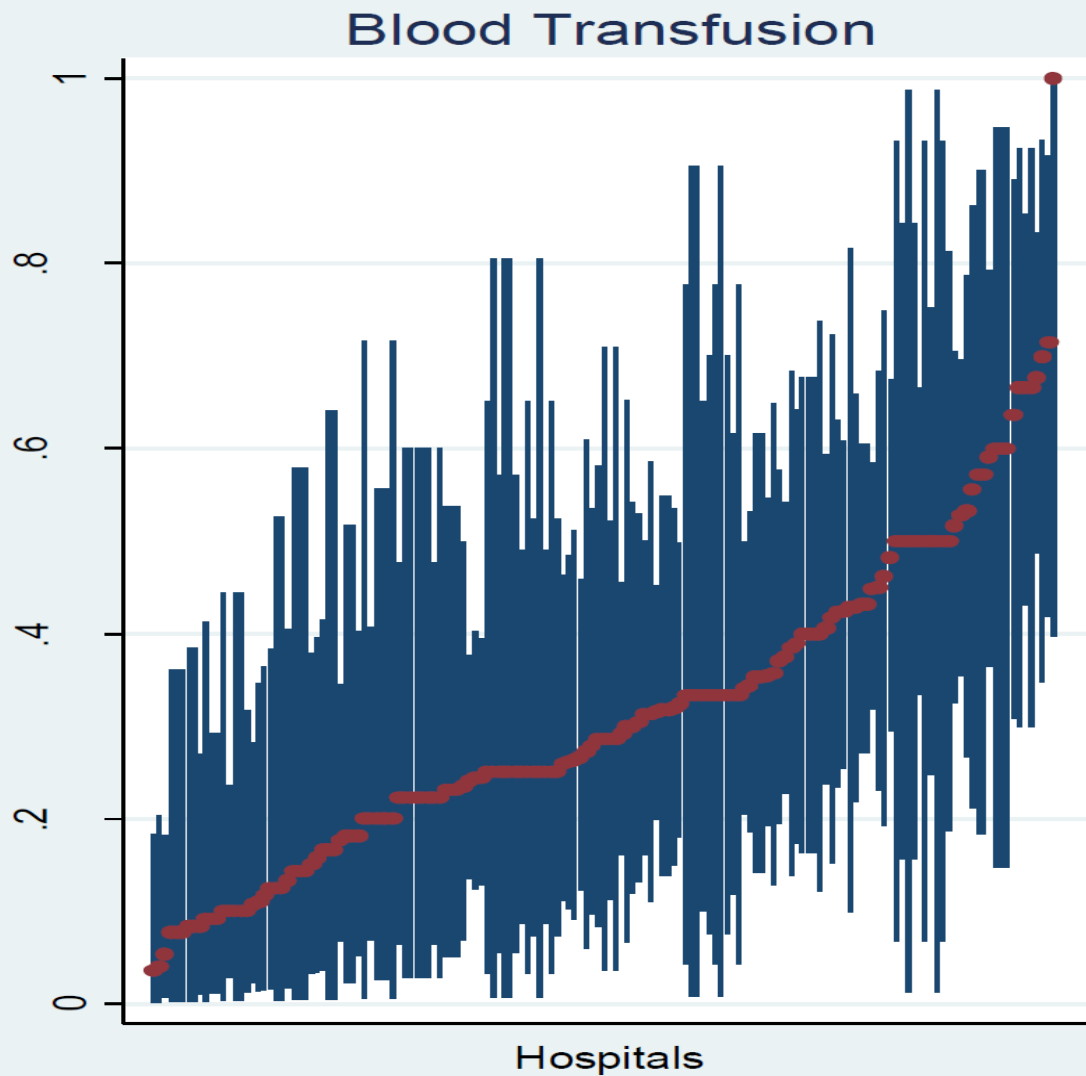
## RESULTS

- 190 sites
- N=3897
- Average blood Loss = 1184ml (644-1940)
- 8168 units RBC
  - (£996,496 - £5,186,680)



TYPE OF PROCEDURE	Total anaemic (F<120, M<130)
• Primary unilateral total hip replacement	52% (287/557)
• Primary bilateral total hip replacement	54% (15/28)
• Primary unilateral total knee replacement	53% (167/313)
• Primary bilateral total knee replacement	33% (9/27)
• Unilateral revision hip replacement	49% (118/243)
• Unilateral revision knee replacement	69% (43/62)
• Colorectal resection for any indication	69% (192/279)
• Open arterial surgery	47% (68/144)
• Primary coronary artery bypass graft	34% (39/113)
• Valve replacement +/- CABG	37% (151/406)
• Simple or complex hysterectomy	53% (168/317)
• Cystectomy	50% (17/34)
• Nephrectomy	66% (84/127)
• # neck of femur (arthroplasty)	77% (768/999)
Procedure not stated	77% (10/13)
Total	58% (2136/3662)

# Benchmarking





# PREOPERATIVE

PBM1	Pre-operative anaemia management	46%
PBM2	Pre-operative transfusion allowed – Restrictive use	12%
PBM3	Pre-operative transfusion allowed (PBM 2) - but PBM 1 attempted where appropriate	2%
PBM4	Pre-operative transfusion - single unit transfusion policy	28%
PBM5	Pre-operative anticoagulant and antiplatelet management	63%



# Pre - OP Anaemia

	No BT		BT		Total
Not Anaemic	1,029	(75.8)	329	(24.2)	1,358
Anaemic	935	(67.3)	455	(32.7)	1,390
Total	1,964	(71.5)	784	(28.5)	2,748

Anaemic patients were 52% more likely to receive blood transfusion ( $p < 0.0001$ )

# Pre - OP Anaemia

- LOS anaemia 7 days (5-12)
- LOS non-anaemia 7 days (5-10)

75% of non-anaemic patients leave hospital by day 10

75% of anaemic patients leave hospital by day 12

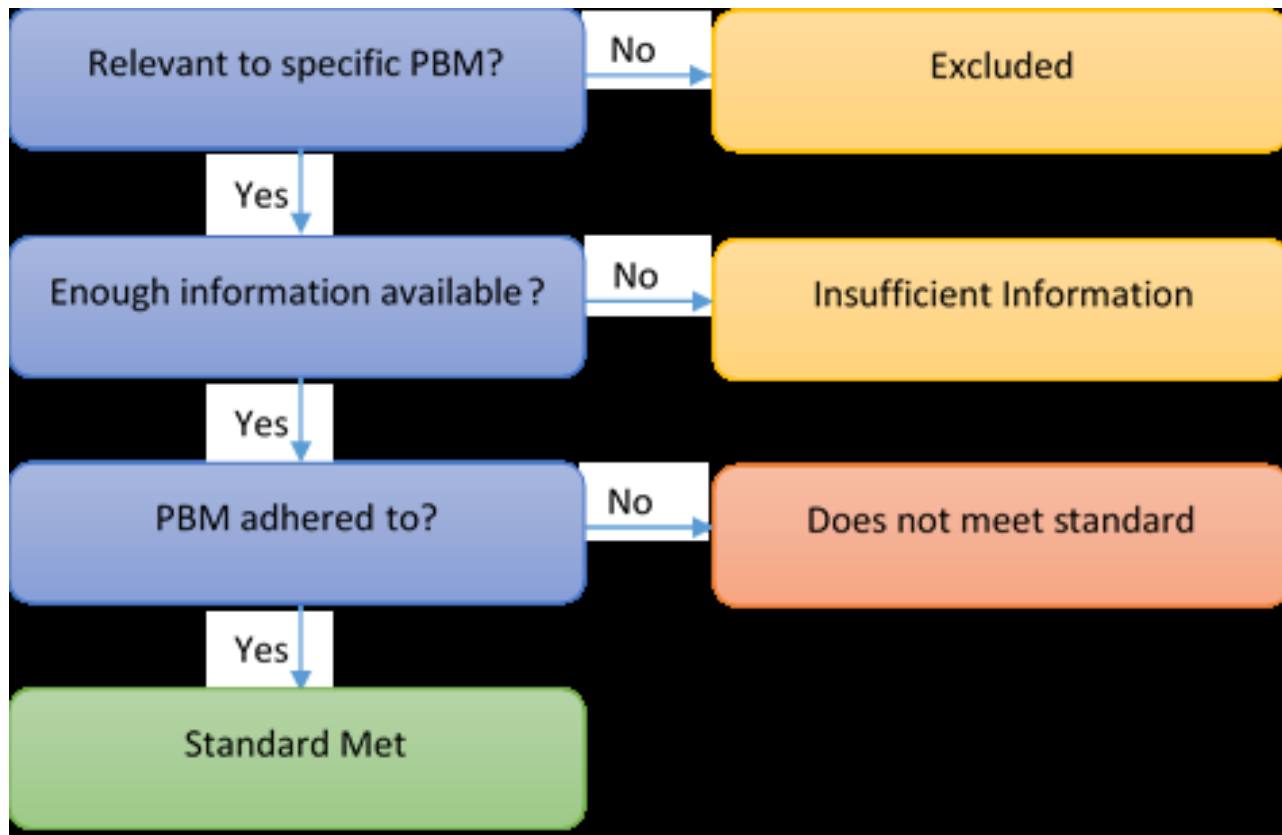
- Adjusting for sex, age and surgery type,  
LOS 7.5% longer  $p=0.004$ , 95% C.I. [1.02, 1.13]

# Pre - OP Anaemia

	Did not die		Died		Total
Not Anaemic	1,354	(99.2)	11	(0.8)	1,365
Anaemic	1,359	(97.1)	40	(2.9)	1,399
Total	2,713	(98.2)	51	(1.9)	2,764

Anaemic patients were 3.62 times more likely to die  
p-value = 0.0001, 95% C.I. [1.85, 7.11]

# Analysis





PBM Measurement		Crude difference in length of stay	Adjusted* difference in length of stay	p-value	95% C.I.
PBM1					
	Meets standard		Baseline		
	Does not meet standard	1.15	1.07	0.01	(1.02, 1.12)
PBM2					
	Transfusion appropriate		Baseline		
	Transfusion Not appropriate	1.08	1.03	0.88	(0.70, 1.51)
PBM3					
	Transfusion appropriate		Baseline		
	Transfusion Not appropriate	0.37	0.48	0.09	(0.21, 1.12)
PBM4					
	Meets standard		Baseline		
	Does not meet standard	0.86	0.93	0.67	(0.65, 1.33)
PBM5					
	Meets standard		Baseline		
	Does not meet standard	1.40	1.31	<0.0005	(1.16-1.51)
PBM6					
	Meets standard		Baseline		
	Does not meet standard	0.95	0.99	0.92	(0.85, 1.15)
PBM7					
	Meets standard		Baseline		
	Does not meet standard	1.09	1.18	0.02	(1.03, 1.35)

## Iron Deficiency



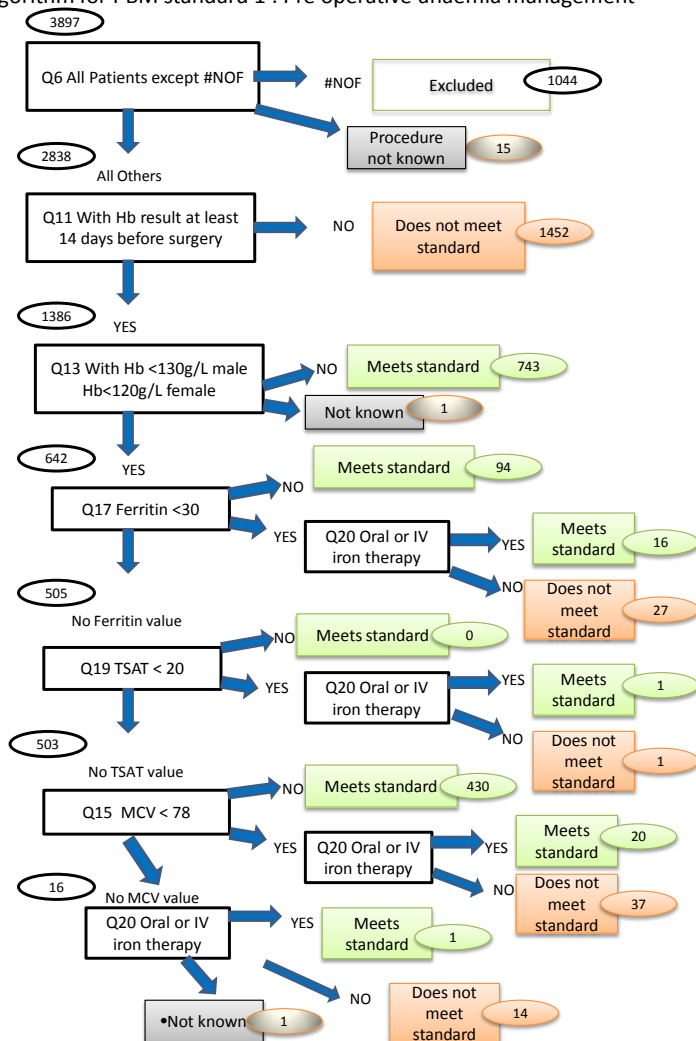


- PBM 1 – Anaemia
- 46-48% anaemic

- Screen?
- Identify?
- Investigate?
- Manage?

# 46%

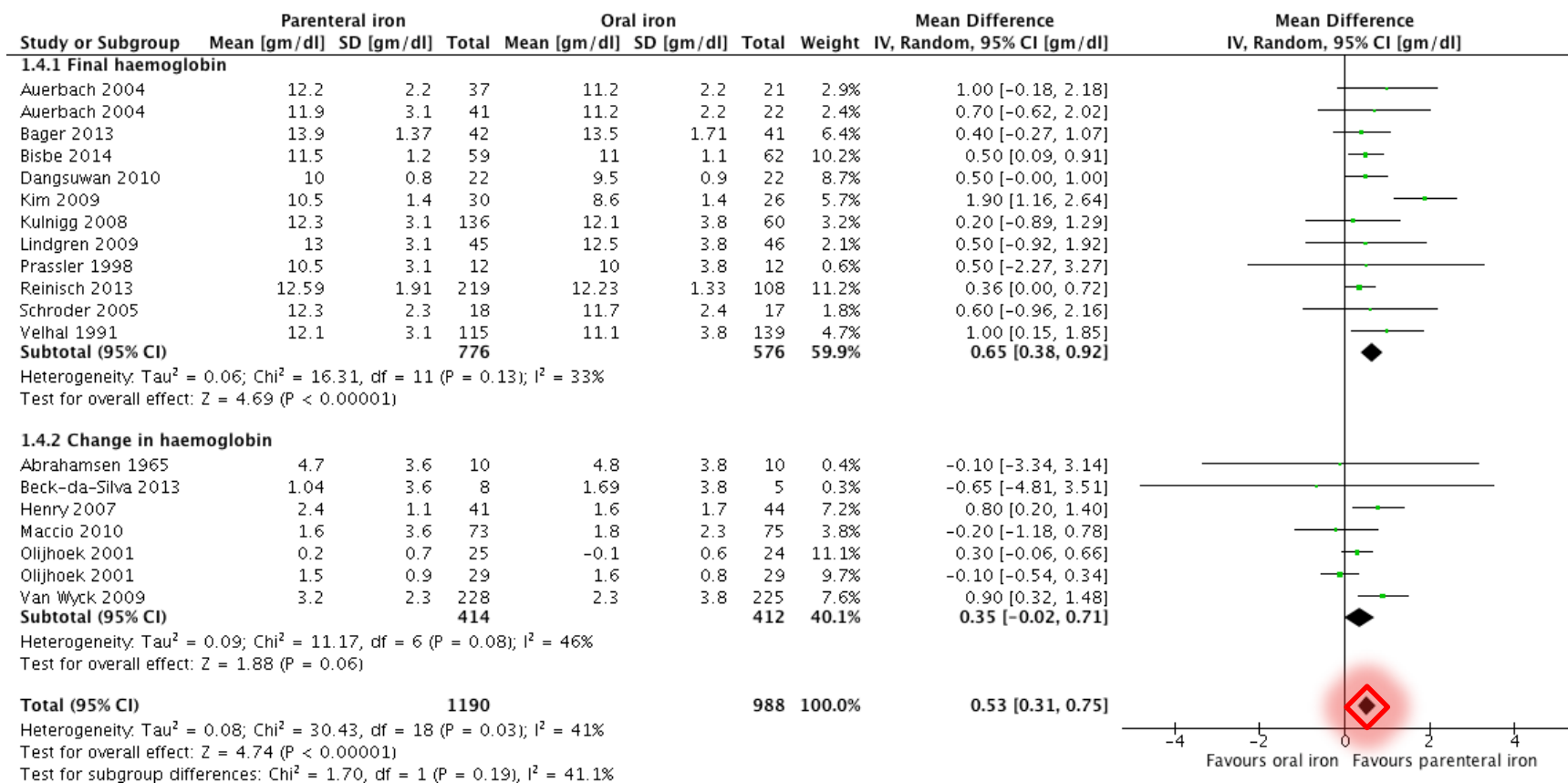
Algorithm for PBM standard 1 : Pre operative anaemia management



# Systematic review and meta-analysis of iron therapy in anaemic adults without chronic kidney disease: updated and abridged Cochrane review

Ben Clevenger<sup>1</sup>, Kurinchi Gurusamy<sup>1</sup>, Andrew A. Klein<sup>2</sup>, Gavin J. Murphy<sup>3</sup>, Stefan D. Anker<sup>4</sup>, and Toby Richards<sup>1\*</sup>

## IV iron v Oral



# Preoperative Iron

- 18.3% of anaemic patients oral iron

Explanatory Variables	Mean change in haemoglobin	p-value	95% CI
Iron Supplements (IV and/or Oral)	0.22	0.70	(-0.91, 1.35)
Pre-operative anaemic status			(-0.18, -0.14)
Not anaemic	Baseline	<0.0005	
Mild	0.84		(-0.04, 1.71)
Moderate	3.76		(2.86, 4.67)
Severe	20.38		(17.77, 22.98)

- 1% had IV iron (n=27)

Explanatory Variables	Mean change in haemoglobin	p-value	95% CI
Iron Supplements (IV only)	4.62	0.001	(1.30, 7.94)
Pre-assessment anaemic status			(-0.17, -0.14)
Not anaemic	Baseline	<0.0005	
Mild	0.82		(-0.05, 1.69)
Moderate	3.73		(2.84, 4.61)
Severe	20.01		(17.43, 22.59)



# Preoperative Anaemia

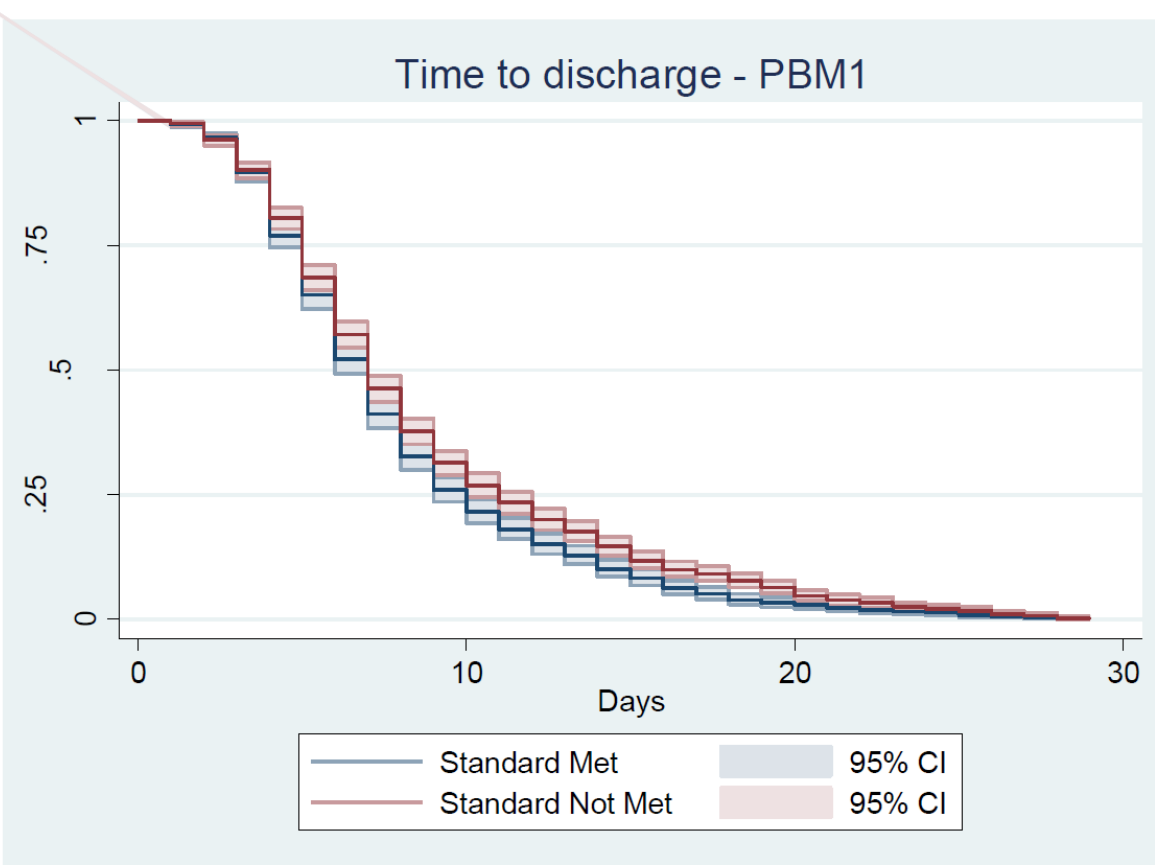
		Blood Transfusion					
		Yes		No		OR	p-value
		n	(%)	n	(%)		
PBM1							
	Meets standard	316	(24.4)	980	(75.6)	1.46	<0.0005
	Does not meet standard	481	(32.0)	1,024	(68.0)		

logistic regression, adjusting for age, sex and surgery type

**Anaemic patients are 78% more likely to receive a blood transfusion**

(p-value < 0.0005, 95% C.I. [1.48, 2.14]).

# PBM 1: Preoperative Anaemia Management



- Overall 7% Longer LOS
- 61% in Elderly
- > 2x in BIG ops

*Figure 5- time to discharge, PBM1 by adherence*

# PBM 5

## Anti-Coagulation & Anti Platelets

- 18% patients (710/3890)
- 347 anti-coagulant
- 349 anti-platelet
- 14 both

# PBM 5

Patient on Warfarin pre-operatively	8.3% (318/3813)
INR result before surgery	
• ≤1.0	49
• 1.1-1.4	164
• 1.5-1.9	50
• 2.0-2.4	17
• 2.5-2.9	6
• 3.0-3.4	7
• 3.5-4.4	8
• 4.5-5.9	2
• 6.0-7.9	-
• ≥8.0	2

	National
Patients on any antiplatelet therapy	9.3% (363/3890)
Stopped therapy	77% (279/363)
Stopped at least 5 days pre-op	57% (149/261)

# PBM 5

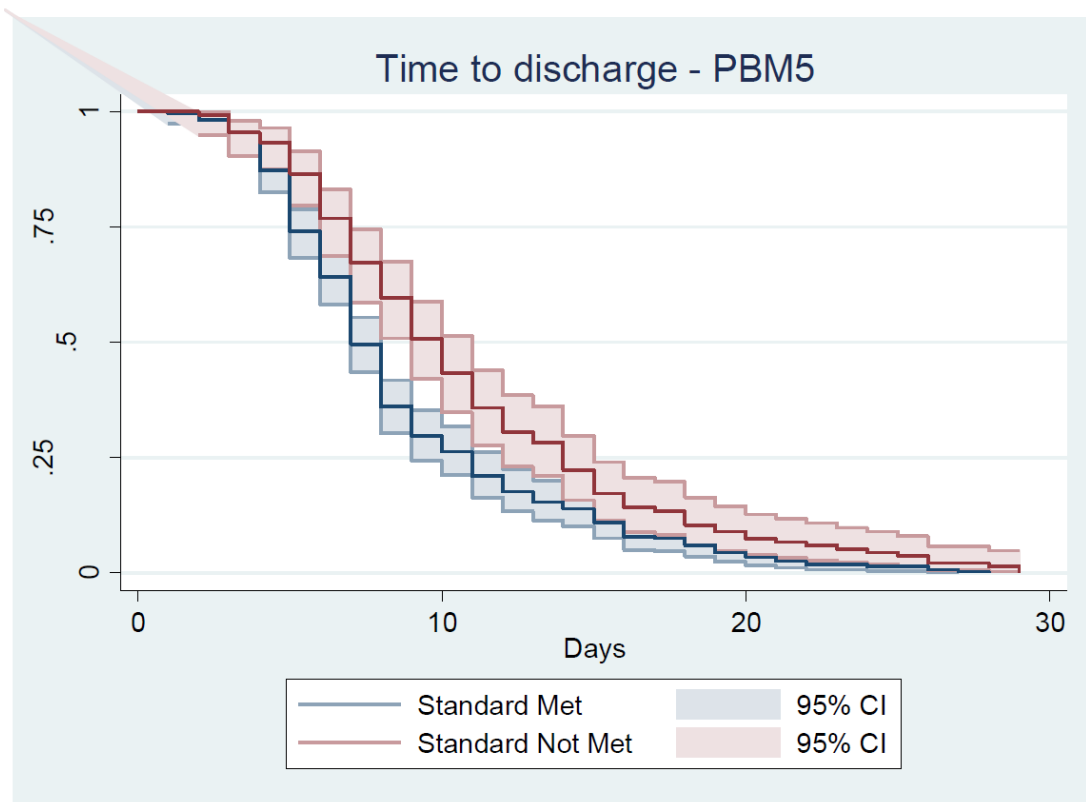


Figure 6- time to discharge, PBM5 by adherence

- N=541
- 30% Longer LOS
- $P < 0.0005$  [1.16-1.51]

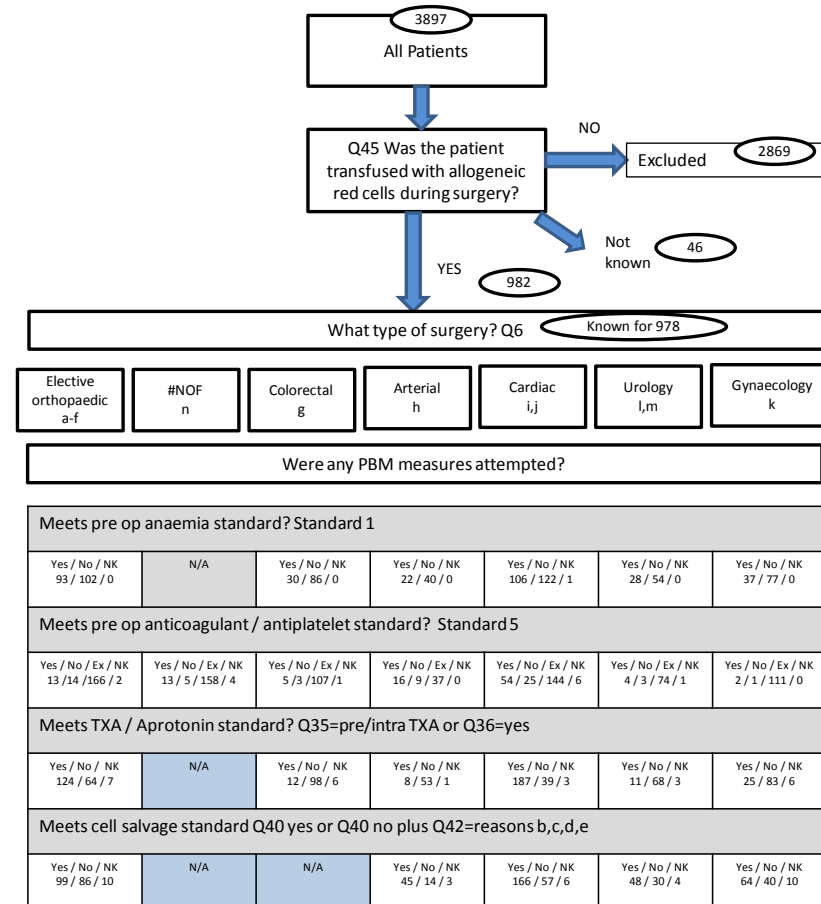


# OPERATIVE

PBM 6: Any PBM  
measure before operative BT

PBM 7: All PBM  
measure before operative BT

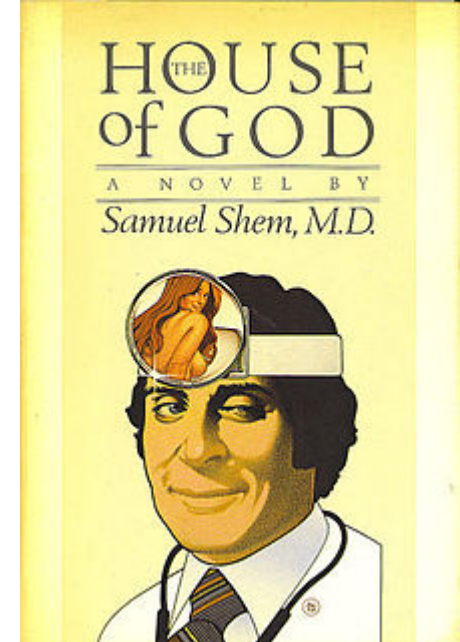
Algorithm for PBM standard 6 :



If yes to any (where applicable) standard is met  
If no to all (where applicable) standard is not met

## Laws of the House of God

- GOMERS DON'T DIE.
- GOMERS GO TO GROUND
- AT A CARDIAC ARREST, THE FIRST PROCEDURE IS TO TAKE YOUR OWN PULSE.
- THE PATIENT IS THE ONE WITH THE DISEASE.
- PLACEMENT COMES FIRST.
- **THERE IS NO BODY CAVITY THAT CANNOT BE REACHED WITH A #14G NEEDLE AND A GOOD STRONG ARM.**
- AGE + BUN = LASIX DOSE.
- THEY CAN ALWAYS HURT YOU MORE.
- THE ONLY GOOD ADMISSION IS A DEAD ADMISSION.
- IF YOU DON'T TAKE A TEMPERATURE, YOU CAN'T FIND A FEVER.
- SHOW ME A BMS WHO ONLY TRIPLES MY WORK AND I WILL KISS HIS FEET.
- IF THE RADIOLOGY RESIDENT AND THE MEDICAL STUDENT BOTH SEE A LESION ON THE CHEST X-RAY, THERE CAN BE NO LESION THERE.
- THE DELIVERY OF GOOD MEDICAL CARE IS TO DO AS MUCH NOTHING AS POSSIBLE.



# OPERATIVE

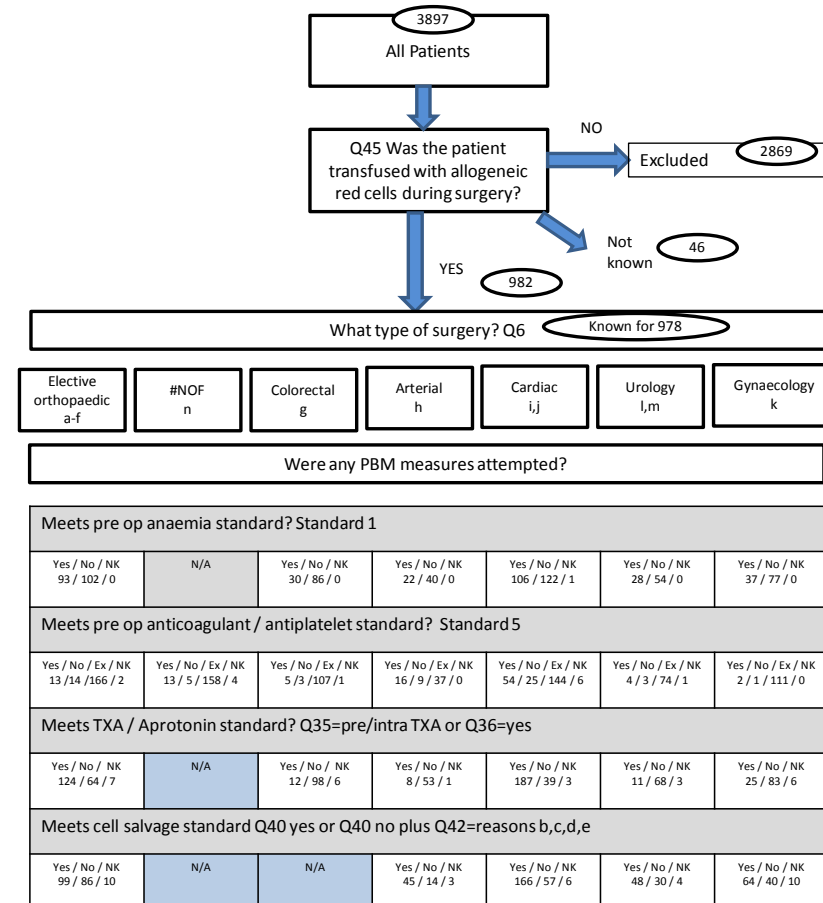
PBM 6: Any PBM  
measure before operative BT

83%

PBM 7: All PBM  
measure before operative BT

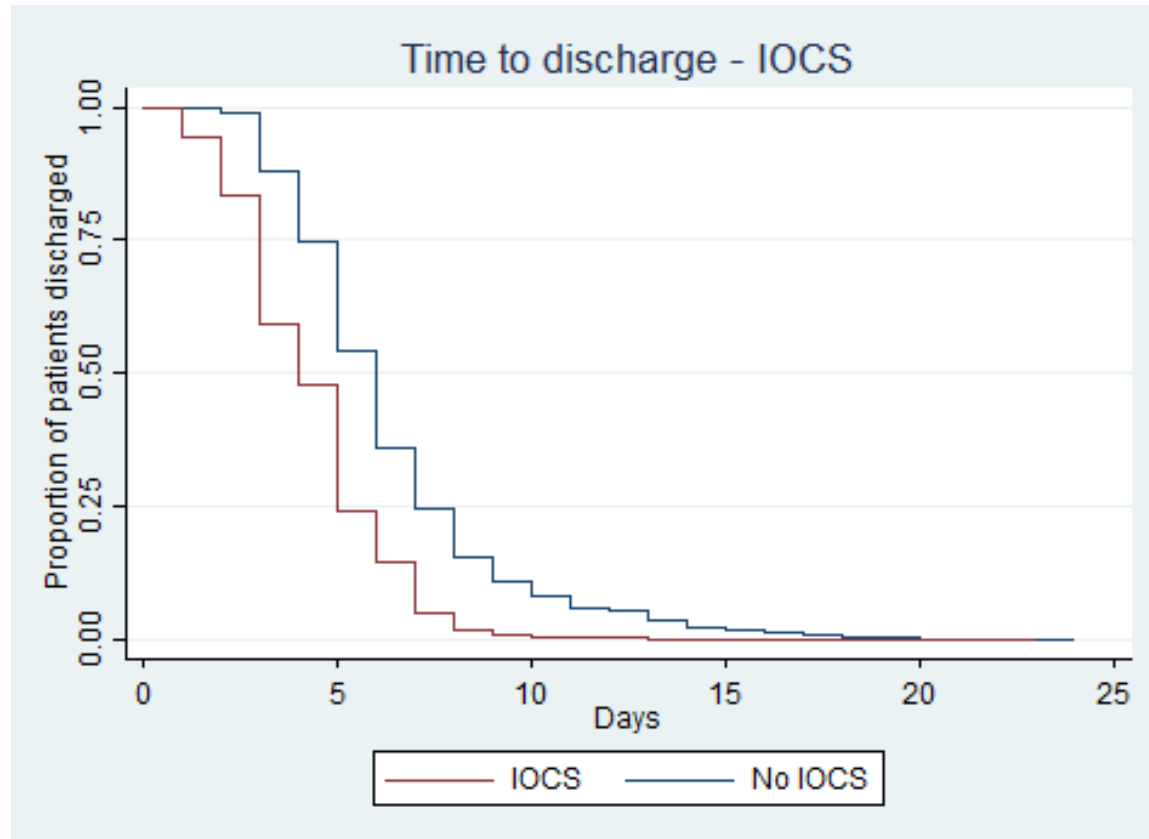
16%

Algorithm for PBM standard 6 :



If yes to any (where applicable) standard is met  
If no to all (where applicable) standard is not met

# PBM 6: IOCS



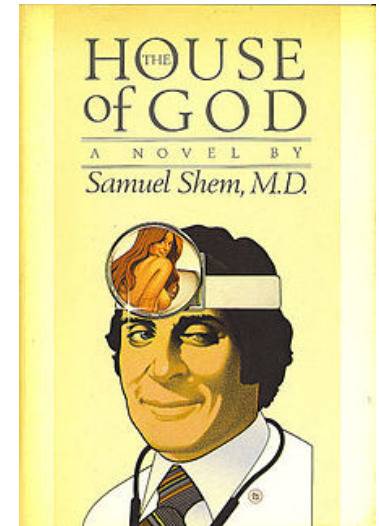
- Overall Reduced BT  
OR 0.58  $p < 0.0005$ , C.I. [0.47-0.71]
- Overall Reduced LOS  
9.8%,  $p = 0.005$ , C.I. [3% - 16.2%]
- THR Reduction 18.9%  
 $P = 0.047$ , 95% C.I. [0% - 34.1%]

# Management of Major Haemorrhage

- Surgical control
- Anaesthetic Control
- Blood products
- Cell salvage
- TXA
- Glue
- Post op?

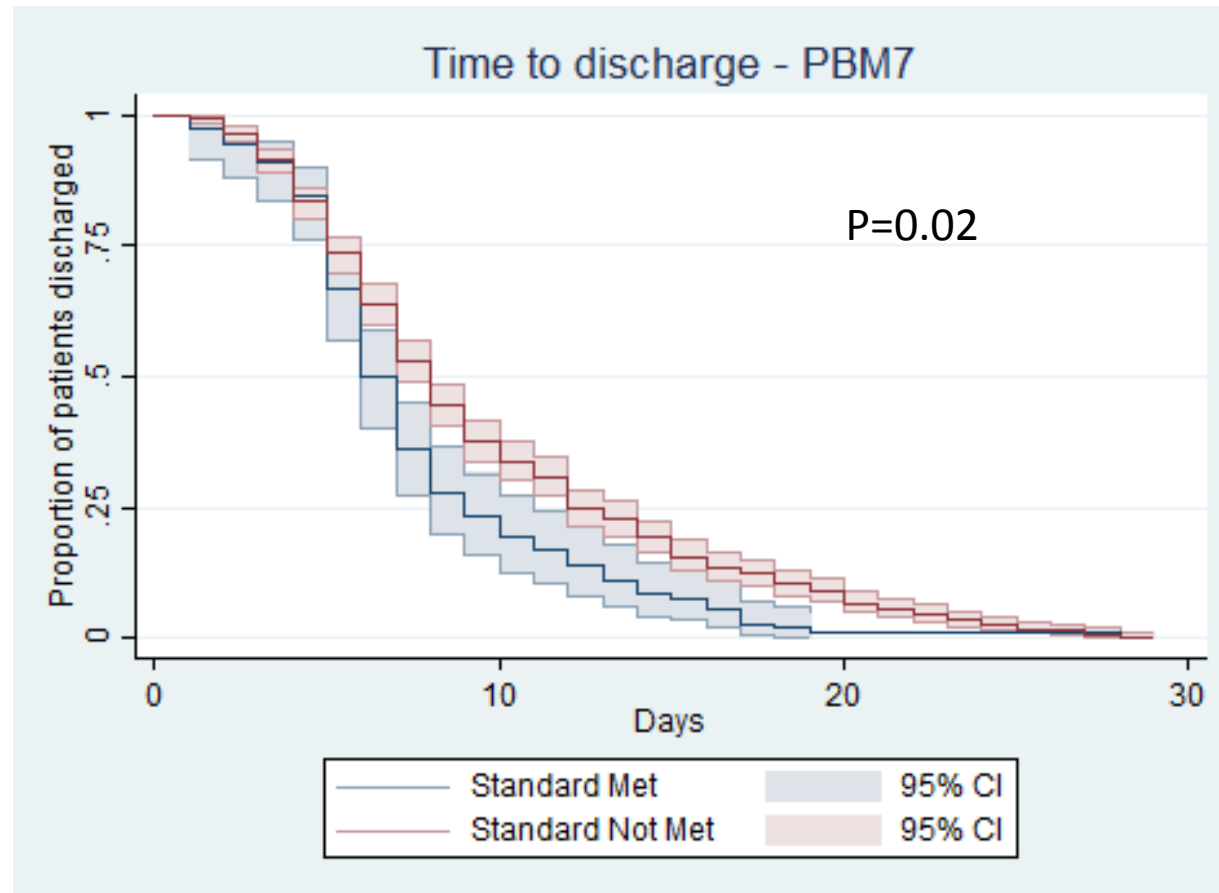
## Rule 3

'THE FIRST PROCEDURE IS TO TAKE YOUR OWN PULSE'



# Patient Blood Management - PILLAR 2

- Anti-fibrionlytics
- Cell Salvage
- Adjuncts
- POC





# Surgical PBM

## Pre OP

Anaemia Rx

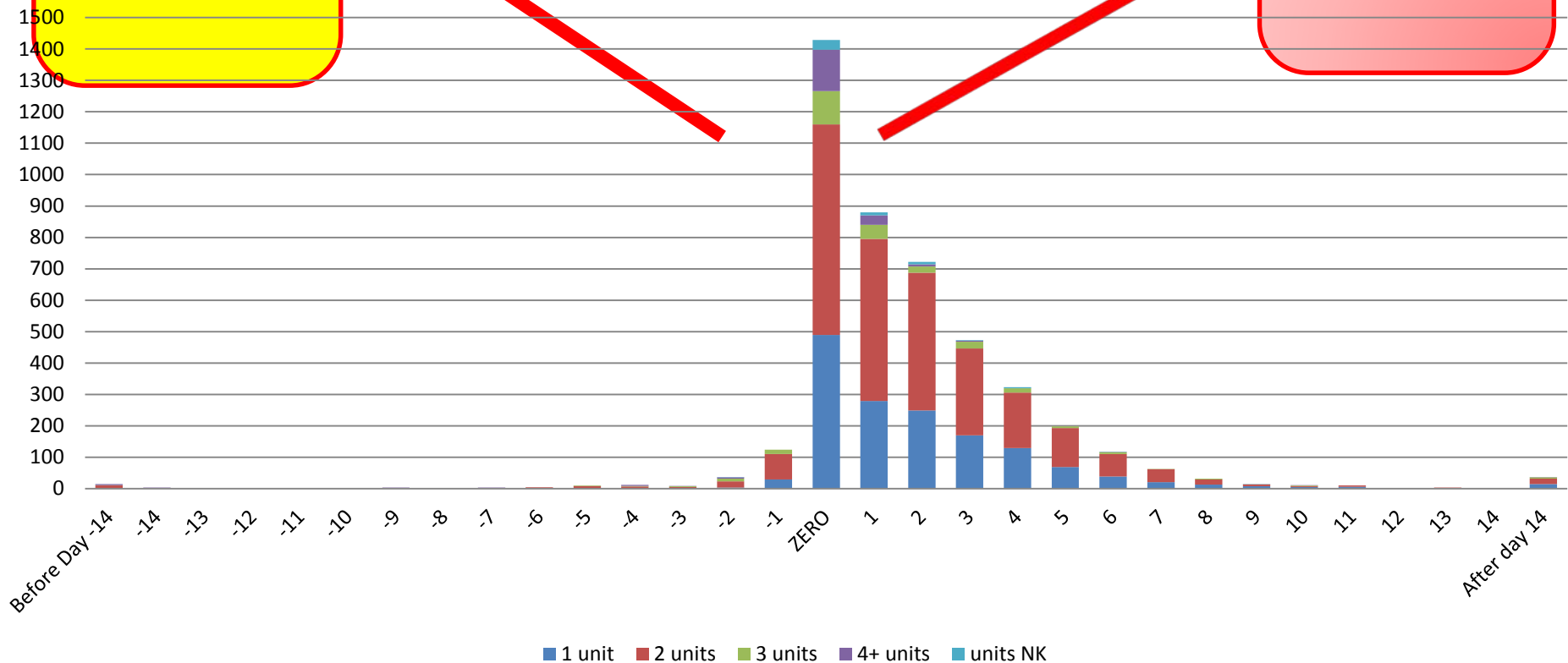
Warfarin

Anti Plts

## OP

Cell Salvage

Tranexamic acid  
POC



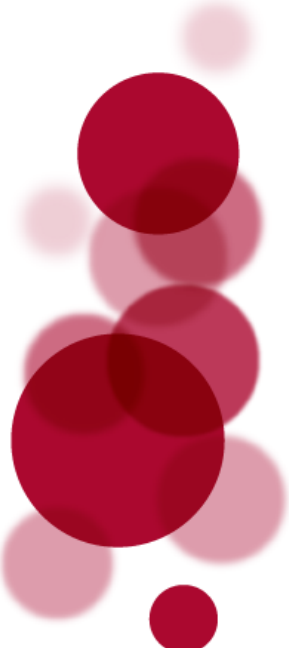
# Conclusions

- NHSBT Audit – worthwhile benchmarking
- PBM 1 Management Anaemia
- PBM 5 Management Anticoag/plt
- PBM 6 IOCS
- PBM 7 IntraOP PBM
- THESE WORK - Thank you for your hard work

# PREVENTT

Preoperative intravenous iron to treat  
anaemia in major surgery

[toby.richards@ucl.ac.uk](mailto:toby.richards@ucl.ac.uk)



## THE IRON CLINIC

