

Intro BeQuinT symposium 2023

Prof. Dr. Sarah Lessire, chair BeQuinT



Health
Food Chain Safety
Environment



Welcome coffee

08:30-9:00

9:00-10:30

Presentation results 2nd national PBM survey

The 3 chapters will be discussed:

- 1) Organisation of PBM
- 2) PBM in obstetrics
- 3) Use of O Rhesus negative red blood cells

Break

10:30-10:50

10:50-12:20

PBM implementation by international experts: education, benchmarking and evaluation

Is a PBM programme economically reasonable? by Prof. Dr. P. Meybohm

How local and national benchmarking such as the MAPBM can empower hospitals in PBM implementation? by Prof. Dr. E. Bisbe

How to increase PBM knowledge and to build a strong PBM leadership in a country? by Prof. Dr. V. Louw

Lunch

12:20-13:20

13:20-15:00

Local/national projects in Belgium

Preoperative anaemia detection and management in elective cardiac surgery patients by Dr. S. Buys

PBM implementation at the CHU UCL Namur : communication with patients and care units by Ms. C. Nobis

National database on RBC antibodies: why and how do we need it? by Dr. E. Lazarova

Technical Interoperability in Belgian eHealth Ecosystem by Mr. J.-M. Polfiet

Conclusions for BeQuinT by Prof. Dr. S. Lessire

[+ Afternoon break]

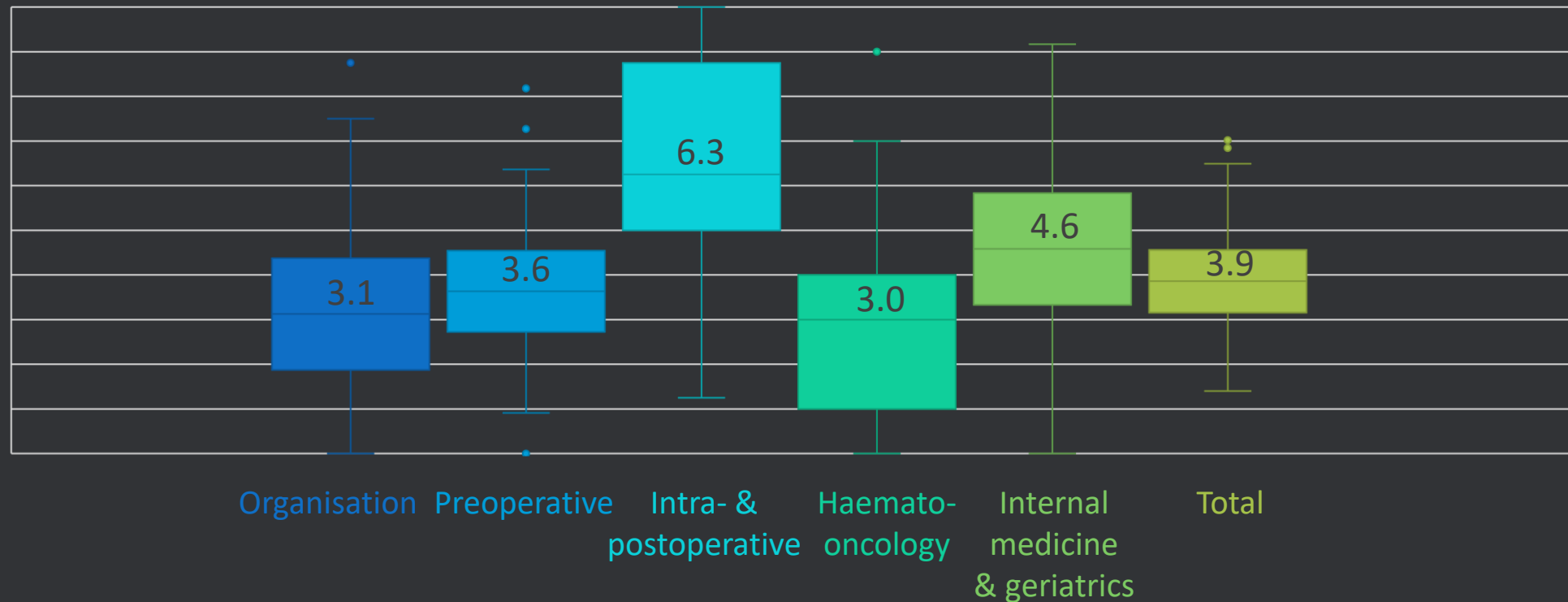
15:00

Improving:

1. transfusion practice
2. **PBM implementation**

1st PBM survey (2020)

Distribution of the scores on 10 (n=96)





Steering Committee



S. Lessire

Clinicians:

- Anaesthesiologists
C. Van Aelbrouck,
M. Beran
- Haematologists
T. Devos, M. Colard
- Gastro-enterologist
J. Sabino
- Emergency physician
T. Ecker

Clinical biologists

- E. Bailleul
- L. Bogaert
- V. Deneys
- S. De Bruyne
- A. Hendrickx
- E. Lazarova
- A. Nijs
- R. Seghaye
- K. Van Poucke

Blood establishments

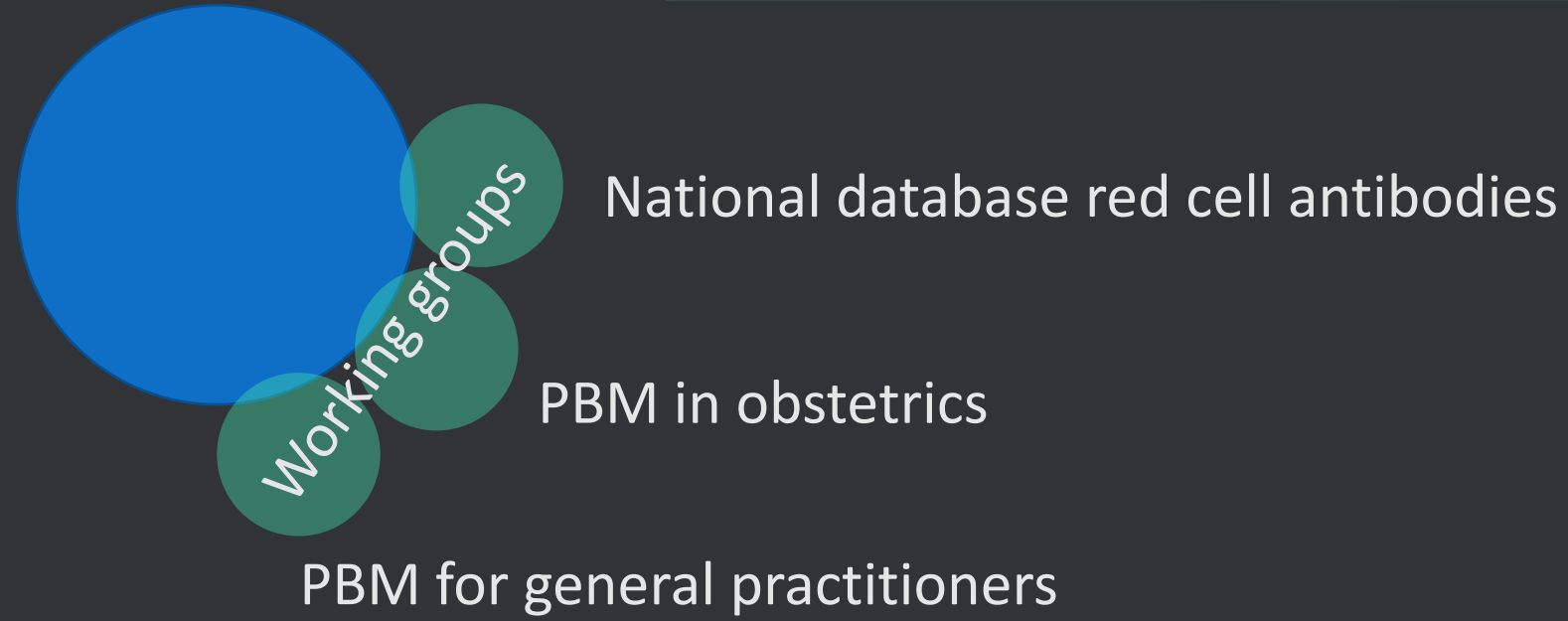
S. Van Landeghem/
A. Muylaert
T. Najdovski /G. Bulliard

Transfusion Practitioners

C. Van Fleteren,
G. Van Vaerenbergh

Federal:

- M. Efoudebe (FAGG/AFMPS)
- C. Van Meerbeeck (RIZIV/INAMI)
- A. Vlayen (FOD/SPF)
- J. Vanden Broeck (FOD/SPF)



Patient blood management is
a patient-centered, systematic, evidence-based approach
to improve patient outcomes
by managing and preserving a patient's own blood,
while promoting patient safety and empowerment

Optimal blood use

Minimum effective dose of blood comp.

Seeks to improve blood component use

Promotes evidence-based transfusion practice

Employs informed consent



PBM

Improved blood health

Seeks to protect and build person's own blood

Promotes also management of anaemia, bleeding & coagulation

Employs informed choice



PBM anno 2020-2023 in Belgium?

1st chapter: PBM implementation

Dr. C. Van Aelbrouck

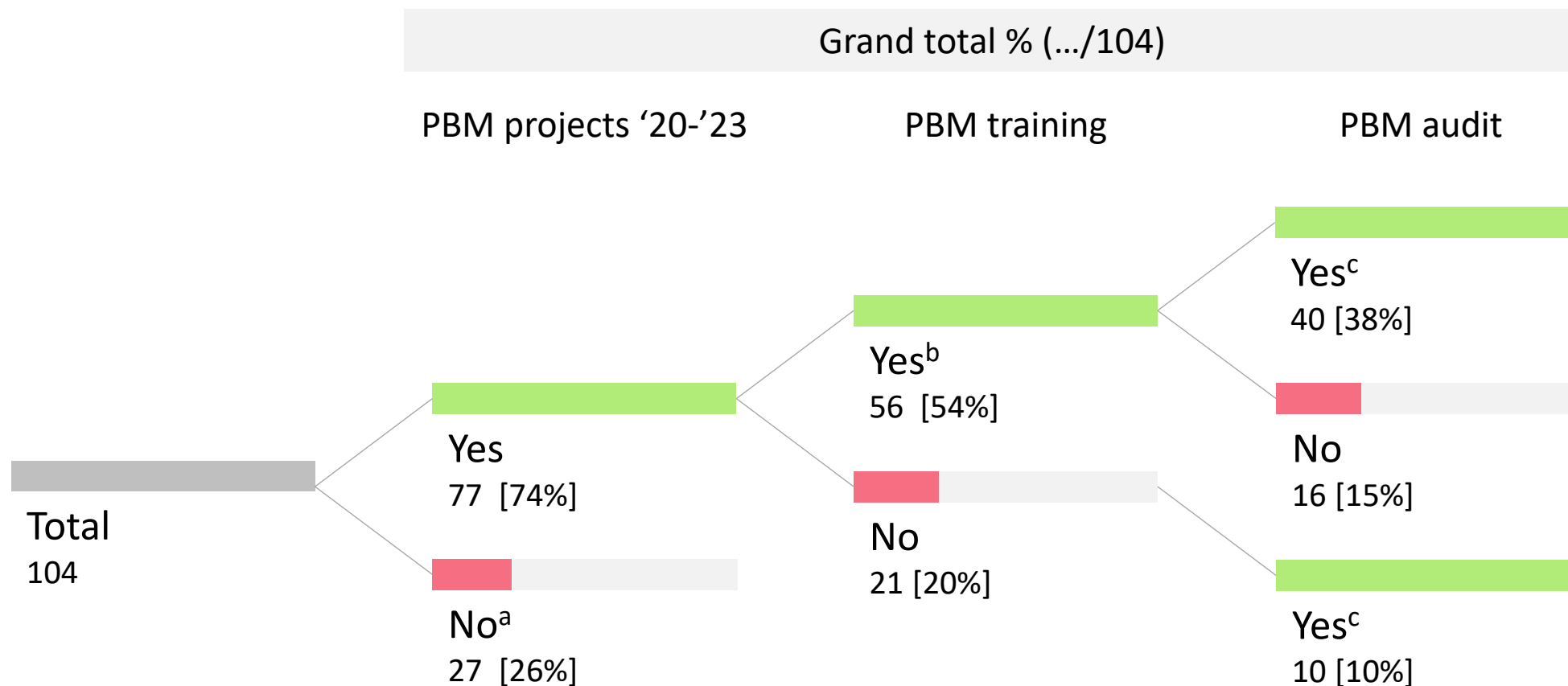


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Symposium 14/12/2023

Overview PBM implementation



hospitals in 1st PBM survey [.../96 = ...%]:

^a28 [29%]

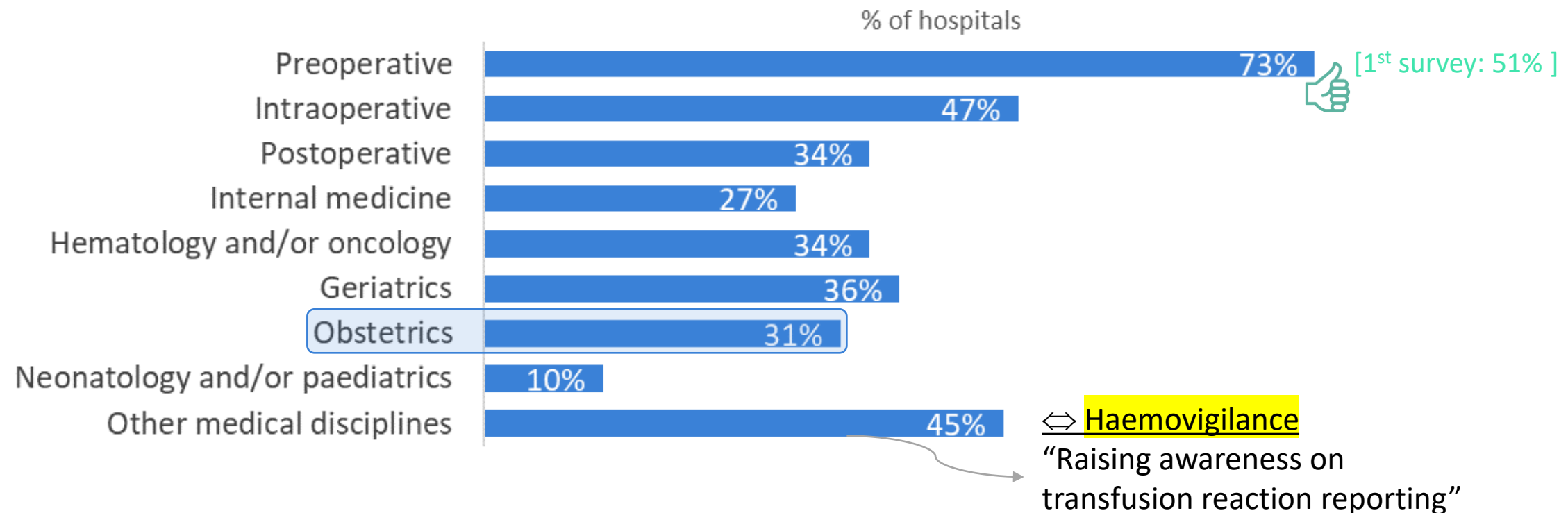


^bonly 18 [19%]

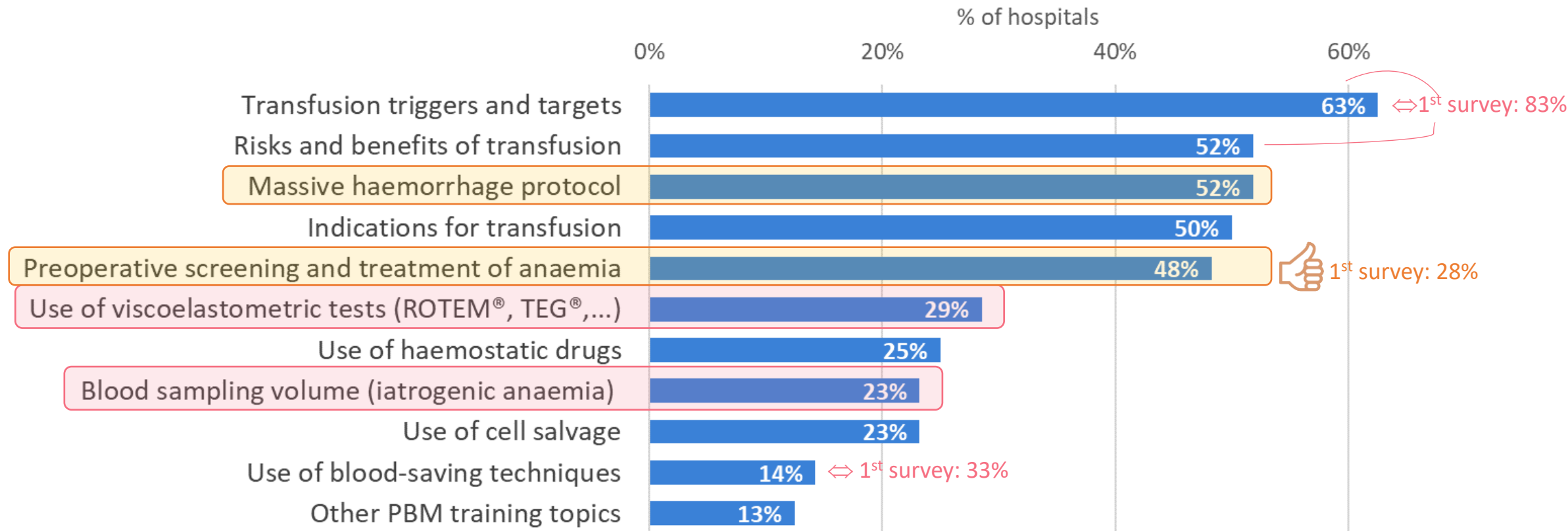


^conly 14 [15%]

Concerned medical disciplines in PBM projects 2020-2023

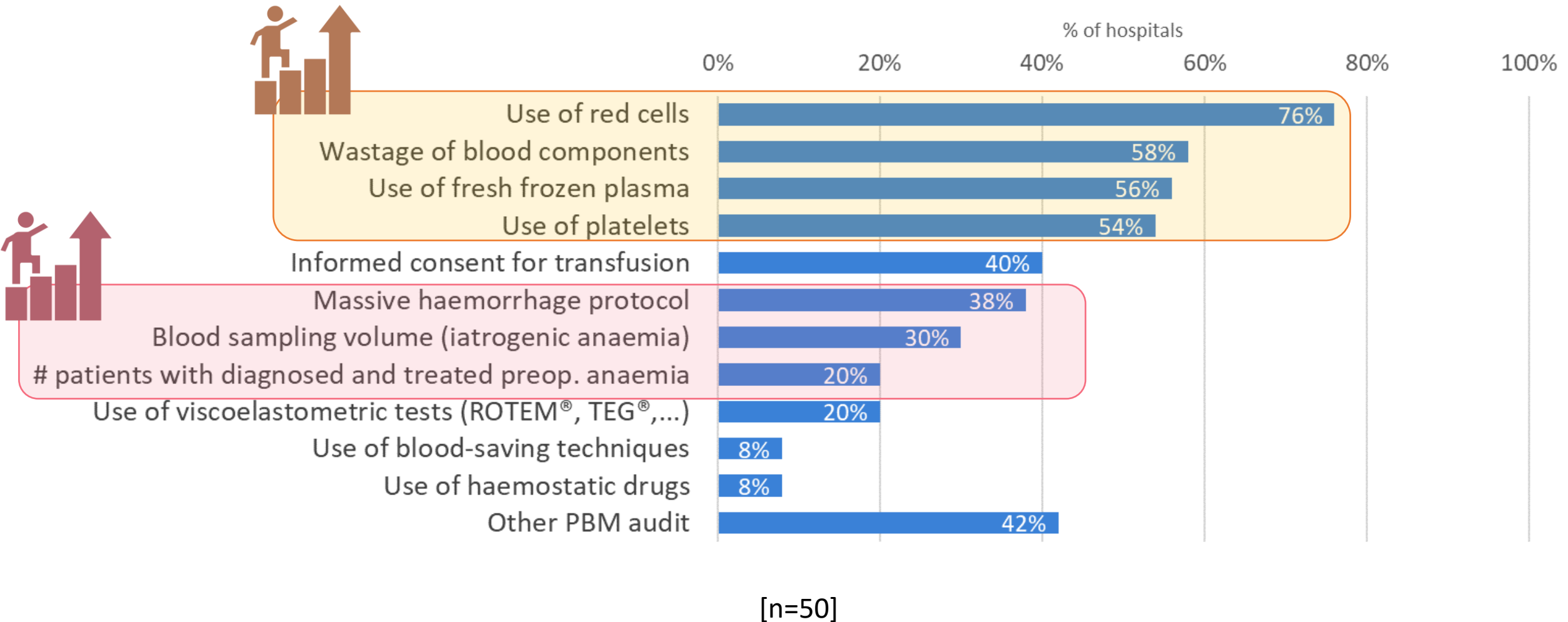


PBM training topics

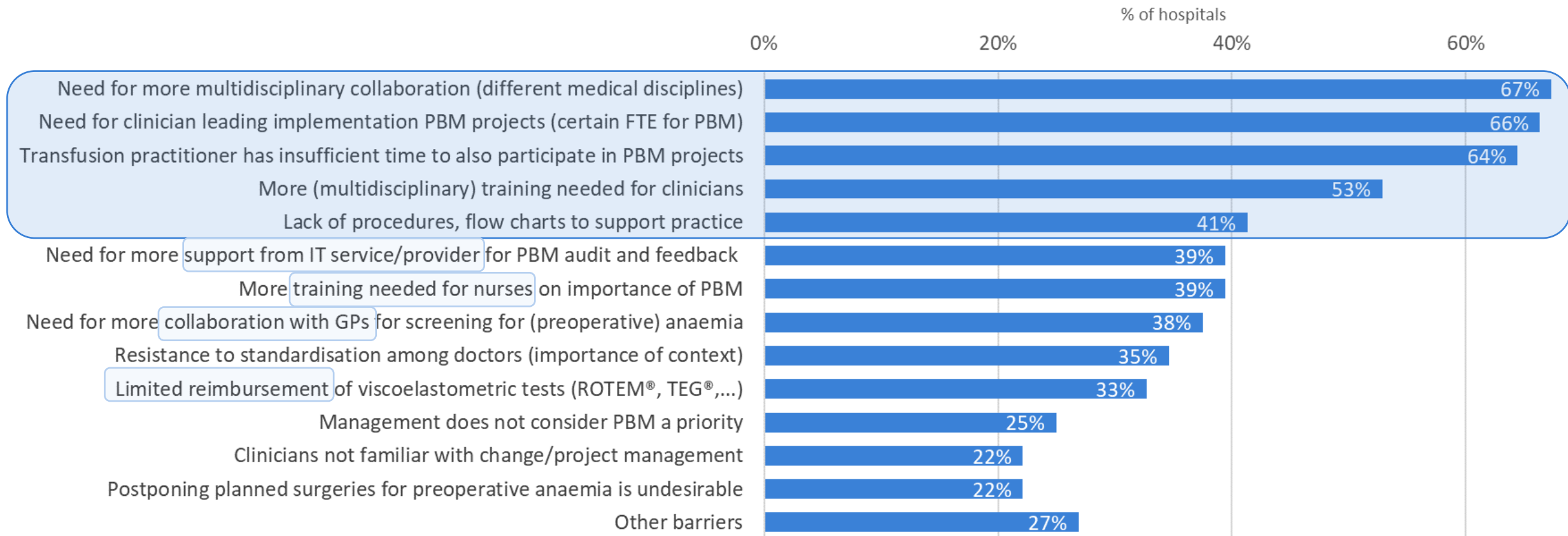


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PBM audit topics



Encountered barriers to implementing PBM projects in 2020-2023



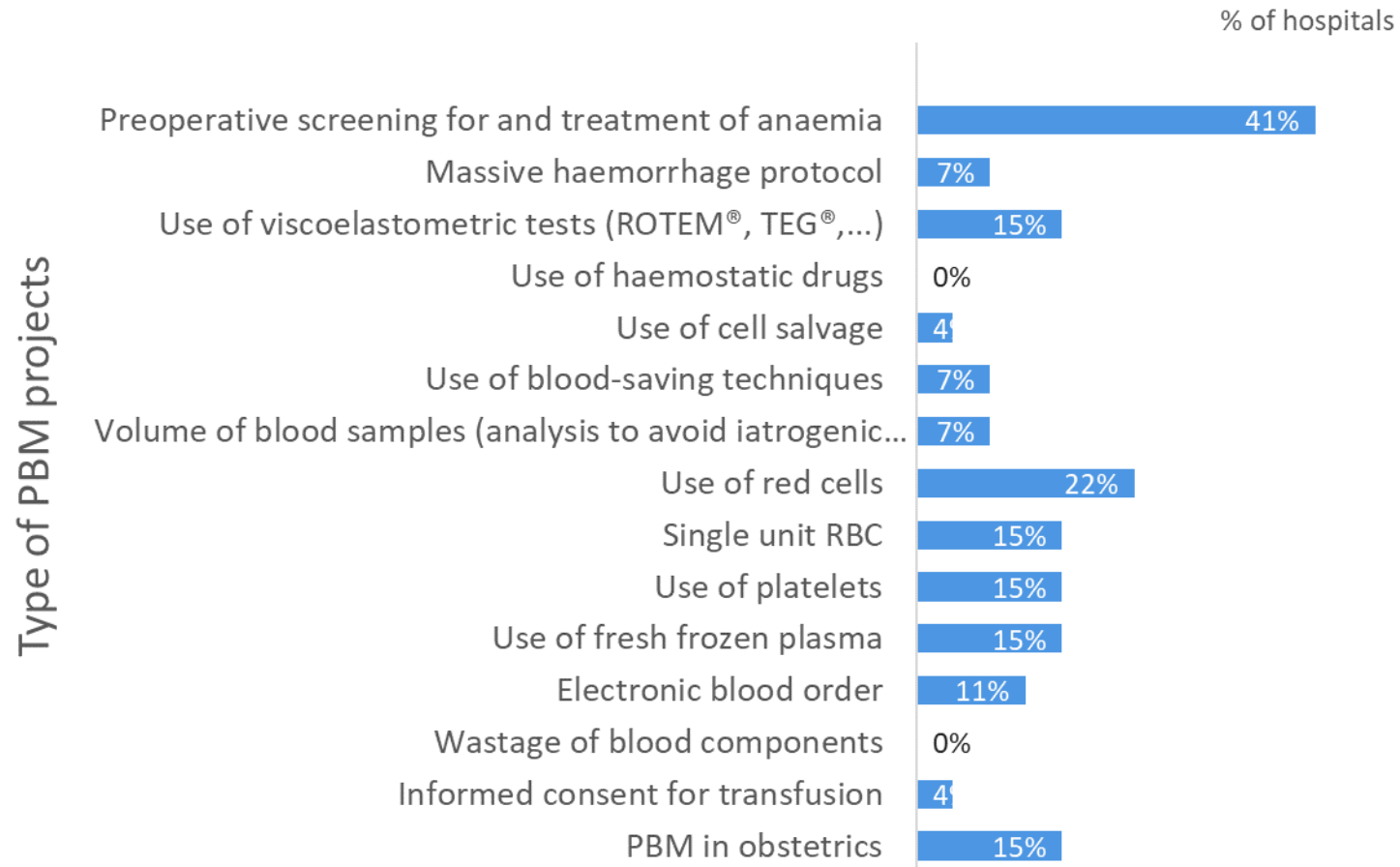
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[Barriers stated >20% of hospitals]

Examples of other PBM barriers

- Few incentives for **clinicians** to apply PBM (1)
& no clear objectives for clinicians (1)
- Lack of transfusion practitioner (1) / **PBM nurse** (3)
- Lack of **time** (4), other priorities during Covid19 pandemic (4)
Focus on some important transfusion/haemovigilance projects \Rightarrow lack of time for PBM (2)
- Modification of **IT-systems** needed for facilitating PBM \Leftrightarrow no priority (5)
- Help needed with **data analysis** (1)
- Difficult consensus about **informed consent** for transfusion (2)

Planned PBM projects for hospitals without PBM till now



Take home messages

1. **Positive evolution** : more hospitals with ongoing PBM projects compared to 1st PBM survey.
2. **Each PBM project** should include **data** collection & **feedback, training & protocols!**
3. **Empower the PBM group:**
Appointment of PBM **dedicated staff**: clinical leadership and PBM nurses!
4. **Project management:**
 - **Small number** of projects
 - SMART goals - Specific, Measurable, **Achievable**, Realistic, Timely
 - Step-by-step realization & evaluation

Take home messages

6. PBM implementation should be developed in parallel with ongoing projects related to transfusion practice and haemovigilance:

a. Improving blood ordering and tracking system

- Clinical decision support system
- Electronic Blood Tracking System \Rightarrow 10.000 euros/year in the haemovigilance fund for each hospital

b. Improving adequate blood screening on time:

- Anticipated first blood group check
- Red cell antibodies screening to ensure the most compatible blood selection and reduce work for nurses and lab technicians
- Anaemia and iron deficiency screening to enable adequate treatment before hospitalisation

c. Continuous education for healthcare providers of risks related to unnecessary transfusion

d. Informed consent about the benefits/risks of transfusion or alternatives to transfusion

BeQuinT working group for general practitioners



Gastro-enterologist

J. Sabino (UZ Leuven)

- **Anesthesiologists**

S. Lessire (CHU UCL Namur),

A. Yepmo (CHR Haute Senne)

- **Haematologists**

T. Devos (UZ Leuven)

M. Colard (H.U.B.)

- **Clinical biologists**

E. Lazarova (CHR Haute Senne)

L. Bogaert (AZ Rivierenland)

Goal: Developing good clinical practices:

1. Anaemia & Iron deficiency

- When to screen
- Who to screen
- How to screen
- When to treat (e.g. ID without anaemia)
- How to treat (PO vs IV) (+ benefits versus risks: side effects)
- When to refer for IV treatment and follow-up by GPs after hospital discharge
- Dietary advice to optimise uptake of iron

2. Preoperative, gastro-intestinal and gynaecological bleeding risk assessment and intervention

- List risk factors (in patients) for perioperative bleeding
- List of surgeries with high risk of bleeding
- ...