

DEFINING PBM

“ Patient Blood Management (PBM) is the timely application of evidence-based medical and surgical concepts designed to maintain haemoglobin concentration, optimise haemostasis and minimise blood loss in an effort to improve patient outcome ”

- Society for the Advancement of Patient Blood Management (SABM) -

MYTH 1	MYTH 2	MYTH 3
PBM is equal to blood management / proper governance & rational use of blood product	PBM is expensive and has no clinical benefits	Practising PBM is difficult or complicated
MYTH BUSTER	MYTH BUSTER	MYTH BUSTER
PBM is moving away from placing the focus on reducing the use of blood components to the development of a multidisciplinary and multimodal strategy centred on patients' outcome	PBM is associated with a reduction of perioperative complications (including acute renal failure, infection, thromboembolic events, cardiac events, bleeding as well as any additionally reported adverse events) by 20%	PBM is simple, safe and effective 3 pillars of PBM I. Optimise erythropoiesis II. Minimise blood loss III. Optimise tolerance to anaemia

	OPTIMISE ERYTHROPOIESIS	MINIMISE BLOOD LOSS	OPTIMISE TOLERANCE TO ANAEMIA
PRE-OPERATIVE	Identify & treat anaemia	Identify & manage bleeding risk	Assess & optimise reserve
INTRA-OPERATIVE	Timing of surgery	Meticulous haemostasis	Optimise cardiopulmonary function
POST-OPERATIVE	Stimulate erythropoiesis if needed	Minimise phlebotomy & infections	Maximise oxygen delivery & consumption

BENEFITS OF IMPLEMENTING PBM

(A comprehensive six-year PBM program in Western Australia, with data from 605,046 patients admitted to four major adult tertiary-care hospitals and a major paediatric hospital)

-28% HOSPITAL MORTALITY REDUCTION	-15% AVERAGE HOSPITAL LENGTH OF STAY (LOS) REDUCTION
80-100M (AU \$) GROSS SAVINGS	-21% HOSPITAL ACQUIRED INFECTION (HAI) REDUCTION
-41% BLOOD PRODUCT USAGE REDUCTION	-31% HEART ATTACK OR STROKE INCIDENCE REDUCTION
Improved outcomes and reduced costs associated with a health-system-wide patient blood management program: a retrospective observational study in four major adult tertiary-care hospitals. Leahy M, et al. Transfusion. 2017 Jun;57(6):1347-1358	18.1M (US \$) PRODUCT-ACQUISITION COST SAVINGS

Patient Blood Management gives insight that the patient's own blood is the best valuable resource