

KNOWLEDGE INFUSION: FOCUS ON AABB 2016

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BloodBrief: Increasing awareness to influence transfusion practice

*Prepared by Canadian Blood Services Knowledge Mobilization Team
with special thanks to Cheryl Doncaster*



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Welcome to

KNOWLEDGE INFUSION: FOCUS ON AABB 2016

AABB 16 ORLANDO

The Event Advancing Transfusion and Cellular Therapy

MEETING: OCTOBER 22-25, 2016
EXHIBITION: OCTOBER 22-25, 2016
ORANGE COUNTY CONVENTION CENTER

KnowledgeInfusion
SPOTLIGHT ON AABB 2016



CENTRE FOR INNOVATION PRESENTS



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Location: **Halifax**

Presentation Learning Objective:

- ✓ **At the end of this session, participants will be able to describe and provide an overview of the BloodBrief initiative and its impact.**



BloodBrief

Increasing awareness to influence transfusion practice

Cheryl Doncaster
*Utilization, Sr. Project Manager
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Learning objective:

At the end of this session, participants will be able to describe and provide an overview of the **BloodBrief** initiative and its impact.



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Promote optimal utilization of blood components/
products by heightening hospital awareness
of issue trends over time and compared
to other hospitals.



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BloodBrief

Increasing awareness to influence transfusion practice

September 2013

- Introduced to top 50 hospital users
- Engaged transfusion committee chairs
- 1st topic: O negative red blood cells
 - *3 yrs of issue data*
 - *Anonymized hospital comparator data*
 - *Ranking*



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Expanded to include issue data for all hospitals that received the targeted blood component or plasma protein product within the last fiscal year:

- *3 years of data (issue, cost, disposition)*
- *Available online*
- *Direct notice to hospital transfusion committee chairs*
- *Ranking*
- *Improved hospital peer groups for comparison*
- *Anonymized and identified hospital comparator data*



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Recurring Topics	New Topic
O-negative red blood cells	Cryoprecipitate and fibrinogen – Nov 2016
AB plasma	
IVIg / SCIG	
Single release: CMV seronegative platelets	



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January 2016

Dear Hospital Colleague:

Nationally, the overall demand for intravenous (IV) and subcutaneous (SC) immune globulin has been increasing since 2003 (Figure 1). This continual increase in demand is financially unsustainable for provinces and territories, the funders of the blood system and healthcare system. From April 2014 – March 2015 over 4,330,000 grams of Ig (IG and SC) were issued to hospitals served by Canadian Blood Services. This equates to a cost of over \$207,577,000.00.

Many provincial blood offices/programs have developed valuable resources supporting the appropriate use of IVIG and SCIG including provincial guidelines, weight-based dosing calculators and order sheets. National guidelines regarding the use of immunoglobulin products in patients with primary immune deficiency, hematologic disorders, neurologic disorders and undergoing solid organ transplantation are available from the National Advisory Committee on Blood and Blood Products: <http://www.nacblood.ca/resources/guidelines/IVIG.html>.

In a continued effort to promote optimal utilization of IVIG and SCIG, hospital transfusion committees are being engaged via BloodBrief. This year, the BloodBrief provides three years of IVIG and SCIG issue data specific to hospitals, ranking within the IVIG and SCIG issues list, and anonymized issue data for other hospitals across the country as a reference. The cost for the grams of IVIG and SCIG are also provided to highlight the cost of the product received by the hospitals.

These data do not attempt to indicate appropriateness (or inappropriateness) of use. Rather, the goal is to continue to heighten hospital awareness of issue trends over time and compared to other hospitals. Results from the BloodBrief effectiveness survey conducted in January 2014 revealed that for 68% of survey respondents the BloodBrief highlighted data/information that was new and it also prompts hospitals to review transfusion practice and blood component/product demand. Hospitals will be surveyed again in 2016 to further confirm the effectiveness of the BloodBrief initiative.

Please do not hesitate to contact me directly with any questions or comments you may have regarding the content of this BloodBrief. Alternately, your local Canadian Blood Services Medical Officer or Hospital Liaison Specialist is available as well.

Rank	2014-2015 # total grams issued (IVIG and SCIG)	2014 - 2015			
		Total grams (IVIG and SCIG)	Total cost (IVIG and SCIG)	Total grams SCIG	Total cost SCIG
1	tertiary	236265.0	\$11,305,280.25	72180.0	\$3,453,813.00
2	tertiary	168772.0	\$8,075,740.20	14237.0	\$681,240.45
3	tertiary	165499.5	\$7,919,151.08	5892.0	\$281,932.20
4	pediatric	144681.5	\$6,923,009.78	6514.0	\$311,694.90
5	tertiary	102577.0	\$4,908,309.45	61747.0	\$2,954,593.95
6	tertiary	98696.0	\$4,722,603.60	6.0	\$287.10
7	tertiary	84533.5	\$4,044,927.98	9826.0	\$470,174.10
8	tertiary	82740.5	\$3,959,132.93	2188.0	\$104,695.80
9	tertiary	81559.5	\$3,902,622.08	12.0	\$574.20
10	community	80530.0	\$3,853,360.50	0.0	\$0.00
11	tertiary	79758.5	\$3,816,444.23	8546.0	\$408,926.10
12	tertiary	79688.0	\$3,813,070.80	6118.0	\$292,746.30
13	community	72627.0	\$3,475,201.95	6072.0	\$290,545.20
14	tertiary	69740.5	\$3,337,082.93	5988.0	\$286,525.80
15	tertiary	66032.5	\$3,159,655.13	0.0	\$0.00
16	tertiary	63773.5	\$3,051,561.98	4066.0	\$194,558.10
17	tertiary	62460.0	\$2,988,711.00	11250.0	\$538,312.50
18	tertiary	52606.5	\$2,517,221.03	144.0	\$6,890.40
19	tertiary	52379.0	\$2,506,335.15	5909.0	\$282,745.65
20	community	50781.5	\$2,429,894.78	2894.0	\$138,477.90

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- February 12 – March 9, 2016
- 77 transfusion committee contacts /100 hospitals
- 89 hospitals identified as a top 50 hospital on at least one of the last 4 BloodBriefs released since January 2015.
- 11 other hospitals were chosen randomly outside of top 50 lists.



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Respondents: >100 hospitals (25 started 19 completed: 6 =single hospital, 13 =grp of hospitals)

85% not aware how their hospital(s) ranked with other hospitals

90% highlighted data/information that was new (ranking, top user, 3-yr issue trends, cost)

85% reviewed transfusion practice or blood component/product demand

All **BloodBrief** topics prompted transfusion policy review or change (29% O-neg RBC, 21% AB plasma, 18% CMV sero-negative plts, 11% IVIG)



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Changes and policy review:

- requirement for CMV sero-negative plts,
- stock other plasma groups to reduce AB plasma use,
- recommendations guiding use of IVIG,
- O-neg in uncrossed situations limited to women of childbearing age.

Most hospitals opting to not review transfusion practice or policy cite use of already very strict transfusion policy.



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Conclusions:

- Results of the 2016 effectiveness survey confirm survey findings from 2014.
- The **BloodBrief** continues to be effective in promoting optimal utilization of blood components/products.
- Heightened hospital awareness of issue trends over time and comparisons within hospital peer groups influences hospital transfusion practice/policy.



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Acknowledgement:

Hospital Customers

Canadian Blood Services

- Dr. Kathryn Webert
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- Karen Gilmore (survey administration)
- Virginia Gaffney (BloodBrief logo)



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thank
you!



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