Healthcare Organization Commitment

Contact Details

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Commitment Details

Commitment Name
The Patient Blood Management Program of UPMC (PBM) - Improving the Quality and Safety of Patient Care, while reducing the cost per capita of healthcare

Participants
Jonathan H. Waters
Louis Alarcon
Darrell Triulzi
Tami Minnier
Commitment Start Date  
13/03/2014

Commitment End Date  
15/12/2015

How Many Hospitals Will This Commitment Represent?  
20

Commitment Summary  
Blood transfusions are the number one, most commonly performed treatment in healthcare today. Blood transfusion can be a life-saving therapy, but like other medical therapies it is not without associated risks. Given that it has risk, it should be used prudently. Within the hospitals of UPMC, it was estimated that 40% of blood transfusions performed in 2012 were lacking evidence-based rationale. This rate of overuse is consistent with audits performed by the National Health Service in Great Britain. At a summit convened by the Joint Commission and the American Medical Association in September of 2012, blood transfusion was identified as one of the top five most over-used medical therapies. The consensus from the summit was that if overuse could be reduced, then patient outcomes would be greatly improved. According to Donald M. Berwick, former president of the Institute for Healthcare Improvement, "waste comes from subjecting patients to care that according to sound science and patients own preferences, cannot possibly help them, care rooted in outmoded habits, supply-driven behaviors, and ignoring science." The Patient Blood Management Program (PBM) at UPMC is committed to promoting evidence-based transfusion practices to improve patient safety and quality outcomes. This program’s foundation is a sixpoint strategy designed to guide clinicians toward reducing transfusions in which the benefit does not outweigh the risk.

Commitment Description & Detail  
The program’s six point PBM strategy will be used to continue achieving our goals to (1) reduce nonevidence based transfusions, (2) eliminate wasteful blood product practices, (3) promote alternative therapies to blood transfusion, (4) raise awareness regarding new scientific findings related to the complications and risks associated with blood transfusion, (5) limit iatrogenic blood loss, (6) and to promote pre-surgical anemia optimization

Action Plan  
Our PBM 2014 program milestones are: 1. Reduction in blood product procurement and utilization. 2. Reduction in non-evidence based transfusion use. 3. Reduction in wasted blood products as a result of improper storage and handling when the product is stored out of the blood bank. 4. Reduction of transfusions and thereby reducing HAI incidence. 5. Revising the computer physician order entry (CPOE) process to embed real-time transfusion
variance notifications for clinicians at the point of order entry.

**Commitment Timeline**

**Impact Details**

**Estimate of Lives Potentially Saved**

By applying a set of blood management strategies, designed to drive evidence-based transfusion decisions, our commitment is to reduce transfusions by 10%, which should leave 2000 patients unaffected by the increased risk of death associated with transfusion. Relative to non-transfused patients, patients who are transfused have a relative risk of death that is 29% greater than that of non-transfused patients. Given these numbers, we would anticipate a third fewer deaths of these non-transfused patients or 30 fewer deaths.