

Using Blood Wisely

*A National Campaign
To Engage Hospitals In
Appropriate Transfusion Practice*

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Héma-Québec



In partnership with:



Disclosures

- Y. Lin has research funding from Canadian Blood Services and Octapharm and is a consultant with Choosing Wisely Canada
- M-H. Robert - None

Background

- Evidence-based guidelines for red blood cell transfusion support restrictive transfusion

JAMA | Special Communication

Red Blood Cell Transfusion 2023 AABB International Guidelines

Jeffrey L. Carson, MD; Simon J. Stanworth, MD, DPhil; Gordon Guyatt, MD; Stacey Valentine, MD, MPH;

Background

- Previous audits in Canada have demonstrated inappropriate RBC use
- Multiple societies including the Canadian Society of Transfusion Medicine and Canadian Hematology Society have generated Choosing Wisely Canada statements supporting restrictive transfusion



Using Blood Wisely.

An initiative of:
Choosing Wisely Canada
Canadian Blood Services
Héma-Québec



Why give two when one will do?

Talk with your team about appropriate transfusion practices and make a positive impact on conserving Canada's national blood supply.

Need help getting the conversation started?
Visit: www.UsingBloodWisely.ca.

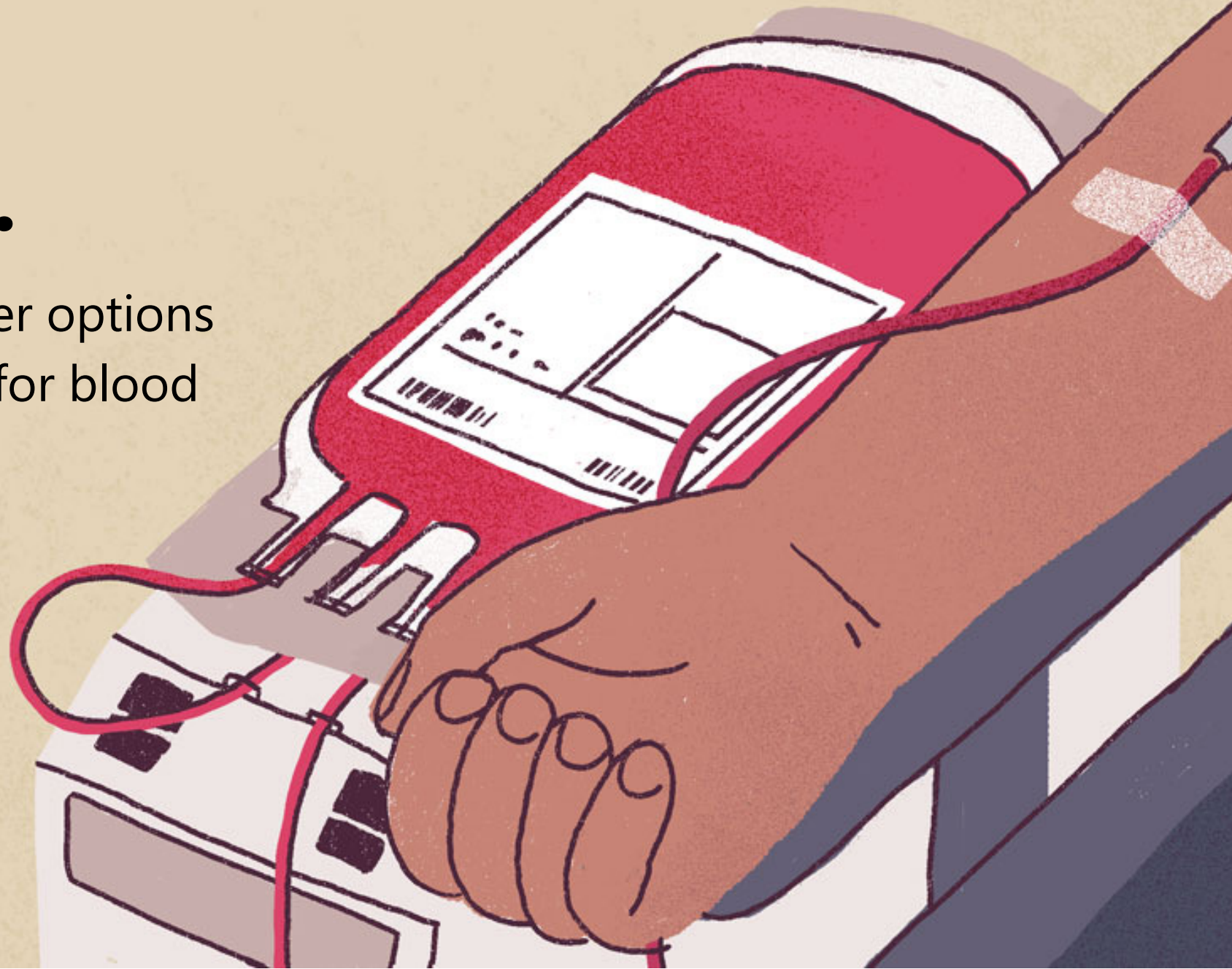
Sometimes, less is more.

Ensure safer and simpler options
have been considered for blood
management.

What are some alternatives
to blood? Find out at:
www.UsingBloodWisely.ca.

**Using
Blood
Wisely.**

An initiative of:
Choosing Wisely Canada
Canadian Blood Services
Héma-Québec



START study



- Aim: To increase transfusion appropriateness to above 90% at 13 hospitals in Ontario, Sask and Alberta
- Change: Multifaceted intervention
 - Guidelines
 - Education
 - Prospective transfusion order screening by the blood bank technologists
 - Monthly auditing to feedback
- Measures: 5 month baseline, 3 month intervention, 10 month post intervention

Results

1,950 patients audited, **2,877** total RBC units transfused, **26.5%** RBC units transfused were adjudicated as **inappropriate** pre-intervention



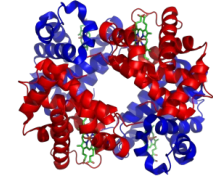
Proportions of **appropriateness increased** significantly from pre- to post-intervention (73.5% to 85%)



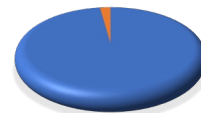
Significant **decrease** in number of **RBCs transfused** (average decrease of 458 units per month)



Proportion of **single-unit** RBC transfusions significantly **increased** from 46.2% to 68.2%



Median **pre-transfusion Hb decreased** from 72 g/L to 69 g/L ($p < 0.0001$) post-intervention



194 under-transfusion events (Hb < 60 g/L) – 2.2% not explained by lab error or clear medical/religious reason



Intervention had no impact on **length of stay**, need for **ICU support**, or **in-hospital mortality**

Using Blood Wisely

- Choosing Wisely Canada's first national campaign
- RBC transfusion quality improvement program to engage hospitals to audit their RBC use and participate in an effort to decrease inappropriate use
 - National benchmark for appropriate transfusion
 - Reporting of benchmarks centrally
 - Recommended evidence-based, effective interventions
 - Recognition of success
- Launched in September 2020

National Context

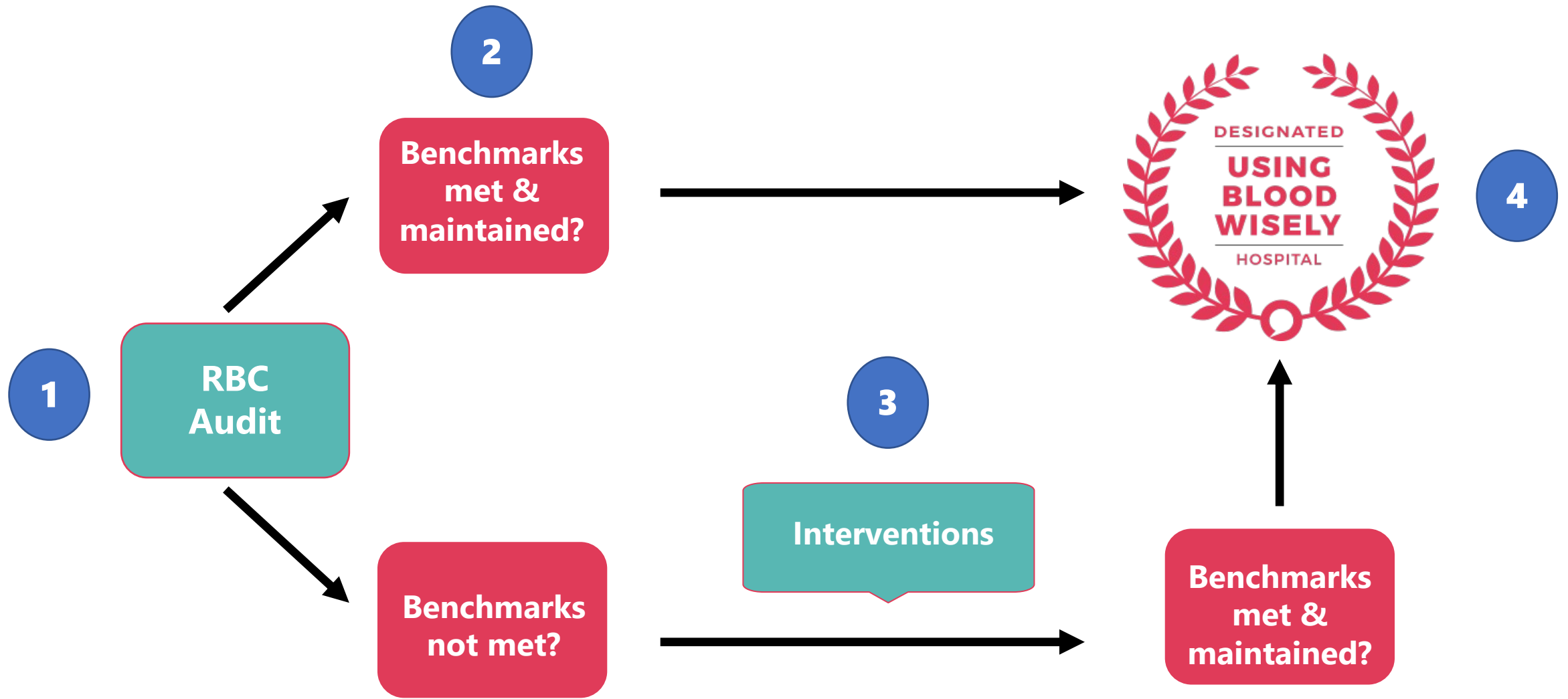
- Canadian Blood Services
 - 690,000 RBC units to 563 hospitals (2019-2020)
- Héma-Québec
 - 200,000 RBC units to 96 hospitals (2019-2020)
- Blood suppliers are funded by provincial governments; hospitals do not pay directly for blood
- Canadian Standards Association mandates that hospitals have a transfusion committee that provides oversight for transfusion policies and regularly audits transfusion practice



Development of Using Blood Wisely

- Engaged key stakeholders across the country
- Formal steering committee
 - Clinicians in anesthesiology, internal medicine, hematology, transfusion medicine, nurses; medical laboratory technologists, blood offices, Canadian Blood Services, CIHI, implementation scientist, patient partners
- Working groups
 - Site selection
 - Data: To establish benchmarks and measurement strategy
 - Audit and Intervention: To create and develop resources
 - Hospital Engagement
- Recognition

Design of Using Blood Wisely



**Take the
Challenge to
Use Blood Wisely!**

**Using
Blood
Wisely.**



Step 1: Sign Up www.usingbloodwisely.ca

**Using
Blood
Wisely.**



[Audit & Intervention](#) [Get Designated](#) [Designated Hospitals](#) [FR](#)

Ready to sign up?

Fill in this quick form to give us some baseline information about the transfusion services at your site.

After completing the sign up form, move to the spot audit to see how your hospital compares to our [national benchmarks](#).

Hospital or organization name*

Lead contact full name*

**Using
Blood
Wisely.**

Step 2: Conduct a Spot Audit

- Tools on the website to guide hospitals:

Appropriateness Benchmarks for Red Blood Cell Transfusions

Using Blood Wisely.
An Initiative of:
Choosing Wisely Canada
Canadian Blood Services

Benchmarking is a core element of the Using Blood Wisely campaign. In order to achieve and maintain their status as a Using Blood Wisely Hospital, participating organizations must regularly audit a sample of their red blood cell transfusions to ensure that they're performing at or above benchmark levels:

- At least 65% of red blood cell transfusion episodes are single unit transfusions
- At least 80% of inpatient red blood cell transfusions have a pre-transfusion Hb 80 g/L or less

Why were these indicators chosen?

The two benchmark indicators are based on current Choosing Wisely Canada recommendations related to red blood cell transfusions.

Current Recommendations:

Don't transfuse more than one red cell unit at a time when transfusion is required in stable, non-bleeding patients.	Canadian Society for Transfusion Medicine, Choosing Wisely Canada recommendation #2
Don't transfuse patients based solely on an arbitrary hemoglobin threshold.	Canadian Hematology Society Choosing Wisely Canada recommendation #5
Don't transfuse red blood cells for arbitrary hemoglobin or hematocrit thresholds in the absence of symptoms, active coronary disease, heart failure or stroke.	Canadian Society of Internal Medicine Choosing Wisely Canada recommendation #3
Don't routinely transfuse red blood cells in hemodynamically stable ICU patients with a hemoglobin concentration greater than 70 g/L (a threshold of 80 g/L may be considered for patients undergoing cardiac or orthopedic surgery and those with active cardiovascular disease).	Canadian Critical Care Society Canadian Association of Critical Care Nurses Canadian Society of Respiratory Therapists Choosing Wisely Canada recommendation #5
Don't transfuse red blood cells for arbitrary hemoglobin or hematocrit thresholds in the absence of symptoms, or if no benefit was perceived from previous transfusions.	Canadian Society of Palliative Care Physicians, Choosing Wisely Canada recommendation #5

These indicators were identified by the Using Blood Wisely Measurement Working Group as they have been recognized to be surrogate measures of appropriate red blood cell transfusion practice. They have been used in quality improvement and audit initiatives undertaken in hospitals across Ontario as part of the Ontario Transfusion

Using Blood Wisely
Red Blood Cell Transfusion Audit Tool

In partnership with:
Choosing Wisely Canada
Canadian Blood Services

Using Blood Wisely: Red Blood Cell Audit Tool

3 weeks ago | More

Choosing Wisely Canada **PLUS** [+ Follow](#)

More from Choosing Wisely Canada

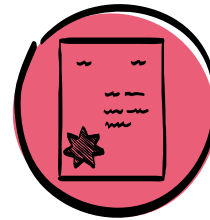
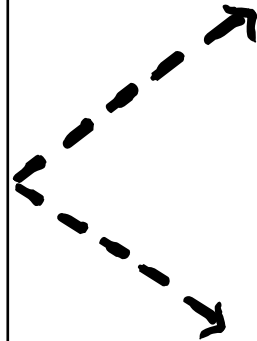
Autoplay next video



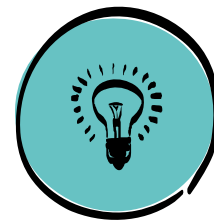
Using Blood Wisel...
Choosing Wisely Canada

Step 3: Compare Hospital to Benchmark

- At least **65%** of red blood cell transfusion episodes are single unit
- At least **80%** of inpatient red blood cell transfusions have a pre-transfusion Hb 80 g/L or less



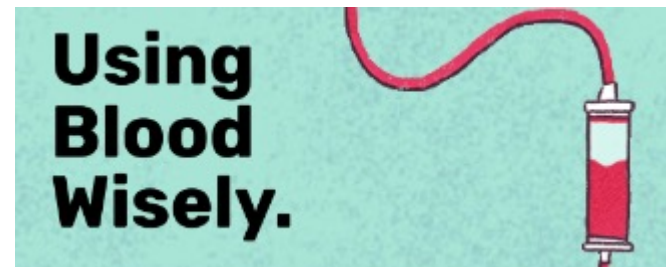
If met and sustained for 4 months, qualify for the Using Blood Wisely Hospital Designation!



If not met, enrol in this quality improvement initiative to help your hospital achieve these results

Setting Benchmarks

- At least **65%** of red blood cell transfusion episodes are single unit
- At least **80%** of inpatient red blood cell transfusions have a pre-transfusion Hb 80 g/L or less
- Based on 75th percentile on a regional QI initiative in Ontario
 - Consistent with results of the START study



Step 4: Planning Survey to Plan Intervention

- Implementation planning survey to help pinpoint the hospital's needs
- Before you can fix the problem you need to know what the problem is.
- The planning survey will help identify the problem.



Planning Survey Process

3	Our team has previously encountered problems when trying to ensure that we prescribe one unit at a time and use restrictive transfusion thresholds for stable inpatients.	1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
4	Our team finds it difficult to question our colleagues about transfusion orders that are outside of guidelines.	1 Strongly Disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly Agree
		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Beliefs about Capabilities

Q3. Our team has previously encountered problems when trying to ensure that we prescribe one unit at a time and use restrictive transfusion thresholds for stable inpatients.

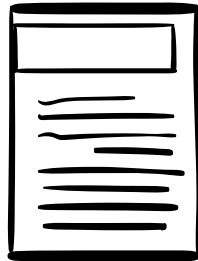
Q4. Our team finds it difficult to question our colleagues about transfusion orders that are outside of guidelines.

Scores 1-3 on both questions: Great job! Your team feels confident in ensuring appropriate prescribing.

Scores 4-5 on one or both questions: Consider empowering nurses with nursing education and MLTs with prospective order screening.

Step 5: Implement the Intervention

Guidelines



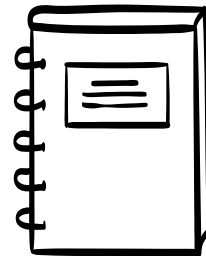
Order Sets



Alternatives to Blood



Education



Prospective screening



Supporting Hospitals who join the Challenge

- A series of webinars to walk through the stages of UBW and answer any questions
 - Spot audit
 - Planning implementation
 - Setting up for success
 - Intervention and measurement



Step 6: Get Designated!

- Once benchmarks met and maintained for at least 4 months: **Apply for designation as a Using Blood Wisely Hospital!**
- If benchmarks not met but absolute 20% improvement in both metrics, receive recognition

This work can also be acknowledged for credit in **Accreditation Canada Qmentum Program**



**ACCREDITATION
CANADA**



In partnership with:




What has Using Blood Wisely accomplished?

Open access

Original research

BMJ Open Quality

Using Blood Wisely: lessons learnt in establishing a national implementation programme to reduce inappropriate red blood cell transfusion

Yulia Lin ^{1,2} Wendy Levinson,^{3,4} Doreen Day,³ Ryan Lett,⁵ Tanya Petraszko,^{6,7}
Tai Huynh,³ Andrea M Patey ⁸

Methods

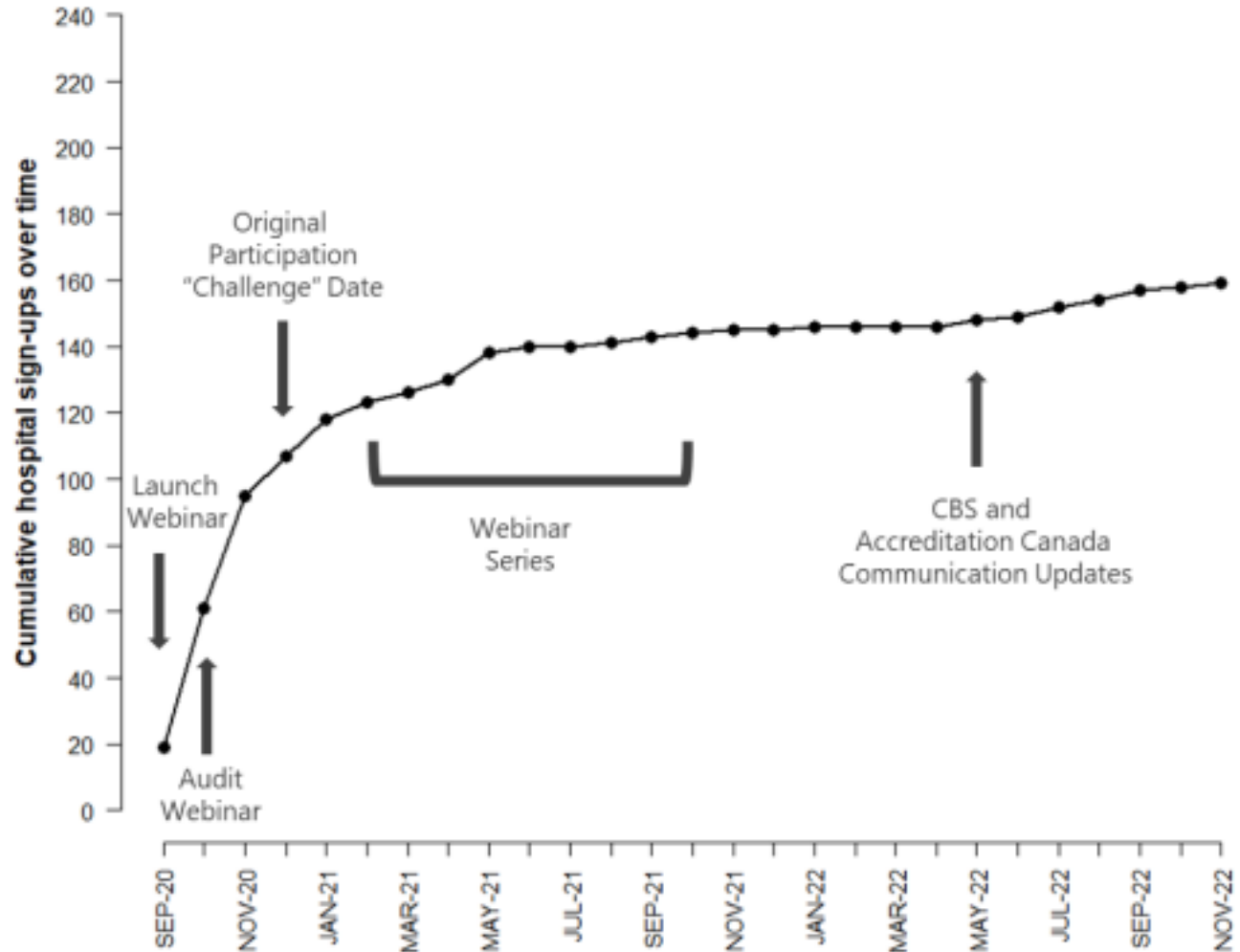
- Measured engagement as the number of hospitals
 - Signing up to participate
 - Entering audits
 - Meeting benchmarks
 - Achieving the Using Blood Wisely designation
- Secondary outcomes
 - Types of interventions employed
- Data captured as of Dec 31, 2022 (Canadian Blood Services)

Table 1: Organization Characteristics

Characteristic	N (%)	Non-Desig. N=97	Designated N=62
Type			
Small	47 (30)	41 (42)	6 (10)
Medium	42 (26)	25 (26)	17 (27)
Large	31 (20)	15 (15)	16 (26)
Academic	33 (21)	14 (14)	19 (31)
Regional	6 (4)	2 (2)	4 (6)
MLTs			
Core	128 (81)	80 (82)	48 (77)
Specialty TM	23 (14)	11 (11)	12 (19)
Not available	8 (5)	6 (6)	2 (3)

Hospital engagement over time

- 229 hospitals signed up representing 41% of Canadian hospitals and 72% of RBC units transfused by Canadian Blood Services
- Hospitals could sign up as a hospital group → total of 159 hospital sign-ups



Hospital engagement over time

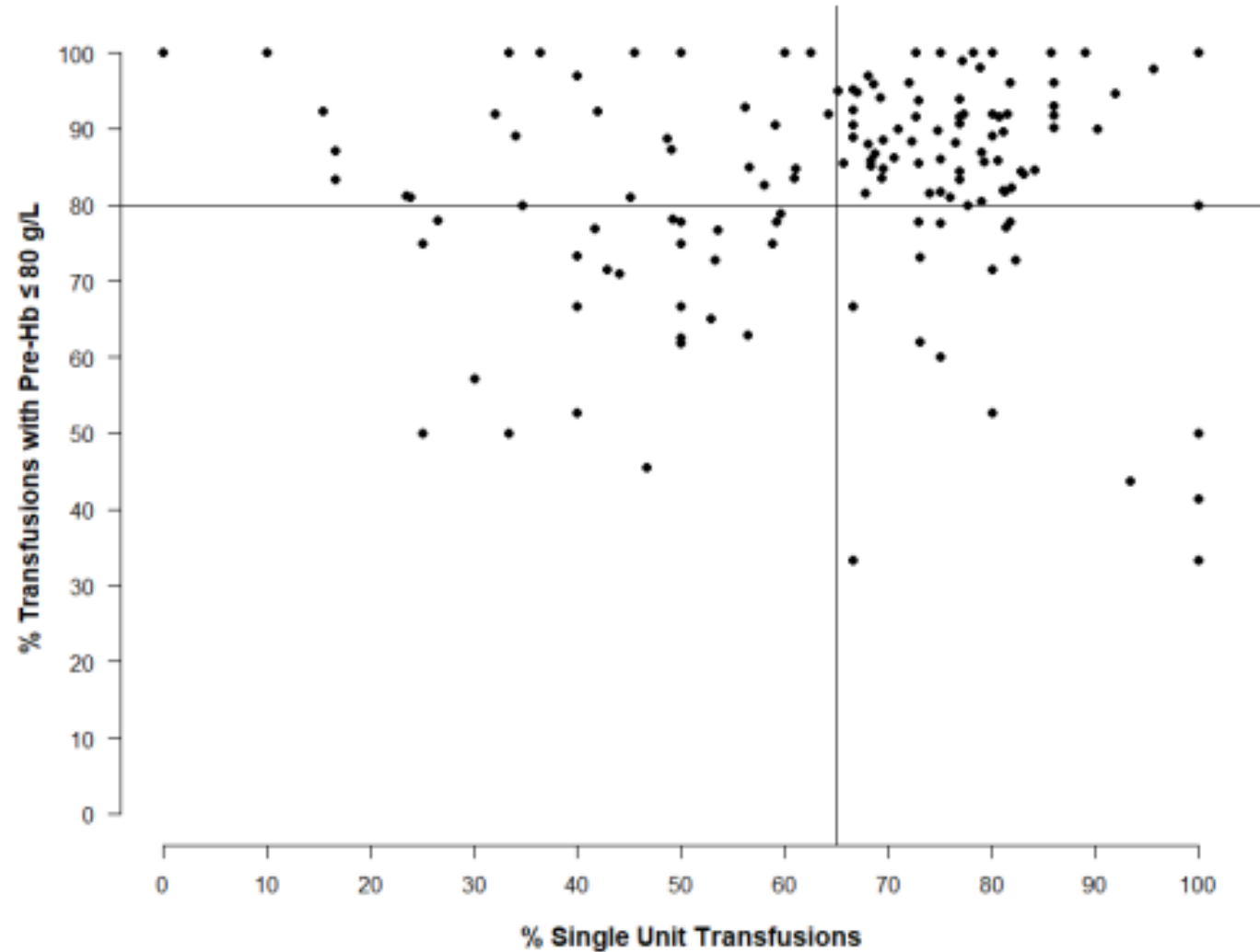
Table 2 Progress of hospitals through the Using Blood Wisely programme

	As of December 2020	As of April 2021	As of August 2021	As of December 2021	As of April 2022	As of August 2022	As of December 2022
Signed up	40	24	17	17	15	13	12
Performed a baseline audit	29	24	21	20	18	17	17
Performed a repeat audit but did not meet benchmarks	20	44	53	50	53	54	56
Met benchmarks	19	10	10	7	11	8	8
Ready to designate	1	17	13	10	3	5	4
Designated	5	20	32	44	52	58	62
Total	114	139	146	148	152	155	159

- Loss of engagement (no activity in 2022)
 - 11 signed up hospitals
 - 17 baseline audit did not repeat audit
 - 20 of 56 repeat audits did not repeat audit

Baseline Audit N=147 (92%)

- 91 (62%) met single unit transfusion benchmark
- 106 (72%) met benchmark for pretransfusion Hb benchmark
- 75 (51%) met both benchmarks at baseline



Designation N=62 (39%)



As of Dec 31, 2022

Designated Hospitals N=62 (39%)

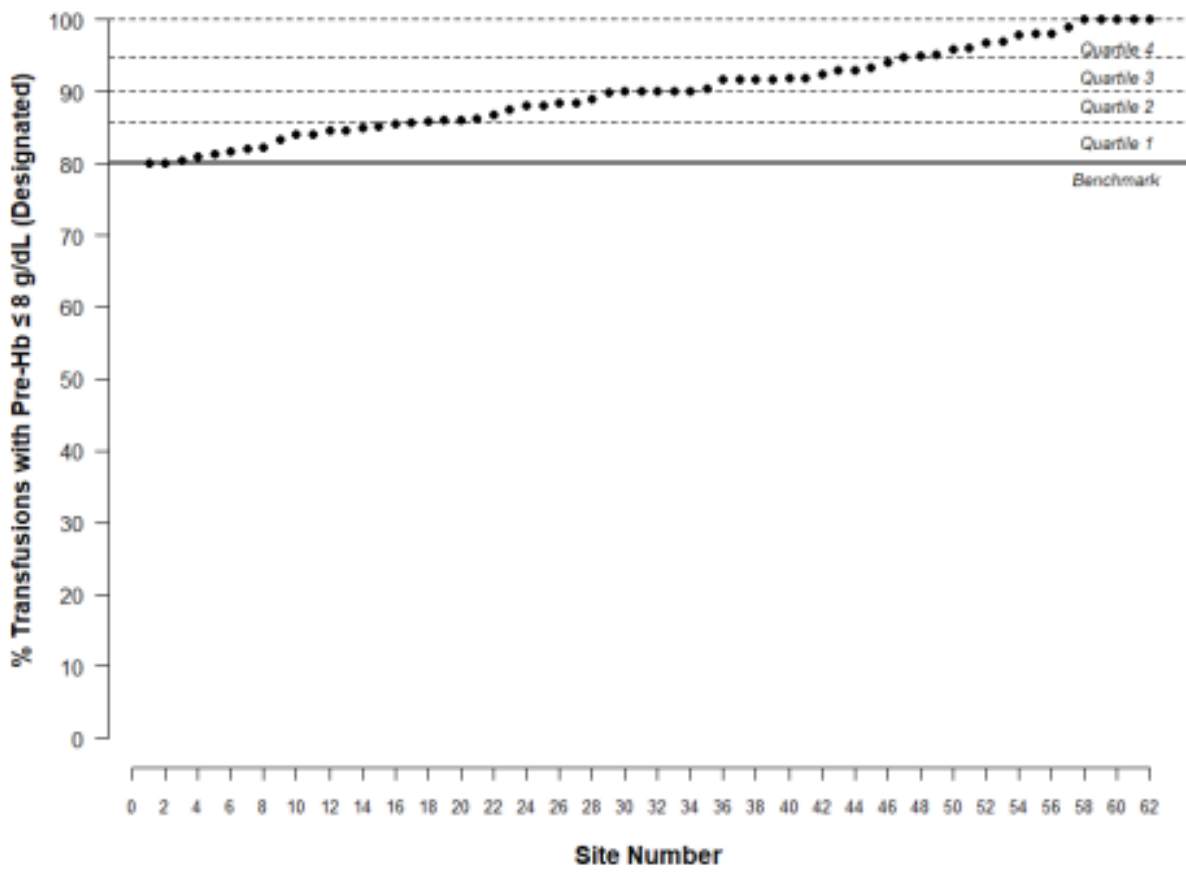
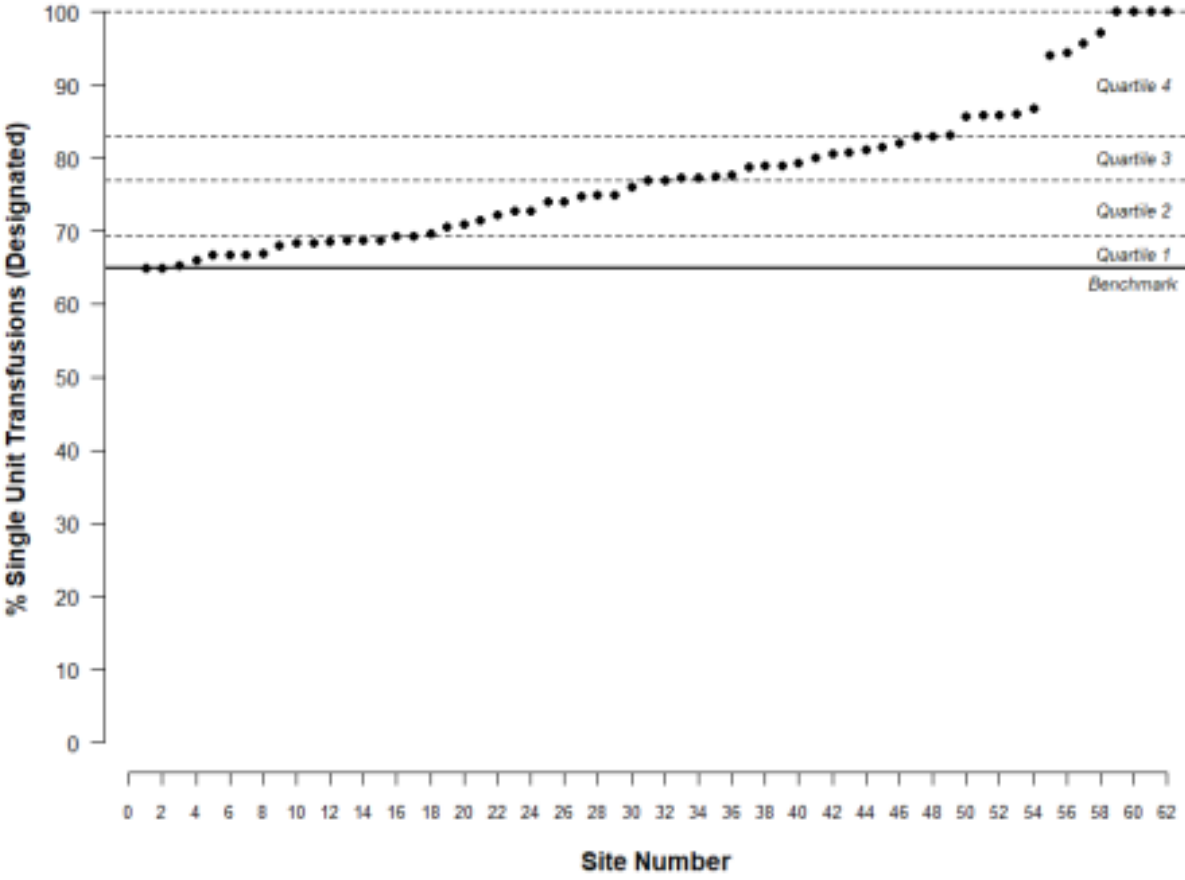
Table 3 Interventions implemented at non-designated (baseline) versus designated hospitals (at time of designation)

Intervention implemented, n (%)	Non-designated hospitals N=97*	Designated hospitals N=62*	P value
Guidelines	74 (76)	55 (89)	0.05
Order sets	21 (22)	43 (69)	<0.0001
Prospective transfusion order screening by MLT	28 (29)	45 (73)	<0.0001
Audit and feedback	22 (23)	42 (68)	<0.0001
Transfusion alternatives	9 (9)	22 (35)	0.0003

*Hospitals were permitted to sign-up and report their data as a hospital group. There were 124 individual non-designated and 105 individual designated hospitals.

MLT, medical laboratory technologist.

Results: Designated Organizations (N=62)



Could not identify differences in interventions between the quartiles

Challenges in Meeting Benchmarks

- Staffing challenges due to COVID and staff shortages
- Lack of local staff with expertise to advise the team
- Need for more guideline education for transfusion prescribers
- Lower priority than major projects (e.g. new EMR or laboratory analysers or renovations)
- Data skewing in smaller hospitals due to single patient episodes or individual clinician practices

Limitations

- Data were voluntary and not designed as a formal QI project: not captured on the same timeline with different start times and frequencies of audits
- Many hospitals met benchmarks at baseline
- Organizations employed varied and multiple interventions and could not identify specific components that led to successful designation

Conclusions

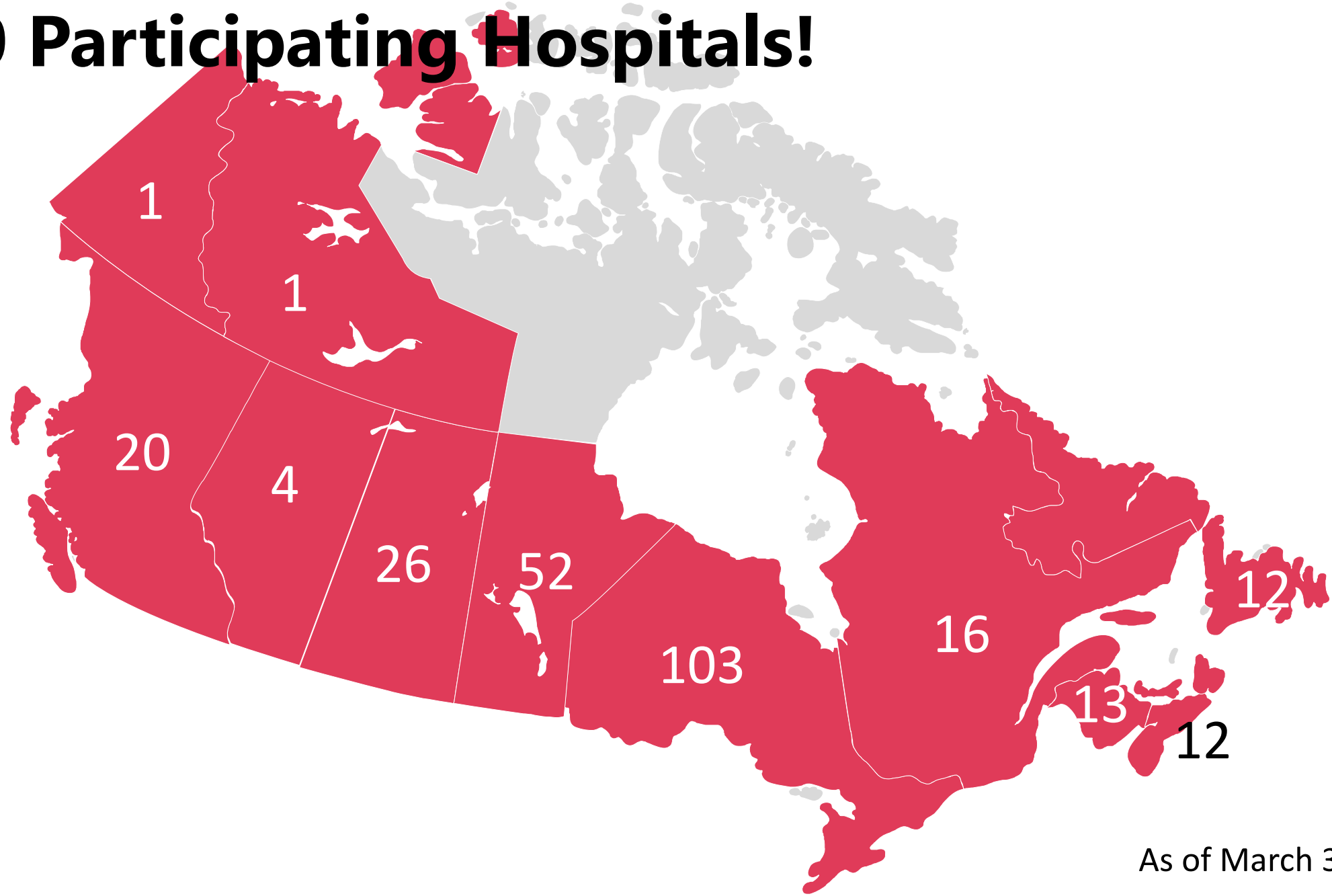
- Using Blood Wisely is a national initiative that has demonstrated
 - Broad engagement across Canada
 - Ability to benchmark multiple organizations
 - Data to identify opportunities for improvement
 - Mechanism to recognize organizations for their success



In partnership with:

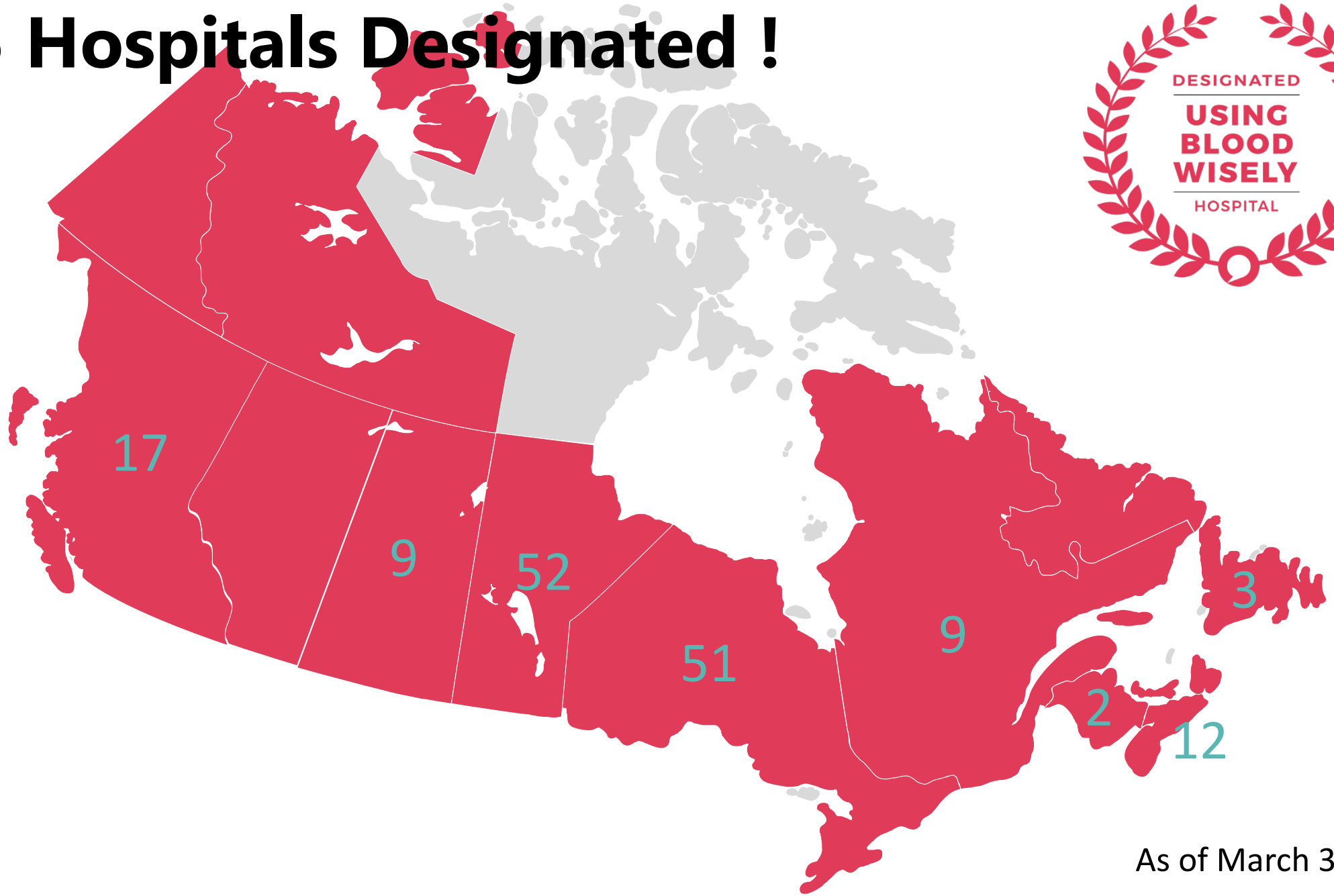


260 Participating Hospitals!



As of March 31, 2024

155 Hospitals Designated !



As of March 31, 2024

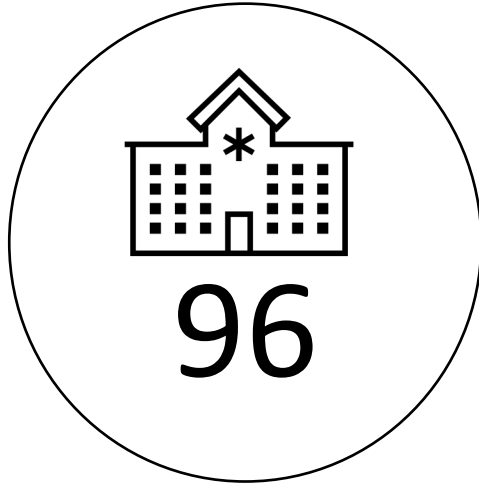
**Using Blood Wisely National
campaign:**

Héma-Québec's collaboration

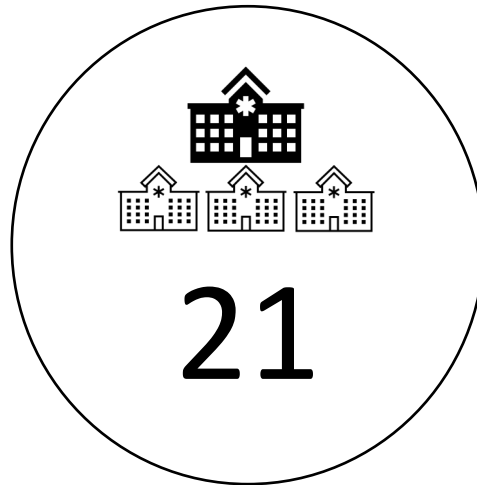


HÉMA-QUÉBEC

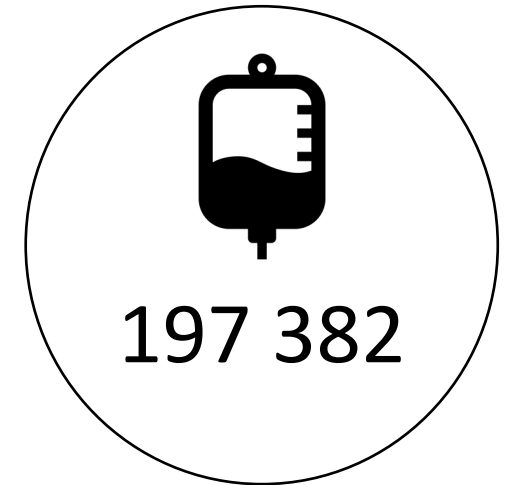
Demographic - Province of Quebec



Hospitals

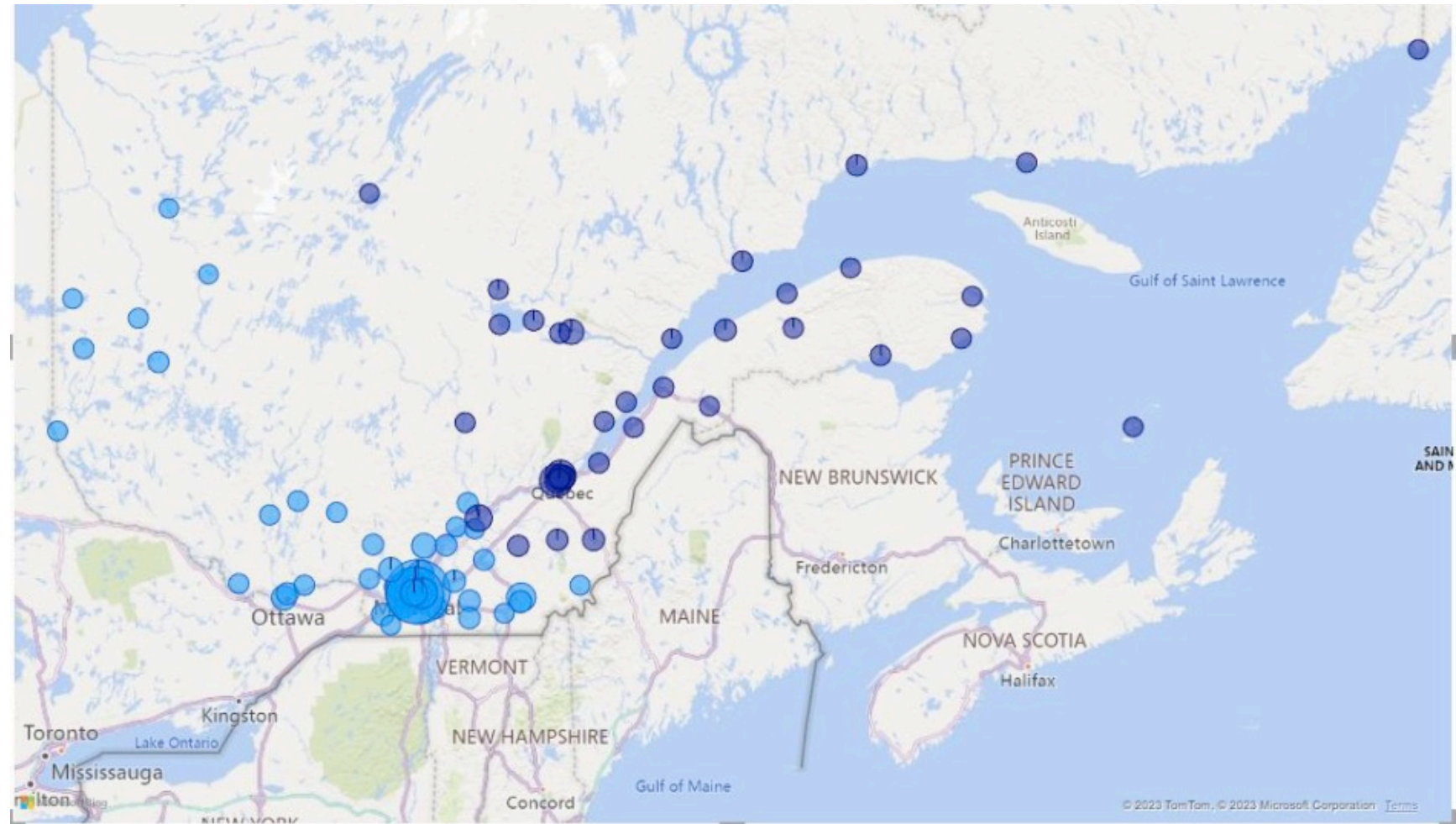
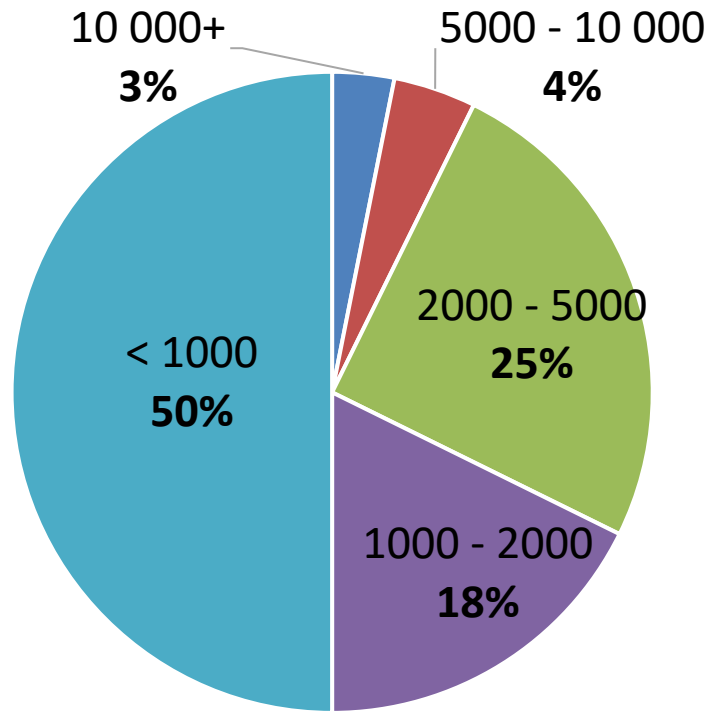


Hospital clusters

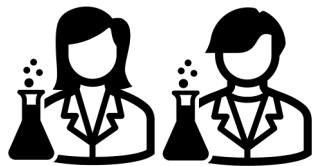
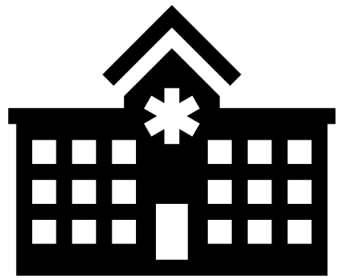


RBC Units shipped
2023-2024

QC Hospitals - Volume of RBC units shipped annually (n=197 382)



Transfusion medicine hospital structure

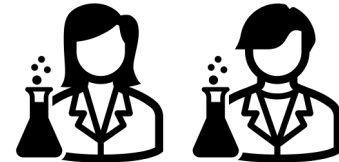
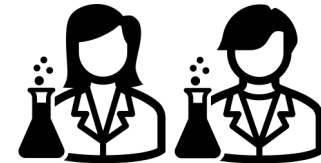
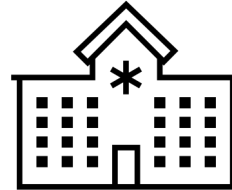
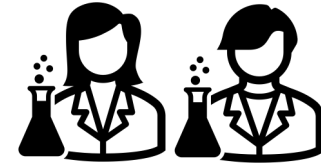
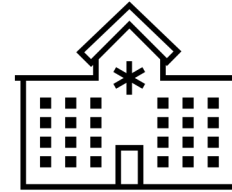


TSO (56)

(Transfusion Safety Officer)



TM Lab Medical Director
(Clinical Hematologist)



Héma-Québec's Mission and Vision

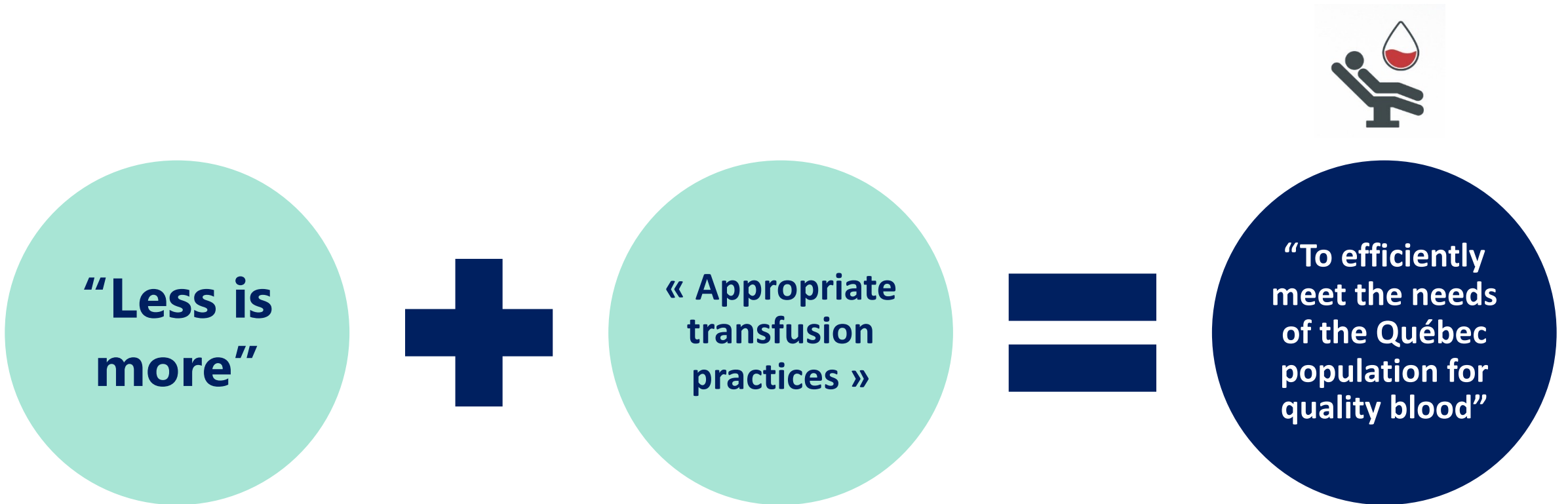
Mission

To efficiently meet the needs of the Québec population for quality blood and other biological products of human origin.

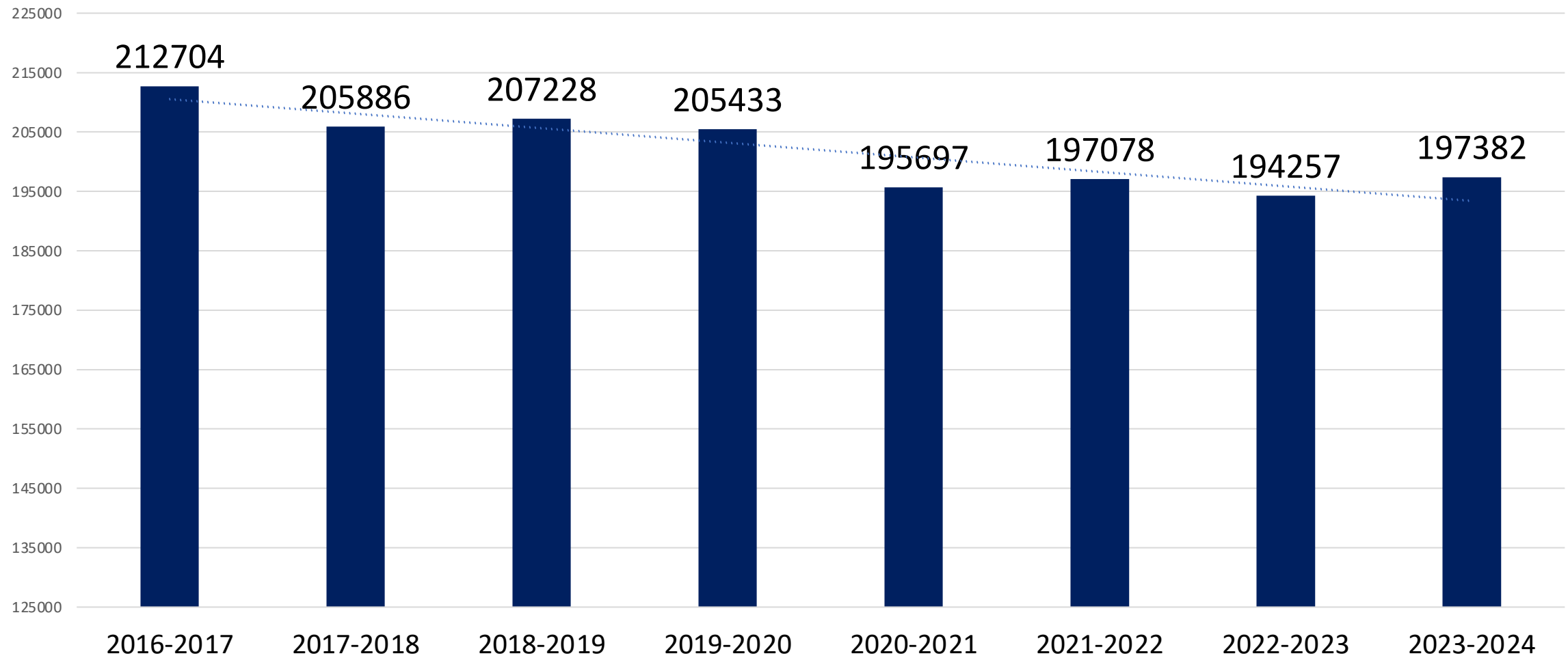
Vision

To become a strategic partner for the Québec health system.

Why is UBW is important for HQ



RBC units shipped / year



French translation of tools to increase participation

Les directives

Transfuser avec soin. Une initiative de :
Choisir avec soin
Société canadienne du sang
Hémo-Québec

Culots globulaires – Patients adultes hospitalisés

Paramètres cliniques Recommandation et dose

Transfuser avec soin : Foire aux questions

Transfuser avec soin. Une initiative de :
Choisir avec soin
Société canadienne du sang
Hémo-Québec

1. Qu'entendez-vous précisément par « une seule unité » pour la vérification?

Dans le cadre de Transfuser avec soin, nous considérons que la transfusion d'une seule unité correspond à la transfusion d'un seul culot globulaire au cours d'une journée donnée. Certains hôpitaux pourraient toutefois utiliser une autre méthode de calcul. Selon cette méthode, si deux culots globulaires ont été transfusés la même journée, mais que le taux d'hémoglobine a été mesuré entre les deux, ces transfusions pourraient être comptées comme deux transfusions d'une seule unité chacune. Nous avons comparé, aux fins de validation, la méthode de calcul simplifiée et la méthode de rechange, et les résultats étaient semblables. Veuillez choisir une seule méthode de calcul que vous utiliserez tout au long de votre intervention. Vous devrez préciser la méthode retenue dans le formulaire de demande de désignation. N'oubliez pas que le calcul des transfusions d'une seule unité remplace la norme de référence qu'est l'examen des dossiers visant à déterminer la pertinence des transfusions, et que la cible est de 65 % (et non de 100 %).

2. Si le taux d'hémoglobine est mesuré entre deux culots globulaires, doit-on considérer qu'il s'agit de deux transfusions d'unités simples, ou d'une transfusion de deux unités?

Selon la méthode de calcul simplifiée utilisée dans le cadre de Transfuser avec soin, si les deux culots ont été administrés la même journée, on considère qu'il s'agit d'une transfusion de deux unités (voir la question 1). Cependant, si l'un des deux culots a été administré avant minuit, et l'autre, après minuit (et qu'aucune autre transfusion n'a eu lieu dans les deux journées visées), on considère qu'il s'agit de deux transfusions d'unités simples.

3. Doit-on inclure ou exclure les transfusions multiples chez un même patient?

Les transfusions multiples chez un patient ne sont pas à exclure. Si toutes les transfusions ont eu lieu le même jour, on considère qu'il s'agit d'un épisode de transfusion dans le dénominateur des transfusions d'unités simples.

4. Existe-t-il une autre méthode pour calculer le nombre de transfusions pour lesquelles le seuil d'hémoglobine prétransfusionnel était de 80 g/l ou moins?

La méthode simplifiée utilisée dans le cadre de Transfuser avec soin tient compte du dernier taux d'hémoglobine prétransfusionnel et ne prend pas en considération la variation subséquente de ce taux en fonction des culots globulaires administrés. Certains hôpitaux recueillant manuellement les données ont demandé s'ils pouvaient examiner celles-ci de plus près. Supposons, par exemple, qu'on a obtenu un taux d'hémoglobine de 83 g/l, qu'on a transfusé trois culots, et qu'on a réévalué le taux. Selon la méthode de calcul simplifiée, le taux prétransfusionnel de 83 g/l s'appliquerait à chacun des culots (ce qui donnerait trois entrées). Une autre méthode de calcul consisterait à utiliser le taux prétransfusionnel uniquement pour le premier culot, et à ne pas inscrire pour le dernier

- Guidelines
- FAQ's
- Designation Certificate
- Data template



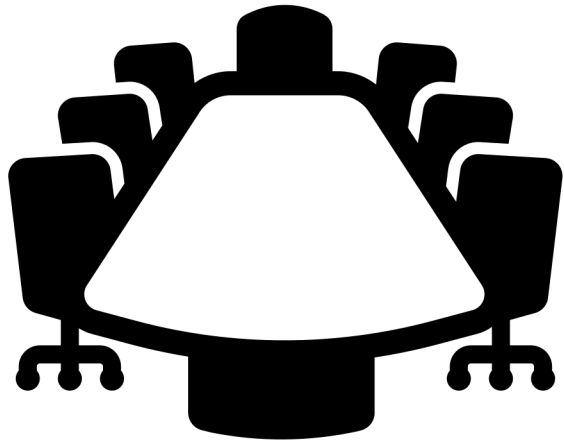
Choisir avec soin

Société canadienne du sang

HÉMO-QUÉBEC

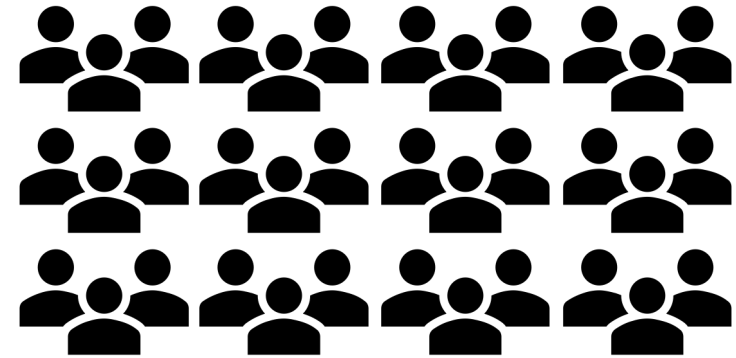
HÉMO-QUÉBEC

UBW Presentation at Hema-Quebec's meetings



Transf. Med. consultation
meeting

Medical directors



HQ Usergroup meeting
TSO, blood bank managers

CHU de Québec presentation to all blood bank users

LA CAMPAGNE USING BLOOD WISELY AU CHU DE QUÉBEC

Par: Marianne Lavoie, hématologue et co-directrice de la banque de sang

Josée Bouchard, chargé de sécurité transfusionnelle

Annie Rousseau, anesthésiste

Éric Camiré, anesthésiste et intensiviste

Jean-François Massicotte, résident 2 en anesthésie

20 avril 2021



EXTRACTION DANS TRACE LINE

Accéder au module d'extraction de données:

- Statistiques, Labiles générale

Trace Line - Statistiques des Produits Labiles - 1

Entité source: [1752002 Hôpital de l'Enfant Jésus]

Statistiques: [4557 Chang weekly 2021]

Établissement: [1752002 Hôpital de l'Enfant Jésus] [175200210 CHAUG Clinique d'hépatologie]

Regroupement service: [1 ÉRIQUE] [10 AFFLUE] [11 GOSYTHIQUE] [12 CLINIQUE EXTERIE TRANSFUSIONNELLE] [13 URGENCE]

Catégories de services: [1 KCM4S] [7 INSULINS (AUTRES)] [8 ENREGISTRÉS] [8 INSULINS (URGENCE)]

Services: [180 POST-ÉRIQUE] [180 SOINS INFIRMES LECHASSEUR TREMBLAY-DESCHEN] [811 BNP QUATRE SOUS-BOIS] [810 ELIS-DE LA JACQUES CARTIER (SANTÉ MENTALE)] [571 PHARMACIE VANESSA TREMBLAY]

Lieu d'inventaire:

Imprimer Export CSV Envoyer en statistique << Précédent Suivant >> Fermer

Trace Line - Statistiques des Produits Labiles - 2

Affichage de la Statistique: [par Produit] [Compter Mouvements] [Quantité Produit]

Famille Produits: [00 CLOT GLOTELAIRE]

Codes des Produits: [0027 Cloboglob AS-3 panel sélectu IPR] [0028 Cloboglob AS-3 panel sélectu] [0073 Cloboglob panel sélectu lavé IPR] [10476 Cloboglob panel sélectu lavé]

Fabricants: [0001 DONNEUR MASON] [0200 ALLEMAGNE] [0210 AUSTRALIE] [0220 CANADA] [0230 ÉTATS-UNIS]

Groupe Sanguin du Produit: [06] Areg [07] O [100 GCS] [111 INCONNU/Non] [112 INCONNU/Non]

Indication:

Date d'utilisation du produit: [0000-01-01] et le [2101-01-01] [21.09] Date de Période du produit: [] et le [] et le []

Imprimer Export CSV Envoyer en statistique << Précédent Suivant >> Fermer

UBW Campaign launch in Québec

November 2020

Medical director meeting

December 2021

French translation of tools and documentation

October 2022

Designation

CSSS Laval

March 2024

Designation (2)

Maisonneuve- Rosemont
CHUM

April 2021

Usergroup meeting presentation

- Program
- Hospital experience & data extraction demo

February 2022

Designation (5)

Hôtel-Dieu Québec
Enfant-Jésus
St-François Assise
CHUL
Saint-Sacrement

July 2023

Designation

Charles-LeMoyne

Designated hospitals (9)

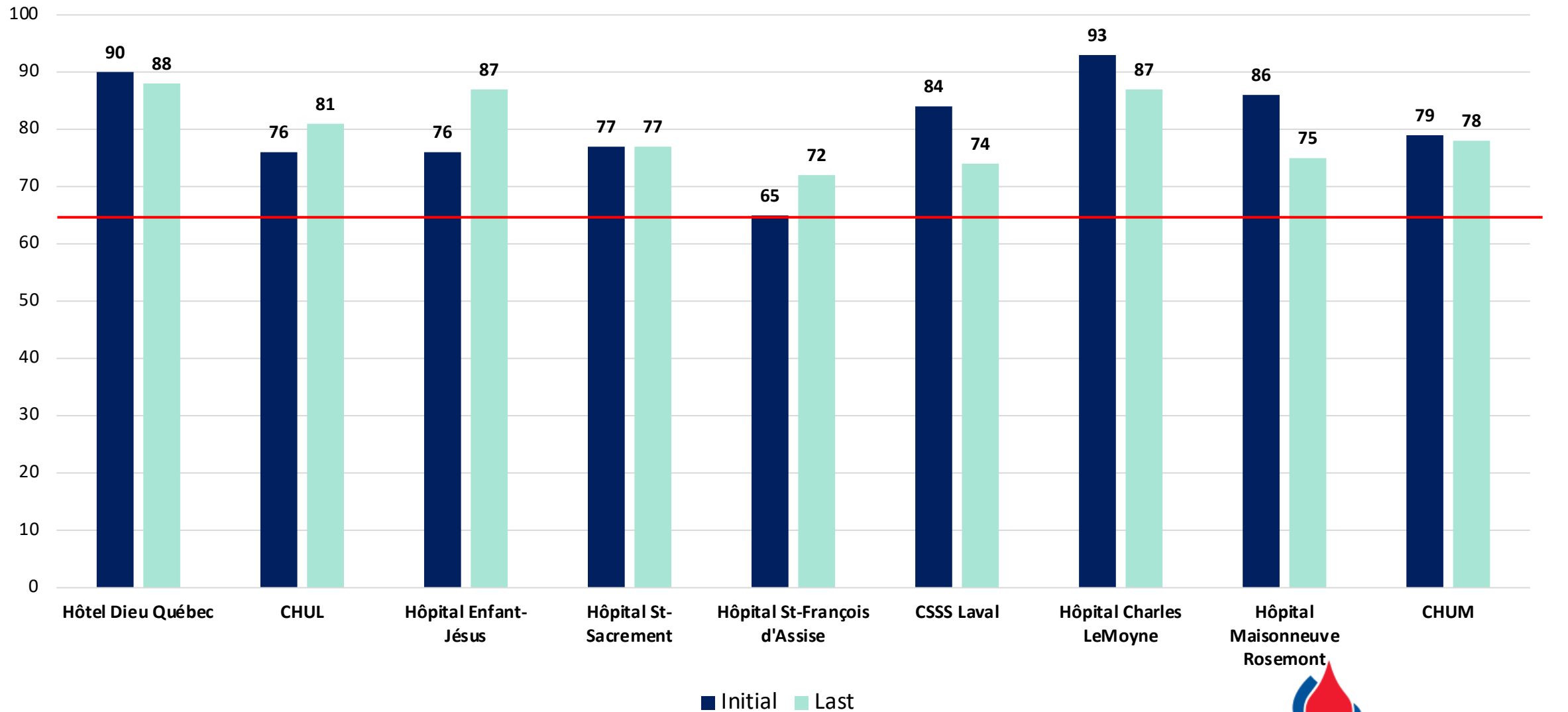
Hospitals	RBC units / year 2023-2024
CHUQ (5 hospitals)	11 823
CSSS de Laval	5826
Hôpital Charles LeMoyne	4810
Hôpital Maisonneuve Rosemont	8397
CHUM	19 858
Total	50 714



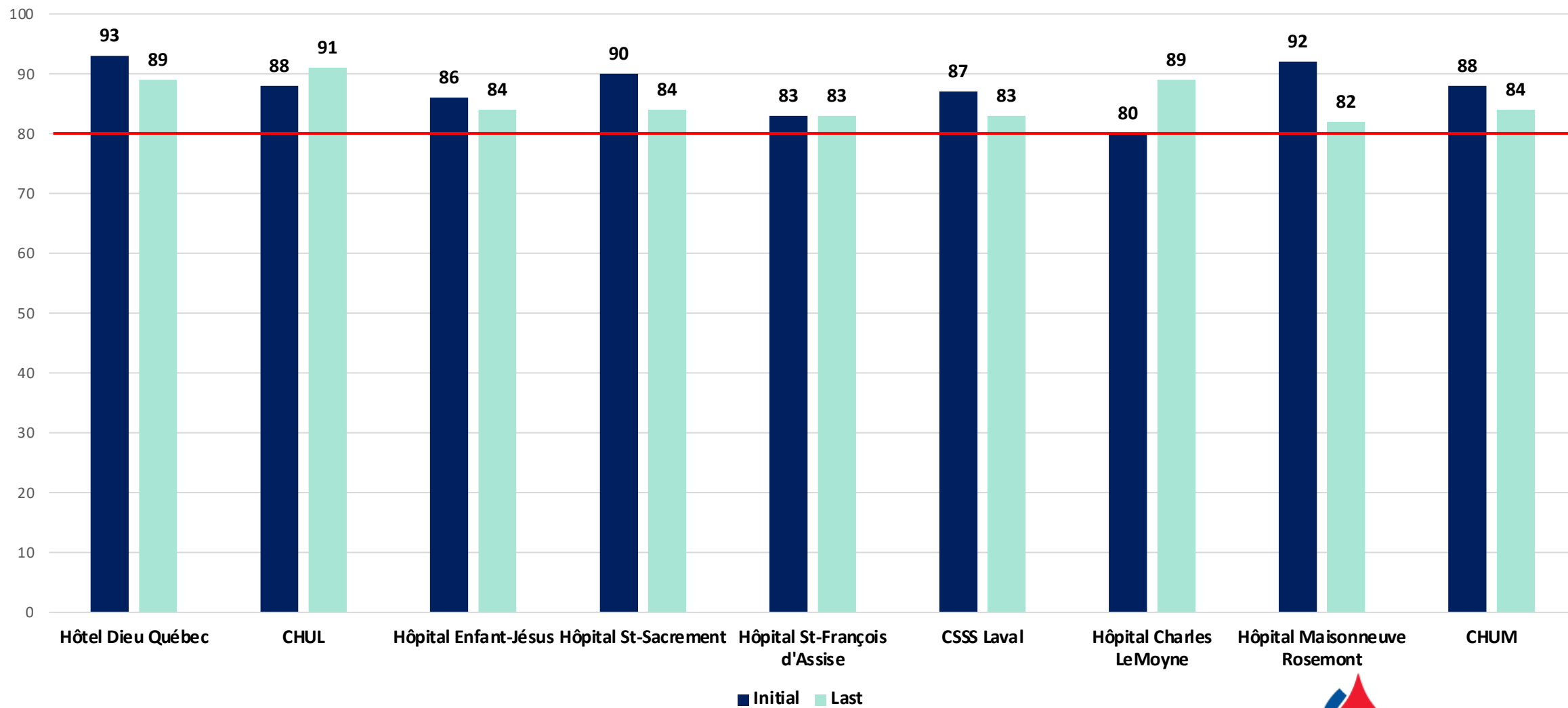
7 hospitals - Designation pending

Hospitals	RBC units / year 2023-2024
Hôpital St-Jérôme	3195
Hôpital de Verdun (CHUM)	2459
Hôpital Notre-Dame (CHUM)	919
Centre Hospitalier Honoré-Mercier (HCL)	2032
Hôpital Pierre-Boucher (HCL)	2587
Hôtel-Dieu de Sorel (HCL)	1345
Hôpital Santa-Cabrini (HMR)	2422
Total	14 959

Single Unit Transfusion (65%)



Pre-Transfusion Hb 80g/L or less (80%)



Challenges

- **IT capacity and capability**, as well as the absence of an electronic patient record system.
- **Insufficient staffing** to conduct audits or screen prospective orders.
- **Communication issues** - Dissemination and accessibility of information and tools.
- **Change in prescription practices** from prescribing 2 units to 1 unit, a lengthy process initiated in 2016.

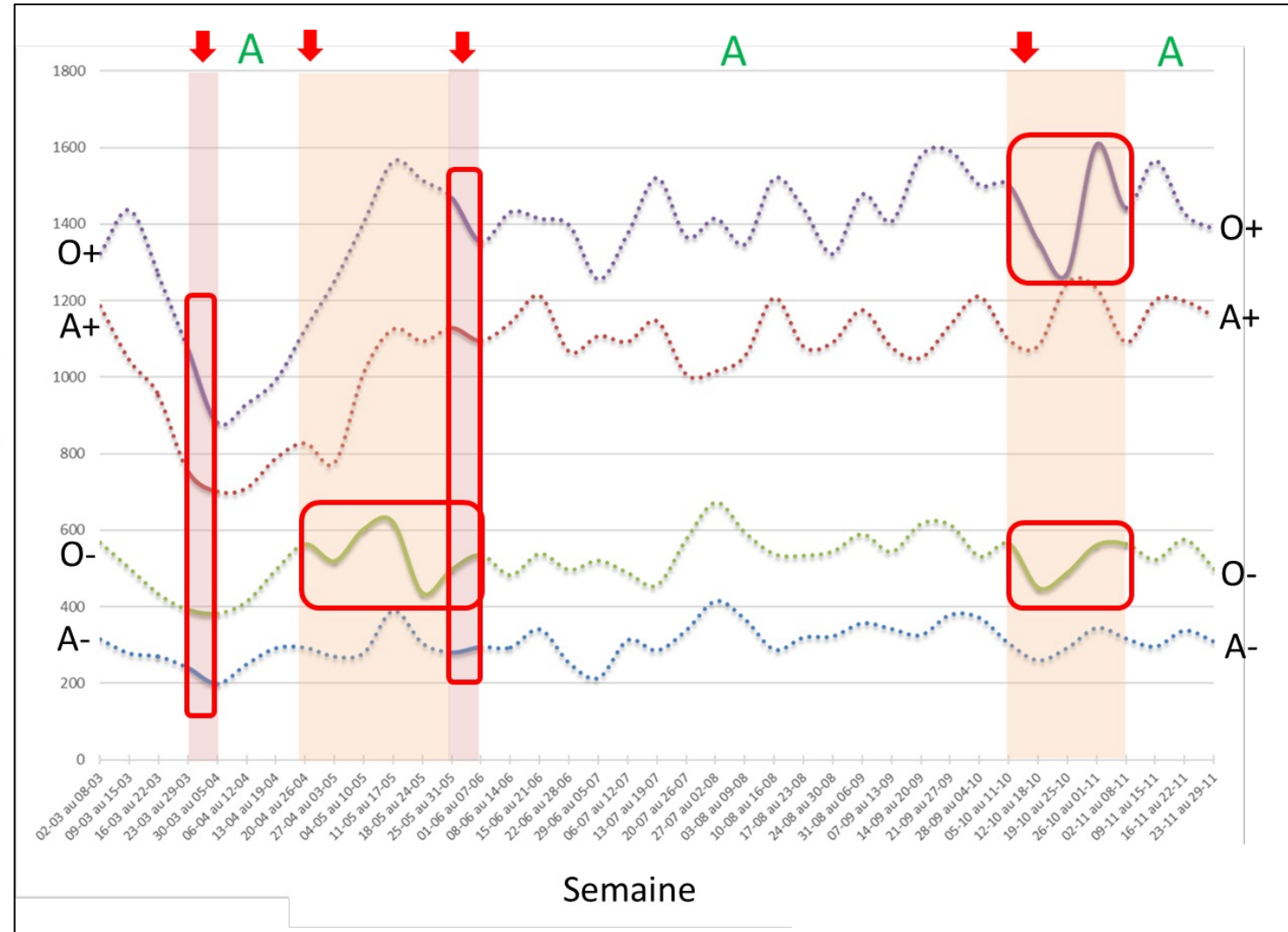
Key ingredients for success

- Transfusion Med. Training (R1) & Transfusion Camp
- Electronic prescribing system for blood products
- Implementation of new order form
- Good practices detailed in local guideline (ex: 70g/L threshold)
- Order set for patient blood management implementation
- Prospective RBC order screening (if possible)
- Easy access (intranet) to guidelines
- Higher level « management » participation
- Dedicated resource

➤ **Hema-Québec's risk of blood shortage**

Risk of blood shortage - Allocation « levels »

Niveaux d'allocation HQ	Inventaire groupes sanguins/tendance de distribution	Allocation	Plan des mesures d'urgence Système du Sang
A	6 jours d'inventaire et + La demande et l'offre sont alignés	100% allocation Pas de restriction sur la demande	N/A
B	6 jours d'inventaire et + Déséquilibre entre l'offre et la demande	100% allocation **Note: surveillance chez HQ des niveaux de commandes vs historiques normaux	- Préparation à des ententes de transferts inter-établissements - Surveillance accrue des seuils transfusionnels - Ajustement des commandes en fonction des réductions de chirurgies électives
C	4 jours	Baisse attendue de la demande des CH : 20%	-Seuils transfusionnels stricte 70 -Chirurgies électives annulées -Application des ententes de transferts inter-établissements
D	3 jours	Baisse attendue de la demande des CH : 50%	-Réduction des seuils transfusionnels à 60 -Convoquer l'équipe de triage pour approbation de l'utilisation des produits encore disponibles
E	2 jours	Baisse attendue de la demande des CH : 75%	-Transfusion seulement en cas de pronostic vital engagé



Next steps

- Reminder of the UBW initiative in Quebec
- Promote the fact that there are currently 9 sites that have received designation

Thank you

Next steps for Using Blood Wisely

1. Ensuring sustainability of Using Blood Wisely efforts
2. Engaging sites that have yet met the benchmarks
3. Moving the needle on RBC utilization and appropriateness

Sustainability

- Sustainability check-in at Year 1, 2 and 4
- If not maintained at check-in, hospital is given 6 months to implement and re-enter data
 - If moving in the right direction, continue to monitor for another 6 months
 - If not met at 6 months, then additional six months provided. If not able to meet, then loss of Using Blood Wisely designation
- As of December 31, 2023,
 - 100 designated hospitals have met the 1 year sustainability
 - 15 have met 2 year sustainability

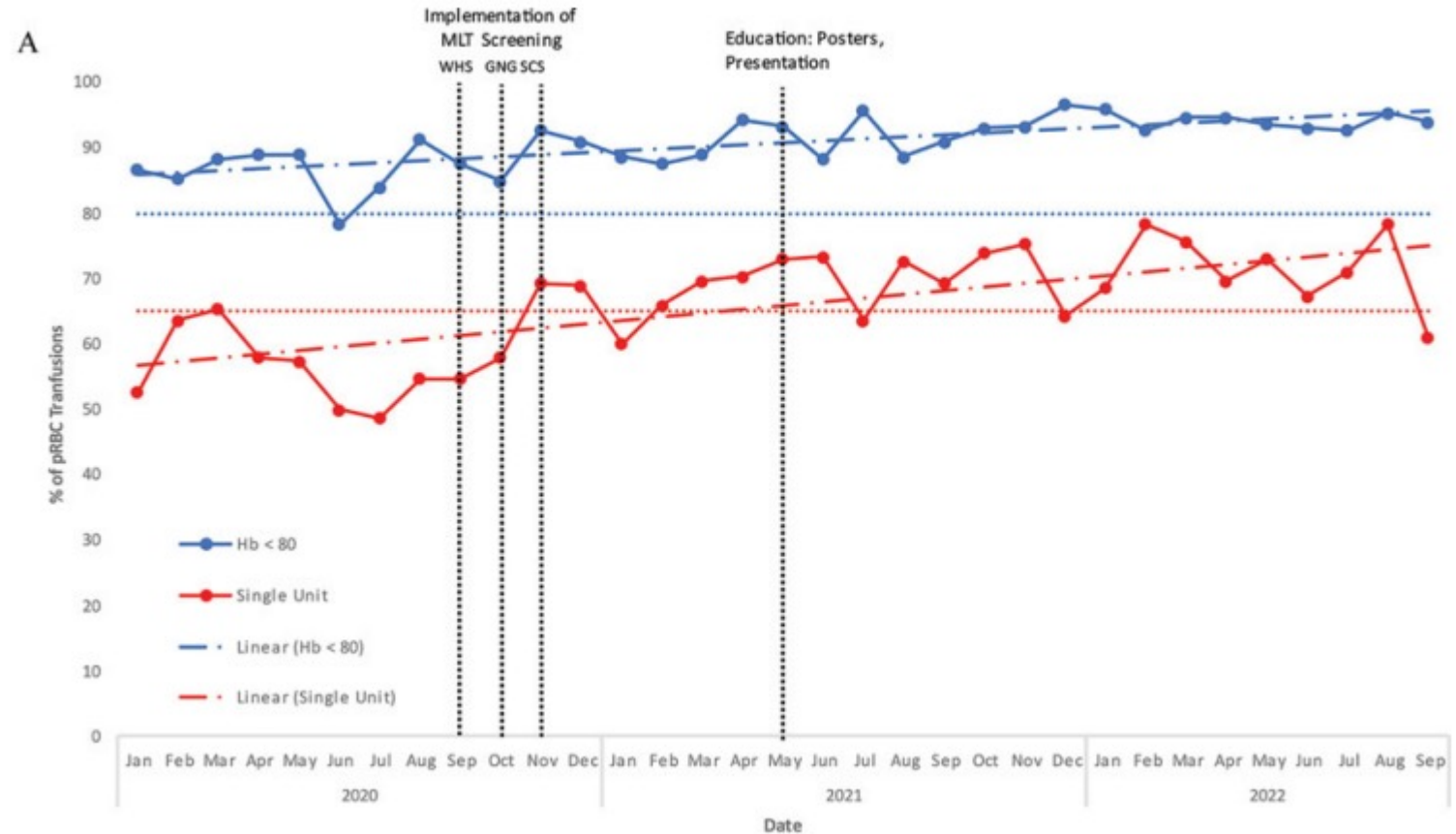
Engaging Sites

- Coaching Pilot in 2023 with 3 medium sized sites
 - One-on-one coaching over a 6 month period
 - Required 2-3 meetings with the sites
 - 2 of 3 sites that were entering audits were successfully designated
- Refresh of resources on the Using Blood Wisely website



Moving the needle

- Niagara Health
- Single unit transfusions improving from 54% to 71%
- Pre-transfusion Hb already above target and approaching 90%



Moving the needle

- A more formal learning collaborative / QI measurement
 - Baseline audits
 - Intervention
 - Ongoing monthly audits to document change
- Engaging hospitals
 - Hospitals that have not met benchmarks
 - Hospitals that want to reach stretch targets (e.g 80% single unit transfusions)

Acknowledgements



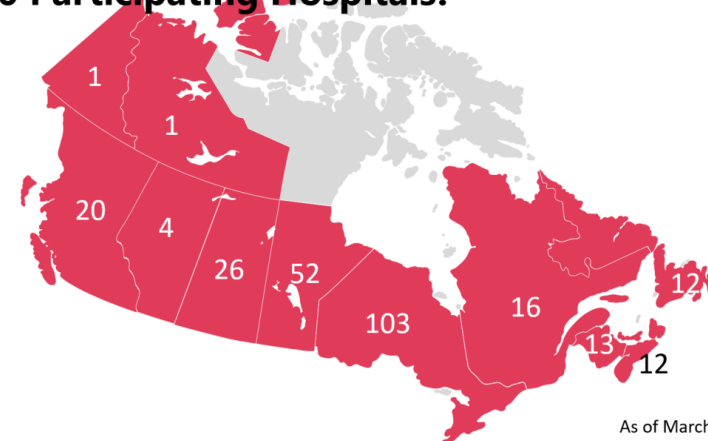
In partnership with:



- Steering Committee Members:
 - Nicole Caldwell (NB), Jeannie Callum (ON), Cheryl Chui (CIHI), Emily Durant (NS), Denise Evanovitch (ON), Shelley Feenstra (BC), Jeremy Grimshaw (IRN), Liudmila Husak (CIHI), Brenda Jackson (BC), Tracy Johnson (CIHI), Lawrie Kaplan (Public), Anne Robinson (NB), Robert Romans (CBS), Roger Stoddard (Public), Troy Thompson (ORBCON), Kathryn Webert (CBS), Brian Wong (ON)

- The participating hospitals

260 Participating Hospitals!



As of March 31, 2024