

Evidence-based Transfusion Practice

The Problem

Transfusion practice at BIDMC was variable and not aligned with current evidence. Blood product expenditures were increasing each year.

Aim/Goal

The goal was to update transfusion guidelines through education and discussion and insure alignment of practice with guidelines through computerized provider order entry. Expectation was that alignment with guidelines would lead to a 15% decrease blood product expenditure.

The Team

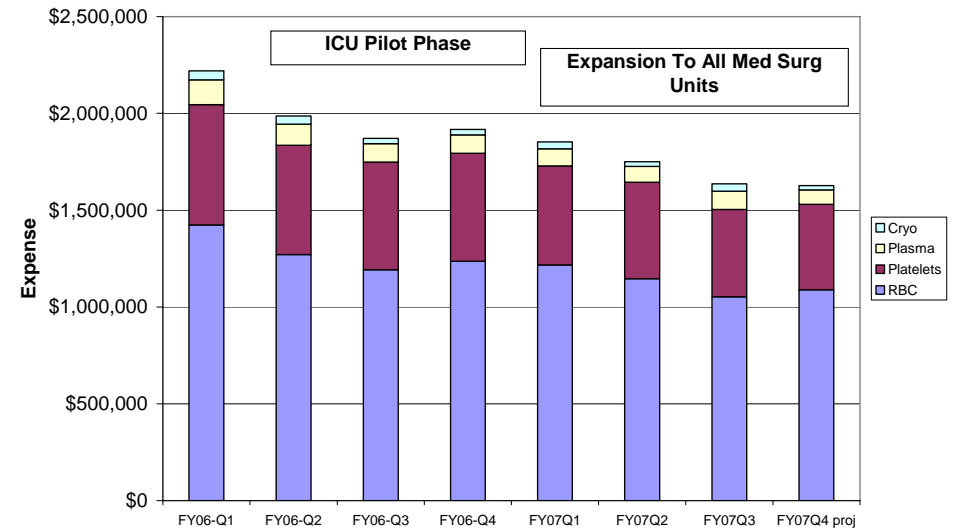
- J. Carr, MD – Clinical Resource Management
- P. Clardy, MD – Pulmonary/Critical Care
- D. Talmor, MD – Anesthesia/Critical Care
- J. Levine, MD – Hem/Onc
- D. Moorman, MD – Surgery
- L. Uhl, MD / R. Haspel, MD – Transfusion Medicine
- Department Chiefs
- L. Markson, MD- Information Systems
- G. Piatkowski - Decision Support

The Interventions

- Guidelines updated and consensus achieved
- POE pilot developed in MICU/SICU
- Adherence tracked and reported monthly
- Clinical outcomes reviewed
- Pilot expanded to all med/surg services
- Results/adherence reported monthly to Transfusion Committee and Clinical/Administrative leadership

The Results/Progress to Date: 26% Decrease

Impact on Quarterly Blood Purchases
(not corrected for census or CMI)



Lessons Learned

Factors contributing to success included

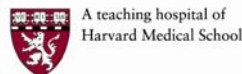
- Careful review of the literature
- Face to face dialog with key clinical stakeholders
- Top down leadership from chiefs
- POE decision support for implementation
- Demonstrating early success in pilot with frequent reports

Next Steps/What Should Happen Next:

Ongoing tracking of outcomes and overrides with targeted interactions for variances by individuals and/or divisions.



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