NEWS RELEASE

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Clinical Decision Support and Other Interventions Decrease Blood Transfusions, Save $1 Million Annually at Urban Hospital

Study Holds Promise to Change Culture of Blood Transfusions in August 2017 Issue of The Joint Commission Journal on Quality and Patient Safety

(OAKBROOK TERRACE, Illinois, July 21, 2017) – Red blood cell (RBC) transfusions are the most frequently performed hospital procedure in the United States, increasing 134 percent from 1997 to 2011. However, 50 percent or more of RBC transfusions may be unnecessary.1-4 A new study in the August 2017 issue of The Joint Commission Journal on Quality and Patient Safety found that interventions to decrease the need for RBC transfusions at an urban, academic medical center were associated with an annual cost savings of more than $1 million.

The study, “Transfusing Wisely: Clinical Decision Support Improves Blood Transfusion Practices,” by Ian Jenkins, MD, SFHM, clinical professor, Department of Medicine, and chair, Patient Safety Committee, Hospital Medicine, University of California San Diego Health, and co-authors, holds promise to “change the culture of transfusion for the better by reducing unnecessary use of RBCs and conserving resources,” according to an accompanying editorial by Aryeh Shander, MD, executive medical director, Institute for Patient Blood Management and Bloodless Medicine and Surgery, and director, TeamHealth Research Institute, Englewood Hospital and Medical Center, Englewood, New Jersey.

The study established a multidisciplinary team to review the transfusion literature on clinical trials, meta-analyses, guidelines and improvement efforts. The team implemented several interventions at the medical center: educational tools; a BestPractice Advisory to reduce unnecessary blood products and costs by using real-time clinical decision support, a process for providing information at point of care to help inform decisions about a patient’s care; and enhancements to the health system’s computerized provider order entry system.

The data showed that for a subset of patients (those who were not within 12 hours of surgery and not admitted for gastrointestinal bleeding):

- The percentage of RBC transfusions in which more two or more units were used decreased from 59.9 percent at baseline to 41.7 percent during the intervention period and to 19.7 percent post intervention.
- The percentage of RBC transfusion units administered for milder anemia (hemoglobin of 7 or higher) decreased from 72.3 to 57.8 percent during the intervention period to 38 percent post intervention.

The overall rate of RBC transfusions without exclusions per 1,000 patient-days decreased from 89.8 to 78.1 percent during the intervention period to 72.8 percent post intervention.

Also featured in the August 2017 issue:

- “Copy-Forward in Electronic Health Records: Lipstick on a Pig”
- “Safe Practice Recommendations for the Use of Copy-Forward with Nursing Flow Sheets in Hospital Settings”
- “Intraoperative Handoffs Among Anesthesia Providers Increase the Incidence of Documentation Errors for Controlled Drugs”
- “Pilot Testing Falls TIPS (Tailoring Interventions for Patient Safety): A Patient-Centered Falls Prevention Toolkit”
- “Evaluation of Sensor Technology to Detect Fall Risk and Prevent Falls in Acute Care”
- “Use of Cascading A3s to Drive Systemwide Improvement”

For more information, visit The Joint Commission Journal on Quality and Patient Safety website.

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Note for editors
The article is “Transfusing Wisely: Clinical Decision Support Improves Blood Transfusion Practices,” by Ian Jenkins, MD, SFHM; Jay J. Doucet, MD; Brian Clay, MD; Patricia Kopko, MD; Donald Dipps, MS, MT (ASCP), DBB; Eema Hemmen, MPH; and Debra Paulson, MS. The editorial is “Power, Knowledge, and Transfusions: The Need to Refocus on Patient Blood Management,” by Aryeh Shander, MD; Sherri Ozawa, RN; and Gregg Lobel, MD. The article and editorial appear in The Joint Commission Journal on Quality and Patient Safety, volume 43, number 8 (August 2017), published by Elsevier.

The Joint Commission Journal on Quality and Patient Safety

The Joint Commission Journal on Quality and Patient Safety (JQPS) is a peer-reviewed journal providing health care professionals with innovative thinking, strategies and practices in improving quality and safety in health care. JQPS is the official journal of The Joint Commission and Joint Commission Resources, Inc. Original case studies, program or project reports, reports of new methodologies or the new application of methodologies, research studies, and commentaries on issues and practices are all considered.