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2021 CME WEBINAR SERIES
PBM: OPTIMIZING THE CARE OF SURGICAL PATIENTS

The Burden of Bleeding

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Additional Questions from May 2021 Live Webinar

1. **How have you addressed the culture of any low Hgb as a trigger for transfusion?**

   By delivering data and case management of patients with severe anemia without blood transfusion.

   Look for the reason and treat appropriately. Low hgb on its own, is NOT a reason for transfusion. Share the literature that clearly outlines the increased morbidity and mortality associated with transfusion. (This is also true for transfusion of plasma and platelets.)

2. **Comment: It would be enormously helpful if AABB, FDA and other leadership organizations acknowledge that transfusion is much less effective and more toxic than previously acknowledged. The data are overwhelming but the reluctance to recognize these truths (just read the AABB manual for physicians) has mislead our clinical colleagues and hospital administrators. Transfusion should be the last resort, not the first as Dr. Shander has emphasized.**

   Agree with this comment. AABB's business is blood, so they will continue to promote it regardless of data. FDA has large number of consultants that are blood bankers or related to that industry.

3. **Can you tell us about the pricing of blood products again? (went through a bit fast)**

   Price of blood in the US: RBC ~ $300.00, plasma ~$45.00 and platelets ~ $500.00.

   The cost of transfusing these blood components is 4-10 times the price above. This is activity-based costing which includes both direct and indirect costs.

4. **Because much of the blood product ordering within the periop environment is based on POC tests, visualization, and changes in VS as monitored by anesthesia, how can you monitor compliance with institutional guidelines from a macro level without individual chart diving?**

   The current approach to 'monitoring' of blood use by providers is based on sampling and retrospective analysis. All transfused units will be reviewed (retrospectively) if they are outside the institutional guidelines. A committee structure sends feedback to the clinician but the feedback is very variable. A" deep dive" is done by the person reviewing the case but not consistently used or standardized.