

APPENDIX 1: PBM STRATEGIES AND TECHNIQUES – CONSIDERATIONS FOR ORGANISATIONS WANTING TO IMPROVE CLINICAL PRACTICE

In order to incorporate a PBM strategy or technique into routine practice, the use of clinical practice improvement methodology is recommended. Identifying a lead clinician or clinicians with an interest in PBM is an important starting point.

Clinical practice improvement (CPI) is the overarching name for a series of methodologies that can be taken to plan, implement and assess the impact of changes in the delivery of health services. Clinical practice improvement is not a one-off event but a continuing cycle of improvement activities. CPI methodology is described in detail in the Easy Guide to Clinical Practice Improvement, and many organisations offer training courses that are based around the participant undertaking a project. Key steps of the CPI process are outlined below.

- Form a guidance team: Gain support from relevant hospital heads including relevant department head (eg. cardiothoracic surgery, orthopaedics, haematology and oncology etc, nursing and safety and quality.

- Collect baseline data: Undertake an audit of the frequency and current management of the strategy or technique.

- Establish a multidisciplinary project team consisting of the team leader and people with fundamental knowledge of the process: for example, surgeon or physician, clinical nurse consultant, nurse coordinator, registrar, resident medical officer, physiotherapist, anaesthetist, general practitioner (GP), GP liaison nurse, haematologist, transfusion nurse consultant and a consumer. Include a quality improvement facilitator.

- Develop an aim or mission statement that is SMART, ie Specific, Timely, Measurable, Appropriate, Result oriented and Time scheduled.

- Diagnostic phase: Map (flow-chart) current hospital processes for the strategy or technique, conduct a brainstorming session of the barriers and enablers to improvement with the project team, construct a cause and effect diagram and prioritise the causes in a Pareto chart.

- Intervention phase: Achieve consensus within the team on where to focus improvement energy. Use a plan-do-study-act (PDSA) framework for improvement cycles. A number of tools and resources may exist to support this process -customisation by local experts may be required to suit local needs.

- Impact and implementation phase: measure the impact of changes in order to be sure the intervention has resulted in an improvement, and to provide the evidence required to justify permanent implementation of these changes.

- Sustaining improvement phase: Mechanisms, such as standardisation of existing systems and process, documentation of associated policies, procedures, protocols and guidelines, training and education of staff, and ongoing measurement and review, need to be established to sustain the improvement.

Patient Blood Management Guidelines | Companions 77