



NATIONAL BLOOD AUTHORITY
AUSTRALIA

PATIENT BLOOD MANAGEMENT ADVISORY COMMITTEE

Terms of Reference

October 2019

“Achieving better patient outcomes through national policy and drivers to support state and territory programs in encouraging patient blood management”

Role

Purpose

The Patient Blood Management Advisory Committee (PBMAC) is established by the National Blood Authority (NBA) Chief Executive under section 38 of the *National Blood Authority Act 2003* (the NBA Act) to provide advice and guidance to the National Blood Authority NBA in relation to the implementation of the Patient Blood Management in Australia consistent with the NBA's responsibilities specified in:

1. Part 2, section 8(1)(f) of the NBA Act to 'carry out national blood arrangements relating to safety measures, quality measures, contingency measures and risk mitigation measures for the supply of blood products and services'; and
2. Part 5 of the *National Blood Agreement* (Administrative arrangement for safety and quality in the Australian Blood Sector), in particular;
 - (a) clause 35 (the safety and quality role of the NBA) and the functions the NBA may undertake on behalf of the Jurisdictional Blood Committee (JBC) under clause 34; and
 - (b) clause 36 (development of specific safety and quality strategies by the parties).

The PBMAC may contribute to Patient Blood Management activities including, but not limited to, guideline development and promulgation, tools and resource development and implementation, research and development, data analysis, education and training, and promotion and communication in order to identify opportunities for improvement and contribute to performance measures if required.

Background

Introduction

The transfusion of blood and blood products is a core part of healthcare service delivery to patients. While the use of blood and blood products can be lifesaving, the sector must ensure the clinical use of blood and blood products is appropriate, and strategies are used to reduce the risks associated with transfusion.

The *National Safety and Quality Health Service Standards - Blood Management Standard* (2nd ed, 2017) (the Standard) requires the leaders of a health service organisation to describe, implement and monitor systems to ensure the safe, appropriate, efficient and effective care of patients' own blood, as well as other blood and blood products. The workforce uses the blood product safety systems. The intention of the standard is to identify risks, and put in place strategies, to ensure that a patient's own blood is optimised and conserved, and that any blood and blood products the patient receives are appropriate and safe.

The second edition of the Standard introduced a new action to support PBM - *Action 7.4 Clinicians use the blood and blood products processes to manage the need for, and minimise the inappropriate use of, blood and blood products by:*

1. *Optimising patients' own red cell mass, haemoglobin and iron stores*
2. *Identifying and managing patients with, or at risk of, bleeding*
3. *Determining the clinical need for blood and blood products, and related risks*

What is PBM?

Although blood and blood products remain a critical element of clinical practice, there is increasing evidence that allogeneic blood transfusions pose risks to patients, and that a significant proportion of transfusions are unnecessary or could be avoided. Allogeneic transfusions can be associated with adverse patient outcomes, potentially leading to increased morbidity, delayed recovery, extended hospital stays or mortality.¹

Introduction of PBM strategies can minimise these risks. PBM describes a range of medical and surgical strategies that aim to conserve and optimise the patient's own blood, which can reduce or avoid the need for allogeneic transfusion and improve patient outcomes. It is a person-centred approach, as opposed to having a product-centred focus. PBM is not an intervention or an alternative to blood transfusion; it is sound, evidence-based clinical practice that aims to improve clinical outcomes by avoiding unnecessary exposure to blood components. It includes the three pillars of:

- Optimising blood volume and red cell mass (including haemoglobin and iron studies)
- Minimising blood loss
- Optimising the patient's tolerance of anaemia.

Desired Outcomes and Objectives

The purpose of establishing the PBMAC is to provide high level advice and assistance to the NBA Chief Executive and other staff to assist in achieving the following goals:

- Successful strategies are deployed to:
 - assist health care professionals to practice in accordance with PBM and other best practice guidelines
 - assist hospitals to gain accreditation against the NSQHS Standard for Blood Management.
- PBM and other best practice initiatives lead to genuine changes in clinical practice and improvements in patient outcomes.

Scope

The scope of PBM in Australia and the PBMAC includes all fresh blood products. Other blood products (e.g. plasma derived and recombinant products that are supplied and distributed by the NBA under the *National Blood Agreement*) are managed under separate projects.

The National Patient Blood Management Implementation Strategy 2017-2021 was endorsed by the JBC in July 2017. It defines the activities for PBM Implementation. The PBMAC will provide guidance and advice to the NBA and in particular on the Strategy for future PBM activities.

¹ National Blood Authority. Patient Blood Management Guidelines. Canberra: NBA; 2011–2016.

Operations of the Committee

Chair

The Chair of PBMAC will be appointed at the discretion of the NBA Chief Executive. The NBA Chief Executive may nominate an alternative person to be a temporary Chair when the Chair is unable to attend a meeting or is otherwise unable to perform the role of Chair.

The position of Chair will usually undergo a review process every three years, or at the discretion of the NBA Chief Executive. Where possible, the former Chair will continue as a member of the PBMAC to maintain continuity.

The Chair's main role is to provide leadership to the PBMAC. The Chair will promote and advocate consistency in key messages and ensure the PBMAC carries out its functions effectively and efficiently. The Chair will also provide advice and guidance direct to the NBA Chief Executive or their delegate on issues that might arise outside the PBMAC processes.

Members

PBMAC members are appointed by the NBA Chief Executive. The PBMAC is a group comprising members with expertise and knowledge in the health sector, patient blood management, blood management, quality and safety and consumer issues. This group will enable a focussed approach to considering PBM activities.

The PBMAC will normally comprise up to 20 members including the Chair. Membership should consist of nominees from key stakeholders with balanced representation from different clinical disciplines, organisations, and jurisdictions. One person may represent the views of multiple stakeholders due to their membership of more than one organisation (for example, the Blood Service *and* a college/society). A membership list is at **Appendix A**.

Membership will undergo a rolling review process with a 'half-spill' usually every three years or otherwise at the discretion of the NBA Chief Executive. There will be a maximum term of membership not exceeding eight years. Members are responsible for obtaining all approvals necessary from their current employer or organisation as appropriate to accept appointment as a member and undertake the role of member. Members who are a nominated representative of an organisation must identify a proxy to attend meetings in their absence.

NBA Support

The NBA Deputy Chief Executive or other delegate will be responsible for the day-to-day dealings with the PBMAC.

The NBA will provide funding, project management, secretariat services and administrative support for the PBMAC. The NBA will manage the agreed PBM implementation activities as defined in the *National Patient Blood Management Implementation Strategy 2017-2021* and *A National Blood Product Management Improvement Strategy 2018-22*.

The secretariat will service and support the PBM AC and in particular, will:

- Support the Chair;
- Schedule meetings;
- Coordinate papers for meetings;
- Draft meeting minutes and action items;
- Monitor and report on actions from meetings; and
- Prepare formal correspondence on behalf of the Committee.

Meetings

The timing, agenda and mode of meetings will be determined by the NBA and the Chair, after any necessary consultation with members. Meetings of no more than two hours will usually be held via teleconference, dependent on the agenda. It is intended that the PBMAC will hold a minimum of two meetings annually with at least one being face-to-face.

At least five members must be present for meetings of the PBMAC before the PBMAC can conduct valid business.

Additional observers may be invited to attend PBMAC meetings from time to time.

Expert advisers and working groups

Additional expert advice will be sought on an ad hoc basis from experts on specific issues as required and cleared by the Chair. This could include, but is not limited to nominees from the BloodSafe eLearning Australia (BEA), the Australian Commission on Safety and Quality in Health Care, and the Australian Institute of Health and Welfare.

There may be times when small working groups are required to deliver specific programs to the PBMAC. These working groups can consist of PBMAC members and/or expert advisors. The working groups may contribute to national PBM activities including, but not limited to guideline development and promulgation, tools and resource development and implementation, research and developments, data analysis, education and training, and promotion and communication in order to identify opportunities for improvement and contribute to performance measures if required.

The working groups will provide advice to the PBMAC and NBA as required.

Remuneration and allowances

PBMAC members are to be paid the remuneration and allowances as determined by the Remuneration Tribunal in accordance with the NBA Act and the *Remuneration Tribunal Act 1973*.

Undertaking/Conflict of Interest

PBMAC Members and observers must declare any actual or potential, real or perceived conflicts of interest to the NBA Chief Executive. PBMAC members and observers may be required to complete undertakings and comply with the terms of those undertakings in relation to any conflicts of interest, confidentiality, document control and intellectual property.

PBMAC members must declare any conflicts of interest at the start of each meeting or before discussion of the relevant agenda item or topic. Details of any conflicts should be appropriately minuted.

Members will use a form of declaration notified by the NBA.

Conduct

Members of PBMAC hold a public office and accordingly are expected to carry out their role as members in accordance with the highest ethical standards. A PBMAC member should:

- a. act honestly and in good faith;
- b. use due care and diligence;
- c. only use their office for a proper purpose;
- d. not make improper use of information acquired as a PBMAC member, both during and after the term of appointment;
- e. be fair, honest and courteous in interactions with other members, NBA and stakeholders;
- f. contribute to NBA activities in a co-operative, impartial and productive way; and
- g. not engage in conduct likely to bring discredit upon the NBA or the Program.

A member must not express any opinion, make any commitment, or otherwise purport to represent or act on behalf of the NBA, unless specifically requested by the Chair or the NBA Chief Executive to do so.