Significant Changes to the 3rd edition of Standards for a Patient Blood Management Program

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| 1.1.2.1, #2 (#21) | The committee elected to edit #2 to apply to all level programs. This entry had previously appeared as number 21, but the committee felt the concept of maintaining metrics based on appropriateness of use was something all program should maintain. |
| 1.1.2.1, #3 (#2) | The committee elected to edit entry #3 to describe the components of transfusion care that appear as a part of the transfusion process. |
| 1.1.2.1, #7 (#6) | The committee edited the content of entry #7 to ensure that the stem matched the stem of #8 through the addition of "pre-procedural" to the beginning of the entry. |
| 1.1.2.1, #8 (#7) | The committee elected to edit entry #8, simplifying the language and removing the elements that appeared as examples. Those examples "…including discontinuation of medications and herbal supplements that impair hemostasis" have now been moved to the guidance for the entry |
| 1.1.2.1, #9 (#8) | The committee elected to edit entry #9 to remove the examples included therein as they could be read to mean that the list was exhaustive and would be the only elements that pertain to wastage that required monitoring. The monitoring of wastage should be determined by each individual patient blood management program. As done in entry #8, the elements removed have been moved to the guidance to the standard. |
| 1.1.2.1, #12 (#11) | The committee elected to replace the term "refuse" with "decline" for clarity. The addition of the clause, "…with notification to the appropriate individuals" was included to show there is an action step that follows identification of a patient who declines transfusion. This alert is akin to notifying a clinician of a "critical laboratory result". |
| 1.1.2.1, #13 (#13, 14) | The committee elected to edit entry #13 for clarity and combined former items 13 and 14 into 1 item for conciseness. The committee removed the clause "evidence based" that appeared at the beginning of the entry and added "…use and compliance" at the end of the entry ensuring that programs showed the use of their massive transfusion protocol as opposed to just having one. |
| 1.1.2.1, #14 (New) | The committee added new entry #14 to allow for the expansion of the standards to encapsulate patient blood management in pediatric patients, including pre-term, neonates and infants. |
| 1.1.2.1, #15 (New) | The committee added new entry #15 to allow for the expansion of the standards to encapsulate patient blood management in obstetric patients. |
| 1.1.2.1, #16 (New) | The committee added new entry #16 to ensure that patient blood management programs define strategies to best care of defined populations that require single unit transfusions. |
| 1.1.2.1, #17 (New) | The committee added new entry #17 to ensure that patient blood management programs have defined policies for managing patient who experience coagulopathy. |

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| 1.1.2.1, #18 (New) | The committee elected to add new entry #18 to ensure that patient blood management programs who are designated as activity 1 or 2 programs have strategies for blood conservation, specifically for service lines that tend to have higher blood usage. |
| 1.1.2.1, #20 (New) | The committee elected to add new entry #20 to ensure that patient blood management programs have plans in the outpatient transfusion setting to monitor and evaluate patients who are at risk for iron and micronutrient deficiencies to assure cause for anemia considered and treated. |
| 1.1.2.1, #22 (#18) | The committee elected to remove the term "formal" at the beginning of the entry as it was deemed unnecessary to the content of the standard. |
| 1.1.4 | The committee added the clause, "…and the management of anemic and bleeding patients" to the standard to clarify that blood management includes identification and management of anemia and bleeding in addition to transfusion management. This clarification is also in keeping with the new entries 17,18 and 20 in the activity table |
| 1.2.1 | The committee added the clause, "…decline blood transfusion or are managed in accordance with the activity level" to the standard for completeness and to mirror changes to entry #12 in the activity level chart. |
| 1.5 (New) | The committee added new standard 1.5 to this edition to ensure that patient blood management program has continuity plans in place for events that could put the patient blood management program at risk for operational continuity. This standard has been added to all Standards for which AABB provides accreditation. |
| 3.2.1 | The committee added the clause, "clinical laboratory" to the standard for completeness. This standard now includes equipment controlled by blood banks, transfusion services and perioperative programs. |
| 5.0 | The committee added the following sentences to standard 5.0, "These policies shall address anemia and transfusion-related care in emergent and non-emergent situations. These policies and procedures shall also address patients who decline blood transfusion. The program shall review, revise, or create the policies, processes and procedures regarding pretransfusion testing. These policies shall be consistent with the AABB Standards for Blood Banks and Transfusion Services." These sentences were added to the standard to include blood management components beyond transfusion ( anemia management and care of patients declining transfusion) and to ensure that patient blood management programs have policies, processes and procedures in place with regard to all pretransfusion testing, which are covered in AABB's Standards for Blood Banks and Transfusion Services. |
| 5.1.1 (New) | The committee created new standard 5.1.1 to ensure that programs take the appropriate steps based on their activity level to treat and manage patients. This standard provides an expansion of the concepts contained in standard 5.0. |
| 5.1.3 (5.1.2) | The committee expanded standard 5.1.3 to include "outpatient populations" as well as to include the following, " These guidelines shall include managing anemia through transfusion and other methods, including minimizing blood loss, recovery and autotransfusion of shed blood and managing asymptomatic anemia with medications as laboratory data support and in accordance with activity level." The addition of these concepts is meant to ensure that populations are identified and that their needs are addressed based on the new requirements in the activity table in chapter 1. |

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| 5.1.5, #1 (5.1.4, #1) | The committee expanded subnumber 1 to include the following, "… in the facility, and as relevant activity level, general PBM and any or all of PBM in pediatrics, obstetrics, and outpatients."<br>This addition was made for completeness to include new items 14,15 and 20 in the activity table. |
| 5.1.5, #2 (New) | The committee created new subnumber 2 requiring that the patient blood management program describe anemia management in perioperative patients. This addition was made so that pre-operative anemia management has its own set of educational materials. |
| 5.1.5, #3 (New) | The committee created new subnumber 3 requiring that the patient blood management program describe anemia management in non-operative ( medical patients). This addition was made in conjunction with the addition of new #21 in the activity level table. |
| 5.3.1, #3 | The committee elected to replace the term "refuse" with "decline" as it relates to treatment. This change has been made throughout this edition. |
| 5.3.2 (New) | The committee created new standard 5.3.2 to ensure that patient blood management programs document that individuals who have declined blood components have had discussion about blood related care strategies that the patient accepts and that these strategies are documented jn the medical record for all care team members to be able to access. |
| 5.4.1 (New) | The committee created new standard 5.4.1 requiring patient blood management programs to have policies for single unit transfusion strategies in defined populations. This standard was created in conjunction with new entry #16 in the activity level table. |
| 5.5.3.1 | The committee edited standard for 5.5.3.1 for clarity. The elements deleted from the standard were deemed redundant to the wording of the standard as written. |
| 5.6, #2 | The committee elected to replace the term "refuse" with "decline" as it relates to treatment. This change has been made throughout this edition. |
| 5.6, #3 | The committee replaced the clause "reduce the use of" with "minimize the need for" in an effort to remain in line with similar changes made throughout the Standards. |
| 5.7 | The committee replaced the term "minimizing" with "managing" for clarity. It should be noted that from an assessment perspective, the concept of "managing" is easier to assess. |
| 5.8 | The committee added the clause, "…ensure that postoperative or postintervention patients are monitored to determine the need for postoperative transfusion or anemia care." to the standard for completeness and to mimic additions that have been made to the activity level table and chapter 5. |
| 5.9, #1 | The committee elected to replace the term "refuse" with "decline" as it relates to treatment. This change has been made throughout this edition. |
| 5.9, #2 | The committee elected to replace the term "reduce" with "minimize" to mirror the change made to standard 5.7. |
| 5.10 (New) | The committee created new standard 5.10 to focus on the management of anemia in non-surgical patients. This standard was added for completeness in line with the creation of #21in the activity level table. |

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| 5.11, 5.11.1 (New) | The committee added new standards 5.11 and 5.11.1 to this edition to expand the coverage of these standards to include obstetric patients as well. This goes hand in hand with the addition of new number 15 in the activity level table. |
| 5.12 (5.10) | The committee edited standard 5.12 for clarity, the intent of the standard has not changed. |
| 5.13 (New) | The committee created new standard 5.13 to ensure that patient blood management programs have plans in place to rapidly reverse acquired coagulopathy. This addition was made in conjunction with the creation of new #17 in the activity level table. |
| 5.14 (New_ | The committee created new standard 5.14 to ensure facilities that do perform procedures on minors have guidelines and plans for their care. This addition was made in conjunction with the creation of new #14 in the activity level table. |
| 5.15 (New) | The committee created new standard 5.15 to ensure programs were cognizant of iron deficiency as a common reason for transfusion in the outpatient setting and that in the asymptomatic patient it may be managed with iron replacement therapy and in the symptomatic patient transfusion and iron replacement may be considered. This addition was also made in conjunction with the creation of new #20 in the activity level table. |
| 5.16 (New) | The committee created new standard 5.16 to ensure that programs with high blood usage lines in a facility had plans in place to monitor the effects of high blood loss and the strategies needed to prevent and/or manage them. This addition was also made in conjunction with the creation of new #18 in the activity level table. |
| 5.17, #1 (5.11, #1) | The committee edited this sub number to read “blood and blood product use” replacing “blood component use”; this change was made for clarity. |
| 5.17, #2 (New) | The committee created new sub number 2 to ensure that patient blood management programs gathered data on blood and blood product use appropriateness in keeping with activity table item 2 which now spans all activity levels |
| 5.17, #3 (New) | The committee created new sub number 3 to ensure that patient blood management programs followed their blood administration policy for compliance as a measure that must be reviewed quarterly and as outlined with activity item 3. |
| 5.17, #4 (5.11, #2) | The committee edited this sub number to mirror the change made to sub number 1 in this standard to read “blood and blood product…” |
| 5.17, #7 (5.11, #5) | The committee edited the sub number to include the clause, “..by type.” for completeness. |
| 5.17, #8 (New) | The committee added new sub number 8 which requires that “informed consent for blood transfusion” be reviewed at least quarterly |
| 5.17, #10 (New) | The committee added new sub number 10 which focuses on single unit red blood cell transfusion as a metric to be reviewed quarterly. This addition relates to new item 16 to the activity level table. |
| 5.17, #12 (New) | The committee added new sub number 12 which focuses on anemia management. This addition relates to new items 21 and pre-existing item 23 in the activity level table. |
| 5.17, #13 (New) | The committee added new sub number 13 which focuses on iron and micronutrient deficiency evaluation and management in outpatients with red cell transfusion orders. This is related to new item 20 in the activity level table. |

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| 7.1.1 | The committee elected to edit standard 7.1.1 for clarity. The elements that were included in 7.1.1 previously were viewed as guidance and not fully comprehensive. These elements will be added to the guidance document and programs can define what is considered nonconforming in their facility in anticipation of their inspection. |
| 8.1 | The committee edited standard by replacing "regular, specified times" with "defined intervals" 8.1 to match language used in other standards for which AABB provides voluntary accreditation. |
| 8.3, #2 | The committee edited sub number 2 to include "high blood use groups" as a metric to be reported. This addition was made in conjunction with the creation of #18 to the activity level table. |
| 8.3, #3 (New) | The committee created new sub number 3 focused on the appropriateness of allogeneic transfusion of high blood use groups in conjunction with the edit to sub number 2 and the creation of #18 in the activity level table. |
| 8.3, #4 | The committee edited sub number 4 to read "blood and blood component use" in conjunction with other changes throughout the Standards. |
| 8.3, #6 (New) | The committee created new sub number 6 to ensure that the effectiveness of non operative anemia is managed. This addition was made in conjunction with the creation of #21 in the activity level table. |
| 8.3, #7 (8.3, #6) | The committee edited sub number 7 to include "Use and…" to the requirement that massive and emergency transfusion processes are effective. This is in keeping with activity table item number 13. |
| 8.3, #9 (8.3, #8, 9) | The committee elected to merge sub numbers 8 and 9 which focused on transfusion associated adverse events and adverse events associated with failure to transfuse. The committee felt it was unnecessary to have two separate entries concerning adverse events. |
| 8.3, #10 (New) | The committee elected to add new sub number 10 to ensure that patient blood management programs determine and communicate the financial impact of the program's performance. This item intended to increase administrations awareness of patient blood management and to improve likelihood of program sustainability and growth |
| 8.3, #11 (8.3, #10) | The committee added the clause, "and other needs" to the entry to ensure that not only are program performance goals included in reporting but all relevant needs as well. |
| 9.2.1 | The committee edited standard 9.2.1 for clarity by removing the term "The" and replacing it with "As an element of correction action…"<br>The change was made for clarity and to match other AABB Standards. |
| Glossary – Neonate, Pre Term Neonate (New) | The committee added the terms "Neonate" and "Pre Term Neonate" to the Glossary in conjunction with the addition of these terms to the Standards.<br>The definitions read as follows:<br>Neonate: A child less than 4 months of age.<br>Pre Term Neonate: A premature baby born before 37 completed weeks of gestation. |