

# Perioperative Blood Management: and organisational and anaesthetist survey of practice

## Local Coordinator Guide (version 1.3 - final)

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## Introduction

Thank you for agreeing to be a Local Coordinator (LC) for *Perioperative Blood Management: an organisational and anaesthetist survey of practice*. You are critical to the success of this important project. This collaborative project between RAFT (Research and Audit Federation of Trainees) and the NIHR BTRU (Blood Transfusion Research Unit) in Data Driven Transfusion Practice with the aim of generating clinically important and unique data.

Perioperative anaemia is associated with worse post-surgical outcomes and increased risk of mortality. Perioperative blood management pathways are associated with reduced rates of pre-operative anaemia and reduced rates of blood transfusion, complications and length of hospital stay. All too often anaemia is diagnosed late in the patients' preoperative pathway meaning that it cannot always be investigated and managed in a timely fashion. This may have an impact on patient outcomes and also result in cancellations and delays to elective surgery<sup>1</sup>. Therefore, this is not only important to patient postsurgical recovery but also vital to help combat the growing current surgical backlog in the UK. As anaesthetists who frequently move between different hospitals during our training, we are well aware of variation of clinical pathways in perioperative care and use of drugs such as Tranexamic acid. This project focuses on organisational structure and variation of practice in regards to perioperative blood management in adults (>18 years). It is designed to be something that is simple to undertake, whilst allowing collaborators to increase their experience doing national projects and achieve anaesthetic curriculum goals. It will involve an organisational survey along with a survey for individual anaesthetists on their experience and practice during common clinical scenarios.

Through the organisational survey we aim to:

1. Assess how hospitals across the UK are set up to deliver perioperative blood management services
2. Assess how hospitals across the UK are set up in regards to administering blood components and TXA
3. Assess how hospitals evaluate their practice in regards to perioperative blood management

Through the individual anaesthetist survey, we aim to assess individuals' attitudes and practice in perioperative blood management during specific case vignettes.

As a local coordinator, you may be very experienced in running projects within your hospital or it may be the first time you've ever done anything like this. This guide aims to help you understand the structure of this project and how to collect data locally. If you have any questions, please contact us via email at [pbm.raft@gmail.com](mailto:pbm.raft@gmail.com)

### Top tips for success:

1. **Go through the pdf of the organisational survey before inputting data on REDCap:** you may find that know many of the answers already but you might need to discuss some points with your perioperative and/or transfusion team. There are a few questions which are highlighted as needing information from the hospital's blood bank. PDFs will be released in December on the RAFT website for site leads to review prior to launch in January.
2. **Don't leave it to the last minute:** contacting people early for information required for the organisational survey will allow them plenty of time to get back to you.
3. **Advertise the anaesthetist survey in more than one way and more than once:** to maximise survey response share the individual anaesthetist survey via email and via other anaesthetic forums you use within your department. QR codes will be available to you to share also.

## Outline & key information

### Overview

Organisational survey and individual anaesthetist survey. No patient or clinician identifiable information is collected. Hospital location will only be used to determine whether there are any systematic differences in findings between different types of hospital and will not be included in publications. Specific hospitals or trusts will not be linked to specific data in reports or publications.

### Data collection period

January 2023

### Data entry

**Deadline for online submission of organisational survey on REDCap is 18:00 on Tuesday 31<sup>st</sup> January**  
**Individual survey will also close on Tuesday 31<sup>st</sup> January**

### Inclusion criteria

- Organisational survey: all adult surgical departments perioperative services that do elective and/or emergency procedures
- Individual anaesthetist survey: all anaesthetists who work in adult surgical and perioperative services

### Exclusion Criteria

- Paediatric services
- Sites that do not delivery surgical services or have theatre complexes on site.

### Data collection forms

There are two data collection forms:

1. The organisational survey: one form must be completed on REDCap by the site lead for each site plus a separate additional form for each separate site(s) within the trust that are >1 mile away from their main site.

*For example: Trust X has 2 large hospitals which are the main sites but there are also 2 community hospitals it covers. The 2 main sites are >1 mile away from each other and the community sites are >1 mile away also. One community hospital does day surgery, the other site does outpatient investigations only.*

*Outcome: The site lead would be responsible for completing an organisational survey for the each of the main sites and the community site that does day surgery. A lot of the information collected may be the same but there may well be key differences when it comes.*

Top tip! If it seems like a lot to cover ask a friend to be site co-lead with you. You will have the same recognition for your contribution to the project.

2. The individual anaesthetist survey: individual anaesthetists will have access to a separate survey link and QR code to the organisational survey that will be sent to site leads so that they can log in separately and fill these in anonymously

## Organisational Survey

The organisational survey will be roughly split into 6 sections:

- **General organisation demographics:** here we ask for some very basic information about the site for which you are filling the survey. There is a question on how many elective operations occur per year at the site, here we are only looking for a rough estimate and it likely to be a number that your theatre coordinator or one of your senior anaesthetists will know.
- **Uptake and use of electronic data & intraoperative documentation:** here we ask simple questions about whether clinical notes are documented on paper or electronically.
- **Elective anaemia referral pathways:** here we ask about your site elective blood management and anaemia pathways. It would be helpful for you to access your site's departmental guidelines and you may need to talk to clinicians who work with this pathway regularly to get accurate answers.
- **Intraoperative blood management & TXA:** here we ask how blood products are requested and accessed. We also ask about TXA use and doses, here we want to know the most common dose that is used or if doses are calculated based on weight. We also ask about if topical TXA is ever used intraoperatively, in which specialities and what the most common dose used.
- **Intraoperative cell salvage & resource availability:** here we ask about your hospital site policy and resource availability in theatre in regards to cell salvage, rapid infusers, blood fridges and point of care testing including thromboelastometry (e.g. ROTEM, TEG).
- **Audit and feedback:** here we ask about internal and external audit processes. We advise that if you are unsure of the answers that you contact your anaesthetic blood management lead and/or blood bank department at your hospital site as they usually have to do regular blood audits that you may not be aware of.

## Individual Anaesthetist Survey

This is aimed to explore individuals practice and attitudes to perioperative blood management during 3 clinical scenarios which are organised into different sections/vignettes. As site lead you would need to publicise this element of the survey and send it to your colleagues during January 2023. The survey is very self-explanatory so we don't envisage this part being time consuming for site leads.

Clinicians are only expected to answer questions for the clinical vignettes which reflect their routine clinical practice. The clinical vignettes pertain to the following types of operation:

- Elective orthopaedics
- Elective major cancer
- Elective caesarean section

*For example: Dr X is a general anaesthetist who does the occasional orthopaedic list but has not done any obstetrics in many years and is only rarely required to cover this from home when on call.*

*Dr X would only need to answer questions for elective major cancer and elective orthopaedics and would skip the elective caesarean section vignette.*

Top tip! To maximise survey response, share the survey in multiple different forums more than once within your anaesthetic departments. QR codes will be made available to you to share also.

We will provide a draft email, link and QR codes for the individual anaesthetist survey that you can use to publicise the survey amongst your colleagues. This will be published on our website and we will inform you as site lead when this is available. We suggest that you send these out on the following dates:

- Introduction: Wednesday January 4<sup>th</sup>
- First reminder: Tuesday January 10<sup>th</sup>
- Second reminder (1 week to go): Monday January 23<sup>rd</sup>
- Last reminder (2 days to go): January 30<sup>th</sup>

## Regulatory approvals & confidentiality

This project is a clinical service evaluation and is not considered as research as per criteria set by the Health Research Authority (HRA). It does not involve any randomisation, intervention or changes to patients' care. For these reasons Research Ethics Committee (REC) approval is not required. Please refer to [our HRA decision tool result](#) as confirmation of this. For local coordinators this means that no further permissions or approvals are required in order to take part. We advise that you only need to inform your local audit department; however some may prefer to inform their R&D department or Caldicott guardian.

No patient or clinician identifiable information is collected. Hospital location will only be used to determine whether there are any systematic differences in findings between different types of hospital. Specific hospitals or trusts will not be linked to specific data in reports or publications. The contact details provided to the project team by registered sites will only be used for direct communication regarding the study.

For further information read our full Information & Governance and local audit department application guidance on our website.

### If you need help:

Please refer to this guide and our FAQs page. If your questions are not answered please either:

- Check out our website: <https://www.raftrainees.org/perioperative-blood-management>
- E-mail us on: [pbm.raft@gmail.com](mailto:pbm.raft@gmail.com)

### Thank you for your support!

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### References:

1. Centre of Perioperative Care. Guideline for the Management of Anaemia in the Perioperative Pathway. September 2022.