
PREFACE

The Standards Program Committee (SPC) and the Patient Blood Management Standards Committee (PBM SC) are pleased to present this 2nd edition of *Standards for a Patient Blood Management Program (PBM Standards)*.

The SPC is the umbrella committee whose primary role is to oversee the creation, development, and revision of all AABB standards to ensure harmonization and consistency in AABB's standard-setting activities. The SPC consists of a committee chair, the chair of the Standards Subcommittee for the Evaluation of International Variances, as well as the chairs of the seven specialty program units.

The PBM SC consists of the chair and committee members recognized as leaders in patient blood management. The *PBM Standards* was developed and modified based on input from a variety of sources, including AABB members, the public, and recognized experts in patient blood management.

Although the *PBM Standards* provides a great amount of information concerning the patient blood management arena, other AABB resources may provide even more specific recommendations. When using this edition of the *PBM Standards*, readers may find that having access to the current editions of the AABB *Technical Manual*, the *Standards for Blood Banks and Transfusion Services*, and the *Standards for Perioperative Autologous Blood Collection and Administration* could be of service in understanding and implementing these requirements.

This 2nd edition of *PBM Standards* represents the dedicated efforts of our multidisciplinary panel of medical professionals and the outstanding AABB staff. The intent of patient blood management and these *PBM Standards* is to optimize patient outcomes by providing evidence-

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informed, timely, reproducible, and reliable care to all patients with or at risk for anemia or coagulopathy, irrespective of transfusion likelihood. These *PBM Standards* are in keeping with the “three pillars” approach to blood management: optimizing erythropoiesis, minimizing blood loss, and managing anemia. Program components in these *PBM Standards* include, but are not limited to, demonstrating blood use in an evidence-informed manner with supporting metrics on appropriateness and safety; proving processes are in place to minimize blood loss in surgical and medical patients; treating presurgical anemia proactively; and having processes in place to identify and manage patients at risk for or with hemorrhage, as well as patients for whom transfusion is not a therapeutic option. We recognize patient blood management as a relatively young interdisciplinary medical practice that is evolving rapidly. We believe these *PBM Standards* are an improvement to the prior edition and future editions will be better than this one. We thank you for your support and collective focus on best care for all patients.

Kathy Frey, MD
Chair, Patient Blood Management Standards Committee