













HOW CAN WE ENHANCE SHARED DECISION-MAKING IN AN INTERNATIONAL GUIDELINE PROJECT? THE EXAMPLE OF AN INTERNATIONAL CONSENSUS CONFERENCE ON PATIENT BLOOD MANAGEMENT (ICC-PBM 2018)

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Conflicts of interests

- Employee of Belgian Red Cross-Flanders, providing safe blood products to hospitals in Flanders and Brussels which did not influence my contribution to ICC-PBM 2018 Frankfurt
- No conflicts of interest to declare

Patient blood management (PBM) is a **patient- focused**, **evidence-based** and systematic approach to optimize the care of patients who might need a blood **transfusion**.





Background



Topic 1: Preoperative anaemia

- ✓ Definition and diagnosis (PICO 1 and PICO 2)
- ✓ Treatment (PICO 3)

Topic 2: (restrictive) RBC transfusion triggers

- ✓ Intensive care and acute interventions (PICO 4-9 & PICO 14)
- ✓ Haematology and oncology (PICO 10 & PICO 11)
- ✓ Neurology (PICO 12 & PICO 13)

Topic 3: PBM implementation

- ✓ Effectiveness implementation of 'comprehensive' PBM programs (PICO 15)
- ✓ Effectiveness behavioural interventions (PICO 16)
- ✓ Effectiveness decision support systems (PICO 17)















Aim

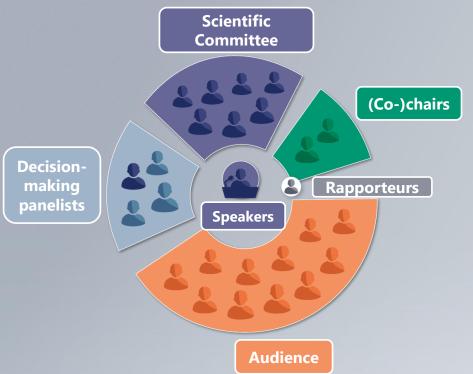
formulate evidence-based, clinically relevant recommendations



- 200 participants from 5 continents
- Clinical bedside experts (e.g. transfusion medicine, surgery, anesthesiology and haematology)
- Patient, blood banking and blood transfusion services representatives
 - Co-sponsors: AABB, ISBT, DGTI, SFTS, SIMTI, EBA
 - Participation: ARCBS, TBS, ICTMG, ISTH, NBA, ÖGBT, SFAR
- Governmental authorities: WHO, EU Commission, DGAI, National Health Authority Australia



Methods: Consensus Development Conference (CDC)



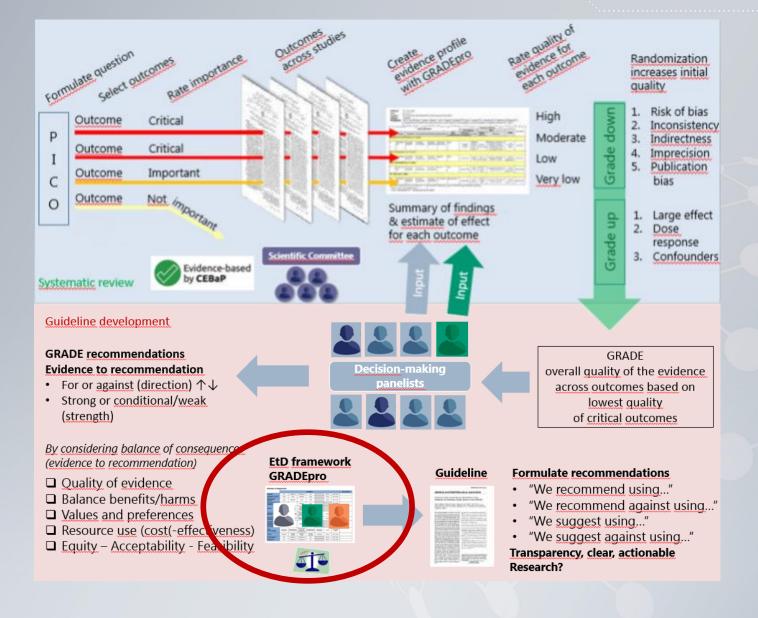
Major steps in the Consensus Development Conference format?

- Evidence presented by the SCIENTIFIC COMMITTEE to the conference, CHAIRED in a public (open) session followed by discussion (AUDIENCE)
- 2) Private (executive) session by DECISION-MAKING panel to further deliberate on the evidence and discussion to reach consensus -> result: draft consensus statement.
- 3) Presentation of draft consensus statement in a plenary session + review/comment/indicative voting by conference attendees.
- 4) Final executive session with final consensus statement by DECISION-MAKING PANEL.



Methods: GRADE methodology







Evidence-to-Decision framework



CRITERIA	JUDGEMENT	RESEARCH EVIDENCE
1. DESIRABLE EFFECTS	How substantial are the desirable anticipated effects?	EVIDENCE
2. UNDESIRABLE EFFECTS	How substantial are the undesirable anticipated effects?	EAIDLITOE
3. CERTAINTY OF EVIDENCE	What is the overall quality of the evidence of effects?	EVIDENCE
4. VALUES	Is there important uncertainty about or variability in how much people value the critical outcomes?	POLL
5. BALANCE OF EFFECTS	Does the balance between desirable and undesirable effects favor the intervention or the comparison?	EVIDENCE
6. RESOURCES REQUIRED	How large are the resource requirements (costs)?	EVIDENCE
7. EQUITY	What would be the impact on health equity?	POLL POLL
8. ACCEPTABILITY	Is the intervention acceptable to key stakeholders?	POLL
9. FEASIBILITY	Is the intervention feasible to implement?	POLL

Mentimeter

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Results: Day 1 (24 April 2018)



Rapporteurs



Audience



(Co-)chairs



Panelists



Speakers

3 Parallel sessions

Session 1: Preoperative anaemia







- Definition and diagnosis (PICO 1 and PICO 2)
- ✓ Treatment (PICO 3)

Session 2: RBC transfusion triggers



- ✓ Intensive care and acute interventions (PICO 4-9 & PICO 14)
- ✓ Haematology and oncology (PICO 10 & PICO 11)
- ✓ Neurology (PICO 12 & PICO 13)

Session 3: PBM implementation



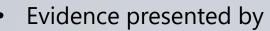




- Effectiveness implementation of 'comprehensive' PBM programs (PICO 15)
- Effectiveness behavioural interventions (PICO 16)
- ✓ Effectiveness decision support systems (PICO 17)



Part 1: Plenary





- Based on Evidence-to-Decision (EtD) framework
 - GRADEpro GDT Mentimeter Discussion with moderated by
 - Notes recorded by GRADEpro GDT



Part 2: Closed (private/executive session)

- Based on EtD framework
 - Draft recommendations

GRADEpro GDT

- Moderated by



Notes recorded by











Results: Day 2 (25 April 2018)

- Plenary session with the general audience (all 3 topics)
 - Presentation draft recommendations/justifications by
 - Discussion with/indicative voting by
 - Notes recorded by
- Closed sessions with the decision-making panelists and (co-) chairs
 - Formulation of final recommendations by \$\bigseless{



Results

JAMA | Special Communication

Patient Blood Management Recommendations From the 2018 Frankfurt Consensus Conference

Markus M. Mueller, MD; Hans Van Remoortel, PhD; Patrick Meybohm, MD, PhD; Kari Aranko, MD, PhD; Cécile Aubron, MD, PhD; Reinhard Burger, PhD; Jeffrey L. Carson, MD, PhD; Klaus Cichutek, PhD; Emmy De Buck, PhD; Dana Devine, PhD; Dean Fergusson, PhD; Gilles Folléa, MD, PhD; Craig French, MB, BS; Kathrine P. Frey, MD; Richard Gammon, MD; Jerrold H. Levy, MD; Michael F. Murphy, MD, MBBS; Yves Ozier, MD; Katerina Pavenski, MD; Cynthia So-Osman, MD, PhD; Pierre Tiberghien, MD, PhD; Jimmy Volmink, DPhil; Jonathan H. Waters, MD; Erica M. Wood, MB, BS; Erhard Seifried, MD, PhD; for the ICC PBM Frankfurt 2018 Group

10 evidence-based and clinically relevant recommendations

- Topic 1: Preoperative anaemia
 - 4 recommendations (1 strong, 3 conditional)
- Topic 2: RBC transfusion triggers
 - 4 recommendations (2 strong, 2 conditional)
- Topic 3: PBM implementation
 - 2 recommendations (2 conditional)





- Improve sense of ownership and knowledge of evidence-based methodology by different groups (panel members, chairs)
- More rigorous process to select panel members (COI!) and formal/blind voting system on draft/final recommendations
- Organization Consensus conference immediately before/after blood transfusion conference (e.g. ISBT)
 could increase participation (by general audience).



Bottom line

- How to enhance shared decision-making in a guideline project?
 - Involvement/participation of a multidisciplinary group of stakeholders
 - Formal consensus methodology: Consensus Development Conference
 - GRADE methodology: systematic reviews + translating evidence into recommendations (EtD framework!)
 - Use of online software (GDT software) and smartphone application (Mentimeter)



Acknowledgments 88.















Prof. Dr. Erhard Seifried (German Red Cross Blood Transfusion Services/EBA) (chair)

Dr. Kari Aranko (European Blood Alliance/EBA)

Willemijn Kramer (European Blood Alliance/EBA)

Dr. Markus Müller (Institute for Transfusion Medicine and Immunohaematology Frankfurt/EBA)

Prof. Dr. Patrick Meybohm (University Clinics of the Johann Wolfgang Goethe University Frankfurt/Main)

Chairs of the Plenary Sessions:

Prof. Dr. Reinhard Burger, Robert-Koch-Institute, Berlin, Germany

Prof. Dr. Klaus Cichutek, Paul-Ehrlich-Institute, Langen, Germany

Prof. Dr. Jimmy Volmink, Faculty of Medicine and Health Sciences at Stellenbosch University, South Africa

Decision-making panel 'Preoperative anaemia'

Prof. Dr. Yves Ozier, University Hospital of Brest, France (Chair) Prof Dr. Emmy De Buck, Centre for Evidence Based Practice, Belgian Red Cross-Flanders, Belgium (Co-Chair)

Decision-making panel 'RBC transfusion triggers'

Prof. Dr. Reinhard Burger, Robert-Koch-Institute, Berlin, Germany (Chair) Prof. Dr. Jimmy Volmink, Faculty of Medicine and Health Sciences at Stellenbosch University, South Africa (Co-Chair)

Decision-making panel 'PBM implementation'

Prof. Dr. Jonathan Waters, Magee-Womens Hospital of the University of Pittsburgh Medical Center (Chair)

Prof. Dr. Dean Fergusson, Ottawa Hospital Research Institute, University of Ottawa, Canada (Co-Chair)



Acknowledgments



Centre for Evidence-Based Practice (CEBaP)

Belgian Red Cross

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