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**Priorities for Action**

**Hospital/Institutional Level**

1. Benchmark transfusion prescription and practices
2. Develop transfusion protocols based on generic/national guidelines, abandon transfusion triggers as surrogate markers
   a. Assess clinical and physiologic condition for deciding on transfusion
   b. Define symptoms, physical signs, and interpret laboratory results, based on individual patients
3. Set up multi-disciplinary teams for managing blood use in patients
4. Put in practice the use of:
   a. Standardized transfusion request form
   b. Standardized transfusion outcome form
5. Develop clinical transfusion process, as part of hospital quality system and participate in hospital accreditation programmes
6. Establish mechanisms for improving communication and coordination among various stakeholders in patient care
7. Establish and activate hospital transfusion committees (HTC)
8. Designate transfusion officers in hospitals
9. Provide pre-service and in-service training for clinicians, nurses and midwives on blood use
10. Collect a minimum set of data on patient transfusion outcomes

**National Level**

1. Obtain commitment of the government through policy and legal framework for HTCs and for multi-disciplinary approach for blood use in patient management
2. Identify major national clinical needs, and based on these, develop and implement national guidelines on blood use including patient blood management
3. Based on guidelines, develop algorithms for prescribing
4. Develop standards for hospital transfusion system, as part of hospital standards
5. Establish a minimum data set that can be captured at each hospital
6. Develop national or regional public health networks and their integration within the haemovigilance systems
7. Introduce technologies to facilitate decision for transfusion prescription
8. Conduct multi-centric studies  
   a. Patient outcomes  
   b. Alternatives  
9. Conduct benchmarking studies to compare practices in different hospitals and clinicians  
10. Start hospital accreditation programmes, including clinical transfusion as part of this programmes  
11. Provide training for clinicians, nurses and midwives on blood use  
12. Develop professional leadership skills to lead and manage hospitals across the country to strengthen hospital transfusion systems  
13. Develop educational curriculum  
   a. Pre-service  
   b. In-service  
   c. Post graduate educations (multiple discipline)  
14. Focus on outcome research  
15. Translate - Make available current evidence through desk research - meta analysis  
   a. Move forward on randomized control trials (RCT)  
   b. Need more funding for RCT in Patient Blood Management  

**International Level**  
1. Develop and provide generic tools for collection of minimum transfusion outcome and patient outcome data at national level  
2. Develop and provide tools for clinical transfusion audits  
3. Collect global data on blood use and transfusion outcome  
4. Establish global observatory on transfusion data  
5. Modify *WHO Aide-Memoire on 'Clinical Use of Blood'* to get patient management and clinicians' perspectives  
6. Promote and support research on inappropriate blood use in developing countries  
7. Share opinions and information through WHO Global Forum on Blood Safety and expand to involve multiple clinical disciplines  
8. Review WHO list of essential medicine to include agents to reduce need for blood transfusion  
9. Disseminate information on best transfusion practices  
10. Develop patient-oriented handbooks on blood use  
11. Promote and support evidence based reviews  
12. Promote and support research on other transfusion modalities (e.g., Washed v Unwashed red cells) during intra-operative cell salvage  
13. Develop key performance indicators  
   a. functioning HTC  
   b. clinical transfusion process  
14. Develop generic curriculum for nurse and medical students on blood use  
15. Acknowledge countries providing data to promote the countries not currently providing data