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The Patient Blood Management Coordinator, shall we position ourselves?

La figura del Coordinador de Patient Blood Management, ¿nos posicionamos?

Dear Editor:

Patient blood management (PBM), translated into Spanish as Gestión de la Sangre del Paciente (GSP), is a multidisciplinary strategy to preserve and optimize a patient's red blood cell mass, avoid unnecessary transfusions, and use the medical and surgical interventions available rationally according to the best available evidence. Therefore, PBM focuses on 3 pillars with over 100 procedures described: comprehensive management of anemia (detection and treatment), minimization of unnecessary or iatrogenic blood loss (medical-surgical hemostasis and blood conservation strategies), and optimization of physiological tolerance to anemia and rational transfusion practices (restrictive transfusion thresholds, optimization of hemodynamics, and oxygen consumption/transport).[1,2]

The implementation of PBM is cost-effective and associated with a reduction of blood transfusions up to 39%, along with a lower mortality rate, and transfusion-related complications (length of stay, readmissions, rates of infection, and renal failure, among others).[1,3,4] The advantages of PBM programs are so significant that the World Health Organization (WHO) and the Council of Europe recommend their implementation. However, the reality is that the adoption of these recommendations is very heterogeneous in our country.[3] Additionally, blood components and blood products are becoming increasingly limited resources, and their inappropriate use goes against the altruistic spirit that surrounds blood donation in Spain.

Therefore, we believe that the creation of the role of PBM Coordinator in each hospital is a matter of civil and professional responsibility, similar to the already existing and functioning roles of coordinator of Antimicrobial Stewardship Programs (ASP) or the transplant coordinator, which is consistent with the existing national program of the Maturity Assessment Model in PBM (MAPBM).

In essence, this role would work on 2 fronts: providing training and clinical advice on PBM at hospital level. It would involve a complex task including multiple medical and surgical specialties working together to optimize and rationalize the use of blood components and blood products in hospitalized patients, whether in hospital wards, emergency areas, and especially in critical care units, as we saw in a study published in *Medicina Intensiva* on transfusion practices being highly heterogeneous and subject to optimization, especially in chronic critically ill patients.[5]

Having this role taken over by an intensivist is a matter of attitude and commitment. Shall we position ourselves?

Conflicts of interest

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