

Preoperative Autologous Donation (PAD) Management Consulting Service

Helping you eliminate the routine use of PAD by ensuring that it is used correctly

Appropriate blood management practices can enhance patient care and cost management. The correct use of preoperative autologous donation (PAD) requires a comprehensive blood management strategy. Our PAD Management Consulting Service can help you eliminate the routine use of PAD, enabling your organization to institute and adopt evidence-based guidelines and clinical best practices, including selection criteria for PAD-appropriate patients.

Evidence-based PAD management

While PAD can be an effective blood management strategy, it is often used inappropriately, leading to poor transfusion practice, such as increased overall transfusions, excess waste, unnecessary risk and higher costs.¹ To maximize the value of PAD, it should be indicated as part of a comprehensive blood management strategy that includes adequate time for recovery of red cell mass.

Project leadership and program activities

We help to facilitate your success with a range of project leadership and program activities developed to support your individual program needs. To ensure your success and sustainability, our project leadership team will guide you in establishing structure and workflow to your blood management program.

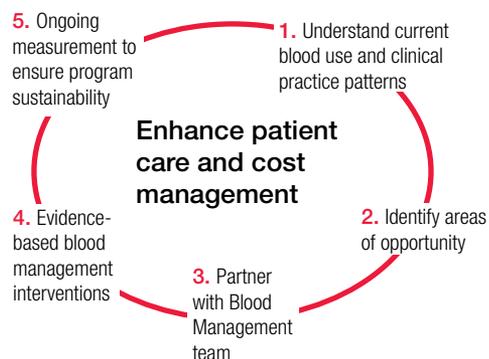
Our program activities are designed to help you understand your current use of PAD by assessing your current practice behaviors and office-based process, engaging clinical and administrative staff and using data from IMPACT® Online. All this helps us to gain consensus on what the appropriate criteria for transfusion of PAD should be.

Additionally, we provide educational support regarding the proper use of PAD and develop metrics and measurements for success. We can also design a monitoring plan, as well as continuous improvement processes, including an office-based procedure audit and review. Our number one goal is to help your organization implement and sustain change through reinforcement and measurement of outcomes.

Our approach to blood management

Haemonetics helps hospitals improve their patient outcomes and reduce costs by determining current blood use patterns and blood management initiatives, comparing them to “best practices,” and implementing evidence-based, blood management programs.

Results of these interventions and ongoing performance are regularly evaluated through the IMPACT® Online Blood Management Business Intelligence Portal.



Our PAD Management Consulting Service works with you to:

- Understand your current PAD metrics using data from IMPACT Online
- Assess your current use of PAD (frequency of use, transfusion criteria, etc.) by engaging with your clinical staff and administrators
- Assist your Champion with identifying key stakeholders for driving the PAD program
- Partner with your clinical and administrative leaders to establish project governance and accountability
- Provide educational support regarding the proper use of PAD
- Gain consensus on appropriate guidelines and triggers for PAD use
- Identify and revise your office-based process for ordering PAD and develop and facilitate a continuous improvement process for success

Dedicated medical leadership

The Haemonetics medical leadership team provides blood management expertise with over 100 years of combined experience for peer-to-peer assessment, education and change management activities. The team includes:

Mark Popovsky, MD – Corporate Medical Officer
Robert Thurer, MD – Medical Director
Laurel Omert, MD – Medical Director
Patricia Parce, RN, CCRC – Clinical Implementation Manager

About Haemonetics

Haemonetics is *THE* Blood Management Company. Our comprehensive portfolio of devices, information management and services offers blood management solutions for each facet of the blood supply chain. We believe that through proper blood management, our products and services allow customers to prevent a transfusion to the patient who doesn't need one and provide the right blood product, at the right time, in the right dose to the patient who does.

¹ Goodnough LT. *Critical Care* 2004 8 (Suppl 2): S49-S52.
Goodnough LT, Brecher ME. *Internal Medicine* 1998; 37: 238-245.