



The **MAPBM Awards for Best Practices in Patient Blood Management (PBM)** are convened annually by CSL within the framework of the MAPBM Program, to recognize hospitals that most effectively integrate PBM strategies into their clinical practice and achieve better patient outcomes.

The evaluation system follows the MAPBM assessment model, which is based on outcomes, process, and structure quality indicators, and is overseen by an independent Technical Expert Committee, separate from CSL.

The objective of CSL with these awards is to support the advancement and research in the field of PBM.

Scope and Eligibility

All hospitals participating in the MAPBM Program are, by virtue of their participation, eligible candidates for the MAPBM Awards.

Participation as a candidate in the MAPBM Awards implies acceptance of these terms and of any decisions made by the Technical Expert Committee for their interpretation and application, as well as the waiver of any claims or appeals.

Any hospital wishing to withdraw its candidacy must submit written notification to the MAPBM Program Secretariat (coordinadora@mapbm.org) no later than the day prior to the presentation of the consolidated preliminary results to the Technical Expert Committee.

Award Categories

Three categories:

- Best Tertiary PBM Hospital – Hospital with cardiac surgery achieving the highest MAPBM composite index score.
- Best Non-Tertiary PBM Hospital – Hospital without cardiac surgery achieving the highest MAPBM composite index score.
- Best Improvement in PBM – Hospital showing the greatest annual increase in the MAPBM composite index.

Each award carries a €6,000 prize. Hospitals are responsible for complying with any applicable tax obligations derived from the awards.

Award-winning hospitals will not be eligible for the following year's competition but may re-enter thereafter. They will, however, remain active participants in the MAPBM Project and continue to receive their annual performance reports

Evaluation Criteria

The evaluation is based on the MAPBM Composite Index, which aggregates selected indicators of structure, process, and outcomes defined in the MAPBM model. The hospital with the highest composite index value is the winner.

Indicators are selected based on the following criteria:

- Homogeneity and data availability across most centers
- Predictive and explanatory power for outcome variability
- Clinical relevance and impact on patient outcomes

MAPBM Composite Index

Structure – Weight 20%

- Governance: Existence of a PBM program for surgical patients.
- Knowledge: Awareness of the hospital's preoperative anemia management protocol.
- Information systems: Access to periodic reporting of transfusion practice data

Process – Weight 40%

- Pillar 1: % of patients with iron metabolism testing before surgery
- Pillar 1: % of anemic patients treated preoperatively
- Pillar 1: % of patients treated during hospitalization (specific for hip fracture, GI bleeding only)
- Pillar 2: % of patients receiving antifibrinolytics
- Pillar 3: Mean pre-transfusion hemoglobin level
- Pillar 3: % of single-unit transfusions

Outcomes – Weight 40%

- Total transfusion index
- Mean length of stay
- In-hospital mortality
- Complications rate
- Readmission rate

Hospitals lacking sufficient data sources or data quality for the indicators are excluded from eligibility. Similarly, hospitals with fewer than 75% of structure surveys completed are also excluded.

Technical Expert Committee

Functions:

- Establish the indicators included in the MAPBM Composite Index.
- Regularly reassess and refine the index based on emerging evidence and updated clinical practice guidelines.
- Define, when necessary, exclusion criteria.

Composition. Members meet one or more of the following profiles:

- PBM expert and member of the MAPBM Working Group
- Representative of a national scientific society
- Representative of an international scientific society
- Expert in hospital data analysis and management

If a Committee member belongs to a hospital participating in the MAPBM Program, that hospital is ineligible for the awards during the member's tenure.

Award decision

The MAPBM composite index will be calculated within two months following the release of the annual MAPBM performance reports to participating hospitals.

The names of the winning hospitals will remain confidential until the official award ceremony, held during the kick-off meeting of the following MAPBM edition.

Communication and Publicity

Winning hospitals authorize CSL and MAPBM to reference their names in any communications or publications related to the awards.

In internal or external communications made by the awarded hospitals or by third parties, CSL will not be held responsible for any misuse of the award trademarks or for any resulting damages to CSL, the hospital, or others.

Confidentiality and Impartiality

The impartiality of the awards is guaranteed by the objectivity of the indicators used, the rigor and reliability of MAPBM data management and standardization processes, and the independence and objectivity of the Technical Expert Committee members involved.

CSL has no access to the MAPBM composite index results or to any hospital- or patient-level data processed within the context of the MAPBM project. It only receives the names of the three finalist and winning hospitals, solely for the purpose of organizing and presenting the awards.