**Supplemental Survey**

# Please contact your blood bank personnel and/or your MSTCVS surgeon champion for assistance in completing this survey.

Hospital Name:

1. Does your hospital currently have a formal blood management program?

(Blood Management: An evidence-based, multidisciplinary approach to optimizing the care of patients who might need transfusion. Blood management encompasses all aspects of patient evaluation and clinical management surrounding the transfusion decision-making process, including the application of appropriate indications, as well as minimization of blood loss and optimization of patient red cell mass.

* + Yes
	+ No

If no, will one be started within the next year? (skip questions #2 and 3)

* + Yes
	+ No

STRUCTURE

1. What type of members make-up your hospital’s blood management program? *(check all that apply)*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Don’t know |
| Administrative personnel | □ | □ | □ |
| Blood bank /Lab | □ | □ | □ |
| Nursing staff | □ | □ | □ |
| Physician | □ | □ | □ |
| Program/transfusion coordinator | □ | □ | □ |
| Quality staff | □ | □ | □ |
| Other | □ | □ | □ |
|  |  |  |  |

1. Does your hospital’s blood management committee formally convene?
	* Yes
	* No
2. When does your hospital conduct blood usage transfusion reviews?
	* Prospectively
	* Retrospective, immediately
	* Retrospective, monthly
	* Retrospective, quarterly
	* Retrospective, other (please specify)
3. Does your hospital have a clinical decision support system to guide red blood cell transfusions?
	* Yes, computerized physician order entry
	* Yes, best practice alert
	* Yes, other (please specify) \_
	* No

POLICIES AND PROCEDURES

1. While many hospitals have institution specific guidelines, do any of the following national transfusion guidelines serve as the basis for your institution’s transfusion policies for red blood cells?

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Don’t know |
| American Association of Blood Banks | □ | □ | □ |
| American Red Cross | □ | □ | □ |
| College of American Pathologists | □ | □ | □ |
| Society of Thoracic Surgeons | □ | □ | □ |
| Other:  | □ | □ | □ |
|  |  |  |  |

1. Does your hospital require the physician to document the reason or clinical justification for red blood cell transfusions in the medical record?
	* Yes
	* No
	* Don’t know
2. Does your hospital require or suggest laboratory hemoglobin or hematocrit levels between multiple units of red blood cell transfusions to verify appropriateness?
	* Yes, Require
	* Yes, Suggest
	* No, Neither Require or Suggest
	* Don’t Know
3. What is your hospital’s average number of units that are available in the operating room for isolated,

**non-emergent CABG operations**? (#)

1. What of the following mechanisms are utilized at your hospital for acquiring red blood cell units for the patient in the operating room?
	* Computerized cross-match
	* Type and screen
	* Blood already available in the operating room
	* Stat blood
	* Other (please specify) \_

AUDIT AND FEEDBACK

1. Which of the following data elements does your hospital track related to red blood cell transfusion usage? *(check all that apply)*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Don’t know |
| Age of each red blood cell unit | □ | □ | □ |
| Hospital location in which red blood cell units are transfused | □ | □ | □ |
| Date that each red blood cell unit is transfused | □ | □ | □ |
|  |  |  |  |

1. Does your hospital set annual institutional blood management performance targets?
	* Yes
	* No (if no, skip question #13)
2. Are any of the following used to set institutional blood management performance targets?

*(check all that apply)*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Don’t know |
| Blood usage within institutional guidelines | □ | □ | □ |
| Near-miss events (e.g. acquisition and/or clerical error prior to transfusion) | □ | □ | □ |
| Report of adverse effects (e.g. transfusion reaction) | □ | □ | □ |
| Turnaround time for emergency/stat requests | □ | □ | □ |
| Wastage of all blood components | □ | □ | □ |
| Adherence to massive transfusion guidelines | □ | □ | □ |
| Other  | □ | □ | □ |
|  |  |  |  |

1. Are any of the following reports provided to staff members regarding their blood management practices? *(check all that apply)*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Don’t know |
| Benchmarking outside of your organization | □ | □ | □ |
| Benchmarking within your organization | □ | □ | □ |
| Provider blinded reports | □ | □ | □ |
| Provider unblinded reports | □ | □ | □ |
| Other \_ | □ | □ | □ |
|  |  |  |  |

1. Does your hospital use any of the following methods to educate your clinical staff regarding blood management practices? *(check all that apply)*

|  |  |  |  |
| --- | --- | --- | --- |
|  | Yes | No | Don’t know |
| Informal (one-on-one) | □ | □ | □ |
| Lectures / grand rounds on blood management | □ | □ | □ |
| Retrospective peer review and audit | □ | □ | □ |
| Prospective reviews of blood management practice | □ | □ | □ |
| Circulate journal articles concerning blood management practices | □ | □ | □ |
| Other \_ | □ | □ | □ |
|  |  |  |  |