Supplemental Table 1: Consensus Voting Results from POQI 8 Conference

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| --- | --- | --- | --- | --- | --- | --- |
|  | **Recommendation** | **Strength** | **LOE** | **For** | **Against** | **Comment** |
| **Statement 1.1** | We recommend screening all patients for anemia and iron deficiency as soon as surgery is contemplated. | Strong | B | 19 | 0  |   |
| **Statement 1.2** | We recommend measurement of hemoglobin concentration as a screening tool for anemia. | Strong | A | 19 |  0 |   |
| **Statement 1.3** | We recommend assessment of ferritin and transferrin saturation as a screening tool for iron deficiency. | Strong | B | 19 |  0 |   |
| **Statement 1.4** | We recommend further work-up of patients with anemia of unknown etiology | Strong | A | 19 |  0 |   |
| **Statement 2.1** | We recommend preoperative treatment of anemia. | Strong | B | 19 |  0 |   |
| **Statement 2.2** | We recommend preoperative treatment of iron deficiency with or without anemia. | Strong | C | 19 |  0 |   |
| **Statement 2.3** | We recommend treatment of iron deficiency anemia with intravenous iron preferred over oral iron when there is limited time before surgery. | Strong | A | 19 |  0 |   |
| **Statement 2.4** | We recommend referral for consideration of erythropoietin stimulating agents for patients who decline red cell transfusion or have moderate to severe anemia | Strong | B | 19 |  0 | Majority decision (15-4) for strength |
| **Statement 3.1** | We recommend the use of a structured clinical pathway to evaluate and treat preoperative anemia in cardiac surgery patients. | Strong | C | 19 |  0 |   |
| **Statement 3.2** | We recommend leveraging the electronic medical record to provide timely identification of patients who are anemic and prompt further evaluation. | Weak | C | 19 |  0 |   |
| **Statement 4** | We recommend the use of a preoperative anemia care coordination program as a cost-effective method to improve outcomes. | Weak | C | 19 |  0 |   |

**GRADE system used for POQI 8 Consensus Statement Ratings10**

**Quality of Evidence:**

A-Further research is very unlikely to change our confidence in the estimate of effect

B- Further research is likely to have an important impact on our confidence in the estimate of effect and may change the estimate

C- Further research is very likely to have an important impact on our confidence in the estimate of effect and is likely to change the estimate

D- Any estimate of effect is very uncertain

**Strength of Recommendation\*:**

Strong- Concerning an intervention or action, most patients would want it; most clinicians would recommend it; it can be adopted as policy in most situations

Weak- Concerning an intervention or action, most people would want it, but many would not; clinicians would recognize those different choices will be appropriate for different patients; policy-making will require substantial debate and involvement of many stakeholders.

\*Considered 4 key components: consequences, evidence, values/preferences, and cost.