

**5.1.3 Monitoring**

The program shall have a process for ongoing review of patient blood management practices.

- 5.1.3.1** The program shall review all nonconformances, deviations from established procedures or protocol, and other incidents where transfusion guidelines are not followed.

**5.1.4 Educational Materials**

The program shall develop and distribute educational materials for hospital personnel and patients that:

- 1) Describe patient blood management.
- 2) Discuss the risks and benefits of transfusion of blood products and components and transfusion avoidance.
- 3) Review the alternatives to transfusion, including pharmacologic therapies.

**5.1.5 Quality Control**

A program of quality control shall be established that is sufficiently comprehensive to ensure that patient-blood-management-related equipment and methods function as expected. Results shall be reviewed and corrective action taken.

**5.2 Phlebotomy**

The program shall review, revise, or create policies, processes, and procedures that minimize blood volume collected for laboratory testing.

**5.3 Consents, Approvals, and Notifications**

The program shall participate in the development and revision of policies, processes, and procedures regarding patient consent for transfusion and the right to decline transfusion.

**5.3.1** At a minimum, elements of consent shall include all of the following:

- 1) A description of the risks, benefits, and treatment alternatives.
- 2) The opportunity to ask and receive answers to the questions.
- 3) The right to accept or refuse treatment.

**5.4 Transfusion Orders**

Transfusion orders shall include indication(s) for transfusion, as determined by program-defined guidelines.

**5.5 Pre- and Posttransfusion Patient Care**

The program shall have guidelines for patient care in the pre- and posttransfusion settings.

**5.5.1** The program shall review, revise, or create the policies, processes, and procedures regarding pretransfusion testing. These policies shall be consistent with the AABB *Standards for Blood Banks and Transfusion Services*.

**5.5.2** The program shall create, review, and revise, as necessary, the policies, processes, and procedures to measure transfusion effectiveness and appropriateness.

**5.5.3** The program shall implement transfusion guidelines and monitor adherence to these guidelines. Situations of overtransfusion or failure to transfuse when identified shall be evaluated and root-cause analysis performed.

- 5.5.3.1** Data regarding adherence to these guidelines shall be shared with supervisory personnel at least quarterly and with the hospital administration and quality committees at least annually.

## **5.6 Preoperative or Preintervention Patient Care**

The program shall oversee and review:

- 1) The maximum surgical blood ordering schedule (MSBOS) or equivalent and update as needed. The MSBOS shall be reviewed at a minimum biennially.
- 2) Procedures for identification of patients who refuse transfusion.
- 3) Procedures for interventions to reduce the use of allogeneic transfusion.
- 4) The prescribing and ordering of appropriate blood components or transfusion-related pharmaceuticals (eg, factor concentrates, antifibrinolytics, hemostatic agents).

- 5.6.1** For elective surgical patients, the following shall be performed sufficiently in advance of the planned procedure to allow for successful treatment:

- 1) Evaluation and management of preprocedure anemia.
- 2) Assurance of safe and effective discontinuation of anticoagulants and/or platelet inhibitors.
- 3) Assessment of bleeding risk.
- 4) Assessment of physiologic ability to tolerate anemia, iron deficiency, and coagulation systems stress.
- 5) Consideration and plan for allogeneic blood needs and their alternatives, including clinically indicated preoperative autologous blood donation, intraoperative blood recovery, hemostatic agents, acute normovolemic hemodilution, treating postoperative anemia with medications, and/or anemia tolerance.