



e-Network Forum

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Has any hospital implemented a blood management program that is directed by the same physician who provides the medical direction of the transfusion medicine service and the medical direction of the blood management program?

The Editor wonders if any hospital has implemented a blood management program that is directed by the same physician who provides the medical direction of the transfusion medicine service and the medical direction of the blood management program?

If so, are the guidelines of both the 2nd edition of *Standards for Perioperative Autologous Blood Collection and Administration* and the *Standards for Blood Banks and Transfusion Services* 23rd Edition followed with regards to the **Medical Director Responsibilities**:

'The perioperative program shall have a medical director who is a licensed physician, and qualified by training and/or experience. The medical director shall have responsibility and authority for all policies, processes, and procedures. The medical director may delegate operational management to another qualified individual; however, the medical director shall retain ultimate responsibility',

'The blood bank or transfusion service shall have a medical director who is a licensed physician and qualified by education, training, and/or experience. The medical director shall have responsibility and authority for all medical and technical policies, processes, and procedures—including those that pertain to laboratory personnel and test performance—and for the consultative and support services that relate to the care and safety of donors and/or transfusion recipients. The medical director may delegate these responsibilities to another qualified physician; however, the medical director shall retain ultimate responsibility for medical director duties.'

At programs where blood management and transfusion service programs are directed by the same physician, are both programs represented at the **same medical staff committee** (such as a Transfusion Committee) or is each program represented at separate oversight/utilization review committees?

The following comments have been received.

ADDENDA Apr. 4, 2006

1. **A physician in the Northeastern USA** reports that at the multi-center healthcare network where he works they currently do not have a formal blood management program, but that the network is interested in setting one up. The plan would be to start up the program in their tertiary care "flagship" hospital, and then roll it out system wide to other network hospitals which range in size from 120 beds to as small as 6 beds. A physician would provide **medical direction for the new blood management program in addition to providing medical direction for their transfusion services**, to justify a full time position.

ADDENDA Apr. 9, 2006

2. **Richard K. Spence, MD, FACS, Senior Vice President for Clinical Affairs Infonale, Inc. West Chester, PA** (attribution used with permission) reports that in his experience, many existing "bloodless medicine and surgery" programs are staffed by a coordinator who relies on a physician champion who may or may not be directly involved with the hospital's transfusion service. Dr. Spence knows of such physicians who are hematologists, surgeons, anesthesiologists, internists, transfusion medicine specialists and family practitioners. In Dr. Spence's opinion, the **most critical characteristics of the physician are that s/he have knowledge of transfusion medicine, have the respect of colleagues and have (or have had) an active clinical practice**. The ability of the coordinator and physician, regardless of specialty, to have a hospital-wide impact **depends on cooperation across ALL specialties**, so having the lead physician also run the transfusion service can be an advantage. Most physician champions serve in a part-time capacity, and **many hospital administrators seem to be reluctant to support an FTE, or full-time,**

salaried physician director position for a blood management program. This reluctance is based primarily on a lack of understanding (or lack of belief) as to the potential cost savings that can be achieved with such a program. Systematic documentation of such a program's performance (both clinical and financial) should be considered.

Please submit comments to the [e-Network Forum](#).

[Ira A. Shulman, MD](#)

CBBS e-Network Forum Editor & Moderator



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Addenda: Apr. 4 & 9, 2006

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