# New, more efficient blood-ordering guidelines issued

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By extracting blood utilization data from electronic medical records and applying it to a proposed algorithm, a cost-saving, institution-specific maximum surgical blood order schedule can be created, according to a study published in the June issue of *Anesthesiology*.

(HealthDay)—By extracting blood utilization data from electronic medical records and applying it to a proposed algorithm, a cost-saving, institution-specific maximum surgical blood order schedule (MSBOS) can be created, according to a study published in the June issue of *Anesthesiology*.

In an effort to develop a system to create an institution-specific MSBOS, Steven M. Frank, M.D., from the Johns Hopkins Medical Institutions in Baltimore, and colleagues gathered data from an anesthesia information management system on blood utilization for 53,526 patients undergoing 1,632 different surgical procedures. The number of blood orders placed, but not indicated according to the MSBOS, was used to calculate the

economic implications.

The researchers found that among the 27,825 surgical cases that did not require preoperative blood orders as determined by the MSBOS, 32.7 percent had a type and screen and 9.5 percent had a cross-match ordered. A type and cross-match was ordered for 32.5 percent of the 4,644 cases determined to only need a type and screen. There was a potential reduction in hospital charges of $211,448 and a potential reduction in actual costs of $43,135 per year, or $8.89 and $1.81, respectively, per surgical patient, by using the MSBOS to eliminate unnecessary blood orders.

"An institution-specific MSBOS can be created using blood utilization data extracted from an anesthesia information management system along with our proposed algorithm," the authors write.

**More information:** Full Text