

New, more efficient blood-ordering guidelines issued

June 11 2013



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](#)

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Citation: New, more efficient blood-ordering guidelines issued (2013, June 11) retrieved 12 May 2024 from <https://medicalxpress.com/news/2013-06-efficient-blood-ordering-guidelines-issued.html>

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