

ED Department Meeting

2025

June 26, 2025

Melanie Viviano
ASC/PreSurgical Testing
Blood Avoidance Program



**Northern Westchester
Hospital**
Northwell Health®

AGENDA

- 1. Blood Avoidance at NWH**
- 2. Meditech Resources**
- 3. Blood Avoidance vs Patient Blood Management (PBM)**
- 4. Englewood**
- 5. Blood Management Centers of Excellence (BMCE)**
- 6. Questions**
- 7. Thank You!**

BLOOD AVOIDANCE PROGRAM

Northwell
Northern Westchester Hospital

Informed Consent for Blood Avoidance, Alternatives and Procedures

- Refusal of Consent to Blood Products.** I have discussed with my Attending Physician, his/her associates or assistants and possible residents at this healthcare facility regarding my blood and non-blood preferences. I have carefully considered and clearly expressed my unconditional opposition to receiving blood products except as noted in Section 3 below even if these products are necessary to prevent death or serious injury.
- Explanation of procedure(s), risks, benefits and alternatives.** My doctor(s) has explained and answered all my questions about the risks and benefits of timely blood transfusions, risks of delayed blood transfusions, and alternatives to blood transfusions. I understand that refusing blood transfusions and blood products may hinder my ability to receive generally accepted medical care and refusing blood products may endanger my health and life or require alternative invasive treatments.
 - All Patients.** I am aware that a situation may arise where I could die without a blood transfusion and where there would be no substitute for blood. Nevertheless, should death result because of my refusal I accept that eventuality and will not accept blood products. I have been given the opportunity to ask questions and my questions have been answered satisfactorily.
 - Obstetrical Patient:** I have been informed and understand that the physicians and staff are committed to employing every means possible to arrive at a positive outcome for me and my fetus without compromising my beliefs concerning the use of blood products. However, I am aware that a situation may arise where I or my fetus could die or suffer significant disability without blood products and where there would be no substitution for blood.
- Patient Preferences.** The following are my preferences regarding certain procedures, treatments, and blood fractions (INITIAL all that apply):

Whole elements of blood (components that make up whole blood):	Will Accept	Will Not Accept
• Plasma- Fluid component of blood.		
• Red blood cells- Blood cell component that transports oxygen throughout the body.		
• White Blood Cells- Blood cell component that helps the body fight infection and diseases.	Will Accept	Will Not Accept
• Platelets- Blood component that aids in clot formation and works to stop bleeding.		

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POLICY/GUIDELINE TITLE: Northwell Health Patient Blood Management Program	SYSTEM POLICY AND PROCEDURE MANUAL
POLICY #: BM.100.37	CATEGORY: Blood Management
System Approval Date: 2/25/25	Effective Date: 09/2008
Site Implementation Date: 2/25/25	Last Reviewed/Approved: 01/26/2023
Prepared by: System Anesthesia Service Line System Patient Care Services	Notations: Previously: 100.37 <i>Blood Avoidance Medical and Surgical Program: For Patients Refusing Blood Transfusions and Patients Wishing to Avoid the Use of Blood Products (Adults, Minors, and Pregnant Women)</i>

GENERAL STATEMENT of PURPOSE

The purpose of this document is to outline best practices in regard to the blood health of patients (adults, minors, and pregnant women) using a patient-centered, systematic, evidence-based approach that promotes patient safety and empowerment. This is Patient Blood Management (PBM). This policy includes strategies for preserving the patient's own blood whenever possible and only transfusing blood products when necessary. The tenets of PBM are foundational to the care of patients for whom blood is not an option.

POLICY

It is the policy of Northwell Health to use evidence-based medicine to improve patient outcomes and enhance patient experience through empowerment. It is also the policy of Northwell Health to respect the wishes (vs autonomy vs wishes and autonomy) of all patients with capacity to make health care decisions, and those authorized to make decisions on behalf of a patient who lacks decision-making capacity, including the right to decline blood transfusions or blood products. The attached guidelines provide recommendations for the practice of Patient Blood Management and the management of patients for whom blood is not an option.

SCOPE

This policy applies to all Northwell Health employees, as well as medical staff, volunteers, students, trainees, physician office staff, contractors, trustees and other persons performing work for or at Northwell Health; faculty and students of the Donald and Barbara Zucker School of Medicine at Hofstra/Northwell or the Hofstra Northwell School of Nursing and Physician Assistant Studies conducting research on behalf of the Zucker School of Medicine on or at any Northwell Health facility.

MEDITECH PART 1 – HOW DO YOU KNOW?

- 1. Open patient in Meditech
- 2. Hone in on the patient’s banner
- 3. Locate small blue “i” next to the patient’s name
- 4. Click on it

The screenshot shows a patient care system interface. At the top, it displays 'Patient Care System - (SHN/SHN.LIVE/SHN.LIVE) - Melanie Viviano RN'. Below this, the patient's name 'Steen, Robin' is shown with a small blue 'i' icon next to it. The patient's details include: DOB: 06/02/1975 50 F, Height: 165.1 cm, Weight: 56.9 kg, BSA: 1.62 m2, BMI: 20.9 kg/m2, and Allergy/AdvReac: No Known Allergies. The account number is FN000672. A search result is displayed: 'Partial Last, Partial First Search: Steen,Robin 50 F MR#: MN01002294'. Below the search result, there is a table of appointments:

May 12, 2025	D25.9,N83.202	Acct#: FN0006721704
Apr 28, 2025	Pst	Acct#: FN0006725550

The bottom of the screenshot shows a navigation bar with buttons for 'My List', 'Locations', 'Condition List', 'Find Patient', 'Acknowledges', 'Select', 'Add To', 'Add To', and 'Print'.

MEDITECH PART 2 – WHAT WILL THE PATIENT ACCEPT?

1. Pop up screen appears
2. Drop down list of products the patient will accept

Steen, Robin
 DOB: 06/02/1975 50 F
 Ht: 165.1 cm / Wt: 56.9 kg BSA: 1.62 m² BMI: 20.9 kg/m²
 Allergy/AdvReac: No Known Allergies

FN000672
N An

Partial Last, Partial First Search: Steen, Robin 50 F MR#: MN01002294

More Information

Do you wish to designate a Primary Caregiver?	
Who is your Primary Caregiver?	
Primary Caregiver Contact Phone Number	
Relationship	
Accept blood tx/ ALL bld products in life threatening event?	N
Blood Products Patient will accept:	Albumin Factor 7a (NOVOSEVEN) Factor 8 Recombinant Factor 9 Recombinant Factor 13 Recomb(Tretten) Cell Saver Prothrombin Complex Conc Antinhibitor Coag. Cmplx Dialysis Erythropoietin Thrombin Fibrin Sealant
OB Risk Factor	
Patient on Study Trial:	
Intervention/Study ARM/MD to notify:	
Additional Information:	

My List Locations Condition List Find Patient Acknowledge Select Status Board Add To My List Add To My List Print

WHAT IS THE DIFFERENCE?

Blood Avoidance

A traditional Blood Avoidance or Bloodless program caters to the populations for whom blood transfusions are NOT an option.

If the patient verbalizes they will NOT accept a transfusion, they are flagged as Blood Avoidance

RESOURCES FOR THE JEHOVAH'S WITNESS POPULATION:

1. 24-HR 845-600-4452

2. JW.ORG/MEDICAL

Patient Blood Management

Patient Blood Management is the Global Standard of Care that focuses on the patient and their blood health, **NOT** on the product. It is beyond a religious, moral, or personal conviction. Patients are informed of risks, benefits, and alternatives of treatment choices.

In addition to **PATIENT-CENTERED DECISION MAKING**, PBM is founded on these three basic pillars:

Pillar 1: Optimize the patient's own blood mass

Pillar 2: Minimize blood loss/bleeding

Pillar 3: Optimize the patient's reserves. Tolerate lower Hgb levels

Both JCAHO and WHO promote PBM as best practice. A comprehensive PBM program **BENEFITS EVERY PATIENT.**

There is no blood healthier and safer than the blood in our own bodies. **Better outcomes. Healthier patients. Healthier communities – all while reducing costs.**

BLOODLESS MEDICINE CHAMPIONS - ENGLEWOOD

- 1. Birthplace of Bloodless Medicine and Surgery**
- 2. Flag HIGH RISK patients at triage**
- 3. If JW patient, contact HLC immediately**
- 4. Reduce unnecessary blood draws**
- 5. Consult Hematology immediately to aid with timely decision making and avoid unnecessary admissions**
- 6. Consider alternatives to blood. Start IV iron infusions in the ED (if appropriate) immediately to reduce the need for transfusions later.**
- 7. Optimize hematopoietic capacity and potential ASAP.**
- 8. If admitted, consult with hospitalist team so everyone stays on the same page**
- 9. Ensure the patient's preferences are clearly documented from the start**

PBM AT NWH AND THE BMCE SYSTEM WIDE INITIATIVE

- 1. Anemia Management (not just limited to Pre-Op and OB)**
- 2. Bloodless Medicine and Surgery (growing the list of cooperative providers)**
- 3. Evidence Based Transfusion Guidelines (Single unit)**
- 4. Interactive CPOE**
- 5. Judicious Phlebotomy**
- 6. Pharmacologic Alternatives**
- 7. Laboratory Point-of-Care Testing**
- 8. Provider Education**
- 9. Single-Unit Transfusion**
- 10. Transfusion Audit/Report Cards**

Questions?

Thank you!



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