



SRI MUTHUKUMARAN MEDICAL COLLEGE HOSPITAL AND RESEARCH INSTITUTE

CHIKKARAYAPURAM, NEAR MANGADU, CHENNAI – 600069

BLOOD TRANSFUSION COMMITTEE

Chairperson:Dr Kasinathan B, Dean

Co-Chairperson:Dr Ganesan Muruga Perumal, Vice Principal

Co-ordinator:Dr Rama Rao, Blood Bank Medical Officer

Role of Coordinator: To conduct periodic committee meetings and to maintain committee related documents including MOM.

Terms for Reference: The members are appointed for a period of 4 years from date of 1st committee meeting. Members will be rotated or replaced after the completion of 4 years or any other members retire or resign during their tenure.

This committee will function on monthly basis under the Chairperson and Coordinator. The Coordinator will be responsible for organizing the committee meeting and minutes recorded.

Frequency: Monthly once

Quorum: 50% of the members should be present for the Committee meeting

INTRODUCTION

Blood Transfusion Committee play a crucial role in the implementation of national guidelines on the clinical use of blood at the hospital level .The blood management/transfusion committee is responsible for ensuring safe transfusion practice and the implementation of Patient Blood Management (PBM) initiatives.

Blood Management/Hospital Transfusion Committees (or equivalent) are multidisciplinary groups that have the overarching responsibility to maintain safe hospital transfusion practice.

ROLES & RESPONSIBILITIES

- Develop systems for the implementation of national guidelines within the hospital.
- Develop and regularly review policies, procedures and guidelines covering transfusion practice to ensure alignment with national guidelines and standards.
- Monitor the implementation of national guidelines within the organisation and take appropriate action to overcome any factors that may be hindering their effective implementation.
- Monitor to see that blood components are used appropriately and administered safely in accordance with national guidelines, standards and institutional policies. Where appropriate compare data on appropriate use of blood components within the hospital and external to the organisation.

- Monitor and review blood component wastage and develop strategies for reduction and improvement.
- Monitor, report, investigate transfusion adverse events and near misses and develop strategies for reduction and improvement. Utilize these examples as educational case studies.
- Liaise with blood transfusion services to ensure adequate supply of blood components and undertake strategic planning exercises (i.e shortages, disaster impact, pandemics etc)
- Ensure adequate training and assessment of all staff involved in the blood transfusion/management process.
- Ensure appropriate education and safety and quality improvement programs are available
- Monitor blood transfusion reaction.
- Include processes to actively involve patients/consumers in their care when providing safe blood management.

COMMITTEE MEMBERS:

S.NO	NAME	DESIGNATION
1.	Chairperson: Dr.KasinathanB,	Dean
2.	Co-Chairperson: Dr.Ganesan Muruga Perumal	Vice Principal
3.	Co-ordinator: Dr.N.Rama Rao	Blood Bank Medical Officer
4.	Dr.Mohanambal	Medical Superintendent
5.	Dr.Radha Bai Prabhu	HOD Obstetrics and Gynecology
6.	Dr.Ramanujam	HOD, Surgery
7.	Dr.Chandrasekaran	HOD, Orthopedics
8.	Dr.Karunakaran	HOD Pediatrics
9.	Dr.Reeyasudeen	HOD Anesthesiology
10.	Dr.Saraswathi	HOD Pathology
11.	Dr.Nithyalakshmi	Professor, Microbiology
12.	Dr.Mohana Lakshmi	Professor and HOD in-charge Biochemistry
13.	Dr.Gnanam	Resident Medical Officer
14.	Dr.Lakshmi Mani	CCMO & NABH coordinator
15.	Mrs.Thangamariammal	NS
16.	Mrs.Gayathri	ANS
17.	All ward in charge staff nurses	
18.	Mrs.Kalaivani	ICU In charge
19.	Mrs. Lalitha	OT in charge
20.	Mrs.Janani	Casualty In charge
21.	Mrs.Kanagavalli	Lab in charge