



SRI MUTHUKUMARAN MEDICAL COLLEGE HOSPITAL AND RESEARCH INSTITUTE

(Affiliated to the Tamil Nadu Dr.M.G.R. Medical University)

Chikkarayapuram, Near Mangadu, Chennai - 600069

Ph: 044 - 66344044, 66344000 Fax: 66344055, 66344050

E-Mail : smmchri2009@gmail.com, smmchri@yahoo.com

Website : www.smmchri.res.in

BLOOD TRANSFUSION COMMITTEE

Standard Operating Procedure

Chairperson: Dr. Jayanthi.R, - Dean

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

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 meet six months once / as required under the Chairperson and Coordinator. The coordinator will be responsible for organizing the committee meeting and minutes recorded.

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.



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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.



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COMMITTEE MEMBERS :

S.NO	NAME	DESIGNATION	POSITION HELD
1.	Dr. Jayanthi.R	Dean	Chairperson
2.	Dr. N. Rama Rao	Blood Bank Medical Officer	coordinator
3.	Dr.Durairajan	Vice Principal	Academic
4.	Dr.muthukumar	Vice Principal	Administration
5.	Dr.Uganath Subash	Deputy Medical Superintendent	Member
6.	Dr.S. Sampath Kumari	HOD Obstetrics and Gynecology	Member
7.	Dr. Ramanujam	HOD, General Surgery	Member
8.	Dr. Mani Ramesh	HOD, Orthopedics	Member
9.	Dr. Raja	Incharge Pediatrics	Member
10.	Dr. E. Reyasudeen	HOD Anesthesiology	Member
11.	Dr. Saraswathi	HOD Pathology	Member
12.	Dr. B. Kiran Madhusudhan	HOD Microbiology	Member
13.	Dr. P. Mohana Lakshmi	HOD Biochemistry	Member
14.	Dr.Rajalakshmi	HOD Medicine	Member
15.	Dr. D. Gnanam	Resident Medical Officer	Member
16.	Dr. Lakshmi Mani	CCMO & NABH coordinator	Member
17.	Mrs.Thangamariammal	Nursing Matron	Member
18.	Mrs. Kalaivani	Nursing Supervisor	Member
19.	Staff Nurse	All ward incharge staff nurses	Member
20.	Mrs.Jayasuganthi	ICU In charge	Member
21.	Mrs.Lalitha	OT in charge	Member
22.	Mrs.Gayathri	Casualty In charge	Member
23.	Staff Nurse	Lab in charge	Member



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DOCUMENTATION AND RECORD KEEPING

MAINTENANCE RECORDS

Maintain accurate and up-to-date records of all activities.

MANUALS AND GUIDELINES

Develop and update manuals and guidelines for staff.

Ensure that all staff are familiar with blood transfusion policy

REVIEW AND REVISION

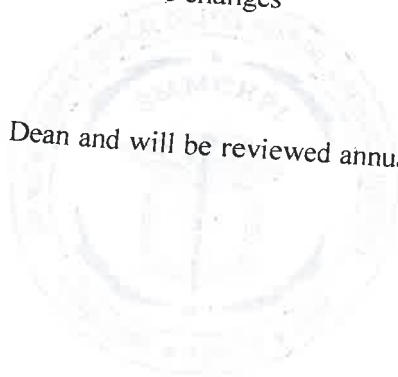
Periodically review the SOP to ensure its relevance and effectiveness.

Revise the SOP as needed to accommodate changes

APPROVAL

This SOP is approved by the Dean and will be reviewed annually or as needed.


IQAC COORDINATOR




DEAN
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Chennai-600 069