Table I: Demographics of Respondents

<table>
<thead>
<tr>
<th></th>
<th>Anesthesiologist</th>
<th>Perfusionist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Specialty</td>
<td>886</td>
<td>516</td>
</tr>
<tr>
<td>Leadership role (Yes)</td>
<td>541 (61)</td>
<td>307 (60)</td>
</tr>
<tr>
<td>Years of Practice</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 – 4 years</td>
<td>128 (14)</td>
<td>31 (6)</td>
</tr>
<tr>
<td>5 – 9 years</td>
<td>156 (18)</td>
<td>42 (8)</td>
</tr>
<tr>
<td>10 – 14 years</td>
<td>149 (17)</td>
<td>57 (11)</td>
</tr>
<tr>
<td>15 – 19 years</td>
<td>168 (19)</td>
<td>94 (18)</td>
</tr>
<tr>
<td>≥ 20 years</td>
<td>285 (32)</td>
<td>292 (57)</td>
</tr>
<tr>
<td>Number of cardiac surgical cases personally performed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; 100 cases / year</td>
<td>395 (45)</td>
<td>129 (25)</td>
</tr>
<tr>
<td>100 – 199 cases / year</td>
<td>315 (36)</td>
<td>328 (63)</td>
</tr>
<tr>
<td>200 – 299 cases / year</td>
<td>108 (12)</td>
<td>47 (9)</td>
</tr>
<tr>
<td>≥ 300 cases / year</td>
<td>68 (8)</td>
<td>12 (2)</td>
</tr>
<tr>
<td>Type of Institution</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Academic, University affiliated institution</td>
<td>432 (49)</td>
<td>175 (34)</td>
</tr>
<tr>
<td>Non-academic institution with academic affiliation</td>
<td>185 (21)</td>
<td>145 (28)</td>
</tr>
<tr>
<td>Private practice without an academic affiliation</td>
<td>269 (30)</td>
<td>196 (38)</td>
</tr>
<tr>
<td>Number of cardiac surgical cases performed at institution</td>
<td></td>
<td></td>
</tr>
<tr>
<td>&lt; 200 cases / year</td>
<td>162 (18)</td>
<td>123 (24)</td>
</tr>
<tr>
<td>200 – 399 cases / year</td>
<td>207 (23)</td>
<td>112 (22)</td>
</tr>
<tr>
<td>400 – 599 cases / year</td>
<td>150 (17)</td>
<td>99 (19)</td>
</tr>
<tr>
<td>600 – 799 cases / year</td>
<td>93 (11)</td>
<td>43 (8)</td>
</tr>
<tr>
<td>≥ 800 cases / year</td>
<td>274 (31)</td>
<td>139 (27)</td>
</tr>
<tr>
<td>Country</td>
<td></td>
<td></td>
</tr>
<tr>
<td>USA</td>
<td>641</td>
<td>436</td>
</tr>
<tr>
<td>Canada</td>
<td>60</td>
<td>61</td>
</tr>
<tr>
<td>United Kingdom</td>
<td>30</td>
<td>1</td>
</tr>
<tr>
<td>Germany</td>
<td>14</td>
<td>1</td>
</tr>
<tr>
<td>Netherlands</td>
<td>16</td>
<td>4</td>
</tr>
<tr>
<td>Belgium</td>
<td>9</td>
<td>1</td>
</tr>
<tr>
<td>Other Europe</td>
<td>30</td>
<td>3</td>
</tr>
<tr>
<td>Australia / New Zealand</td>
<td>32</td>
<td>1</td>
</tr>
<tr>
<td>Mexico and South America</td>
<td>19</td>
<td>1</td>
</tr>
<tr>
<td>Asia (all countries)</td>
<td>19</td>
<td>5</td>
</tr>
<tr>
<td>All other countries</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Did respondent read the STS / SCA Guidelines</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes – all of the Guidelines</td>
<td>297 (33)</td>
<td>127 (25)</td>
</tr>
<tr>
<td>Yes – part of the Guidelines</td>
<td>313 (35)</td>
<td>154 (30)</td>
</tr>
<tr>
<td>A Summary of the Guidelines</td>
<td>81 (9)</td>
<td>66 (13)</td>
</tr>
<tr>
<td>No</td>
<td>195 (22)</td>
<td>169 (33)</td>
</tr>
</tbody>
</table>

Results are reported as N (%)
### Table 2: Institutional Response to Guidelines

<table>
<thead>
<tr>
<th>Question</th>
<th>Anesthesiologist</th>
<th>Perfusionist</th>
</tr>
</thead>
<tbody>
<tr>
<td>A formal Institutional Discussion of the Guidelines</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>179 (20)</td>
<td>110 (21)</td>
</tr>
<tr>
<td>No</td>
<td>567 (64)</td>
<td>239 (46)</td>
</tr>
<tr>
<td>Don’t know</td>
<td>140 (16)</td>
<td>167 (32)</td>
</tr>
<tr>
<td>Who participated in the Institutional Discussion (within each professional group) in the respondents who said an institutional discussion was held</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgeons</td>
<td>153 (94)</td>
<td>99 (88)</td>
</tr>
<tr>
<td>Anesthesiologists</td>
<td>177 (100)</td>
<td>101 (90)</td>
</tr>
<tr>
<td>Perfusionists</td>
<td>129 (74)</td>
<td>106 (95)</td>
</tr>
<tr>
<td>Blood bankers</td>
<td>101 (73)</td>
<td>67 (60)</td>
</tr>
<tr>
<td>Nurses</td>
<td>70 (88)</td>
<td>57 (51)</td>
</tr>
<tr>
<td>Others</td>
<td>32 (68)</td>
<td>30 (27)</td>
</tr>
<tr>
<td>A formal Institutional Multidisciplinary Group set up to monitor effectiveness</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>118 (13)</td>
<td>85 (16)</td>
</tr>
<tr>
<td>No</td>
<td>570 (64)</td>
<td>221 (43)</td>
</tr>
<tr>
<td>Don’t know</td>
<td>198 (22)</td>
<td>210 (41)</td>
</tr>
<tr>
<td>Who participated in the Institutional Multidisciplinary Group (within each professional group) in the respondents who said an institutional discussion was held</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Surgeons</td>
<td>103 (87)</td>
<td>69 (79)</td>
</tr>
<tr>
<td>Anesthesiologists</td>
<td>110 (93)</td>
<td>68 (78)</td>
</tr>
<tr>
<td>Perfusionists</td>
<td>70 (59)</td>
<td>74 (85)</td>
</tr>
<tr>
<td>Blood bankers</td>
<td>83 (70)</td>
<td>59 (68)</td>
</tr>
<tr>
<td>Nurses</td>
<td>56 (47)</td>
<td>44 (51)</td>
</tr>
<tr>
<td>Others</td>
<td>39 (33)</td>
<td>27 (31)</td>
</tr>
<tr>
<td>Were any changes in clinical practice implemented?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Yes</td>
<td>206 (25)</td>
<td>137 (27)</td>
</tr>
<tr>
<td>No</td>
<td>425 (51)</td>
<td>199 (40)</td>
</tr>
<tr>
<td>Don’t know</td>
<td>206 (25)</td>
<td>162 (33)</td>
</tr>
</tbody>
</table>

Results are reported as N (%)
Table 3A: Preoperative Hemostatic Assessment - Responses by Perfusionists

<table>
<thead>
<tr>
<th></th>
<th>Already</th>
<th>New</th>
<th>Unrelated</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routinely perform a screening preoperative bleeding time or equivalent test (e.g. PFA-100) in all patients. §</td>
<td>298 (61)</td>
<td>6 (1)</td>
<td>7 (1)</td>
<td>175 (36)</td>
</tr>
<tr>
<td>Routinely perform a screening preoperative bleeding time or equivalent test (e.g. PFA-100) in patients who have received preoperative antiplatelet drugs. §</td>
<td>290 (61)</td>
<td>13 (3)</td>
<td>10 (2)</td>
<td>162 (34)</td>
</tr>
<tr>
<td>Routinely perform another laboratory screening assessment of platelet or hemostatic function (apart from PTT, INR and platelet count) in all patients §</td>
<td>244 (50)</td>
<td>13 (3)</td>
<td>7 (1)</td>
<td>227 (46)</td>
</tr>
</tbody>
</table>

Table 3B: Preoperative Hemostatic Assessment - Responses by Anesthesiologists

<table>
<thead>
<tr>
<th></th>
<th>Already</th>
<th>New</th>
<th>Unrelated</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routinely perform a screening preoperative bleeding time or equivalent test (e.g. PFA-100) in all patients. §</td>
<td>159 (18)</td>
<td>11 (1)</td>
<td>13 (2)</td>
<td>681 (79)</td>
</tr>
<tr>
<td>Routinely perform a screening preoperative bleeding time or equivalent test (e.g. PFA-100) in patients who have received preoperative antiplatelet drugs. §</td>
<td>191 (23)</td>
<td>28 (3)</td>
<td>18 (2)</td>
<td>618 (72)</td>
</tr>
<tr>
<td>Routinely perform another laboratory screening assessment of platelet or hemostatic function (apart from PTT, INR and platelet count) in all patients §</td>
<td>296 (34)</td>
<td>17 (2)</td>
<td>11 (1)</td>
<td>540 (63)</td>
</tr>
</tbody>
</table>

Results are reported as N (%). Respondents were instructed to:
- Please answer “Already” if you were already performing the test
- Please answer "New" if you stopped as a result of the guidelines.
- Please answer "Unrelated" if you stopped, not as a result of the guidelines.
- Please answer “No” if you were not performing the test

§ P <0.0001 comparing responses by Perfusionists and Anesthesiologists
Table 4A: Equipment or Practices used for Cardiopulmonary Bypass - Responses by Perfusionists

<table>
<thead>
<tr>
<th>Equipment or Practices used for Cardiopulmonary Bypass</th>
<th>Already</th>
<th>New</th>
<th>Unrelated</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine use of a heparin-coated or other surface-modified cardiopulmonary bypass circuit §</td>
<td>396 (79)</td>
<td>14 (3)</td>
<td>20 (4)</td>
<td>69 (14)</td>
</tr>
<tr>
<td>Routine use of intraoperative red-cell saving</td>
<td>436 (87)</td>
<td>4 (1)</td>
<td>11 (2)</td>
<td>48 (10)</td>
</tr>
<tr>
<td>Routine use of leukocyte reduction filters in the CPB circuit. §</td>
<td>70 (14)</td>
<td>6 (1)</td>
<td>6 (1)</td>
<td>411 (83)</td>
</tr>
<tr>
<td>Routine use of an open venous reservoir §</td>
<td>403 (81)</td>
<td>1 (0)</td>
<td>11 (2)</td>
<td>81 (16)</td>
</tr>
<tr>
<td>Routine use of a closed venous reservoir §</td>
<td>94 (19)</td>
<td>3 (1)</td>
<td>15 (3)</td>
<td>377 (77)</td>
</tr>
<tr>
<td>Routine use of a centrifugal pump</td>
<td>288 (58)</td>
<td>8 (2)</td>
<td>13 (3)</td>
<td>189 (38)</td>
</tr>
<tr>
<td>Routine use of acute normovolemic hemodilution §</td>
<td>260 (53)</td>
<td>15 (3)</td>
<td>22 (4)</td>
<td>198 (40)</td>
</tr>
<tr>
<td>Routine use of lowered pump prime volume §</td>
<td>389 (78)</td>
<td>43 (9)</td>
<td>16 (3)</td>
<td>50 (10)</td>
</tr>
<tr>
<td>Routine practice of retrograde autologous priming of the CPB circuit §</td>
<td>282 (57)</td>
<td>43 (9)</td>
<td>16 (3)</td>
<td>154 (31)</td>
</tr>
<tr>
<td>Routine use of an intraoperative point-of-care hemostasis or platelet function test in all patients who are bleeding.</td>
<td>139 (28)</td>
<td>23 (5)</td>
<td>7 (1)</td>
<td>328 (66)</td>
</tr>
<tr>
<td>Routine use of an intraoperative point-of-care hemostasis or platelet function test in all patients.</td>
<td>109 (22)</td>
<td>13 (3)</td>
<td>9 (2)</td>
<td>363 (73)</td>
</tr>
<tr>
<td>Increased use of OPCAB surgery in order to decrease the need for transfusion</td>
<td>73 (15)</td>
<td>6 (1)</td>
<td>32 (6)</td>
<td>385 (78)</td>
</tr>
<tr>
<td>Routine use of heparin concentration monitoring in all cases *</td>
<td>205 (42)</td>
<td>10 (2)</td>
<td>6 (1)</td>
<td>272 (55)</td>
</tr>
<tr>
<td>Routine use of increased heparin concentrations or ACT levels</td>
<td>150 (30)</td>
<td>7 (1)</td>
<td>27 (5)</td>
<td>309 (63)</td>
</tr>
<tr>
<td>Routine use of decreased heparin concentrations or ACT levels</td>
<td>91 (19)</td>
<td>4 (1)</td>
<td>22 (4)</td>
<td>373 (76)</td>
</tr>
</tbody>
</table>
Table 4B: Equipment or Practices used for Cardiopulmonary Bypass - Responses by Anesthesiologists

<table>
<thead>
<tr>
<th>Equipment or Practices used for Cardiopulmonary Bypass</th>
<th>Already</th>
<th>New</th>
<th>Unrelated</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine use of a heparin-coated or other surface-modified cardiopulmonary bypass circuit</td>
<td>562 (65)</td>
<td>14 (2)</td>
<td>27 (3)</td>
<td>262 (30)</td>
</tr>
<tr>
<td>Routine use of intraoperative red-cell saving</td>
<td>726 (83)</td>
<td>14 (2)</td>
<td>26 (3)</td>
<td>113 (13)</td>
</tr>
<tr>
<td>Routine use of leukocyte reduction filters in the CPB circuit.</td>
<td>433 (52)</td>
<td>21 (3)</td>
<td>37 (5)</td>
<td>342 (41)</td>
</tr>
<tr>
<td>Routine use of an open venous reservoir</td>
<td>267 (35)</td>
<td>1 (0)</td>
<td>72 (10)</td>
<td>416 (55)</td>
</tr>
<tr>
<td>Routine use of a closed venous reservoir</td>
<td>434 (56)</td>
<td>7 (1)</td>
<td>73 (9)</td>
<td>258 (33)</td>
</tr>
<tr>
<td>Routine use of a centrifugal pump</td>
<td>508 (61)</td>
<td>3 (0)</td>
<td>38 (5)</td>
<td>290 (34)</td>
</tr>
<tr>
<td>Routine use of acute normovolemic hemodilution</td>
<td>334 (39)</td>
<td>24 (3)</td>
<td>39 (5)</td>
<td>451 (53)</td>
</tr>
<tr>
<td>Routine use of lowered pump prime volume</td>
<td>544 (64)</td>
<td>56 (7)</td>
<td>43 (5)</td>
<td>209 (25)</td>
</tr>
<tr>
<td>Routine practice of retrograde autologous priming of the CPB circuit</td>
<td>344 (41)</td>
<td>62 (7)</td>
<td>43 (5)</td>
<td>392 (47)</td>
</tr>
<tr>
<td>Routine use of an intraoperative point-of-care hemostasis or platelet function test in all patients who are bleeding.</td>
<td>252 (29)</td>
<td>46 (5)</td>
<td>36 (4)</td>
<td>534 (62)</td>
</tr>
<tr>
<td>Routine use of an intraoperative point-of-care hemostasis or platelet function test in all patients.</td>
<td>158 (19)</td>
<td>34 (4)</td>
<td>24 (3)</td>
<td>632 (75)</td>
</tr>
<tr>
<td>Increased use of OPCAB surgery in order to decrease the need for transfusion</td>
<td>185 (21)</td>
<td>15 (2)</td>
<td>65 (8)</td>
<td>602 (69)</td>
</tr>
<tr>
<td>Routine use of heparin concentration monitoring in all cases</td>
<td>264 (31)</td>
<td>16 (2)</td>
<td>18 (2)</td>
<td>561 (65)</td>
</tr>
<tr>
<td>Routine use of increased heparin concentrations or ACT levels</td>
<td>299 (35)</td>
<td>17 (2)</td>
<td>52 (6)</td>
<td>477 (56)</td>
</tr>
<tr>
<td>Routine use of decreased heparin concentrations or ACT levels</td>
<td>181 (21)</td>
<td>12 (1)</td>
<td>43 (5)</td>
<td>605 (72)</td>
</tr>
</tbody>
</table>

Results are reported as N (%). Respondents were instructed to:

Please answer “Already” if you were already doing this.
Please answer "New" if this was a change in practice resulting from the guidelines.
Please answer "Unrelated" if this was a change in practice not resulting from the guidelines.
Please answer “No” if you do not use the technology.

* P <0.001 comparing responses by Perfusionists and Anesthesiologists
§ P <0.0001 comparing responses by Perfusionists and Anesthesiologists
### Table 5A: Institutional Transfusion Practices for Cardiac Surgery - Responses by Perfusionists

<table>
<thead>
<tr>
<th></th>
<th>Already</th>
<th>New</th>
<th>Unrelated</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduced hematocrit or hemoglobin level cutoff for red cell transfusion</td>
<td>146 (30)</td>
<td>62 (13)</td>
<td>19 (4)</td>
<td>257 (53)</td>
</tr>
<tr>
<td>Increased hematocrit or hemoglobin level cutoff for red cell transfusion</td>
<td>59 (12)</td>
<td>26 (5)</td>
<td>25 (5)</td>
<td>367 (77)</td>
</tr>
<tr>
<td>Transfuse all patients with a hemoglobin &lt;6g/dL at any stage of the hospital stay</td>
<td>270 (57)</td>
<td>10 (2)</td>
<td>26 (6)</td>
<td>164 (35)</td>
</tr>
<tr>
<td>Transfuse all patients with a hemoglobin &lt;7g/dL at any stage of the hospital stay</td>
<td>218 (47)</td>
<td>14 (3)</td>
<td>32 (7)</td>
<td>203 (43)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Always</th>
<th>Sometimes</th>
<th>Never</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine institutional use of leukoreduced red cell transfusion for cardiac surgery? *</td>
<td>248 (51)</td>
<td>127 (26)</td>
<td>72 (15)</td>
<td>39 (8)</td>
</tr>
<tr>
<td>Routine institutional use of leukoreduced coagulation factors and platelets for cardiac surgery?</td>
<td>152 (31)</td>
<td>115 (24)</td>
<td>47 (10)</td>
<td>171 (35)</td>
</tr>
</tbody>
</table>

### Table 5B: Institutional Transfusion Practices for Cardiac Surgery - Responses by Anesthesiologists

<table>
<thead>
<tr>
<th></th>
<th>Already</th>
<th>New</th>
<th>Unrelated</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduced hematocrit or hemoglobin level cutoff for red cell transfusion</td>
<td>322 (37)</td>
<td>109 (13)</td>
<td>49 (6)</td>
<td>386 (45)</td>
</tr>
<tr>
<td>Increased hematocrit or hemoglobin level cutoff for red cell transfusion</td>
<td>52 (6)</td>
<td>18 (2)</td>
<td>41 (5)</td>
<td>714 (87)</td>
</tr>
<tr>
<td>Transfuse all patients with a hemoglobin &lt;6g/dL at any stage of the hospital stay</td>
<td>473 (56)</td>
<td>15 (2)</td>
<td>65 (8)</td>
<td>289 (34)</td>
</tr>
<tr>
<td>Transfuse all patients with a hemoglobin &lt;7g/dL at any stage of the hospital stay</td>
<td>369 (43)</td>
<td>29 (3)</td>
<td>71 (8)</td>
<td>380 (45)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Always</th>
<th>Sometimes</th>
<th>Never</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine institutional use of leukoreduced red cell transfusion for cardiac surgery? *</td>
<td>423 (48)</td>
<td>264 (30)</td>
<td>80 (9)</td>
<td>106 (12)</td>
</tr>
<tr>
<td>Routine institutional use of leukoreduced coagulation factors and platelets for cardiac surgery?</td>
<td>294 (34)</td>
<td>232 (27)</td>
<td>106 (12)</td>
<td>240 (28)</td>
</tr>
</tbody>
</table>

Results are reported as N (%). Respondents were instructed to:
- Please answer “Already” if you were already doing this.
- Please answer “New” if this was a change in practice resulting from the guidelines.
- Please answer “Unrelated” if this was a change in practice not resulting from the guidelines.
- Please answer “No” if you do not use the technique

* P <0.001 comparing responses by Perfusionists and Anesthesiologists

§ P <0.0001 comparing responses by Perfusionists and Anesthesiologists
Table 6: Institutional Examination of the Effect of Aprotinin Withdrawal

<table>
<thead>
<tr>
<th>Institutional Examination of the Effect of Aprotinin Withdrawal</th>
<th>Anesthesiologist</th>
<th>Perfusionist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>117 (13)</td>
<td>88 (18)</td>
</tr>
<tr>
<td>No</td>
<td>635 (73)</td>
<td>242 (50)</td>
</tr>
<tr>
<td>Don’t know</td>
<td>122 (14)</td>
<td>156 (32)</td>
</tr>
</tbody>
</table>

Results are reported as N (%).

§ $P < 0.0001$ comparing responses by Perfusionists and Anesthesiologists
### Table 7A: Institutional Guidelines and Use of Recombinant Factor VIIa (NovoSeven) use during Cardiac Surgery - Responses by Perfusionists

<table>
<thead>
<tr>
<th>Question</th>
<th>Already</th>
<th>New</th>
<th>Unrelated</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use Factor VIIa as a rescue therapy in the setting of excessive, life-threatening bleeding that is unresponsive to routine therapy?</td>
<td>249 (53)</td>
<td>43 (9)</td>
<td>39 (8)</td>
<td>141 (30)</td>
</tr>
<tr>
<td>Use Factor VIIa as a first-line therapy for bleeding</td>
<td>12 (3)</td>
<td>10 (2)</td>
<td>16 (4)</td>
<td>406 (91)</td>
</tr>
</tbody>
</table>

### Table 7B: Institutional Guidelines and Use of Recombinant Factor VIIa (NovoSeven) use during Cardiac Surgery - Responses by Anesthesiologists

<table>
<thead>
<tr>
<th>Question</th>
<th>Already</th>
<th>New</th>
<th>Unrelated</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use Factor VIIa as a rescue therapy in the setting of excessive, life-threatening bleeding that is unresponsive to routine therapy?</td>
<td>612 (71)</td>
<td>63 (7)</td>
<td>57 (7)</td>
<td>132 (15)</td>
</tr>
<tr>
<td>Use Factor VIIa as a first-line therapy for bleeding</td>
<td>9 (1)</td>
<td>7 (1)</td>
<td>16 (2)</td>
<td>795 (96)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has your institution systematically examined the effect of Factor VIIa (Novoseven) upon renal failure and mortality?</td>
<td>23 (5)</td>
<td>239 (50)</td>
<td>218 (45)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Result of the Institutional assessment of NovoSeven use</th>
<th>Never been available</th>
<th>No longer used</th>
<th>Use restricted by Guidelines or other check-points</th>
<th>No restriction on use</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has your institution systematically examined the effect of Factor VIIa (Novoseven) upon renal failure and mortality?</td>
<td>3 (13)</td>
<td>0 (0)</td>
<td>18 (78)</td>
<td>2 (9)</td>
</tr>
<tr>
<td>Result of the Institutional assessment of NovoSeven use</td>
<td>Never been available</td>
<td>No longer used</td>
<td>Use restricted by Guidelines or other check-points</td>
<td>No restriction on use</td>
</tr>
<tr>
<td>Has your institution systematically examined the effect of Factor VIIa (Novoseven) upon renal failure and mortality?</td>
<td>64 (7)</td>
<td>662 (76)</td>
<td>141 (16)</td>
<td></td>
</tr>
</tbody>
</table>
Results are reported as N (%). Respondents were instructed to:
Please answer “Already” if you were already doing this.
Please answer "New" if this was a change in practice resulting from the guidelines.
Please answer "Unrelated" if this was a change in practice not resulting from the guidelines.
Please answer “No” if you do not use Factor VIIa

† P<0.01 comparing responses by Perfusionists and Anesthesiologists
* P <0.001 comparing responses by Perfusionists and Anesthesiologists
§ P <0.0001 comparing responses by Perfusionists and Anesthesiologists
Table 8A: Pharmacologic Guidelines for Cardiac Surgery - Responses by Perfusionists

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Already</th>
<th>New</th>
<th>Unrelated</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine use of EPO to improve the efficacy of autologous predonation</td>
<td>52 (12)</td>
<td>8 (2)</td>
<td>30 (7)</td>
<td>366 (80)</td>
</tr>
<tr>
<td>Routine use of EPO and iron in anemic patients undergoing elective surgery</td>
<td>116 (26)</td>
<td>20 (4)</td>
<td>29 (6)</td>
<td>289 (64)</td>
</tr>
<tr>
<td>Routinely stop all oral antiplatelet agents (excluding aspirin) prior to elective surgery</td>
<td>395 (84)</td>
<td>11 (2)</td>
<td>11 (2)</td>
<td>51 (11)</td>
</tr>
<tr>
<td>Routinely stop clopidogrel or ticlodipine for more than four days prior to elective surgery</td>
<td>343 (76)</td>
<td>10 (2)</td>
<td>35 (8)</td>
<td>62 (14)</td>
</tr>
<tr>
<td>Routinely continue aspirin until immediately prior to surgery in all patients</td>
<td>215 (48)</td>
<td>10 (2)</td>
<td>19 (4)</td>
<td>204 (46)</td>
</tr>
<tr>
<td>Routinely stop aspirin prior to elective surgery in patients without an acute coronary syndrome</td>
<td>279 (62)</td>
<td>6 (1)</td>
<td>30 (7)</td>
<td>136 (30)</td>
</tr>
<tr>
<td>Routinely use DDAVP for bleeding</td>
<td>89 (20)</td>
<td>12 (3)</td>
<td>33 (7)</td>
<td>321 (71)</td>
</tr>
<tr>
<td>Routinely use an antifibrinolytic such as Amicar or Tranexamic acid</td>
<td>413 (88)</td>
<td>13 (3)</td>
<td>15 (3)</td>
<td>28 (6)</td>
</tr>
<tr>
<td>Routinely use topical agents that employ bovine thrombin for hemostasis</td>
<td>306 (67)</td>
<td>12 (3)</td>
<td>15 (3)</td>
<td>127 (28)</td>
</tr>
</tbody>
</table>

Table 8B: Pharmacologic Guidelines for Cardiac Surgery - Responses by Anesthesiologists

<table>
<thead>
<tr>
<th>Recommendation</th>
<th>Already</th>
<th>New</th>
<th>Unrelated</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine use of EPO to improve the efficacy of autologous predonation</td>
<td>80 (9)</td>
<td>19 (2)</td>
<td>32 (4)</td>
<td>721 (85)</td>
</tr>
<tr>
<td>Routine use of EPO and iron in anemic patients undergoing elective surgery</td>
<td>139 (16)</td>
<td>26 (3)</td>
<td>42 (5)</td>
<td>644 (76)</td>
</tr>
<tr>
<td>Routinely stop all oral antiplatelet agents (excluding aspirin) prior to elective surgery</td>
<td>620 (72)</td>
<td>11 (1)</td>
<td>32 (4)</td>
<td>194 (23)</td>
</tr>
<tr>
<td>Routinely stop clopidogrel or ticlodipine for more than four days prior to elective surgery</td>
<td>677 (79)</td>
<td>16 (2)</td>
<td>38 (5)</td>
<td>127 (15)</td>
</tr>
<tr>
<td>Routinely continue aspirin until immediately prior to surgery in all patients</td>
<td>473 (56)</td>
<td>11 (1)</td>
<td>43 (5)</td>
<td>324 (38)</td>
</tr>
<tr>
<td>Routinely stop aspirin prior to elective surgery in patients without an acute coronary syndrome</td>
<td>363 (43)</td>
<td>6 (1)</td>
<td>37 (4)</td>
<td>436 (52)</td>
</tr>
<tr>
<td>Routinely use DDAVP for bleeding</td>
<td>131 (15)</td>
<td>17 (2)</td>
<td>35 (4)</td>
<td>672 (79)</td>
</tr>
<tr>
<td>Routinely use an antifibrinolytic such as Amicar or Tranexamic acid</td>
<td>731 (85)</td>
<td>24 (3)</td>
<td>28 (3)</td>
<td>79 (9)</td>
</tr>
<tr>
<td>Routinely use topical agents that employ bovine thrombin for hemostasis</td>
<td>481 (57)</td>
<td>10 (1)</td>
<td>70 (8)</td>
<td>287 (34)</td>
</tr>
</tbody>
</table>

Results are reported as N (%). Respondents were instructed to:
Please answer “Already” if you were already doing this.
Please answer "New" if this was a change in practice resulting from the guidelines. Please answer "Unrelated" if this was a change in practice not resulting from the guidelines. Please answer “No” if you did not change your practice.

† P<0.01 comparing responses by Perfusionists and Anesthesiologists
* P <0.001 comparing responses by Perfusionists and Anesthesiologists
§ P <0.0001 comparing responses by Perfusionists and Anesthesiologists
Table 9A: Other Practices for Cardiac Surgery - Responses by Perfusionists

<table>
<thead>
<tr>
<th>Practice</th>
<th>Already</th>
<th>New</th>
<th>Unrelated</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routinely transfuse all pump blood back to the patient, either directly or washed in a cell saver §</td>
<td>454 (96)</td>
<td>2 (0)</td>
<td>1 (0)</td>
<td>15 (3)</td>
</tr>
<tr>
<td>Routinely wash all shed mediastinal blood from postoperative chest tube drainage prior to reinfusion</td>
<td>94 (20)</td>
<td>10 (2)</td>
<td>17 (4)</td>
<td>349 (74)</td>
</tr>
<tr>
<td>No longer routinely use PEEP as a routine therapy for bleeding §</td>
<td>106 (25)</td>
<td>6 (1)</td>
<td>50 (12)</td>
<td>267 (62)</td>
</tr>
<tr>
<td>No longer routinely use intraoperative platelet or plasmapheresis</td>
<td>136 (31)</td>
<td>8 (2)</td>
<td>33 (7)</td>
<td>266 (60)</td>
</tr>
<tr>
<td>No longer routinely use direct reinfusion of unwashed shed mediastinal blood from postoperative chest tube drainage</td>
<td>209 (46)</td>
<td>5 (1)</td>
<td>29 (6)</td>
<td>211 (46)</td>
</tr>
</tbody>
</table>

Table 9B: Other Practices for Cardiac Surgery - Responses by Anesthesiologists

<table>
<thead>
<tr>
<th>Practice</th>
<th>Already</th>
<th>New</th>
<th>Unrelated</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routinely transfuse all pump blood back to the patient, either directly or washed in a cell saver §</td>
<td>773 (89)</td>
<td>10 (1)</td>
<td>22 (3)</td>
<td>60 (7)</td>
</tr>
<tr>
<td>Routinely wash all shed mediastinal blood from postoperative chest tube drainage prior to reinfusion</td>
<td>224 (26)</td>
<td>13 (2)</td>
<td>33 (4)</td>
<td>580 (68)</td>
</tr>
<tr>
<td>No longer routinely use PEEP as a routine therapy for bleeding §</td>
<td>331 (39)</td>
<td>21 (2)</td>
<td>77 (9)</td>
<td>419 (49)</td>
</tr>
<tr>
<td>No longer routinely use intraoperative platelet or plasmapheresis</td>
<td>381 (45)</td>
<td>19 (2)</td>
<td>56 (7)</td>
<td>391 (46)</td>
</tr>
<tr>
<td>No longer routinely use direct reinfusion of unwashed shed mediastinal blood from postoperative chest tube drainage</td>
<td>435 (52)</td>
<td>18 (2)</td>
<td>48 (6)</td>
<td>339 (40)</td>
</tr>
</tbody>
</table>

Results are reported as N (%). Respondents were instructed to:
- Please answer “Already” if you were already doing this.
- Please answer "New" if this was a change in practice resulting from the guidelines.
- Please answer "Unrelated" if this was a change in practice not resulting from the guidelines.
- Please answer “No” if you do not use the technology

† P<0.01 comparing responses by Perfusionists and Anesthesiologists
* P <0.001 comparing responses by Perfusionists and Anesthesiologists
§ P <0.0001 comparing responses by Perfusionists and Anesthesiologists
### Table 10: Effectiveness of Institutional Changes

<table>
<thead>
<tr>
<th>Question</th>
<th>Anesthesiologist</th>
<th>Perfusionist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Were the changes your institution made effective in reducing overall</td>
<td></td>
<td></td>
</tr>
<tr>
<td>transfusion rates?</td>
<td>60 (7)</td>
<td>50 (11)</td>
</tr>
<tr>
<td>Highly</td>
<td>241 (28)</td>
<td>162 (34)</td>
</tr>
<tr>
<td>Somewhat</td>
<td>87 (10)</td>
<td>46 (10)</td>
</tr>
<tr>
<td>Not at all</td>
<td>8 (1)</td>
<td>8 (2)</td>
</tr>
<tr>
<td>Increased transfusion</td>
<td>289 (33)</td>
<td>148 (31)</td>
</tr>
<tr>
<td>I do not know</td>
<td>179 (21)</td>
<td>58 (12)</td>
</tr>
<tr>
<td>We did not measure this</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

In your personal opinion, were the changes embraced by your specialty, at your institution

<table>
<thead>
<tr>
<th></th>
<th>Anesthesiologist</th>
<th>Perfusionist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highly</td>
<td>183 (22)</td>
<td>133 (30)</td>
</tr>
<tr>
<td>Somewhat</td>
<td>452 (54)</td>
<td>230 (51)</td>
</tr>
<tr>
<td>Not at all</td>
<td>204 (24)</td>
<td>85 (19)</td>
</tr>
</tbody>
</table>

In your personal opinion, were the changes embraced by other specialties, at your institution

<table>
<thead>
<tr>
<th></th>
<th>Anesthesiologist</th>
<th>Perfusionist</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highly</td>
<td>82 (10)</td>
<td>55 (12)</td>
</tr>
<tr>
<td>Somewhat</td>
<td>481 (58)</td>
<td>279 (63)</td>
</tr>
<tr>
<td>Not at all</td>
<td>271 (32)</td>
<td>108 (24)</td>
</tr>
</tbody>
</table>

Results are reported as N (%).

† *P*<0.01 comparing responses by Perfusionists and Anesthesiologists

* *P* <0.001 comparing responses by Perfusionists and Anesthesiologists
Table 11: Use of Leukoreduced Red Cells by Country

<table>
<thead>
<tr>
<th>Routine institutional use of leukoreduced red cell transfusion for cardiac surgery?</th>
<th>USA</th>
<th>Canada</th>
<th>Europe</th>
<th>Other countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always</td>
<td>487 (47)</td>
<td>71 (61)</td>
<td>72 (72)</td>
<td>36 (39)</td>
</tr>
<tr>
<td>Sometimes</td>
<td>324 (31)</td>
<td>20 (17)</td>
<td>13 (12)</td>
<td>34 (37)</td>
</tr>
<tr>
<td>Never</td>
<td>108 (10)</td>
<td>17 (15)</td>
<td>10 (9)</td>
<td>17 (18)</td>
</tr>
<tr>
<td>Don’t know</td>
<td>123 (13)</td>
<td>9 (8)</td>
<td>7 (7)</td>
<td>5 (5)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Routine institutional use of leukoreduced coagulation factors and platelets for cardiac surgery?</th>
<th>USA</th>
<th>Canada</th>
<th>Europe</th>
<th>Other countries</th>
</tr>
</thead>
<tbody>
<tr>
<td>Always</td>
<td>321 (31)</td>
<td>47 (41)</td>
<td>55 (51)</td>
<td>23 (25)</td>
</tr>
<tr>
<td>Sometimes</td>
<td>271 (26)</td>
<td>25 (22)</td>
<td>19 (18)</td>
<td>32 (35)</td>
</tr>
<tr>
<td>Never</td>
<td>107 (10)</td>
<td>9 (8)</td>
<td>13 (12)</td>
<td>24 (26)</td>
</tr>
<tr>
<td>Don’t know</td>
<td>343 (33)</td>
<td>35 (30)</td>
<td>20 (19)</td>
<td>12 (13)</td>
</tr>
</tbody>
</table>

Results are reported as N (%). Respondents were instructed to:
Please answer “Already” if you were already doing this.
Please answer "New" if this was a change in practice resulting from the guidelines.
Please answer "Unrelated" if this was a change in practice not resulting from the guidelines.
Please answer “No” if you do not use the technique

† P<0.01 comparing responses between countries or regions
* P <0.001 comparing responses between countries or regions
§ P <0.0001 comparing responses between countries or regions
Table 12A: Institutional Guidelines and Use of Recombinant Factor VIIa (NovoSeven) use during Cardiac Surgery - Responses from USA

<table>
<thead>
<tr>
<th></th>
<th>Already</th>
<th>New</th>
<th>Unrelated</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use Factor VIIa as a rescue therapy in the setting of excessive, life-threatening bleeding that is unresponsive to routine therapy? §</td>
<td>645 (63)</td>
<td>80 (9)</td>
<td>66 (6)</td>
<td>225 (22)</td>
</tr>
<tr>
<td>Use Factor VIIa as a first-line therapy for bleeding</td>
<td>19 (2)</td>
<td>14 (1)</td>
<td>29 (3)</td>
<td>913 (94)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has your institution systematically examined the effect of Factor VIIa (Novoseven) upon renal failure and mortality? §</td>
<td>54 (5)</td>
<td>674 (65)</td>
<td>304 (29)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Already</th>
<th>New</th>
<th>Unrelated</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Result of the Institutional assessment of NovoSeven use</td>
<td>3 (6)</td>
<td>3 (6)</td>
<td>38 (72)</td>
<td></td>
</tr>
<tr>
<td>- Never been available</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- No longer used</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Use restricted by Guidelines or other check-points</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- No restriction on use</td>
<td>9 (17)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 12B: Institutional Guidelines and Use of Recombinant Factor VIIa (NovoSeven) use during Cardiac Surgery - Responses from Canada

<table>
<thead>
<tr>
<th></th>
<th>Already</th>
<th>New</th>
<th>Unrelated</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use Factor VIIa as a rescue therapy in the setting of excessive, life-threatening bleeding that is unresponsive to routine therapy? §</td>
<td>90 (77)</td>
<td>7 (6)</td>
<td>8 (7)</td>
<td>12 (10)</td>
</tr>
<tr>
<td>Use Factor VIIa as a first-line therapy for bleeding</td>
<td>1 (1)</td>
<td>2 (2)</td>
<td>1 (1)</td>
<td>105 (96)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has your institution systematically examined the effect of Factor VIIa (Novoseven) upon renal failure and mortality? §</td>
<td>14 (12)</td>
<td>63 (53)</td>
<td>43 (36)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Already</th>
<th>New</th>
<th>Unrelated</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Result of the Institutional assessment of NovoSeven use</td>
<td>1 (7)</td>
<td>0 (0)</td>
<td>12 (86)</td>
<td></td>
</tr>
<tr>
<td>- Never been available</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- No longer used</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Use restricted by Guidelines or other check-points</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- No restriction on use</td>
<td>1 (7)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 12C: Institutional Guidelines and Use of Recombinant Factor VIIa (NovoSeven) use during Cardiac Surgery - Responses from Europe

<table>
<thead>
<tr>
<th>Use Factor VIIa as a rescue therapy in the setting of excessive, life-threatening bleeding that is unresponsive to routine therapy? §</th>
<th>Already</th>
<th>New</th>
<th>Unrelated</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>75 (70)</td>
<td>5 (5)</td>
<td>14 (13)</td>
<td>13 (12)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Use Factor VIIa as a first-line therapy for bleeding</th>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 (1)</td>
<td>0 (0)</td>
<td>2 (2)</td>
<td>99 (97)</td>
</tr>
</tbody>
</table>

Has your institution systematically examined the effect of Factor VIIa (Novoseven) upon renal failure and mortality? §

<table>
<thead>
<tr>
<th>Result of the Institutional assessment of NovoSeven use</th>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never been available</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>7 (88)</td>
</tr>
<tr>
<td>No longer used</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>Use restricted by Guidelines or other checkpoints</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>No restriction on use</td>
<td>1 (13)</td>
<td>92 (93)</td>
<td>7 (6)</td>
</tr>
</tbody>
</table>

Table 12D: Institutional Guidelines and Use of Recombinant Factor VIIa (NovoSeven) use during Cardiac Surgery - Responses from Other Countries

<table>
<thead>
<tr>
<th>Use Factor VIIa as a rescue therapy in the setting of excessive, life-threatening bleeding that is unresponsive to routine therapy? §</th>
<th>Already</th>
<th>New</th>
<th>Unrelated</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>52 (53)</td>
<td>6 (7)</td>
<td>8 (9)</td>
<td>23 (26)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Use Factor VIIa as a first-line therapy for bleeding</th>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 (1)</td>
<td>1 (1)</td>
<td>0 (0)</td>
<td>85 (98)</td>
</tr>
</tbody>
</table>

Has your institution systematically examined the effect of Factor VIIa (Novoseven) upon renal failure and mortality? §

<table>
<thead>
<tr>
<th>Result of the Institutional assessment of NovoSeven use</th>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never been available</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>No longer used</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>Use restricted by Guidelines or other checkpoints</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>No restriction on use</td>
<td>0 (0)</td>
<td>0 (0)</td>
<td>0 (0)</td>
</tr>
</tbody>
</table>
Results are reported as N (%). Respondents were instructed to:
Please answer “Already” if you were already doing this.
Please answer "New" if this was a change in practice resulting from the guidelines.
Please answer "Unrelated" if this was a change in practice not resulting from the guidelines.
Please answer “No” if you do not use Factor VIIa

† P<0.01 comparing responses between countries or regions
* P <0.001 comparing responses between countries or regions
§ P <0.0001 comparing responses between countries or regions
### Table 13A: Effectiveness of Institutional Changes

<table>
<thead>
<tr>
<th>Question</th>
<th>Institutional discussion held</th>
<th>Institutional discussion not held or unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Were the changes your institution made effective in reducing overall transfusion rates?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Highly</td>
<td>46 (17)</td>
<td>64 (6)</td>
</tr>
<tr>
<td>Somewhat</td>
<td>136 (49)</td>
<td>267 (25)</td>
</tr>
<tr>
<td>Not at all</td>
<td>22 (8)</td>
<td>111 (10)</td>
</tr>
<tr>
<td>Increased transfusion</td>
<td>4 (1)</td>
<td>12 (1)</td>
</tr>
<tr>
<td>I do not know</td>
<td>48 (17)</td>
<td>389 (37)</td>
</tr>
<tr>
<td>We did not measure this</td>
<td>21 (8)</td>
<td>216 (20)</td>
</tr>
<tr>
<td>In your personal opinion, were the changes embraced by your specialty, at your institution</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Highly</td>
<td>123 (45)</td>
<td>196 (19)</td>
</tr>
<tr>
<td>Somewhat</td>
<td>136 (50)</td>
<td>565 (54)</td>
</tr>
<tr>
<td>Not at all</td>
<td>15 (5)</td>
<td>280 (27)</td>
</tr>
<tr>
<td>In your personal opinion, were the changes embraced by other specialties, at your institution</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Highly</td>
<td>55 (20)</td>
<td>84 (8)</td>
</tr>
<tr>
<td>Somewhat</td>
<td>182 (66)</td>
<td>595 (58)</td>
</tr>
<tr>
<td>Not at all</td>
<td>38 (14)</td>
<td>350 (34)</td>
</tr>
</tbody>
</table>

Results are reported as N (%).

$\ § P <0.0001$ comparing whether or not an Institutional discussion group had been formed or not.
### Table 13B: Effectiveness of Institutional Changes

<table>
<thead>
<tr>
<th>Were the changes your institution made effective in reducing overall transfusion rates?</th>
<th>Institutional monitoring group formed</th>
<th>Institutional monitoring group not formed or unknown</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highly</td>
<td>45 (23)</td>
<td>34 (4)</td>
</tr>
<tr>
<td>Somewhat</td>
<td>104 (54)</td>
<td>200 (26)</td>
</tr>
<tr>
<td>Not at all</td>
<td>10 (5)</td>
<td>97 (10)</td>
</tr>
<tr>
<td>Increased transfusion</td>
<td>2 (1)</td>
<td>11 (1)</td>
</tr>
<tr>
<td>I do not know</td>
<td>45 (17)</td>
<td>216 (29)</td>
</tr>
<tr>
<td>We did not measure this</td>
<td>21 (23)</td>
<td>199 (26)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>In your personal opinion, were the changes embraced by your specialty, at your institution</th>
<th>§</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highly</td>
<td>105 (54)</td>
</tr>
<tr>
<td>Somewhat</td>
<td>84 (44)</td>
</tr>
<tr>
<td>Not at all</td>
<td>4 (2)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>In your personal opinion, were the changes embraced by other specialties, at your institution</th>
<th>§</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highly</td>
<td>47 (24)</td>
</tr>
<tr>
<td>Somewhat</td>
<td>132 (68)</td>
</tr>
<tr>
<td>Not at all</td>
<td>15 (8)</td>
</tr>
</tbody>
</table>

Results are reported as N (%).

§ $P <0.0001$ comparing whether or not an Institutional monitoring group had been formed or not.
### Table 13C: Effectiveness of Institutional Changes

<table>
<thead>
<tr>
<th>Were the changes your institution made effective in reducing overall transfusion rates?</th>
<th>Academic, University affiliated</th>
<th>Non-academic institution with academic affiliation</th>
<th>Private practice without an academic affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highly</td>
<td>47 (8)</td>
<td>29 (9)</td>
<td>34 (8)</td>
</tr>
<tr>
<td>Somewhat</td>
<td>162 (28)</td>
<td>108 (35)</td>
<td>133 (30)</td>
</tr>
<tr>
<td>Not at all</td>
<td>57 (10)</td>
<td>28 (9)</td>
<td>48 (10)</td>
</tr>
<tr>
<td>Increased transfusion</td>
<td>6 (1)</td>
<td>4 (1)</td>
<td>6 (1)</td>
</tr>
<tr>
<td>I do not know</td>
<td>197 (34)</td>
<td>100 (32)</td>
<td>140 (32)</td>
</tr>
<tr>
<td>We did not measure this</td>
<td>111 (19)</td>
<td>44 (14)</td>
<td>82 (19)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>In your personal opinion, were the changes embraced by your specialty, at your institution</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Highly</td>
<td>124 (22)</td>
<td>86 (28)</td>
<td>106 (25)</td>
</tr>
<tr>
<td>Somewhat</td>
<td>306 (55)</td>
<td>155 (51)</td>
<td>221 (52)</td>
</tr>
<tr>
<td>Not at all</td>
<td>127 (23)</td>
<td>65 (21)</td>
<td>97 (23)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>In your personal opinion, were the changes embraced by other specialties, at your institution</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Highly</td>
<td>48 (8)</td>
<td>46 (15)</td>
<td>43 (10)</td>
</tr>
<tr>
<td>Somewhat</td>
<td>334 (60)</td>
<td>181 (60)</td>
<td>245 (58)</td>
</tr>
<tr>
<td>Not at all</td>
<td>172 (31)</td>
<td>77 (25)</td>
<td>130 (31)</td>
</tr>
</tbody>
</table>

Results are reported as N (%).
<table>
<thead>
<tr>
<th>Level</th>
<th>Number of responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Canada 14</td>
<td>10</td>
</tr>
<tr>
<td>Canada 22</td>
<td>7</td>
</tr>
<tr>
<td>Canada 6</td>
<td>6</td>
</tr>
<tr>
<td>Canada 37</td>
<td>6</td>
</tr>
<tr>
<td>Canada 35</td>
<td>6</td>
</tr>
<tr>
<td>Canada 33</td>
<td>6</td>
</tr>
<tr>
<td>Canada 27</td>
<td>6</td>
</tr>
<tr>
<td>Canada 20</td>
<td>6</td>
</tr>
<tr>
<td>Canada 4</td>
<td>5</td>
</tr>
<tr>
<td>Canada 29</td>
<td>5</td>
</tr>
<tr>
<td>Canada 28</td>
<td>5</td>
</tr>
<tr>
<td>USA 213</td>
<td>13</td>
</tr>
<tr>
<td>USA 14</td>
<td>11</td>
</tr>
<tr>
<td>USA 332</td>
<td>10</td>
</tr>
<tr>
<td>USA 530</td>
<td>10</td>
</tr>
<tr>
<td>USA 13</td>
<td>9</td>
</tr>
<tr>
<td>USA 227</td>
<td>9</td>
</tr>
<tr>
<td>USA 374</td>
<td>8</td>
</tr>
<tr>
<td>USA 424</td>
<td>8</td>
</tr>
<tr>
<td>USA 167</td>
<td>7</td>
</tr>
<tr>
<td>USA 303</td>
<td>6</td>
</tr>
<tr>
<td>USA 506</td>
<td>6</td>
</tr>
<tr>
<td>USA 528</td>
<td>6</td>
</tr>
<tr>
<td>USA 112</td>
<td>5</td>
</tr>
<tr>
<td>USA 29</td>
<td>5</td>
</tr>
<tr>
<td>USA 362</td>
<td>5</td>
</tr>
<tr>
<td>USA 444</td>
<td>5</td>
</tr>
<tr>
<td>USA 591</td>
<td>5</td>
</tr>
<tr>
<td>USA 661</td>
<td>5</td>
</tr>
<tr>
<td>USA 758</td>
<td>5</td>
</tr>
</tbody>
</table>
The next section describes differences in practice change depending on whether an institutional discussion was held or not.

Table 15A: Preoperative Hemostatic Assessment - Respondents who said YES to formal Institutional Discussion of the Guidelines

<table>
<thead>
<tr>
<th>Routine Practice</th>
<th>Already (N)</th>
<th>New (N)</th>
<th>Unrelated (N)</th>
<th>No (N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routinely perform a screening preoperative bleeding time or equivalent test (e.g. PFA-100) in all patients.</td>
<td>110 (40)</td>
<td>8 (3)</td>
<td>3 (1)</td>
<td>155 (56)</td>
</tr>
<tr>
<td>Routinely perform a screening preoperative bleeding time or equivalent test (e.g. PFA-100) in patients who have received preoperative antiplatelet drugs.</td>
<td>114 (42)</td>
<td>22 (8)</td>
<td>4 (1)</td>
<td>129 (50)</td>
</tr>
<tr>
<td>Routinely perform another laboratory screening assessment of platelet or hemostatic function (apart from PTT, INR and platelet count) in all patients</td>
<td>126 (45)</td>
<td>15 (5)</td>
<td>2 (1)</td>
<td>134 (48)</td>
</tr>
</tbody>
</table>

Table 15B: Preoperative Hemostatic Assessment - Respondents who said NO to formal Institutional Discussion of the Guidelines

<table>
<thead>
<tr>
<th>Routine Practice</th>
<th>Already (N)</th>
<th>New (N)</th>
<th>Unrelated (N)</th>
<th>No (N)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routinely perform a screening preoperative bleeding time or equivalent test (e.g. PFA-100) in all patients.</td>
<td>228 (29)</td>
<td>4 (1)</td>
<td>9 (1)</td>
<td>539 (69)</td>
</tr>
<tr>
<td>Routinely perform a screening preoperative bleeding time or equivalent test (e.g. PFA-100) in patients who have received preoperative antiplatelet drugs.</td>
<td>242 (31)</td>
<td>13 (2)</td>
<td>15 (2)</td>
<td>503 (65)</td>
</tr>
<tr>
<td>Routinely perform another laboratory screening assessment of platelet or hemostatic function (apart from PTT, INR and platelet count) in all patients</td>
<td>275 (35)</td>
<td>12 (2)</td>
<td>9 (1)</td>
<td>488 (62)</td>
</tr>
</tbody>
</table>

Results are reported as N (%). Respondents were instructed to:
- Please answer “Already” if you were already performing the test
- Please answer “New” if you stopped as a result of the guidelines.
- Please answer "Unrelated" if you stopped, not as a result of the guidelines.
- Please answer “No” if you were not performing the test

§ P <0.0001 comparing whether or not an Institutional discussion group had been formed or not
Table 16A: Equipment or Practices used for Cardiopulmonary Bypass - Respondents who said YES to formal Institutional Discussion of the Guidelines

<table>
<thead>
<tr>
<th>Practice</th>
<th>Already</th>
<th>New</th>
<th>Unrelated</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine use of a heparin-coated or other surface-modified CPB circuit</td>
<td>200 (70)</td>
<td>10 (4)</td>
<td>11 (4)</td>
<td>63 (22)</td>
</tr>
<tr>
<td>Routine use of intraoperative red-cell saving</td>
<td>240 (85)</td>
<td>8 (3)</td>
<td>5 (2)</td>
<td>31 (11)</td>
</tr>
<tr>
<td>Routine use of leukocyte reduction filters in the CPB circuit.</td>
<td>115 (41)</td>
<td>12 (4)</td>
<td>3 (1)</td>
<td>148 (53)</td>
</tr>
<tr>
<td>Routine use of an open venous reservoir</td>
<td>133 (52)</td>
<td>0 (0)</td>
<td>23 (9)</td>
<td>98 (39)</td>
</tr>
<tr>
<td>Routine use of a closed venous reservoir</td>
<td>113 (43)</td>
<td>4 (2)</td>
<td>22 (8)</td>
<td>122 (47)</td>
</tr>
<tr>
<td>Routine use of a centrifugal pump</td>
<td>180 (65)</td>
<td>5 (2)</td>
<td>12 (4)</td>
<td>79 (29)</td>
</tr>
<tr>
<td>Routine use of acute normovolemic hemodilution §</td>
<td>148 (53)</td>
<td>21 (8)</td>
<td>10 (4)</td>
<td>98 (35)</td>
</tr>
<tr>
<td>Routine use of lowered pump prime volume §</td>
<td>194 (69)</td>
<td>45 (16)</td>
<td>5 (2)</td>
<td>36 (13)</td>
</tr>
<tr>
<td>Routine practice of retrograde autologous priming of the CPB circuit §</td>
<td>136 (49)</td>
<td>51 (18)</td>
<td>5 (2)</td>
<td>85 (31)</td>
</tr>
<tr>
<td>Routine use of an intraoperative point-of-care hemostasis or platelet function test in all patients who are bleeding. §</td>
<td>98 (35)</td>
<td>30 (11)</td>
<td>2 (1)</td>
<td>152 (54)</td>
</tr>
<tr>
<td>Routine use of an intraoperative point-of-care hemostasis or platelet function test in all patients. §</td>
<td>68 (24)</td>
<td>21 (8)</td>
<td>2 (1)</td>
<td>184 (67)</td>
</tr>
<tr>
<td>Increased use of OPCAB surgery in order to decrease the need for transfusion</td>
<td>57 (20)</td>
<td>9 (3)</td>
<td>20 (8)</td>
<td>196 (70)</td>
</tr>
<tr>
<td>Routine use of heparin concentration monitoring in all cases</td>
<td>117 (41)</td>
<td>7 (2)</td>
<td>4 (1)</td>
<td>155 (55)</td>
</tr>
<tr>
<td>Routine use of increased heparin concentrations or ACT levels</td>
<td>100 (36)</td>
<td>7 (3)</td>
<td>17 (6)</td>
<td>152 (55)</td>
</tr>
<tr>
<td>Routine use of decreased heparin concentrations or ACT levels</td>
<td>70 (25)</td>
<td>3 (1)</td>
<td>12 (4)</td>
<td>190 (69)</td>
</tr>
</tbody>
</table>

Results are reported as N (%). Respondents were instructed to:
- Please answer “Already” if you were already doing this.
- Please answer "New" if this was a change in practice resulting from the guidelines.
- Please answer "Unrelated" if this was a change in practice not resulting from the guidelines.
- Please answer “No” if you do not use the technology
### Table 16B: Equipment or Practices used for Cardiopulmonary Bypass - Respondents who said NO to formal Institutional Discussion of the Guidelines

<table>
<thead>
<tr>
<th>Equipment or Practices used for Cardiopulmonary Bypass</th>
<th>Already</th>
<th>New</th>
<th>Unrelated</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine use of a heparin-coated or other surface-modified cardiopulmonary bypass circuit</td>
<td>530 (67)</td>
<td>11 (1)</td>
<td>25 (3)</td>
<td>215 (28)</td>
</tr>
<tr>
<td>Routine use of intraoperative red-cell saving</td>
<td>664 (84)</td>
<td>8 (1)</td>
<td>19 (2)</td>
<td>102 (13)</td>
</tr>
<tr>
<td>Routine use of leukocyte reduction filters in the CPB circuit.</td>
<td>304 (40)</td>
<td>12 (2)</td>
<td>25 (3)</td>
<td>424 (55)</td>
</tr>
<tr>
<td>Routine use of an open venous reservoir</td>
<td>369 (51)</td>
<td>1 (0)</td>
<td>49 (7)</td>
<td>305 (42)</td>
</tr>
<tr>
<td>Routine use of a closed venous reservoir</td>
<td>312 (43)</td>
<td>4 (1)</td>
<td>50 (7)</td>
<td>360 (42)</td>
</tr>
<tr>
<td>Routine use of a centrifugal pump</td>
<td>457 (59)</td>
<td>4 (1)</td>
<td>26 (3)</td>
<td>287 (37)</td>
</tr>
<tr>
<td>Routine use of acute normovolemic hemodilution §</td>
<td>314 (40)</td>
<td>13 (2)</td>
<td>37 (5)</td>
<td>412 (53)</td>
</tr>
<tr>
<td>Routine use of lowered pump prime volume §</td>
<td>525 (67)</td>
<td>36 (5)</td>
<td>40 (5)</td>
<td>178 (22)</td>
</tr>
<tr>
<td>Routine practice of retrograde autologous priming of the CPB circuit §</td>
<td>350 (46)</td>
<td>36 (5)</td>
<td>37 (5)</td>
<td>345 (45)</td>
</tr>
<tr>
<td>Routine use of an intraoperative point-of-care hemostasis or platelet function test in all patients who are bleeding. §</td>
<td>211 (27)</td>
<td>29 (4)</td>
<td>27 (3)</td>
<td>522 (66)</td>
</tr>
<tr>
<td>Routine use of an intraoperative point-of-care hemostasis or platelet function test in all patients. §</td>
<td>136 (18)</td>
<td>17 (2)</td>
<td>23 (3)</td>
<td>600 (77)</td>
</tr>
<tr>
<td>Increased use of OPCAB surgery in order to decrease the need for transfusion</td>
<td>152 (19)</td>
<td>10 (1)</td>
<td>56 (7)</td>
<td>568 (72)</td>
</tr>
<tr>
<td>Routine use of heparin concentration monitoring in all cases</td>
<td>248 (32)</td>
<td>14 (2)</td>
<td>14 (2)</td>
<td>501 (64)</td>
</tr>
<tr>
<td>Routine use of increased heparin concentrations or ACT levels</td>
<td>249 (32)</td>
<td>14 (2)</td>
<td>43 (6)</td>
<td>467 (40)</td>
</tr>
<tr>
<td>Routine use of decreased heparin concentrations or ACT levels</td>
<td>143 (19)</td>
<td>8 (1)</td>
<td>40 (5)</td>
<td>578 (75)</td>
</tr>
</tbody>
</table>

Results are reported as N (%). Respondents were instructed to:

Please answer “Already” if you were already doing this.
Please answer "New" if this was a change in practice resulting from the guidelines.
Please answer "Unrelated" if this was a change in practice not resulting from the guidelines.
Please answer “No” if you do not use the technology

§ P <0.0001 comparing whether or not an Institutional discussion group had been formed or not
### Table 17A: Institutional Transfusion Practices for Cardiac Surgery - Respondents who said YES to formal Institutional Discussion of the Guidelines

<table>
<thead>
<tr>
<th>Practice</th>
<th>Already</th>
<th>New</th>
<th>Unrelated</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduced hematocrit or hemoglobin level cutoff for red cell transfusion</td>
<td>108 (39)</td>
<td>87 (31)</td>
<td>8 (3)</td>
<td>77 (28)</td>
</tr>
<tr>
<td>Increased hematocrit or hemoglobin level cutoff for red cell transfusion</td>
<td>28 (11 )</td>
<td>17 (6 )</td>
<td>10 (4 )</td>
<td>210 (79)</td>
</tr>
<tr>
<td>Transfuse all patients with a hemoglobin &lt;6g/dL at any stage of the hospital stay</td>
<td>164 (61)</td>
<td>12 (4)</td>
<td>18 (7)</td>
<td>77 (28)</td>
</tr>
<tr>
<td>Transfuse all patients with a hemoglobin &lt;7g/dL at any stage of the hospital stay</td>
<td>118 (44)</td>
<td>22 (8)</td>
<td>17 (6)</td>
<td>112 (42)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Practice</th>
<th>Always</th>
<th>Sometimes</th>
<th>Never</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine institutional use of leukoreduced red cell transfusion for cardiac surgery?</td>
<td>146 (52)</td>
<td>90 (32)</td>
<td>24 (9)</td>
<td>22 (8)</td>
</tr>
<tr>
<td>Routine institutional use of leukoreduced coagulation factors and platelets for cardiac surgery?</td>
<td>116 (41)</td>
<td>75 (27)</td>
<td>32 (11)</td>
<td>58 (21)</td>
</tr>
</tbody>
</table>

### Table 17B: Institutional Transfusion Practices for Cardiac Surgery - Respondents who said NO to formal Institutional Discussion of the Guidelines

<table>
<thead>
<tr>
<th>Practice</th>
<th>Already</th>
<th>New</th>
<th>Unrelated</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduced hematocrit or hemoglobin level cutoff for red cell transfusion</td>
<td>257 (33)</td>
<td>62 (8 )</td>
<td>39 (5)</td>
<td>420 (54)</td>
</tr>
<tr>
<td>Increased hematocrit or hemoglobin level cutoff for red cell transfusion</td>
<td>61 (8)</td>
<td>17 (2 )</td>
<td>34 (5)</td>
<td>642 (85)</td>
</tr>
<tr>
<td>Transfuse all patients with a hemoglobin &lt;6g/dL at any stage of the hospital stay</td>
<td>420 (55)</td>
<td>9 (1)</td>
<td>52 (7)</td>
<td>280 (37)</td>
</tr>
<tr>
<td>Transfuse all patients with a hemoglobin &lt;7g/dL at any stage of the hospital stay</td>
<td>351 (46)</td>
<td>13 (2)</td>
<td>54 (8)</td>
<td>345 (45)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Practice</th>
<th>Always</th>
<th>Sometimes</th>
<th>Never</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine institutional use of leukoreduced red cell transfusion for cardiac surgery?</td>
<td>388 (49)</td>
<td>217 (28)</td>
<td>98 (13)</td>
<td>81 (10)</td>
</tr>
<tr>
<td>Routine institutional use of leukoreduced coagulation factors and platelets for cardiac surgery?</td>
<td>253 (32)</td>
<td>201 (26)</td>
<td>100 (13)</td>
<td>229 (29)</td>
</tr>
</tbody>
</table>

Results are reported as N (%). Respondents were instructed to:

Please answer “Already” if you were already doing this.
Please answer “New” if this was a change in practice resulting from the guidelines.
Please answer “Unrelated” if this was a change in practice not resulting from the guidelines.
Please answer “No” if you do not use the technique
* P < 0.001 comparing whether or not an Institutional discussion group had been formed or not

§ P < 0.0001 comparing whether or not an Institutional discussion group had been formed or not
Table 18: Institutional Examination of the Effect of Aprotinin Withdrawal – by response to formal Institutional Discussion of the Guidelines

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Institutional Examination of</td>
<td>56 (20)</td>
<td>115 (15)</td>
</tr>
<tr>
<td>the Effect of Aprotinin</td>
<td>174 (62)</td>
<td>562 (72)</td>
</tr>
<tr>
<td>Withdrawal</td>
<td>52 (18)</td>
<td>108 (14)</td>
</tr>
</tbody>
</table>

Results are reported as N (%).

† P <0.01 comparing whether or not an Institutional examination of aprotinin withdrawal had been performed or not
Table 19A: Institutional Guidelines and Use of Recombinant Factor VIIa (NovoSeven) use during Cardiac Surgery - Respondents who said YES to formal Institutional Discussion of the Guidelines

<table>
<thead>
<tr>
<th>Status</th>
<th>Already</th>
<th>New</th>
<th>Unrelated</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use Factor VIIa as a rescue therapy in the setting of excessive, life-threatening bleeding that is unresponsive to routine therapy?</td>
<td>194 (69)</td>
<td>25 (9)</td>
<td>14 (5)</td>
<td>47 (17)</td>
</tr>
<tr>
<td>Use Factor VIIa as a first-line therapy for bleeding</td>
<td>4 (2)</td>
<td>5 (2)</td>
<td>3 (1)</td>
<td>255 (96)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has your institution systematically examined the effect of Factor VIIa (Novoseven) upon renal failure and mortality?</td>
<td>28 (10)</td>
<td>194 (69)</td>
<td>59 (21)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Status</th>
<th>2 (7)</th>
<th>0 (0)</th>
<th>23 (82)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use restricted by Guidelines or other checkpoints</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No restriction on use</td>
<td>3 (11)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 19B: Institutional Guidelines and Use of Recombinant Factor VIIa (NovoSeven) use during Cardiac Surgery - Respondents who said NO to formal Institutional Discussion of the Guidelines

<table>
<thead>
<tr>
<th>Status</th>
<th>Already</th>
<th>New</th>
<th>Unrelated</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use Factor VIIa as a rescue therapy in the setting of excessive, life-threatening bleeding that is unresponsive to routine therapy?</td>
<td>489 (64)</td>
<td>58 (8)</td>
<td>55 (7)</td>
<td>168 (22)</td>
</tr>
<tr>
<td>Use Factor VIIa as a first-line therapy for bleeding</td>
<td>12 (2)</td>
<td>7 (1)</td>
<td>15 (2)</td>
<td>701 (95)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has your institution systematically examined the effect of Factor VIIa (Novoseven) upon renal failure and mortality?</td>
<td>52 (7)</td>
<td>578 (75)</td>
<td>145 (19)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Status</th>
<th>2 (4)</th>
<th>4 (8)</th>
<th>39 (75)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use restricted by Guidelines or other checkpoints</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No restriction on use</td>
<td>7 (13)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Results are reported as N (%). Respondents were instructed to: Please answer “Already” if you were already doing this.
Please answer "New" if this was a change in practice resulting from the guidelines. Please answer "Unrelated" if this was a change in practice not resulting from the guidelines. Please answer “No” if you do not use Factor VIIa.
Table 20A: Pharmacologic Guidelines for Cardiac Surgery - Respondents who said YES to formal Institutional Discussion of the Guidelines

<table>
<thead>
<tr>
<th></th>
<th>Already</th>
<th>New</th>
<th>Unrelated</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine use of EPO to improve the efficacy of autologous predonation</td>
<td>33 (12)</td>
<td>10 (4)</td>
<td>14 (5)</td>
<td>212 (79)</td>
</tr>
<tr>
<td>Routine use of EPO and iron in anemic patients undergoing elective surgery</td>
<td>65 (24)</td>
<td>21 (8)</td>
<td>15 (6)</td>
<td>167 (62)</td>
</tr>
<tr>
<td>Routinely stop all oral antiplatelet agents (excluding aspirin) prior to elective surgery</td>
<td>212 (77)</td>
<td>9 (3)</td>
<td>5 (2)</td>
<td>50 (18)</td>
</tr>
<tr>
<td>Routinely stop clopidogrel or ticlodipine for more than four days prior to elective surgery †</td>
<td>224 (82)</td>
<td>10 (4)</td>
<td>11 (4)</td>
<td>28 (10)</td>
</tr>
<tr>
<td>Routinely continue aspirin until immediately prior to surgery in all patients</td>
<td>151 (56)</td>
<td>4 (1)</td>
<td>10 (4)</td>
<td>164 (39)</td>
</tr>
<tr>
<td>Routinely stop aspirin prior to elective surgery in patients without an acute coronary syndrome</td>
<td>136 (51)</td>
<td>4 (1)</td>
<td>9 (3)</td>
<td>120 (45)</td>
</tr>
<tr>
<td>Routinely use DDAVP for bleeding</td>
<td>53 (20)</td>
<td>9 (3)</td>
<td>11 (4)</td>
<td>197 (73)</td>
</tr>
<tr>
<td>Routinely use an antifibrinolytic such as Amicar or Tranexamic acid †</td>
<td>247 (89)</td>
<td>11 (4)</td>
<td>5 (2)</td>
<td>13 (5)</td>
</tr>
<tr>
<td>Routinely use topical agents that employ bovine thrombin for hemostasis</td>
<td>160 (59)</td>
<td>4 (1)</td>
<td>17 (6)</td>
<td>91 (33)</td>
</tr>
</tbody>
</table>

Table 20B: Pharmacologic Guidelines for Cardiac Surgery - Respondents who said YES to formal Institutional Discussion of the Guidelines

<table>
<thead>
<tr>
<th></th>
<th>Already</th>
<th>New</th>
<th>Unrelated</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine use of EPO to improve the efficacy of autologous predonation</td>
<td>75 (10)</td>
<td>10 (1)</td>
<td>25 (3)</td>
<td>658 (86)</td>
</tr>
<tr>
<td>Routine use of EPO and iron in anemic patients undergoing elective surgery</td>
<td>133 (17)</td>
<td>19 (2)</td>
<td>34 (4)</td>
<td>581 (76)</td>
</tr>
<tr>
<td>Routinely stop all oral antiplatelet agents (excluding aspirin) prior to elective surgery</td>
<td>566 (74)</td>
<td>11 (1)</td>
<td>29 (4)</td>
<td>163 (21)</td>
</tr>
<tr>
<td>Routinely stop clopidogrel or ticlodipine for more than four days prior to elective surgery †</td>
<td>584 (76)</td>
<td>11 (1)</td>
<td>42 (6)</td>
<td>127 (17)</td>
</tr>
<tr>
<td>Routinely continue aspirin until immediately prior to surgery in all patients</td>
<td>411 (54)</td>
<td>12 (2)</td>
<td>40 (5)</td>
<td>299 (39)</td>
</tr>
<tr>
<td>Routinely stop aspirin prior to elective surgery in patients without an acute coronary syndrome</td>
<td>356 (47)</td>
<td>6 (1)</td>
<td>39 (5)</td>
<td>358 (47)</td>
</tr>
<tr>
<td>Routinely use DDAVP for bleeding</td>
<td>112 (15)</td>
<td>13 (2)</td>
<td>39 (5)</td>
<td>603 (79)</td>
</tr>
<tr>
<td>Routinely use an antifibrinolytic such as Amicar or Tranexamic acid †</td>
<td>658 (85)</td>
<td>15 (2)</td>
<td>31 (4)</td>
<td>69 (9)</td>
</tr>
<tr>
<td>Routinely use topical agents that employ bovine thrombin for hemostasis</td>
<td>457 (60)</td>
<td>7 (1)</td>
<td>42 (6)</td>
<td>256 (34)</td>
</tr>
</tbody>
</table>

Results are reported as N (%). Respondents were instructed to:
Please answer “Already” if you were already doing this.
Please answer “New” if this was a change in practice resulting from the guidelines.
Please answer “Unrelated” if this was a change in practice not resulting from the guidelines.
Please answer “No” if you did not change your practice.

† P<0.01 comparing whether or not an Institutional discussion group had been formed or not
§ P <0.0001 comparing whether or not an Institutional discussion group had been formed or not
Table 21A: Other Practices for Cardiac Surgery - Respondents who said YES to formal Institutional Discussion of the Guidelines

<table>
<thead>
<tr>
<th>Practice</th>
<th>Already</th>
<th>New</th>
<th>Unrelated</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routinely transfuse all pump blood back to the patient, either directly or washed in a cell saver</td>
<td>254 (92)</td>
<td>6 (2)</td>
<td>6 (2)</td>
<td>11 (4)</td>
</tr>
<tr>
<td>Routinely wash all shed mediastinal blood from postoperative chest tube drainage prior to reinfusion</td>
<td>65 (24)</td>
<td>13 (5)</td>
<td>8 (3)</td>
<td>188 (69)</td>
</tr>
<tr>
<td>No longer routinely use PEEP as a routine therapy for bleeding</td>
<td>86 (32)</td>
<td>12 (5)</td>
<td>37 (14)</td>
<td>130 (49)</td>
</tr>
<tr>
<td>No longer routinely use intraoperative platelet or plasmapheresis</td>
<td>110 (41)</td>
<td>15 (6)</td>
<td>22 (8)</td>
<td>121 (45)</td>
</tr>
<tr>
<td>No longer routinely use direct reinfusion of unwashed shed mediastinal blood from postoperative chest tube drainage</td>
<td>137 (51)</td>
<td>9 (3)</td>
<td>15 (6)</td>
<td>107 (40)</td>
</tr>
</tbody>
</table>

Table 21B: Other Practices for Cardiac Surgery - Respondents who said NO to formal Institutional Discussion of the Guidelines

<table>
<thead>
<tr>
<th>Practice</th>
<th>Already</th>
<th>New</th>
<th>Unrelated</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routinely transfuse all pump blood back to the patient, either directly or washed in a cell saver</td>
<td>710 (92)</td>
<td>5 (1)</td>
<td>12 (2)</td>
<td>47 (6)</td>
</tr>
<tr>
<td>Routinely wash all shed mediastinal blood from postoperative chest tube drainage prior to reinfusion</td>
<td>183 (24)</td>
<td>5 (1)</td>
<td>29 (4)</td>
<td>550 (72)</td>
</tr>
<tr>
<td>No longer routinely use PEEP as a routine therapy for bleeding</td>
<td>265 (35)</td>
<td>11 (2)</td>
<td>62 (8)</td>
<td>412 (55)</td>
</tr>
<tr>
<td>No longer routinely use intraoperative platelet or plasmapheresis</td>
<td>307 (41)</td>
<td>8 (1)</td>
<td>45 (6)</td>
<td>394 (52)</td>
</tr>
<tr>
<td>No longer routinely use direct reinfusion of unwashed shed mediastinal blood from postoperative chest tube drainage</td>
<td>372 (49)</td>
<td>8 (1)</td>
<td>39 (5)</td>
<td>336 (45)</td>
</tr>
</tbody>
</table>

Results are reported as N (%). Respondents were instructed to:

Please answer “Already” if you were already doing this.
Please answer "New" if this was a change in practice resulting from the guidelines.
Please answer "Unrelated" if this was a change in practice not resulting from the guidelines.
Please answer “No” if you do not use the technology.

* P <0.001 comparing whether or not an Institutional discussion group had been formed or not
This section describes whether the type of institution made a difference.

Table 22A: Preoperative Hemostatic Assessment - Responses by Academic University affiliated respondents

<table>
<thead>
<tr>
<th>Section Description</th>
<th>Already</th>
<th>New</th>
<th>Unrelated</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routinely perform a screening preoperative bleeding time or equivalent test (e.g. PFA-100) in all patients.</td>
<td>154 (26)</td>
<td>4 (1)</td>
<td>11 (2)</td>
<td>422 (71)</td>
</tr>
<tr>
<td>Routinely perform a screening preoperative bleeding time or equivalent test (e.g. PFA-100) in patients who have received preoperative antiplatelet drugs.</td>
<td>166 (28)</td>
<td>10 (2)</td>
<td>14 (2)</td>
<td>395 (68)</td>
</tr>
<tr>
<td>Routinely perform another laboratory screening assessment of platelet or hemostatic function (apart from PTT, INR and platelet count) in all patients</td>
<td>210 (36)</td>
<td>8 (1)</td>
<td>8 (1)</td>
<td>364 (62)</td>
</tr>
</tbody>
</table>

Table 22B: Preoperative Hemostatic Assessment - Responses by Non-academic, affiliated respondents

<table>
<thead>
<tr>
<th>Section Description</th>
<th>Already</th>
<th>New</th>
<th>Unrelated</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routinely perform a screening preoperative bleeding time or equivalent test (e.g. PFA-100) in all patients.</td>
<td>121 (39)</td>
<td>6 (2)</td>
<td>3 (1)</td>
<td>183 (58)</td>
</tr>
<tr>
<td>Routinely perform a screening preoperative bleeding time or equivalent test (e.g. PFA-100) in patients who have received preoperative antiplatelet drugs.</td>
<td>131 (43)</td>
<td>13 (4)</td>
<td>3 (1)</td>
<td>161 (52)</td>
</tr>
<tr>
<td>Routinely perform another laboratory screening assessment of platelet or hemostatic function (apart from PTT, INR and platelet count) in all patients</td>
<td>136 (43)</td>
<td>13 (4)</td>
<td>1 (0)</td>
<td>167 (53)</td>
</tr>
</tbody>
</table>

Table 22C: Preoperative Hemostatic Assessment - Responses by Private practice respondents

<table>
<thead>
<tr>
<th>Section Description</th>
<th>Already</th>
<th>New</th>
<th>Unrelated</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routinely perform a screening preoperative bleeding time or equivalent test (e.g. PFA-100) in all patients.</td>
<td>182 (41)</td>
<td>7 (2)</td>
<td>6 (1)</td>
<td>251 (56)</td>
</tr>
<tr>
<td>Routinely perform a screening preoperative bleeding time or equivalent test (e.g. PFA-100) in patients who have received preoperative antiplatelet drugs.</td>
<td>184 (43)</td>
<td>18 (4)</td>
<td>11 (3)</td>
<td>218 (51)</td>
</tr>
<tr>
<td>Routinely perform another laboratory screening assessment of platelet or hemostatic function (apart from PTT, INR and platelet count) in all patients</td>
<td>194 (43)</td>
<td>9 (2)</td>
<td>9 (2)</td>
<td>236 (53)</td>
</tr>
</tbody>
</table>
Results are reported as N (%). Respondents were instructed to:

Please answer “Already” if you were already performing the test
Please answer "New" if you stopped as a result of the guidelines.
Please answer "Unrelated" if you stopped, not as a result of the guidelines.
Please answer “No” if you were not performing the test

† P<0.01 comparing Institutional affiliation
§ P <0.0001 comparing Institutional affiliation
Table 23A: Equipment or Practices used for Cardiopulmonary Bypass - Responses by Academic University affiliated respondents

<table>
<thead>
<tr>
<th>Practice</th>
<th>Already</th>
<th>New</th>
<th>Unrelated</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine use of a heparin-coated or other surface-modified CPB circuit</td>
<td>390 (66)</td>
<td>9 (2)</td>
<td>22 (4)</td>
<td>166 (28)</td>
</tr>
<tr>
<td>Routine use of intraoperative red-cell saving §</td>
<td>461 (78)</td>
<td>10 (2)</td>
<td>21 (4)</td>
<td>102 (17)</td>
</tr>
<tr>
<td>Routine use of leukocyte reduction filters in the CPB circuit</td>
<td>231 (40)</td>
<td>9 (2)</td>
<td>20 (3)</td>
<td>317 (55)</td>
</tr>
<tr>
<td>Routine use of an open venous reservoir</td>
<td>287 (52)</td>
<td>0 (0)</td>
<td>37 (7)</td>
<td>224 (41)</td>
</tr>
<tr>
<td>Routine use of a closed venous reservoir</td>
<td>224 (41)</td>
<td>2 (0)</td>
<td>42 (8)</td>
<td>281 (51)</td>
</tr>
<tr>
<td>Routine use of a centrifugal pump §</td>
<td>295 (51)</td>
<td>5 (1)</td>
<td>28 (5)</td>
<td>256 (44)</td>
</tr>
<tr>
<td>Routine use of acute normovolemic hemodilution</td>
<td>229 (39)</td>
<td>20 (3)</td>
<td>30 (5)</td>
<td>309 (53)</td>
</tr>
<tr>
<td>Routine use of lowered pump prime volume</td>
<td>387 (66)</td>
<td>43 (7)</td>
<td>27 (5)</td>
<td>125 (21)</td>
</tr>
<tr>
<td>Routine practice of retrograde autologous priming of the CPB circuit</td>
<td>267 (46)</td>
<td>39 (7)</td>
<td>33 (6)</td>
<td>243 (42)</td>
</tr>
<tr>
<td>Routine use of an intraoperative point-of-care hemostasis or platelet function test in all patients who are bleeding.</td>
<td>185 (31)</td>
<td>33 (6)</td>
<td>23 (4)</td>
<td>348 (59)</td>
</tr>
<tr>
<td>Routine use of an intraoperative point-of-care hemostasis or platelet function test in all patients.</td>
<td>124 (21)</td>
<td>20 (3)</td>
<td>16 (3)</td>
<td>423 (73)</td>
</tr>
<tr>
<td>Increased use of OPCAB surgery in order to decrease the need for transfusion†</td>
<td>89 (15)</td>
<td>6 (1)</td>
<td>42 (8)</td>
<td>455 (77)</td>
</tr>
<tr>
<td>Routine use of heparin concentration monitoring in all cases §</td>
<td>160 (27)</td>
<td>9 (2)</td>
<td>12 (2)</td>
<td>409 (69)</td>
</tr>
<tr>
<td>Routine use of increased heparin concentrations or ACT levels</td>
<td>189 (33)</td>
<td>10 (2)</td>
<td>36 (6)</td>
<td>342 (59)</td>
</tr>
<tr>
<td>Routine use of decreased heparin concentrations or ACT levels</td>
<td>113 (19)</td>
<td>6 (1)</td>
<td>27 (5)</td>
<td>434 (75)</td>
</tr>
</tbody>
</table>
Table 23B: Equipment or Practices used for Cardiopulmonary Bypass - Responses by Non-academic, affiliated respondents

<table>
<thead>
<tr>
<th>Equipment or Practices used for Cardiopulmonary Bypass</th>
<th>Already</th>
<th>New</th>
<th>Unrelated</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine use of a heparin-coated or other surface-modified cardiopulmonary bypass circuit</td>
<td>227 (71)</td>
<td>9 (3)</td>
<td>11 (3)</td>
<td>75 (23)</td>
</tr>
<tr>
<td>Routine use of intraoperative red-cell saving §</td>
<td>282 (87)</td>
<td>5 (2)</td>
<td>8 (2)</td>
<td>30 (9)</td>
</tr>
<tr>
<td>Routine use of leukocyte reduction filters in the CPB circuit.</td>
<td>105 (34)</td>
<td>5 (2)</td>
<td>8 (3)</td>
<td>195 (62)</td>
</tr>
<tr>
<td>Routine use of an open venous reservoir</td>
<td>160 (53)</td>
<td>0 (0)</td>
<td>20 (7)</td>
<td>121 (40)</td>
</tr>
<tr>
<td>Routine use of a closed venous reservoir</td>
<td>130 (44)</td>
<td>3 (1)</td>
<td>19 (6)</td>
<td>145 (49)</td>
</tr>
<tr>
<td>Routine use of a centrifugal pump §</td>
<td>199 (64)</td>
<td>4 (1)</td>
<td>9 (3)</td>
<td>100 (32)</td>
</tr>
<tr>
<td>Routine use of acute normovolemic hemodilution</td>
<td>152 (49)</td>
<td>5 (2)</td>
<td>13 (4)</td>
<td>141 (45)</td>
</tr>
<tr>
<td>Routine use of lowered pump prime volume</td>
<td>229 (72)</td>
<td>28 (9)</td>
<td>9 (3)</td>
<td>52 (16)</td>
</tr>
<tr>
<td>Routine practice of retrograde autologous priming of the CPB circuit</td>
<td>157 (50)</td>
<td>30 (10)</td>
<td>7 (2)</td>
<td>121 (38)</td>
</tr>
<tr>
<td>Routine use of an intraoperative point-of-care hemostasis or platelet function test in all patients who are bleeding.</td>
<td>88 (27)</td>
<td>16 (5)</td>
<td>3 (1)</td>
<td>214 (67)</td>
</tr>
<tr>
<td>Routine use of an intraoperative point-of-care hemostasis or platelet function test in all patients.</td>
<td>59 (19)</td>
<td>10 (3)</td>
<td>4 (1)</td>
<td>242 (77)</td>
</tr>
<tr>
<td>Increased use of OPCAB surgery in order to decrease the need for transfusion†</td>
<td>64 (20)</td>
<td>8 (3)</td>
<td>28 (9)</td>
<td>219 (69)</td>
</tr>
<tr>
<td>Routine use of heparin concentration monitoring in all cases §</td>
<td>116 (37)</td>
<td>6 (2)</td>
<td>2 (1)</td>
<td>192 (61)</td>
</tr>
<tr>
<td>Routine use of increased heparin concentrations or ACT levels</td>
<td>107 (34)</td>
<td>4 (1)</td>
<td>18 (6)</td>
<td>184 (59)</td>
</tr>
<tr>
<td>Routine use of decreased heparin concentrations or ACT levels</td>
<td>62 (20)</td>
<td>4 (1)</td>
<td>15 (5)</td>
<td>233 (74)</td>
</tr>
</tbody>
</table>
Table 23C: Equipment or Practices used for Cardiopulmonary Bypass - Responses by Private practice respondents

<table>
<thead>
<tr>
<th>Practice</th>
<th>Already</th>
<th>New</th>
<th>Unrelated</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine use of a heparin-coated or other surface-modified CPB circuit</td>
<td>341 (75)</td>
<td>10 (2)</td>
<td>14 (3)</td>
<td>90 (20)</td>
</tr>
<tr>
<td>Routine use of intraoperative red-cell saving §</td>
<td>419 (91)</td>
<td>3 (1)</td>
<td>8 (2)</td>
<td>29 (6)</td>
</tr>
<tr>
<td>Routine use of leukocyte reduction filters in the CPB circuit.</td>
<td>176 (38)</td>
<td>13 (3)</td>
<td>16 (4)</td>
<td>241 (55)</td>
</tr>
<tr>
<td>Routine use of an open venous reservoir</td>
<td>223 (55)</td>
<td>2 (1)</td>
<td>26 (6)</td>
<td>152 (38)</td>
</tr>
<tr>
<td>Routine use of a closed venous reservoir</td>
<td>174 (42)</td>
<td>5 (1)</td>
<td>27 (7)</td>
<td>209 (50)</td>
</tr>
<tr>
<td>Routine use of a centrifugal pump §</td>
<td>302 (68)</td>
<td>2 (0)</td>
<td>14 (3)</td>
<td>123 (28)</td>
</tr>
<tr>
<td>Routine use of acute normovolemic hemodilution</td>
<td>213 (48)</td>
<td>14 (3)</td>
<td>18 (4)</td>
<td>199 (45)</td>
</tr>
<tr>
<td>Routine use of lowered pump prime volume</td>
<td>317 (70)</td>
<td>28 (6)</td>
<td>23 (5)</td>
<td>82 (18)</td>
</tr>
<tr>
<td>Routine practice of retrograde autologous priming of the CPB circuit</td>
<td>202 (46)</td>
<td>36 (8)</td>
<td>19 (4)</td>
<td>182 (42)</td>
</tr>
<tr>
<td>Routine use of an intraoperative point-of-care hemostasis or platelet function test in all patients who are bleeding.</td>
<td>118 (26)</td>
<td>20 (4)</td>
<td>16 (4)</td>
<td>300 (66)</td>
</tr>
<tr>
<td>Routine use of an intraoperative point-of-care hemostasis or platelet function test in all patients.</td>
<td>84 (19)</td>
<td>17 (4)</td>
<td>13 (3)</td>
<td>330 (74)</td>
</tr>
<tr>
<td>Increased use of OPCAB surgery in order to decrease the need for transfusion†</td>
<td>105 (23)</td>
<td>7 (2)</td>
<td>27 (6)</td>
<td>313 (69)</td>
</tr>
<tr>
<td>Routine use of heparin concentration monitoring in all cases §</td>
<td>193 (43)</td>
<td>11 (2)</td>
<td>10 (2)</td>
<td>232 (52)</td>
</tr>
<tr>
<td>Routine use of increased heparin concentrations or ACT levels</td>
<td>153 (34)</td>
<td>10 (2)</td>
<td>25 (6)</td>
<td>260 (58)</td>
</tr>
<tr>
<td>Routine use of decreased heparin concentrations or ACT levels</td>
<td>97 (22)</td>
<td>6 (1)</td>
<td>23 (5)</td>
<td>311 (71)</td>
</tr>
</tbody>
</table>

Results are reported as N (%). Respondents were instructed to:

- Please answer “Already” if you were already doing this.
- Please answer "New" if this was a change in practice resulting from the guidelines.
- Please answer "Unrelated" if this was a change in practice not resulting from the guidelines.
- Please answer “No” if you do not use the technology

† P<0.01 comparing Institutional affiliation
§ P <0.0001 comparing Institutional affiliation
Table 24A: Institutional Transfusion Practices for Cardiac Surgery - Responses by Academic University affiliated respondents

<table>
<thead>
<tr>
<th></th>
<th>Already</th>
<th>New</th>
<th>Unrelated</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduced hematocrit or hemoglobin level cutoff for red cell transfusion †</td>
<td>221 (38)</td>
<td>59 (10)</td>
<td>30 (5)</td>
<td>276 (47)</td>
</tr>
<tr>
<td>Increased hematocrit or hemoglobin level cutoff for red cell transfusion</td>
<td>53 (9)</td>
<td>21 (4)</td>
<td>31 (6)</td>
<td>456 (81)</td>
</tr>
<tr>
<td>Transfuse all patients with a hemoglobin &lt;6g/dL at any stage of the hospital stay</td>
<td>325 (58)</td>
<td>9 (2)</td>
<td>37 (7)</td>
<td>193 (34)</td>
</tr>
<tr>
<td>Transfuse all patients with a hemoglobin &lt;7g/dL at any stage of the hospital stay</td>
<td>266 (47)</td>
<td>19 (3)</td>
<td>35 (6)</td>
<td>247 (44)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Always</th>
<th>Sometimes</th>
<th>Never</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine institutional use of leukoreduced red cell transfusion for cardiac surgery? §</td>
<td>322 (55)</td>
<td>169 (29)</td>
<td>49 (8)</td>
<td>47 (8)</td>
</tr>
<tr>
<td>Routine institutional use of leukoreduced coagulation factors and platelets for cardiac surgery? §</td>
<td>215 (38)</td>
<td>157 (27)</td>
<td>57 (10)</td>
<td>156 (27)</td>
</tr>
</tbody>
</table>

Table 24B: Institutional Transfusion Practices for Cardiac Surgery - Responses by Non-academic, affiliated respondents

<table>
<thead>
<tr>
<th></th>
<th>Already</th>
<th>New</th>
<th>Unrelated</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduced hematocrit or hemoglobin level cutoff for red cell transfusion †</td>
<td>106 (34)</td>
<td>57 (18)</td>
<td>11 (3)</td>
<td>142 (45)</td>
</tr>
<tr>
<td>Increased hematocrit or hemoglobin level cutoff for red cell transfusion</td>
<td>26 (8)</td>
<td>12 (4)</td>
<td>12 (4)</td>
<td>260 (84)</td>
</tr>
<tr>
<td>Transfuse all patients with a hemoglobin &lt;6g/dL at any stage of the hospital stay</td>
<td>180 (59)</td>
<td>6 (2)</td>
<td>19 (6)</td>
<td>100 (33)</td>
</tr>
<tr>
<td>Transfuse all patients with a hemoglobin &lt;7g/dL at any stage of the hospital stay</td>
<td>134 (43)</td>
<td>9 (3)</td>
<td>32 (10)</td>
<td>135 (44)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th>Always</th>
<th>Sometimes</th>
<th>Never</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine institutional use of leukoreduced red cell transfusion for cardiac surgery? §</td>
<td>152 (48)</td>
<td>94 (30)</td>
<td>43 (14)</td>
<td>28 (9)</td>
</tr>
<tr>
<td>Routine institutional use of leukoreduced coagulation factors and platelets for cardiac surgery? §</td>
<td>101 (32)</td>
<td>84 (26)</td>
<td>40 (13)</td>
<td>93 (29)</td>
</tr>
</tbody>
</table>
### Table 24C: Institutional Transfusion Practices for Cardiac Surgery - Responses by Private practice respondents

<table>
<thead>
<tr>
<th>Practice</th>
<th>Already</th>
<th>New</th>
<th>Unrelated</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduced hematocrit or hemoglobin level cutoff for red cell transfusion</td>
<td>141 (31)</td>
<td>56</td>
<td>27 (6)</td>
<td>225 (50)</td>
</tr>
<tr>
<td>Increased hematocrit or hemoglobin level cutoff for red cell transfusion</td>
<td>32 (7)</td>
<td>11</td>
<td>23 (5)</td>
<td>365 (85)</td>
</tr>
<tr>
<td>Transfuse all patients with a hemoglobin &lt;6g/dL at any stage of the hospital stay</td>
<td>238 (54)</td>
<td>10</td>
<td>35 (8)</td>
<td>160 (36)</td>
</tr>
<tr>
<td>Transfuse all patients with a hemoglobin &lt;7g/dL at any stage of the hospital stay</td>
<td>187 (43)</td>
<td>15</td>
<td>36 (8)</td>
<td>201 (46)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Practice</th>
<th>Always</th>
<th>Sometimes</th>
<th>Never</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine institutional use of leukoreduced red cell transfusion for cardiac surgery?</td>
<td>197 (43)</td>
<td>128 (28)</td>
<td>60 (13)</td>
<td>70 (15)</td>
</tr>
<tr>
<td>Routine institutional use of leukoreduced coagulation factors and platelets for cardiac surgery?</td>
<td>130 (29)</td>
<td>106 (23)</td>
<td>56 (12)</td>
<td>162 (36)</td>
</tr>
</tbody>
</table>

Results are reported as N (%). Respondents were instructed to:
- Please answer “Already” if you were already doing this.
- Please answer "New" if this was a change in practice resulting from the guidelines.
- Please answer "Unrelated" if this was a change in practice not resulting from the guidelines.
- Please answer “No” if you do not use the technique.

† P<0.01 comparing Institutional affiliation
* P <0.001 comparing Institutional affiliation
§ P <0.0001 comparing Institutional affiliation
Table 25: Institutional Examination of the Effect of Aprotinin Withdrawal - by type of Institution of Respondent

<table>
<thead>
<tr>
<th>Institutional Examination of the Effect of Aprotinin Withdrawal</th>
<th>Academic, University affiliated</th>
<th>Non-academic institution with academic affiliation</th>
<th>Private practice without an academic affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>105 (18)</td>
<td>48 (15)</td>
<td>52 (11)</td>
</tr>
<tr>
<td>No</td>
<td>374 (64)</td>
<td>198 (62)</td>
<td>305 (67)</td>
</tr>
<tr>
<td>Don’t know</td>
<td>109 (19)</td>
<td>72 (22)</td>
<td>97 (21)</td>
</tr>
</tbody>
</table>

Results are reported as N (%).
Table 26A: Institutional Guidelines and Use of Recombinant Factor VIIa (NovoSeven) use during Cardiac Surgery - Responses by Academic University affiliated respondents

<table>
<thead>
<tr>
<th></th>
<th>Already</th>
<th>New</th>
<th>Unrelated</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use Factor VIIa as a rescue therapy in the setting of excessive, life-threatening bleeding that is unresponsive to routine therapy?</td>
<td>448 (77)</td>
<td>26 (4)</td>
<td>34 (6)</td>
<td>71 (12)</td>
</tr>
<tr>
<td>Has your institution systematically examined the effect of Factor VIIa (Novoseven) upon renal failure and mortality?</td>
<td>51 (9)</td>
<td>387 (66)</td>
<td>144 (25)</td>
<td></td>
</tr>
<tr>
<td>Result of the Institutional assessment of NovoSeven use</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never been available</td>
<td>1 (2)</td>
<td>1 (2)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No longer used</td>
<td>41 (82)</td>
<td>7 (14)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Table 26B: Institutional Guidelines and Use of Recombinant Factor VIIa (NovoSeven) use during Cardiac Surgery - Responses by Non-academic, affiliated respondents

<table>
<thead>
<tr>
<th></th>
<th>Already</th>
<th>New</th>
<th>Unrelated</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Use Factor VIIa as a rescue therapy in the setting of excessive, life-threatening bleeding that is unresponsive to routine therapy?</td>
<td>185 (59)</td>
<td>37 (12)</td>
<td>28 (9)</td>
<td>61 (20)</td>
</tr>
<tr>
<td>Has your institution systematically examined the effect of Factor VIIa (Novoseven) upon renal failure and mortality?</td>
<td>17 (5)</td>
<td>199 (63)</td>
<td>98 (31)</td>
<td></td>
</tr>
<tr>
<td>Result of the Institutional assessment of NovoSeven use</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Never been available</td>
<td>1 (6)</td>
<td>1 (6)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No longer used</td>
<td>13 (76)</td>
<td>2 (12)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 26C: Institutional Guidelines and Use of Recombinant Factor VIIa (NovoSeven) use during Cardiac Surgery - Responses by Private practice respondents

<table>
<thead>
<tr>
<th>Use Factor VIIa as a rescue therapy in the setting of excessive, life-threatening bleeding that is unresponsive to routine therapy?</th>
<th>Already</th>
<th>New</th>
<th>Unrelated</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>§</td>
<td>228 (51)</td>
<td>43 (10)</td>
<td>34 (8)</td>
<td>141 (32)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Use Factor VIIa as a first-line therapy for bleeding</th>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>4 (1)</td>
<td>2 (0)</td>
<td>12 (3)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Has your institution systematically examined the effect of Factor VIIa (Novoseven) upon renal failure and mortality?</th>
<th>Yes</th>
<th>No</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>19 (4)</td>
<td>315 (70)</td>
<td>117 (26)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Result of the Institutional assessment of NovoSeven use</th>
<th>Never been available</th>
<th>No longer used</th>
<th>Use restricted by Guidelines or other check-points</th>
<th>No restriction on use</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2 (11)</td>
<td>2 (11)</td>
<td>13 (68)</td>
<td>2 (11)</td>
</tr>
</tbody>
</table>

Results are reported as N (%). Respondents were instructed to:

Please answer “Already” if you were already doing this.
Please answer “New” if this was a change in practice resulting from the guidelines.
Please answer “Unrelated” if this was a change in practice not resulting from the guidelines.
Please answer “No” if you do not use Factor VIIa

† P<0.01 comparing Institutional affiliation
* P <0.001 comparing Institutional affiliation
§ P <0.0001 comparing Institutional affiliation
### Table 27A: Pharmacologic Guidelines for Cardiac Surgery - Responses by Academic University affiliated respondents

<table>
<thead>
<tr>
<th>Pharmacologic Guidelines</th>
<th>Already</th>
<th>New</th>
<th>Unrelated</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine use of EPO to improve the efficacy of autologous predonation</td>
<td>50 (9)</td>
<td>13 (2)</td>
<td>19 (3)</td>
<td>491 (86)</td>
</tr>
<tr>
<td>Routine use of EPO and iron in anemic patients undergoing elective surgery</td>
<td>102 (18)</td>
<td>19 (3)</td>
<td>25 (4)</td>
<td>424 (74)</td>
</tr>
<tr>
<td>Routinely stop all oral antiplatelet agents (excluding aspirin) prior to elective surgery</td>
<td>417 (73)</td>
<td>7 (1)</td>
<td>19 (3)</td>
<td>130 (23)</td>
</tr>
<tr>
<td>Routinely stop clopidogrel or ticlodipine for more than four days prior to elective surgery</td>
<td>440 (78)</td>
<td>3 (1)</td>
<td>35 (6)</td>
<td>87 (15)</td>
</tr>
<tr>
<td>Routinely continue aspirin until immediately prior to surgery in all patients</td>
<td>284 (51)</td>
<td>8 (1)</td>
<td>28 (5)</td>
<td>242 (43)</td>
</tr>
<tr>
<td>Routinely stop aspirin prior to elective surgery in patients without an acute coronary syndrome</td>
<td>267 (48)</td>
<td>6 (1)</td>
<td>26 (5)</td>
<td>260 (47)</td>
</tr>
<tr>
<td>Routinely use DDAVP for bleeding</td>
<td>92 (16)</td>
<td>8 (1)</td>
<td>24 (4)</td>
<td>444 (78)</td>
</tr>
<tr>
<td>Routinely use an antifibrinolytic such as Amicar or Tranexamic acid</td>
<td>491 (85)</td>
<td>15 (3)</td>
<td>19 (3)</td>
<td>53 (9)</td>
</tr>
<tr>
<td>Routinely use topical agents that employ bovine thrombin for hemostasis †</td>
<td>322 (56)</td>
<td>3 (1)</td>
<td>39 (7)</td>
<td>206 (36)</td>
</tr>
</tbody>
</table>

### Table 27B: Pharmacologic Guidelines for Cardiac Surgery - Responses by Non-academic, affiliated respondents

<table>
<thead>
<tr>
<th>Pharmacologic Guidelines</th>
<th>Already</th>
<th>New</th>
<th>Unrelated</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routine use of EPO to improve the efficacy of autologous predonation</td>
<td>35 (12)</td>
<td>9 (3)</td>
<td>18 (6)</td>
<td>239 (79)</td>
</tr>
<tr>
<td>Routine use of EPO and iron in anemic patients undergoing elective surgery</td>
<td>62 (21)</td>
<td>16 (5)</td>
<td>22 (7)</td>
<td>199 (67)</td>
</tr>
<tr>
<td>Routinely stop all oral antiplatelet agents (excluding aspirin) prior to elective surgery</td>
<td>252 (81)</td>
<td>4 (1)</td>
<td>9 (3)</td>
<td>47 (15)</td>
</tr>
<tr>
<td>Routinely stop clopidogrel or ticlodipine for more than four days prior to elective surgery</td>
<td>242 (79)</td>
<td>11 (4)</td>
<td>12 (4)</td>
<td>43 (14)</td>
</tr>
<tr>
<td>Routinely continue aspirin until immediately prior to surgery in all patients</td>
<td>181 (59)</td>
<td>8 (3)</td>
<td>16 (5)</td>
<td>102 (33)</td>
</tr>
<tr>
<td>Routinely stop aspirin prior to elective surgery in patients without an acute coronary syndrome</td>
<td>151 (50)</td>
<td>4(1)</td>
<td>19 (6)</td>
<td>131 (43)</td>
</tr>
<tr>
<td>Routinely use DDAVP for bleeding</td>
<td>50 (16)</td>
<td>10 (3)</td>
<td>19 (6)</td>
<td>226 (74)</td>
</tr>
<tr>
<td>Routinely use an antifibrinolytic such as Amicar or Tranexamic acid</td>
<td>272 (88)</td>
<td>7 (2)</td>
<td>11 (4)</td>
<td>21 (7)</td>
</tr>
<tr>
<td>Routinely use topical agents that employ bovine thrombin for hemostasis †</td>
<td>190 (62)</td>
<td>9 (3)</td>
<td>20 (7)</td>
<td>86 (28)</td>
</tr>
</tbody>
</table>
### Table 27C: Pharmacologic Guidelines for Cardiac Surgery - Responses by Private practice respondents

<table>
<thead>
<tr>
<th><strong>Routine use of EPO to improve the efficacy of autologous predonation</strong></th>
<th><strong>Already</strong></th>
<th><strong>New</strong></th>
<th><strong>Unrelated</strong></th>
<th><strong>No</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>47 (11)</td>
<td>5 (1)</td>
<td>25 (6)</td>
<td>357 (82)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Routine use of EPO and iron in anemic patients undergoing elective surgery</strong></th>
<th><strong>Already</strong></th>
<th><strong>New</strong></th>
<th><strong>Unrelated</strong></th>
<th><strong>No</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>91 (21)</td>
<td>11 (3)</td>
<td>24 (6)</td>
<td>310 (71)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Routinely stop all oral antiplatelet agents (excluding aspirin) prior to elective surgery</strong></th>
<th><strong>Already</strong></th>
<th><strong>New</strong></th>
<th><strong>Unrelated</strong></th>
<th><strong>No</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>346 (79)</td>
<td>11 (3)</td>
<td>15 (3)</td>
<td>68 (15)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Routinely stop clopidogrel or ticlodipine for more than four days prior to elective surgery</strong></th>
<th><strong>Already</strong></th>
<th><strong>New</strong></th>
<th><strong>Unrelated</strong></th>
<th><strong>No</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>338 (78)</td>
<td>12 (3)</td>
<td>26 (6)</td>
<td>59 (14)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Routinely continue aspirin until immediately prior to surgery in all patients</strong></th>
<th><strong>Already</strong></th>
<th><strong>New</strong></th>
<th><strong>Unrelated</strong></th>
<th><strong>No</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>223 (52)</td>
<td>5 (1)</td>
<td>18 (4)</td>
<td>184 (43)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Routinely stop aspirin prior to elective surgery in patients without an acute coronary syndrome</strong></th>
<th><strong>Already</strong></th>
<th><strong>New</strong></th>
<th><strong>Unrelated</strong></th>
<th><strong>No</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>224 (52)</td>
<td>2 (0)</td>
<td>22 (5)</td>
<td>181 (42)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Routinely use DDAVP for bleeding</strong></th>
<th><strong>Already</strong></th>
<th><strong>New</strong></th>
<th><strong>Unrelated</strong></th>
<th><strong>No</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>78 (18)</td>
<td>11 (3)</td>
<td>25 (6)</td>
<td>323 (74)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Routinely use an antifibrinolytic such as Amicar or Tranexamic acid</strong></th>
<th><strong>Already</strong></th>
<th><strong>New</strong></th>
<th><strong>Unrelated</strong></th>
<th><strong>No</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>381 (86)</td>
<td>15 (3)</td>
<td>13 (3)</td>
<td>33 (7)</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Routinely use topical agents that employ bovine thrombin for hemostasis</strong></th>
<th><strong>Already</strong></th>
<th><strong>New</strong></th>
<th><strong>Unrelated</strong></th>
<th><strong>No</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>275 (64)</td>
<td>10 (2)</td>
<td>26 (6)</td>
<td>122 (28)</td>
<td></td>
</tr>
</tbody>
</table>

Results are reported as N (%). Respondents were instructed to:
- Please answer “Already” if you were already doing this.
- Please answer "New" if this was a change in practice resulting from the guidelines.
- Please answer "Unrelated" if this was a change in practice not resulting from the guidelines.
- Please answer “No” if you did not change your practice.

† P<0.01 comparing Institutional affiliation
### Table 28A: Other Practices for Cardiac Surgery - Responses by Academic University affiliated respondents

<table>
<thead>
<tr>
<th>Practice</th>
<th>Already</th>
<th>New</th>
<th>Unrelated</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routinely transfuse all pump blood back to the patient, either directly or washed in a cell saver</td>
<td>517 (89)</td>
<td>6 (1)</td>
<td>13 (2)</td>
<td>45 (8)</td>
</tr>
<tr>
<td>Routinely wash all shed mediastinal blood from postoperative chest tube drainage prior to reinfusion</td>
<td>126 (22)</td>
<td>11 (2)</td>
<td>16 (3)</td>
<td>419 (73)</td>
</tr>
<tr>
<td>No longer routinely use PEEP as a routine therapy for bleeding</td>
<td>196 (35)</td>
<td>9 (2)</td>
<td>46 (8)</td>
<td>309 (55)</td>
</tr>
<tr>
<td>No longer routinely use intraoperative platelet or plasmapheresis</td>
<td>227 (40)</td>
<td>9 (2)</td>
<td>32 (6)</td>
<td>295 (52)</td>
</tr>
<tr>
<td>No longer routinely use direct reinfusion of unwashed shed mediastinal blood from postoperative chest tube drainage</td>
<td>270 (48)</td>
<td>5 (1)</td>
<td>31 (5)</td>
<td>259 (46)</td>
</tr>
</tbody>
</table>

### Table 28B: Other Practices for Cardiac Surgery - Responses by Non-academic, affiliated respondents

<table>
<thead>
<tr>
<th>Practice</th>
<th>Already</th>
<th>New</th>
<th>Unrelated</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routinely transfuse all pump blood back to the patient, either directly or washed in a cell saver</td>
<td>295 (95)</td>
<td>2 (1)</td>
<td>3 (1)</td>
<td>12 (4)</td>
</tr>
<tr>
<td>Routinely wash all shed mediastinal blood from postoperative chest tube drainage prior to reinfusion</td>
<td>81 (26)</td>
<td>8 (3)</td>
<td>7 (2)</td>
<td>215 (69)</td>
</tr>
<tr>
<td>No longer routinely use PEEP as a routine therapy for bleeding</td>
<td>94 (32)</td>
<td>8 (3)</td>
<td>31 (11)</td>
<td>161 (55)</td>
</tr>
<tr>
<td>No longer routinely use intraoperative platelet or plasmapheresis</td>
<td>125 (42)</td>
<td>9 (3)</td>
<td>24 (8)</td>
<td>141 (47)</td>
</tr>
<tr>
<td>No longer routinely use direct reinfusion of unwashed shed mediastinal blood from postoperative chest tube drainage</td>
<td>160 (53)</td>
<td>6 (2)</td>
<td>22 (7)</td>
<td>114 (38)</td>
</tr>
</tbody>
</table>

### Table 28C: Other Practices for Cardiac Surgery - Responses by Private practice respondents

<table>
<thead>
<tr>
<th>Practice</th>
<th>Already</th>
<th>New</th>
<th>Unrelated</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Routinely transfuse all pump blood back to the patient, either directly or washed in a cell saver</td>
<td>415 (93)</td>
<td>4 (1)</td>
<td>7 (2)</td>
<td>18 (4)</td>
</tr>
<tr>
<td>Routinely wash all shed mediastinal blood from postoperative chest tube drainage prior to reinfusion</td>
<td>111 (25)</td>
<td>4 (1)</td>
<td>27 (6)</td>
<td>295 (68)</td>
</tr>
<tr>
<td>No longer routinely use PEEP as a routine therapy for bleeding</td>
<td>147 (35)</td>
<td>10 (2)</td>
<td>50 (12)</td>
<td>216 (51)</td>
</tr>
<tr>
<td>No longer routinely use intraoperative platelet or plasmapheresis</td>
<td>165 (38)</td>
<td>9 (2)</td>
<td>33 (8)</td>
<td>222 (52)</td>
</tr>
<tr>
<td>No longer routinely use direct reinfusion of unwashed shed mediastinal blood from postoperative chest tube drainage</td>
<td>214 (50)</td>
<td>12 (3)</td>
<td>24 (6)</td>
<td>177 (42)</td>
</tr>
</tbody>
</table>
Results are reported as N (%). Respondents were instructed to:

Please answer “Already” if you were already doing this.

Please answer "New" if this was a change in practice resulting from the guidelines.

Please answer "Unrelated" if this was a change in practice not resulting from the guidelines.

Please answer “No” if you do not use the technology.
Table 29: Effectiveness of Institutional Changes - by type of Institution of Respondent

<table>
<thead>
<tr>
<th>Were the changes your institution made effective in reducing overall transfusion rates?</th>
<th>Academic, University affiliated</th>
<th>Non-academic institution with academic affiliation</th>
<th>Private practice without an academic affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highly</td>
<td>47 (8)</td>
<td>29 (9)</td>
<td>34 (8)</td>
</tr>
<tr>
<td>Somewhat</td>
<td>162 (28)</td>
<td>108 (35)</td>
<td>133 (30)</td>
</tr>
<tr>
<td>Not at all</td>
<td>57 (10)</td>
<td>28 (9)</td>
<td>48 (11)</td>
</tr>
<tr>
<td>Increased transfusion</td>
<td>6 (1)</td>
<td>4 (1)</td>
<td>6 (1)</td>
</tr>
<tr>
<td>I do not know</td>
<td>197 (34)</td>
<td>100 (32)</td>
<td>140 (32)</td>
</tr>
<tr>
<td>We did not measure this</td>
<td>111 (19)</td>
<td>44 (14)</td>
<td>82 (19)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>In your personal opinion, were the changes embraced by your specialty, at your institution</th>
<th>Academic, University affiliated</th>
<th>Non-academic institution with academic affiliation</th>
<th>Private practice without an academic affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highly</td>
<td>124 (22)</td>
<td>86 (28)</td>
<td>106 (25)</td>
</tr>
<tr>
<td>Somewhat</td>
<td>306 (55)</td>
<td>155 (51)</td>
<td>221 (52)</td>
</tr>
<tr>
<td>Not at all</td>
<td>127 (23)</td>
<td>65 (21)</td>
<td>97 (23)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>In your personal opinion, were the changes embraced by other specialties, at your institution</th>
<th>Academic, University affiliated</th>
<th>Non-academic institution with academic affiliation</th>
<th>Private practice without an academic affiliation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Highly</td>
<td>48 (9)</td>
<td>46 (15)</td>
<td>43 (10)</td>
</tr>
<tr>
<td>Somewhat</td>
<td>334 (60)</td>
<td>181 (60)</td>
<td>245 (59)</td>
</tr>
<tr>
<td>Not at all</td>
<td>172 (31)</td>
<td>77 (25)</td>
<td>130 (31)</td>
</tr>
</tbody>
</table>

Results are reported as N (%).