

Percentage of responses at the institution that were the most frequent response from 29 institution with ≥ 5 responses	Mean	SD	10th %ile	Median	90th %ile
Institutional Discussion					
Was there a formal Institutional discussion that resulted from the guidelines?	60	14	46	60	80
Who participated in the discussion? Surgeons	90	15	67	100	100
Who participated in the discussion? Anesthesiologists	88	18	60	100	100
Who participated in the discussion? Perfusionists	87	19	50	100	100
Who participated in the discussion? Blood bankers	82	20	50	100	100
Who participated in the discussion? Nurses	84	21	50	100	100
Who participated in the discussion? Others	92	18	65	100	100
Institutional Monitoring Group					
Was an institutional multi-disciplinary group set up to monitor the effectiveness of the changes?	60	16	44	53	84
Who were members of the group? Surgeons	84	21	50	100	100
Who were members of the group? Anesthesiologists	87	20	52	100	100
Who were members of the group? Perfusionists	88	18	61	100	100
Who were members of the group? Blood bankers	91	16	67	100	100
Who were members of the group? Nurses	89	18	65	100	100
Who were members of the group? Others	90	20	50	100	100
Were any changes in clinical practice implemented?	59	15	40	59	80
Preoperative Hemostasis Assessment					
Routinely perform a screening preoperative bleeding time or equivalent test (e.g. PFA-100) in all patients	70	12	50	70	84
Routinely perform a screening preoperative bleeding time or equivalent test (e.g. PFA-100) in patients who have received preoperative antiplatelet drugs	64	12	50	61	80
Routinely perform another laboratory screening assessment of platelet or hemostatic function (apart from PTT, INR and platelet count) in all patients	67	14	50	67	80
Equipment or Practices used for CPB					
Routine use of a heparin-coated or other surface-modified cardiopulmonary bypass circuit	78	17	60	78	100
Routine use of intraoperative red-cell saving	86	15	66	89	100
Routine use of leukocyte reduction filters in the CPB circuit.	71	15	50	71	87
Routine use of an open venous reservoir	70	14	54	68	84
Routine use of a closed venous reservoir	68	12	56	67	83
Routine use of a centrifugal pump	73	18	50	70	100
Routine use of acute normovolemic hemodilution	70	16	50	67	90
Routine use of lowered pump prime volume	73	18	50	78	100
Routine practice of retrograde autologous priming of the CPB circuit	72	18	50	75	100
Routine use of an intraoperative point-of-care hemostasis or platelet function test in all patients who are bleeding.	78	23	39	82	100
Routine use of an intraoperative point-of-care hemostasis or platelet function test in all patients.	87	18	60	100	100
Increased use of OPCAB surgery in order to decrease the need for transfusion	85	18	60	94	100
Routine use of heparin concentration monitoring in all cases	87	15	62	94	100
Routine use of increased heparin concentrations or ACT levels	65	17	43	67	84
Routine use of decreased heparin concentrations or ACT levels	85	11	70	83	100
Red Cell Transfusion					
Reduced hematocrit or hemoglobin level cutoff for red cell transfusion	66	16	44	67	88
Increased hematocrit or hemoglobin level cutoff for red cell transfusion	83	14	67	80	100
Transfuse all patients with a hemoglobin <6g/dL at any stage of the hospital stay	60	15	49	60	80
Transfuse all patients with a hemoglobin <7g/dL at any stage of the hospital stay	61	17	45	60	78
Does your institution routinely use leukoreduced red cell transfusion for cardiac surgery?	63	20	40	60	100
Does your Institution routinely use leukoreduced coagulation factors and platelets for cardiac surgery?	53	15	37	50	78

Aprotinin					
Has your institution systematically examined the effect of Aprotinin withdrawal upon renal failure and mortality? Yes	63	16	40	60	83
Recombinant Factor VIIa					
We use Factor VIIa as a first-line therapy for bleeding	95	9	83	100	100
We use Factor VIIa as a rescue therapy in the setting of excessive, life-threatening bleeding that is unresponsive to routine therapy?	77	20	50	82	100
Has your institution systematically examined the effect of Factor VIIa (Novoseven) upon renal failure and mortality?	61	13	49	60	80
What was the result of your Institutional assessment of NovoSeven use?	98	6	100	100	100
Pharmacology					
Routine use of EPO to improve the efficacy of autologous predonation	86	18	56	100	100
Routine use of EPO and iron in anemic patients undergoing elective surgery	74	18	49	76	100
Routinely stop all oral antiplatelet agents (excluding aspirin) prior to elective surgery	78	17	50	80	100
Routinely stop clopidogrel or ticlodipine for more than four days prior to elective surgery	79	17	50	82	100
Routinely stop aspirin prior to elective surgery in patients without an acute coronary syndrome	67	13	50	63	83
Routinely continue aspirin until immediately prior to surgery in all patients	63	16	43	60	84
Routinely use DDAVP for bleeding	83	18	50	85	100
Routinely use an antifibrinolytic such as Amicar or Tranexamic acid	91	14	67	100	100
Routinely use topical agents that employ bovine thrombin for hemostasis	67	17	50	63	87
Other Institutional Practices					
Routinely transfuse all pump blood back to the patient, either directly or washed in a cell saver	90	13	77	100	100
Routinely wash all shed mediastinal blood from postoperative chest tube drainage prior to reinfusion	77	18	55	82	100
No longer routinely use PEEP as a routine therapy for bleeding	61	13	50	58	76
No longer routinely use intraoperative platelet or plasmapheresis	65	13	50	67	80
No longer routinely use direct reinfusion of unwashed shed mediastinal blood from postoperative chest tube drainage	72	17	50	73	100
Effectiveness					
Were the changes your institution made effective in reducing overall transfusion rates?	54	18	33	50	80
In your personal opinion, were the changes embraced by your specialty, at your institution?	68	18	50	65	100
In your personal opinion, were the changes embraced by other specialties, at your institution?	69	14	50	67	84