



PRINCIPAL
GIAN SAGAR MEDICAL COLLEGE & HOSPITAL
RAM NAGAR, RAJPURA
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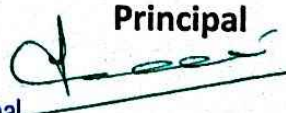
HOSPITAL TRANSFUSION COMMITTEE

1. The Hospital Transfusion committee is hereby re-constituted as under:-

Sr. No.	Name	Designation & Department	Contact No. & E-mail ID	Position
1.	Dr. Ram Samujh	Medical Superintendent	9888535554 rsamujh@gmail.com	Chairperson
2.	Dr. Neha Syal	Associate Professor Blood Bank	9646115389 nehasyal180884@gmail.com	Member Secretary
3.	Dr. Maninder Kaur	Prof. & Head Microbiology	9872639007 drmaninderk@yahoo.co.in	Member
4.	Dr. Gulshan Dhawan	Professor & Head Anaesthesia	7579208210 Gulshan.dhawan@gmail.com	Member
5.	Dr. Nayana Pathak	Professor Obst. & Gynae	9465448929 3261nayana@gmail.com	Member
6.	Dr. Anuj Kumar	Professor Pediatrics	7678469264 dr.anujkumar87@gmail.com	Member
7.	Dr. Parik Dev	Associate Professor Orthopedics	9914002210 parik_dev@yahoo.com	Member
8.	Dr. Satinder Singh	Assistant Professor General Surgery	9814104535 Sat_charry@yahoo.com	Member
9.	Dr. Amritpal Kaur	Assistant Professor General Medicine	8209239491 amritbanwait1994@gmail.com	Member
10.	Mrs. Anju Devi	Nursing Superintendent Nursing	9416725604 anjusandeepsilwal786@gmail.com	Member

2. The terms of reference of the committee are given as Annexure – 1.

CC: - All Concerned.

Principal

Principal
Gian Sagar Medical College & Hospital
Ram Nagar Rajpura
Patiala, Punjab (INDIA)

HOSPITAL TRANSFUSION COMMITTEE

TERMS OF REFERENCE

PURPOSE:-

Transfusion safety, implementation of Patient Blood management initiatives, management of blood supply and hospital use to provide multidisciplinary oversight and governance of blood transfusion practices within a hospital, ensuring both safety and appropriate use of blood and blood components in accordance with the institutional, national and international benchmarks.

FREQUENCY OF MEETING:-

Quarterly or when required.

QUORUM:-

The minimum quorum for the functioning of committee meetings 60%.

VALIDITY:-

The validity of the committee will be for one year from the date of formulation of the committee.

INVITED MEMBERS:-

The committee can call for the concerned invitees when required.

TOR:-

1. Establish and monitor broad policies for blood transfusion therapy (informed consent directed donations, look-back) in keeping with the law of the land.
2. Review blood bank performance in areas such as response to requests, productivity and outdating of components and improve quality of patient care by assessment of the ongoing transfusion services, by reviewing and analyzing the statistical reports of the transfusion services as well as promoting appropriate use of various blood administration devices.
3. Assist the blood transfusion services in blood bank in blood procurement efforts and assessing the adequacy and safety of blood supply.
4. Audit use of whole blood, components and occurrence of the post transfusion reactions.
5. Review blood bank proficiency testing, accreditation reports and quality control results along with staff education.

6. Provision of active forum to facilitate communication between those involved with transfusion.
7. Recommend or perform practice audits.
8. Reports and follow up of adverse reactions to transfusion.
9. Development and review of institutional policies and systems pertaining to transfusion
10. Identification of staff training requirements in clinical and laboratory transfusion practice.
11. Development of local education and training materials as required.
12. Collection and monitoring of blood ordering practices, use and wastage statistics, error incidents etc.
13. Identification of problems in any aspect of blood transfusion including the delivery of services by the national blood transfusion council and areas where evidence or additional resources are needed.
14. Promotion of non clinical hospital liaison activities e.g. the blood stocks management and interaction with the other such groups.
15. Identify and respond to patient's perceptions about provision of transfusion services.


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