Business Plan / Unit Assessment
(Expanding an existing blood management program)
Example A

General Information

Director:
Phone:
E-mail:
Department: e.g., Bloodless, Blood Conservation, Transfusion-Free Services, etc.
Cost Center:

Internal Assessment

1. General Description / Inventory of Services

Your current program name here, e.g., Bloodless Medical Program is a unique and profitable service line evolving from a program designed to attract and deliver medical/surgical care to patients seeking transfusion-avoidance, to a clinical approach that is desirable for all patients. Multiple cases performed without blood transfusion have been achieved in complex open heart, spine reconstruction, joint replacement and solid organ transplants surgeries. Thus, we propose expansion of our current program to a comprehensive Blood Management Program (BMP) that will serve all patients with the application of multiple blood conservation strategies in the pre, intra, and post-operative care. Subsequently, we believe this will improve (and reduce) blood utilization in several hospital service lines.

Blood Management Programs are emerging as a:
1) Primary goal for physicians because of increasing awareness of the limited clinical efficacy of blood therapy
2) Structural solution for improving blood management because of dwindling inventories and rising costs of blood products

Current Transfusion-free Medicine and Surgery (TFMS) services include:
- Promoting community awareness of blood conservation technology & transfusion alternatives
- Promoting physician education in blood conservation technology
- Referring patients to participating TFMS physicians
- Broadening application of TFMS technology to improve patient care hospital-wide
- Providing clinical support to physician requests for consultations
- Improving blood utilization and blood reduction in targeted service lines
- Providing patient data for research on efficacy of blood conservation technology

2. Activity Statistics

A _____ to _____ % annual increase in TFMS patient admissions includes:
- Inpatient Surgeries (IPS)
- Medical Admits (MA)
- Outpatient Surgery (OPS)
- Ancillary visits, e.g., Medical Imaging, Outpatient Treatment Center, Infusion Center/Anemia Center/Clinic, Special Procedures, etc.

Beginning in year, physician requests for blood/anemia management consultations have increased by _____%.
3. **Patient Origin / Referrals**
   - Our *your hospital department name* receives statewide phone/mail requests from patients seeking physician referrals.
     - Patient guidance in selecting insurance plans with access to *your hospital name*
     - HMO patients are directed to *your hospital name* Primary-Care Providers
     - Direct patient referrals to participating physicians represent ______% “new” business for *hospital name*
   - Physician requests for patient consultations & follow-up coordination for Anemia Center/Clinic/Infusion Room

4. **SWOT – Strengths**
   - Well-established TFMS program for *number of years*
   - Recognized in, *e.g.*, newspaper, television, radio, *examples here* for clinical excellence, innovation, advancements
   - Experienced core TFMS physician team; physician champions
   - Trained nursing staff, *e.g.*, operating room, Infusion Center
   - Developed and implemented blood conservation clinical protocols
   - Fully operational Pre-operative Treatment Center, *e.g.*, Anemia Center/Clinic, Infusion Center, Blood Management Outpatient Service, etc.
   - Prime location in city offering *type of care: tertiary, quaternary care, etc.* with broad range of services
   - Active research staff seeking research opportunities for evaluating outcomes

5. **SWOT – Weaknesses**
   - Current TFMS program perceived by some medical staff as exclusive to religious sector
   - Primarily patient-driven
   - Under-developed educational tools
   - Large hospital; not all service lines with expertise or motivation, *e.g.*, BMT/Liver transplant
   - Uncertainty of general public appeal for patient blood management
   - Inner-city hospital; private versus semi-private rooms, etc.
   - HMO restrictions
   - Patient Blood Management perceived by some physicians as “too much work”

6. **SWOT – Opportunities**
   - Educate public about limitations of blood therapy and the need to conserve this finite resource
   - Broaden BMP education to general public, managed care, physician office staff, and employees to increase market share and surgical patient admissions
   - Reduce reliance on declining blood inventories and rising blood costs; current hard cost estimate by Blood Bank is $______ PRBC unit
   - Evaluate and improve blood utilization/appropriate reduction
   - Emerging medical evidence questioning perfusion benefits and over-utilization of blood products
   - Optimizing blood management prior to hospitalization; promotion to surgeons, *e.g.*, Infusion Center, Anemia Center/Clinic, etc.
   - Transition blood management from patient-driven (TFMS) to physician-driven (BMP) in targeted service lines, *e.g.*, Phase 1: CV Surgery; Phase 2: Orthopedic Surgery; Phase 3: Critical Care
   - Accelerate BMP curriculum in Residency programs

7. **SWOT – Threats**
   - Independent expansion of TFMS programs to other hospitals vying for finite TFMS patient base
   - Physicians replicating protocols at other hospitals, redirecting referred TFMS patients to other institutions
   - Equipment and technology readily available at most hospitals
   - Perception by misinformed medical staff that blood is cheap & BMP is expensive

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8. Competitor Inventory
   - Hospital competitor name here is seeking, e.g., FTE or Physician to develop a BMP, but financial, clinical, and operational benefits and objectives are poorly defined
   - Hospital competitor name here advertising TFMS surgery to attract patients and capitalize on our successes; could reduce TFMS patient admissions
   - Hospital within your own system is seeking to hire FTE with experience; weakness will be primary focus on blood use reduction—could be self-limiting once goal is achieved; need for greater consumer appeal; and to build a program that will serve as a referral source, thus keeping physicians engaged and motivated

9. Demographics, Consumer / Workforce / Physician Trends
   - Experienced blood management physician(s) relocating to name of medical center
   - Surgery admissions diverted to physician-owned outpatient surgery centers

10. Legislation / Reimbursement / Technology - Innovation Trends
    - Emerging blood “substitutes” hemoglobin-based oxygen carriers and expectant FDA approval for use in trauma
    - Recent FDA “black box” warnings, e.g., ESAs, Aprotinin

11. Growth Ability (Internal)
    - Proportionate to department staffing, e.g., administrative/clinical FTEs, Medical Staff participation
    - Proportionate to scope of public knowledge and awareness of new approach to improving surgical outcomes
    - Proportionate to medical staff education and acceptance of new insights gained from a BMP

12. Growth Potential (External)
    - Anticipate a sustained slower growth in TFMS patient activity
    - Anticipate future losses in TFMS patient admissions due to hospital name hospital, e.g., hospital system expansion of blood management program name
    - Prepare for greater public appeal (PBM) and explore for a new source of patient admissions (improved outcomes due to better patient preparation for surgery, e.g., Anemia Center or Infusion Center
    - Predict the BMP to become physician-driven, standard-of-care

13. Product Excellence
    - Increasing physician endorsement of patient blood management protocols; seek more patient referrals
    - Repeat customer/patient activity
    - Industry support of education efforts, e.g., dinner programs, grand rounds programs, educational grants

14. Service Line Synergy
    - Increased admissions to ancillary services, e.g., Outpatient Treatment Center, Medical Imaging, Catheterization Labs; Interventional Radiology, Emergency Department, etc.
    - Increased operating room admissions
    - Increased referrals to Family Practice, Internal Medicine, and OB/GYN clinics
    - Pre-op Clinic/Anemia Center with enhanced surgical outcomes in Bariatric Surgery

15. Strategic Fit
    - Highly specialized – enhances existing and established services, e.g., high-risk obstetrics, solid organ, bone marrow transplants that draw patients from county, state, and country
• Research and technology – supports the development and success of highly specialized services by playing a major role in the research community; acquisition of state-of-the-art technology
• Teaching
  • Leverages patient blood management education to build and maintain cutting edge expertise; recruit and retain high-quality physicians, nurses and other healthcare professionals; and support highly specialized programs
  • Export medical education programs throughout region here via telemedicine; maintain the academic partnership with name) University; and refine nursing and allied education tracks that bring staff to your hospital name for training; and relocation of staff to other your hospital system facilities

16. **Financial Performance**

• A ______ % to ______ % annual increase in, e.g., billing charges reflects increased, e.g., patient admissions, surgical volumes, etc. Attach report by Patient Financial Services.
• Reduction in red blood cell use in, e.g., primary CABG surgery by ___ % produced a savings of $______ for year.
• Reduced Length of Stay in, e.g., primary CABG by # days resulted in a savings of $________$. Attach report by Finance Department.
• Reduced allogenic usage by ____ % in DRG______. See attached report by, e.g., Transfusion Committee, Laboratory Department.
• Increased surgical volume by ___% due to increased TFMS patient admissions.
• Cumulative annual savings for year to hospital is $____________.

17. **Current Marketing/Promotion**

• Developing educational brochures for medical professionals, e.g., Anemia Center protocol
• Distributing “Patient Guide to Patient Blood Management” educational brochures to public and physician offices
• Producing a bi-annual newsletter
• Holding Public Forums with guest speakers
• Maintaining mailing lists of public seminar attendees
• Holding update and progress meetings with community leaders
• Developing medical education programs, e.g., CME, dinner meetings, noon conference, Grand Rounds
• Conducting regular nursing staff in-services

18. **Potential/Future Marketing/Promotion**

• Develop and update educational tools
• Develop video for in-house advertising to families and the public
• Promote Blood Management Program and the Anemia Center/Clinic to medical staff
• Conduct health fairs
• Enhance website for public and medical professionals
• Develop localized research projects for nurses and physicians that measure quality and improved patient outcomes, e.g., case reports, retrospective chart reviews
• Partner with Research Department to explore opportunities to participate in national blood management studies
• Capitalize on SABM (Society for the Advancement of Blood Management) educational opportunities at their annual meetings