In their interesting report, Friedman et al.\(^1\) state that “informed consent for blood transfusion is a requirement of the Joint Commission.” This is not correct. The reference they cite in support of this statement\(^2\) includes the comment that “the final measures were recommended by the TAP (Technical Advisory Panel) in November 2010 and submitted to the National Quality Forum (NQF) for consideration of endorsement in December 2010. Although not endorsed for use at the national level, these measures are an excellent tool for healthcare organizations that are interested in evaluating processes around blood transfusions.” In other words, although these measures may be useful, they are not Joint Commission requirements. This is an important distinction because hospital staff should understand that accreditation by The Joint Commission is not jeopardized if the measures are not implemented.

References

The Authors’ Reply
In his letter, Dr. Mintz points out that informed consent for transfusion is not a requirement for The Joint Commission accreditation, a fact misstated in our article.\(^1\) We thank Dr. Mintz for this important clarification and further recognize that implementation of the Patient Blood Management Performance Measures\(^2\) is indeed not a requirement of The Joint Commission but that hospitals may opt to use the measures as a tool to evaluate processes around blood transfusions, including transfusion consent. Nevertheless, we maintain that The Joint Commission clearly encourages and is supportive of transfusion consent even if it is not a strict requirement. As noted by Dr. Mintz, for hospitals that do have a policy for obtaining transfusion consent, The Joint Commission would insist that the policy be followed; we believe that the majority of hospitals do have a policy in place governing transfusion consent and as such are required to follow the policy.

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