Maximum Surgical Blood Order Schedule (MSBOS)

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Patient Blood Management / MSBOS Algorithm (>= 20 Procedures to Qualify)
Physician Specialty: CARDIAC SURGERY, THORACIC SURGERY
Primary Procedures Performed between Jan 1, 2022 - Dec 31, 2022

No Type/Screen, No Crossmatch (% Transfused <= 5)

PROCEDURE LONG DESCRIPTION	MSBOS
APPLICATION VAC DRESSING	None
APPLICATION WOUND DRESSING	None
BIOPSY LUNG CT GUIDED	None
BIOPSY LYMPH NODE	None
BRONCHOSCOPY	None
BRONCHOSCOPY FLEXIBLE	None
BRONCHOSCOPY FLEXIBLE INSERTION STENT	None
BRONCHOSCOPY NAVIGATION ASSISTED	None
BRONCHOSCOPY NAVIGATION ROBOTIC ASSISTED	None
BYPASS FEM FEM	None
CAROTID ENDARTERECTOMY	None
CLOSURE WOUND	None
DEBRIDEMENT ABDOMINAL WOUND	None
DEBRIDEMENT WOUND	None
DEBRIDEMENT WOUND CHEST	None
DIAGNOSTIC LAPAROSCOPY	None
DISSECTION NECK	None
EGD W/DILATION OVER WIRE	None
ESOPHAGECTOMY LAPAROSCOPIC	None
ESOPHAGOGASTRODUODENOSCOPY FLEXIBLE	None
ESOPHAGOSCOPY	None
ESOPHAGOSCOPY DILATATION ESOPHAGUS	None
ESOPHAGOSCOPY DILATATION ESOPHAGUS INSERTION STENT	None
ESOPHAGOSCOPY FLEXIBLE	None
ESOPHAGOSCOPY INSERTION STENT	None
EXCISION LIPOMA (SITE)	None
EXCISION MASS (SITE)	None
EXPLORATION WOUND	None
FLAP GRAFT	None
GASTRECTOMY ROBOTIC ASSISTED	None
GI BRAVO CAPSULE	None
GI EGD DIAG W/WO BRUSHINGS/WASHINGS	None
GI EGD W/BIOPSY SINGLE/MULTIPLE	None
GI ESOPHAGEAL IMPEDANCE/ESOPHAGEAL FUNCTION & GE R	None
GI ESOPHAGEAL MOTILITY	None

HERNIA REPAIR ROBOTIC ASSISTED	None
INCISION & DRAINAGE	None
INJECTION BOTOX	None
INSERTION CHEST TUBE	None
INSERTION INFUSAPORT	None
INSERTION MEDIPORT	None
INSERTION TUNNELED DIALYSIS CATHETER	None
INSERTION TUNNELED VASCULAR ACCESS PORT	None
IRRIGATION AND DEBRIDEMENT OF WOUND	None
JEJUNOSTOMY LAPAROSCOPIC	None
LAPAROSCOPY	None
LAPAROSCOPY EXPLORATORY	None
LOBECTOMY LUNG THORASCOPIC	None
LYSIS ADHESIONS LAPAROSCOPIC	None
MEDIASTINOSCOPY	None
MYOTOMY LAPAROSCOPIC	None
NISSEN FUNDOPLICATION LAPAROSCOPIC	None
NISSEN FUNDOPLICATION LAPAROSCOPIC ROBOTIC ASSIST	None
PARAESOPHAGEAL HERNIA REPAIR ROBOTIC ASSISTED	None
PERICARDIAL WINDOW	None
PLACEMENT PERCUTANEOUS ENDOSCOPIC GASTROSTOMY (PEG	None
REMOVAL CATHETER	None
REMOVAL CHEST TUBE	None
REMOVAL FOREIGN BODY	None
REMOVAL INFUSAPORT	None
REPAIR HIATAL HERNIA LAPAROSCOPIC	None
REPAIR HIATAL HERNIA LAPAROSCOPIC ROBOTIC ASSISTED	None
REPAIR PARAESOPHAGEAL HERNIA LAPAROSCOPIC	None
REPLACEMENT WOUND VAC DRESSING	None
RESECTION LUNG ROBOTIC ASSISTED	None
RESECTION MEDIASTINAL MASS ROBOTIC ASSISTED	None
ROBOTIC ASSISTED SURGERY MONARCH	None
STAGING PROCEDURE LAPAROSCOPIC	None
STERNAL DEBRIDEMENT WOUND CLOSURE	None
THORACIC SURGERY ROBOTIC ASSISTED	None
THORACOTOMY VIDEO ASSISTED	None
TRACH TUBE EXCHANGE	None
TRACHEOSTOMY	None
ULTRASOUND ENDOBRONCHIAL	None
WEDGE RESECTION LUNG THORASCOPIC	None

Type/Screen (% Transfused > 5 but <= 25)

PROCEDURE LONG DESCRIPTION	MSBOS
BYPASS FEMORAL POPLITEAL	T/S
CORONARY ARTERY BYPASS GRAFT	T/S
CORONARY ARTERY BYPASS REPLACEMENT AORTIC VALVE	T/S
DECORTICATION LUNG	T/S
ENDOVASCULAR AORTIC VALVE REPLACEMENT (OR)	T/S
ENDOVASCULAR PROCEDURE THORACIC ANEURYSM REPAIR	T/S
ESOPHAGECTOMY ROBOTIC ASSISTED	T/S
EVACUATION HEMATOMA	T/S
EXPLORATION MEDIASTINAL	T/S
GASTRECTOMY SUBTOTAL	T/S
IMPLANTATION HEARTMATE III	T/S
IMPLANTATION IMPELLA LVAD	T/S
INSERTION E.C.M.O.	T/S
LAPAROTOMY EXPLORATORY	T/S
REMOVAL E.C.M.O.	T/S
REMOVAL HEART ASSIST SYSTEM	T/S
REPAIR / REPLACEMENT AORTIC VALVE	T/S
REPAIR / REPLACEMENT MITRAL VALVE	T/S
REPAIR ARTERY VEIN	T/S
REPAIR REPLACEMENT MITRAL VALVE ROBOTIC ASSISTED	T/S
REPLACEMENT AORTIC ROOT	T/S
RESECTION / REPAIR ASCENDING AORTIC ANEURYSM	T/S
THORACOSCOPY	T/S

Crossmatch Median Units (% Transfused > 25)

PROCEDURE LONG DESCRIPTION	MSBOS
RESECTION / REPAIR ABDOMINAL AORTIC ANEURYSM	CM 3 units
THORACOTOMY	CM 2 units
TRANSPLANT DOUBLE LUNG	CM 4 units
TRANSPLANT HEART	CM 4 units
LASER LEAD EXTRACTION	CM 2 units

Patient Blood Management / MSBOS Algorithm (>= 20 Procedures to Qualify)

Physician Specility: GENERAL SURGERY
Primary Procedures Performed between Jan 1, 2022 - Dec 31, 2022

No Type/Screen, No Crossmatch (% Transfused <= 5)

PROCEDURE LONG DESCRIPTION	MSBOS
ABLATION MICROWAVE INTRA ABDOMINAL LAPAROSCOPIC	None
ADRENALECTOMY LAPAROSCOPIC	None
AMPUTATION BELOW KNEE	None
AMPUTATION TOE(S)	None
AMPUTATION TRANSMETATARSAL	None
ANGIOGRAM	None
APPENDECTOMY	None
APPENDECTOMY LAPAROSCOPIC	None
APPLICATION VAC DRESSING	None
APPLICATION WOUND DRESSING	None
BIOPSY BREAST EXCISIONAL	None
BIOPSY LIVER LAPAROSCOPIC	None
BIOPSY LYMPH NODE	None
BIOPSY MUSCLE	None
BIOPSY SENTINEL NODE	None
BIOPSY SOFT TISSUE	None
BIOPSY TEMPORAL ARTERY	None
BRONCHOSCOPY	None
BRONCHOSCOPY FLEXIBLE	None
BYPASS DISTAL	None
CAROTID ENDARTERECTOMY	None
CHOLECYSTECTOMY	None
CHOLECYSTECTOMY LAPAROSCOPIC	None
CHOLECYSTECTOMY ROBOTIC ASSISTED	None
CLOSURE COLOSTOMY	None
CLOSURE ILEOSTOMY	None
CLOSURE WOUND	None
COLECTOMY	None
COLECTOMY LAPAROSCOPIC	None
COLON RESECTION WITH STIRRUPS	None
COLONOSCOPY	None
CREATION ARTERIO VENOUS FISTULA	None
DEBRIDEMENT ABDOMINAL WOUND	None
DEBRIDEMENT WOUND	None
DEBRIDEMENT WOUND BACK	None

DEBRIDEMENT WOUND CHEST	**None**
DEBRIDEMENT WOUND HEAD	**None**
DEBRIDEMENT WOUND LOWER EXTREMITY	**None**
DEBRIDEMENT WOUND UPPER EXTREMITY	**None**
DIAG.PROCEDURES ON RECTUM & PERIRECTAL TISSUE	**None**
DIAGNOSTIC LAPAROSCOPY	**None**
DISSECTION AXILLARY NODES	**None**
DISSECTION NECK	**None**
ENDARTERECTOMY	**None**
ENDOVASCULAR PROCEDURE STENTING	**None**
ESOPHAGOGASTRODUODENOSCOPY FLEXIBLE	**None**
ESOPHAGOSCOPY	**None**
ESOPHAGOSCOPY DILATATION ESOPHAGUS	**None**
ESOPHAGOSCOPY FLEXIBLE	**None**
EXAM UNDER ANESTHESIA	**None**
EXCISION BURN WOUND	**None**
EXCISION HIDRADENITIS (SITE)	**None**
EXCISION LESION SCALP	**None**
EXCISION LESION SKIN	**None**
EXCISION LESION SOFT TISSUE	**None**
EXCISION LIPOMA (SITE)	**None**
EXCISION LYMPH NODE	**None**
EXCISION MASS (SITE)	**None**
EXCISION NECK MASS	**None**
EXCISION PILONIDAL CYST	**None**
EXCISION SEBACEOUS CYST	**None**
EXCISION SOFT TISSUE	**None**
EXCISION TRANSANAL MASS	**None**
EXPLORATION PARATHYROID	**None**
EXPLORATION WOUND	**None**
FASCIOTOMY LOWER EXTREMITY	**None**
FISTULOGRAM	**None**
FISTULOTOMY ANAL	**None**
FLAP GRAFT	**None**
GASTRECTOMY ROBOTIC ASSISTED	**None**
GASTROSTOMY	**None**
GI COLONOSCOPY DIAG W/WO BRUSHINGS/WASHINGS	**None**
GI COLONOSCOPY THROUGH STOMA DIAG W/WO BRUSHINGS/W	**None**
GI COLONOSCOPY THROUGH STOMA W/BIOPSY SINGLE/MULTI	**None**
GI COLONOSCOPY THROUGH STOMA W/REMOVAL OF POLYP/TU	**None**
GI COLONOSCOPY W/BALLOON DILATION	**None**
GI COLONOSCOPY W/BIOPSY SINGLE/MULTIPLE	**None**
GI COLONOSCOPY W/DECOMPRESSION COLON	**None**

GI COLONOSCOPY W/REMOVAL OF POLYP/TUMOR/OTHER LESI	**None**
GI COLONOSCOPY W/SUBMUCOSAL INJECTION ANY SUBSTANC	**None**
GI EGD DIAG W/WO BRUSHINGS/WASHINGS	**None**
GI EGD W/BIOPSY SINGLE/MULTIPLE	**None**
GI EGD W/DILATION BY BALLOON <30MM	**None**
GI EGD W/PERCUTANEOUS GASTROSTOMY TUBE PLACEMENT	**None**
GI ENDOSCOPIC EVAL SMALL INTESTINAL POUCH DIAG W/B	**None**
GI FLEX SIGMOIDOSCOPY DIAG W/WO BRUSHINGS/WASHINGS	**None**
GI FLEX SIGMOIDOSCOPY W/BIOPSY SINGLE/MULT	**None**
GI FLEX SIGMOIDOSCOPY W/CONTROL OF BLEED	**None**
GI FLEX SIGMOIDOSCOPY W/REMOVAL OF POLYP/TUMOR/OTH	**None**
GI ILEOSCOPY THROUGH STOMA DIAGNOSTIC W/WO BRUSHIN	**None**
GRAFT SKIN	**None**
HEMICOLECTOMY RIGHT	**None**
HEMICOLECTOMY RIGHT LAPAROSCOPIC	**None**
HEMORRHOIDECTOMY	**None**
HERNIA REPAIR ROBOTIC ASSISTED	**None**
INCISION & DRAINAGE	**None**
INCISION AND DRAINAGE PERIANAL ABSCESS	**None**
INJECTION BOTOX	**None**
INSERTION CHEST TUBE	**None**
INSERTION INFUSAPORT	**None**
INSERTION MEDIPORT	**None**
INSERTION PERITONEAL DIALYSIS CATHETER LAPAROSCOPI	**None**
INSERTION TUNNELED DIALYSIS CATHETER	**None**
INSERTION TUNNELED VASCULAR ACCESS PORT	**None**
INSERTION VENA CAVA FILTER	**None**
IRRIGATION AND DEBRIDEMENT OF WOUND	**None**
JEJUNOSTOMY LAPAROSCOPIC	**None**
LAPAROSCOPY	**None**
LAPAROSCOPY EXPLORATORY	**None**
LASER TREATMENT CO2	**None**
LIGATION ARTERY/VEIN	**None**
LOBECTOMY THYROID ISTHMUSECTOMY	**None**
LYSIS ADHESIONS	**None**
LYSIS ADHESIONS LAPAROSCOPIC	**None**
MANIPULATION & / OR INJECTION	**None**
MASTECTOMY	**None**
MASTECTOMY SEGMENTAL	**None**
MASTECTOMY SIMPLE	**None**
MASTECTOMY TOTAL	**None**
PANCREATECTOMY DISTAL ROBOTIC ASSISTED	**None**
PERICARDIAL WINDOW	**None**

PLACEMENT PERCUTANEOUS ENDOSCOPIC GASTROSTOMY (PEG	**None**
PLACEMENT SETON STITCH	**None**
RECONSTRUCTION ABDOMINAL WALL	**None**
REMOVAL CATHETER	**None**
REMOVAL FOREIGN BODY	**None**
REMOVAL INFUSAPORT	**None**
REMOVAL PERITONEAL DIALYSIS CATHETER	**None**
REMOVAL VENA CAVA FILTER	**None**
REPAIR INCISIONAL HERNIA	**None**
REPAIR INGUINAL HERNIA	**None**
REPAIR INGUINAL HERNIA LAPAROSCOPIC	**None**
REPAIR INGUINAL HERNIA LAPAROSCOPIC ROBOTIC ASSIST	**None**
REPAIR INGUINAL HERNIA WITH MESH	**None**
REPAIR RECTOCELE	**None**
REPAIR UMBILICAL HERNIA	**None**
REPAIR UMBILICAL HERNIA LAPAROSCOPIC	**None**
REPAIR UMBILICAL HERNIA ROBOTIC ASSISTED	**None**
REPAIR VENTRAL HERNIA	**None**
REPAIR VENTRAL HERNIA LAPAROSCOPIC	**None**
REPAIR VENTRAL HERNIA ROBOTIC ASSISTED	**None**
REPLACEMENT WOUND VAC DRESSING	**None**
REPOSITIONING PERITONEAL DIALYSIS CATHETER LAPAROS	**None**
RESECTION LIVER LAPAROSCOPIC	**None**
RESECTION LOW ANTERIOR	**None**
RESECTION LOW ANTERIOR LAPAROSCOPIC	**None**
RESECTION SIGMOID LAPAROSCOPIC	**None**
REVISION AMPUTATION STUMP LEG	**None**
REVISION ARTERIO VENOUS FISTULA	**None**
SIGMOIDOSCOPY FLEXIBLE	**None**
SKIN GRAFT SPLIT THICKNESS	**None**
SPHINCTEROTOMY	**None**
STAGING PROCEDURE LAPAROSCOPIC	**None**
STERNAL DEBRIDEMENT WOUND CLOSURE	**None**
THROMBOLYSIS	**None**
THYROIDECTOMY PARTIAL	**None**
THYROIDECTOMY TOTAL	**None**
TRACH TUBE EXCHANGE	**None**
TRACHEOSTOMY	**None**
TRANSANAL HEMORRHOIDAL DEARTERILIZATION	**None**
TRANSVERSE ABDOMINUS RELEASE ROBOTIC ASSISTED	**None**
WHIPPLE PROCEDURE ROBOTIC ASSISTED	**None**

Type/Screen (% Transfused > 5 but <= 25)

PROCEDURE LONG DESCRIPTION	MSBOS
AMPUTATION ABOVE KNEE	**T/S**
BYPASS AXILLARY FEMORAL	**T/S**
BYPASS FEMORAL TIBIAL	**T/S**
CHEMOPERFUSION ABDOMINAL HYPERTHERMIC	**T/S**
CREATION COLOSTOMY	**T/S**
CREATION COLOSTOMY LAPAROSCOPIC	**T/S**
DEBULKING TUMOR	**T/S**
ENDOVASCULAR PROCEDURE ABDOMINAL AORTIC ANEURYSM	**T/S**
EVACUATION HEMATOMA	**T/S**
EXCISION RETROPERITONEAL MASS	**T/S**
GASTRECTOMY SUBTOTAL	**T/S**
LAPAROTOMY EXPLORATORY	**T/S**
NEPHRECTOMY COMPLETE	**T/S**
PANCREATICODUODENECTOMY RADICAL	**T/S**
REPAIR ARTERY VEIN	**T/S**
RESECTION ABDOMINAL PERINEAL	**T/S**
RESECTION COLON	**T/S**
RESECTION LIVER	**T/S**
RESECTION SIGMOID	**T/S**
RESECTION SMALL INTESTINE	**T/S**
THORACOSCOPY	**T/S**
THORACOTOMY	**T/S**
THROMBECTOMY	**T/S**

Crossmatch Median Units (% Transfused > 25)

PROCEDURE LONG DESCRIPTION	MSBOS 2023
BYPASS AORTO BI FEMORAL	**CM 1 unit**
RESECTION / REPAIR ABDOMINAL AORTIC ANEURYSM	**CM 4 units**
SPLENECTOMY	**CM 2 units**

Patient Blood Management / MSBOS Algorithm (>= 20 Procedures to Qualify)
Physician Specialty: NEUROSURGERY
Primary Procedures Performed between Jan 1, 2022 - Dec 31, 2022

No Type/Screen, No Crossmatch (% Transfused <= 5)

PROCEDURE LONG DESCRIPTION	MSBOS
BIOPSY MUSCLE	None
CAROTID ENDARTERECTOMY	None
CLOSURE WOUND	None
CRANIECTOMY NERVE DECOMPRESSION	None
CRANIECTOMY SUBOCCIPITAL LAMINECTOMY DECOMPRESSION	None
CRANIOPLASTY	None
DEBRIDEMENT WOUND	None
DEBRIDEMENT WOUND BACK	None
DEBRIDEMENT WOUND HEAD	None
DECOMPRESSION CARPAL TUNNEL	None
ENDOSCOPY SINUS	None
EXAM UNDER ANESTHESIA	None
EXCISION LESION SCALP	None
EXPLORATION WOUND	None
GAMMA KNIFE RADIOSURGERY	None
INCISION & DRAINAGE	None
INSERTION DEEP BRAIN STIMULATOR STAGE 1	None
INSERTION DEEP BRAIN STIMULATOR STAGE 2	None
INSERTION PAIN PUMP	None
INSERTION SPINAL CORD STIMULATOR	None
INSERTION SPINAL CORD STIMULATOR LEAD IMPLANT STAG	None
INSERTION STEREOELECTROENCEPHALOGRAPHY LEADS (SEEG	None
INSERTION TOTALLY IMPLANTABLE INFUSION PUMP STAGE	None
IRRIGATION AND DEBRIDEMENT OF WOUND	None
KYPHOPLASTY	None
LAPAROSCOPY EXPLORATORY	None
RELEASE CARPAL TUNNEL	None
REMOVAL CATHETER	None
REMOVAL FOREIGN BODY	None
REMOVAL IMPLANTED DEVICES FROM BONE	None
REMOVAL SPINAL CORD STIMULATOR BATTERY	None
REMOVAL SPINAL CORD STIMULATOR LEAD	None
REPAIR CSF LEAK EXPANDED ENDONASAL APPROACH	None
REPLACEMENT / REVISION INFUSION PUMP	None
REPLACEMENT VAGAL NERVE STIMULATOR AND OR LEAD	None
REPLACEMENT WOUND VAC DRESSING	None

REPLACEMENT/ REVISION DEEP BRAIN STIMULATOR	None
RESECTION TUMOR EXPANDED ENDONASAL APPROACH	None
SKIN GRAFT SPLIT THICKNESS	None
SPINE ANTERIOR CERVICAL DISCECTOMY AND FUSION	None
SPINE ANTERIOR CERVICAL DISCECTOMY AND FUSION INTE	None
SPINE ANTERIOR SPINAL FUSION INTERNAL FIXATION LUM	None
SPINE EXTREME LATERAL INTERBODY FUSION	None
SPINE LAMINECTOMY	None
SPINE LAMINECTOMY & DECOMPRESSION	None
SPINE LAMINECTOMY DECOMPRESSION DISCECTOMY	None
SPINE LUMBAR MICRODISCECTOMY	None
SPINE MINIMALLY INVASIVE DISCECTOMY	None
SPINE POSTERIOR CERVICAL FUSION INTERNAL FIXATION	None
SPINE POSTERIOR CERVICAL PROCEDURE	None
SPINE POSTERIOR LUMBAR OR THORACIC PROCEDURE	None
STEREOTACTIC BRAIN BIOPSY FRAMELESS	None
TRANSPOSITION ULNAR NERVE	None
ULNAR NERVE DECOMPRESSION	None
VENTRICULOPERITONEAL SHUNT	None
VENTRICULOPERITONEAL SHUNT LAPAROSCOPIC	None

Type/Screen (% Transfused > 5 but <= 25)

PROCEDURE LONG DESCRIPTION	MSBOS
CRANIECTOMY	T/S
CRANIOTOMY	T/S
CRANIOTOMY ANEURSYM	T/S
CRANIOTOMY EXTRA INTRACRANIAL BYPASSMICRO	T/S
CRANIOTOMY HEMATOMA EVACUATION	T/S
CRANIOTOMY SUBDURAL HEMATOMA	T/S
CRANIOTOMY TUMOR	T/S
CRANIOTOMY TUMOR MICRO	T/S
EVACUATION HEMATOMA	T/S
REMOVAL IMPLANTED DEVICES FROM SPINE	T/S
RESECTION TUMOR TRANSCLIVAL EXPANDED ENDONASAL APP	T/S
RESECTION TUMOR TRANSCRIBIFORM EXPANDED ENDONASAL	T/S
RESECTION TUMOR TRANSELLAR EXPANDED ENDONASAL APPR	T/S
SPINE POSTERIOR CERVICAL FUSION	T/S
SPINE POSTERIOR SPINAL FUSION INTERNAL FIXATION LU	T/S
SPINE POSTERIOR SPINAL FUSION LUMBAR OR THORACIC	T/S

Crossmatch Median Units (% Transfused > 25)

No Data Available

Patient Blood Management / MSBOS Algorithm (>= 20 Procedures to Qualify)
Physician Specialty: OBSTETRICS GYNECOLOGY
Primary Procedures Performed between Jan 1, 2022 - Dec 31, 2022

No Type/Screen, No Crossmatch (% Transfused <= 5)

PROCEDURE LONG DESCRIPTION	MSBOS
ABDOMINAL HYSTERECTOMY BSO LAPAROSCOPIC	None
ABDOMINAL HYSTERECTOMY BSO ROBOTIC ASSISTED	None
ABDOMINAL HYSTERECTOMY LAPAROSCOPIC	None
ABDOMINAL HYSTERECTOMY ROBOTIC ASSISTED	None
ABLATION LASER	None
APPENDECTOMY LAPAROSCOPIC	None
APPLICATION WOUND DRESSING	None
BIOPSY CERVICAL CONE	None
BIOPSY SENTINEL NODE	None
BIOPSY SOFT TISSUE	None
CLOSURE ILEOSTOMY	None
CLOSURE WOUND	None
COLPORRHAPHY	None
CYSTECTOMY OVARIAN LAPAROSCOPIC	None
CYSTO BOTOX INJECTION	None
CYSTOSCOPY	None
D&C	None
D&C HYSTEROSCOPY	None
D&C&E	None
DEBRIDEMENT ABDOMINAL WOUND	None
DEBRIDEMENT WOUND	None
DIAGNOSTIC LAPAROSCOPY	None
EXAM UNDER ANESTHESIA	None
EXCISION ENDO LYSIS ADHESIONS LAPAROSCOPIC	None
EXCISION ENDOMETRIOSIS LAPAROSCOPIC	None
EXCISION LESION SKIN	None
EXCISION LESION VULVA	None
EXCISION LYMPH NODE	None
EXCISION MASS (SITE)	None
EXCISION SOFT TISSUE	None
EXPLORATION WOUND	None
HYSTERECTOMY SUPRACERVICAL LAPAROSCOPIC	None
HYSTERECTOMY TOTAL ABDOMINAL	None
HYSTERECTOMY TOTAL ABDOMINAL BSO	None
HYSTEROSCOPY	None
HYSTEROSCOPY AND RESECTOSCOPE	None
IMPLANTATION ELECTRONIC BLADDER ELECTRODES	None
IMPLANTATION ELECTRONIC BLADDER STIMULATOR	None
INCISION & DRAINAGE	None
INCISION AND DRAINAGE PERIANAL ABSCESS	None

INJECTION BULKING AGENT PERI URETHRAL	None
INJECTION MUSCLE	None
INSERTION TRANSVAGINAL MESH	None
IRRIGATION AND DEBRIDEMENT OF WOUND	None
LAPAROSCOPIC PROCEDURE ROBOTIC ASSISTED	None
LAPAROSCOPY	None
LAPAROSCOPY EXPLORATORY	None
LAPAROSCOPY OPERATIVE GYNE	None
LAPAROTOMY	None
LEEP CONE BIOPSY CERVIX	None
LEEP PROCEDURE	None
LYSIS ADHESIONS	None
LYSIS ADHESIONS LAPAROSCOPIC	None
MYOMECTOMY	None
MYOMECTOMY LAPAROSCOPIC	None
MYOSURE PROCEDURE	None
OB CERCLAGE	None
OB CESAREAN SECTION	None
OB CORDOCENTESIS (PUBS)	None
OB D & C	None
OB DELIVERY VAGINAL	None
OB EXAM UNDER ANESTHESIA	None
OB EXTERNAL CEPHALIC VERSION	None
OB LIGATION POST PARTUM TUBAL	None
OB REPAIR EPISIOTOMY/LACERATION	None
OB SALPINGECTOMY	None
OOCYTE (EGG) RETRIEVAL	None
OOPHORECTOMY LAPAROSCOPIC	None
REMOVAL FOREIGN BODY	None
REPAIR RECTOCELE	None
REPAIR VENTRAL HERNIA	None
REPLACEMENT WOUND VAC DRESSING	None
SACROCOLPOPEXY ABDOMINAL ROBOTIC ASSISTED	None
SACROCOLPOPEXY LAPAROSCOPIC	None
SALPINGECTOMY LAPAROSCOPIC	None
SALPINGO OOPHORECTOMY LAPAROSCOPIC	None
STANDARD D&E	None
SUCTION D&C	None
URETHRAL SLING FEMALE	None
VAGINAL HYSTERECTOMY	None
VAGINAL HYSTERECTOMY LAPAROSCOPIC ASSISTED	None
VULVECTOMY	None

Type/Screen (% Transfused > 5 but <= 25)

PROCEDURE LONG DESCRIPTION	MSBOS
CREATION COLOSTOMY	T/S
CREATION COLOSTOMY LAPAROSCOPIC	T/S
DEBULKING TUMOR	T/S
EVACUATION HEMATOMA	T/S
LAPAROTOMY EXPLORATORY	T/S
RESECTION SMALL INTESTINE	T/S

Crossmatch Median Units (% Transfused > 25)

No Data Available

Patient Blood Management / MSBOS Algorithm (>= 20 Procedures to Qualify)
Physician Specialty: ORTHOPAEDIC SURGERY
Primary Procedures Performed between Jan 1, 2022 - Dec 31, 2022

No Type/Screen, No Crossmatch (% Transfused <= 5)

PROCEDURE LONG DESCRIPTION	MSBOS
AMPUTATION BELOW KNEE	None
AMPUTATION FINGER(S)	None
AMPUTATION RAY	None
AMPUTATION TOE(S)	None
AMPUTATION TRANSMETATARSAL	None
APPLICATION EXTERNAL FIXATION DEVICE	None
APPLICATION EXTERNAL FIXATION DEVICE LEG	None
APPLICATION EXTERNAL FIXATION DEVICE TIBIA & / OR	None
APPLICATION VAC DRESSING	None
APPLICATION WOUND DRESSING	None
ARTHRODESIS (SITE)	None
ARTHRODESIS ANKLE	None
ARTHRODESIS FIRST MTP JOINT	None
ARTHRODESIS TRIPLE	None
ARTHROPLASTY BASILAR JOINT	None
ARTHROPLASTY FOOT & / OR TOE	None
ARTHROPLASTY HAND & / OR FINGER	None
ARTHROPLASTY JOINT	None
ARTHROSCOPY ANKLE	None
ARTHROSCOPY ANKLE / ANKLE REPAIR	None
ARTHROSCOPY ANKLE DEBRIDEMENT	None
ARTHROSCOPY ANKLE/FOOT MICROFRACTURE	None
ARTHROSCOPY ELBOW	None
ARTHROSCOPY HIP / HIP REPAIR	None
ARTHROSCOPY HIP DEBRIDEMENT	None
ARTHROSCOPY HIP LABRAL REPAIR	None
ARTHROSCOPY KNEE	None
ARTHROSCOPY KNEE / KNEE REPAIR	None
ARTHROSCOPY KNEE ACL (ALLOGRAFT) RECONSTRUCTION	None
ARTHROSCOPY KNEE ACL (PATELLAR TENDON DONOR) RECON	None
ARTHROSCOPY KNEE ACL (QUAD TENDON DONOR) RECONSTRU	None
ARTHROSCOPY KNEE CHONDROPLASTY	None
ARTHROSCOPY KNEE DEBRIDEMENT	None
ARTHROSCOPY KNEE MENISCAL REPAIR	None
ARTHROSCOPY KNEE MENISECTOMY	None
ARTHROSCOPY KNEE MULTILIGAMENT RECONSTRUCTION	None
ARTHROSCOPY KNEE SYNOVECTOMY	None
ARTHROSCOPY SHOULDER	None
ARTHROSCOPY SHOULDER / SHOULDER REPAIR	None
ARTHROSCOPY SHOULDER BICEPS TENODESIS	None
ARTHROSCOPY SHOULDER CAPSULAR RELEASE	None
ARTHROSCOPY SHOULDER DEBRIDEMENT	None

ARTHROSCOPY SHOULDER LABRAL REPAIR	None
ARTHROSCOPY SHOULDER ROTATOR CUFF REPAIR	None
ARTHROSCOPY SHOULDER SUBACROMIAL DECOMPRESSION	None
ARTHROSCOPY WRIST	None
ARTHROSCOPY WRIST / WRIST REPAIR	None
BIOPSY MUSCLE	None
BIOPSY SOFT TISSUE	None
BUNIONECTOMY	None
BURSECTOMY OLECRANON	None
CHEILECTOMY	None
CLOSED REDUCTION DISLOCATED HIP	None
CLOSED REDUCTION METACARPAL	None
CLOSURE WOUND	None
CURRETTAGE GRAFTING BONE TUMOR (SITE)	None
DEBRIDEMENT JOINT HIP	None
DEBRIDEMENT JOINT KNEE	None
DEBRIDEMENT TENDON (SITE)	None
DEBRIDEMENT WOUND	None
DEBRIDEMENT WOUND BACK	None
DEBRIDEMENT WOUND CHEST	None
DEBRIDEMENT WOUND LOWER EXTREMITY	None
DEBRIDEMENT WOUND UPPER EXTREMITY	None
EPICONDYLECTOMY ELBOW	None
EXAM UNDER ANESTHESIA	None
EXCISION BONE (SITE)	None
EXCISION BURN WOUND	None
EXCISION GANGLION	None
EXCISION GANGLION CYST	None
EXCISION LESION BONE	None
EXCISION LESION SKIN	None
EXCISION LESION SOFT TISSUE	None
EXCISION LIPOMA (SITE)	None
EXCISION MASS (SITE)	None
EXCISION MUCOUS CYST METACARPAL	None
EXCISION NAILBED	None
EXCISION NEUROMA	None
EXCISION SOFT TISSUE	None
EXCISIONAL ARTHROPLASTY KNEE	None
EXPLORATION WOUND	None
FASCIOTOMY LOWER EXTREMITY	None
FASCIOTOMY PLANTAR	None
FASCIOTOMY PLANTAR ENDOSCOPIC	None
FLAP GRAFT	None
FUSION ANKLE	None
FUSION FOOT & OR TOE	None
FUSION JOINT	None
FUSION METACARPAL	None
FUSION METATARSAL	None
FUSION WRIST	None

GRAFT SKIN	None
HEMIARTHROPLASTY HIP	None
HEMIARTHROPLASTY SHOULDER	None
INCISION & DRAINAGE	None
INJECTION BOTOX	None
INJECTION JOINT	None
INSERTION ANTIBIOTIC SPACER	None
INSERTION INTRAMEDULARY NAIL TIBIA	None
IRRIGATION AND DEBRIDEMENT OF WOUND	None
KYPHOPLASTY	None
MANIPULATION & / OR INJECTION	None
MANIPULATION KNEE	None
NAILING IM	None
NEUROLYSIS	None
ORIF ANKLE	None
ORIF CALCANEUS	None
ORIF CARPAL & / OR METACARPAL	None
ORIF CLAVICLE	None
ORIF DISTAL RADIUS FRACTURE	None
ORIF ELBOW	None
ORIF FINGER	None
ORIF FOOT	None
ORIF HIP	None
ORIF HUMERUS	None
ORIF PATELLA	None
ORIF RADIUS & / OR ULNA	None
ORIF SHOULDER	None
ORIF TARSAL & / OR METATARSAL	None
ORIF TIBIA & / OR FIBULA	None
ORIF TIBIAL PLATEAU	None
ORIF WRIST	None
OSTEOTOMY	None
OSTEOTOMY BONE	None
OSTEOTOMY METATARSAL	None
PINNING PERCUTANEOUS	None
RECONSTRUCTION ACHILLES TENDON	None
RECONSTRUCTION LIGAMENT	None
RELEASE CARPAL TUNNEL	None
RELEASE CARPAL TUNNEL ENDOSCOPIC	None
RELEASE CONTRACTURE (SITE)	None
RELEASE CUBITAL TUNNEL	None
RELEASE DEQUERVAIN'S	None
RELEASE DUPUYTRENS CONTRACTURE	None
RELEASE TARSAL TUNNEL	None
RELEASE TRIGGER FINGER	None
REMOVAL EXTERNAL FIXATION DEVICE	None
REMOVAL FOREIGN BODY	None
REMOVAL IMPLANTED DEVICES FROM BONE	None
REMOVAL IMPLANTED DEVICES FROM BONE LEG	None

REMOVAL IMPLANTED DEVICES FROM BONE LOWER BODY	None
REMOVAL IMPLANTED DEVICES FROM BONE UPPER BODY	None
REMOVAL SPINAL CORD STIMULATOR BATTERY	None
REPAIR ELBOW	None
REPAIR HAMMER TOE	None
REPAIR HAMSTRING	None
REPAIR HAND & / OR FINGER(S)	None
REPAIR LIGAMENT	None
REPAIR LIGAMENT FINGER	None
REPAIR NERVE	None
REPAIR SHOULDER	None
REPAIR SHOULDER ROTATOR CUFF	None
REPAIR TENDON ACHILLES	None
REPAIR TENDON BICEPS & / OR TRICEPS	None
REPAIR TENDON HAND	None
REPAIR TENDON KNEE	None
REPAIR TENDON LEG	None
REPAIR TENDON QUADRICEPS	None
REPAIR TENDON(S)	None
REPLACEMENT WOUND VAC DRESSING	None
REVISION AMPUTATION STUMP LEG	None
REVISION SCAR	None
SKIN GRAFT SPLIT THICKNESS	None
SPINE ANTERIOR CERVICAL DISCECTOMY AND FUSION	None
SPINE ANTERIOR CERVICAL DISCECTOMY AND FUSION INTE	None
SPINE ANTERIOR SPINAL FUSION INTERNAL FIXATION LUM	None
SPINE EXTREME LATERAL INTERBODY FUSION	None
SPINE LAMINECTOMY	None
SPINE LAMINECTOMY & DECOMPRESSION	None
SPINE LAMINECTOMY DECOMPRESSION DISCECTOMY	None
SPINE LUMBAR MICRODISCECTOMY	None
SPINE MINIMALLY INVASIVE DISCECTOMY	None
SPINE POSTERIOR CERVICAL FUSION INTERNAL FIXATION	None
SPINE POSTERIOR CERVICAL PROCEDURE	None
SPINE POSTERIOR LUMBAR OR THORACIC PROCEDURE	None
TENDON TRANSFER	None
TENOLYSIS	None
TENOSYNOVECTOMY	None
TOTAL ANKLE ARTHROPLASTY	None
TOTAL HIP ARTHROPLASTY	None
TOTAL HIP ARTHROPLASTY ROBOTIC ASSISTED	None
TOTAL HIP MIS 1 INCISION ROBOTIC ASSISTED	None
TOTAL HIP MIS 2 INCISIONS	None
TOTAL KNEE ARTHROPLASTY	None
TOTAL KNEE ARTHROPLASTY BILATERAL	None
TOTAL KNEE ARTHROPLASTY REVISION	None
TOTAL KNEE ARTHROPLASTY ROBOTIC ASSISTED	None
TOTAL SHOULDER ARTHROPLASTY	None
TOTAL SHOULDER ARTHROPLASTY REVERSE	None

TOTAL SHOULDER ARTHROPLASTY REVISION	None
TRANSPOSITION ULNAR NERVE	None
ULNAR NERVE DECOMPRESSION	None
UNICOMPARTMENT KNEE REPLACEMENT	None

Type/Screen (% Transfused > 5 but <= 25)

PROCEDURE LONG DESCRIPTION	MSBOS
AMPUTATION ABOVE KNEE	T/S
EVACUATION HEMATOMA	T/S
EXCISIONAL ARTHROPLASTY HIP	T/S
INSERTION INTRAMEDULARY NAIL FEMUR	T/S
ORIF ACETABULAR FRACTURE	T/S
ORIF FEMUR	T/S
ORIF PELVIS & / OR ACETABULUM	T/S
REMOVAL IMPLANTED DEVICES FROM SPINE	T/S
SPINE POSTERIOR CERVICAL FUSION	T/S
SPINE POSTERIOR SPINAL FUSION INTERNAL FIXATION LU	T/S
SPINE POSTERIOR SPINAL FUSION LUMBAR OR THORACIC	T/S
TOTAL HIP ARTHROPLASTY REVISION	T/S

Crossmatch Median Units (% Transfused > 25)

No Data Available

Patient Blood Management / MSBOS Algorithm (>= 20 Procedures to Qualify)
Physician Specialty: OTOLARYNGOLOGY
Primary Procedures Performed between Jan 1, 2022 - Dec 31, 2022

No Type/Screen, No Crossmatch (% Transfused <= 5)

PROCEDURE LONG DESCRIPTION	MSBOS
BIOPSY LYMPH NODE	None
BIOPSY SOFT TISSUE	None
BIOPSY TEMPORAL ARTERY	None
BRONCHOSCOPY	None
CLOSED REDUCTION NASAL FRACTURE	None
COCHLEAR IMPLANT	None
DEBRIDEMENT WOUND	None
DISSECTION NECK	None
ENDOSCOPIC SINUS SURGERY FUNCTIONAL	None
ENDOSCOPY	None
ENDOSCOPY SINUS	None
ESOPHAGOSCOPY	None
ESOPHAGOSCOPY DILATATION ESOPHAGUS	None
ESOPHAGOSCOPY FLEXIBLE	None
EXAM UNDER ANESTHESIA	None
EXCISION LESION OROPHARYNX / ORAL CAVITY	None
EXCISION LESION SCALP	None
EXCISION LESION SKIN	None
EXCISION LESION SOFT TISSUE	None
EXCISION LIPOMA (SITE)	None
EXCISION LYMPH NODE	None
EXCISION MASS (SITE)	None
EXCISION MELANOMA	None
EXCISION NECK MASS	None
EXCISION SOFT TISSUE	None
EXPLORATION PARATHYROID	None
EXPLORATION WOUND	None
FLAP GRAFT	None
GLOSSECTOMY PARTIAL	None
INCISION & DRAINAGE	None
INSERTION HYPOGLOSSAL NERVE STIMULATOR	None
IRRIGATION AND DEBRIDEMENT OF WOUND	None
LARYNGOSCOPY	None
LARYNGOSCOPY DIRECT	None
LARYNGOSCOPY MICRO	None
LASER TREATMENT CO2	None
LOBECTOMY THYROID ISTHMUSECTOMY	None
MAXILLECTOMY	None
MYRINGOTOMY WITH INSERTION OF TUBES	None
ORIF FACIAL FRACTURES	None
ORIF MANDIBLE	None
PAROTIDECTOMY	None

REDUCTION TURBINATE	None
REMOVAL FOREIGN BODY	None
REMOVAL IMPLANTED DEVICES FROM BONE	None
REMOVAL INTERFIXATION DEVICE FACIAL BONE	None
RESECTION TUMOR EXPANDED ENDONASAL APPROACH	None
REVISION SCAR	None
RHINOPLASTY	None
SEPTOPLASTY	None
SEPTORHINOPLASTY	None
SIALOENDOSCOPY	None
SKIN GRAFT SPLIT THICKNESS	None
STAPEDECTOMY	None
THYROIDECTOMY PARTIAL	None
THYROIDECTOMY TOTAL	None
TONSILLECTOMY	None
TONSILLECTOMY WITH ADENOIDECTOMY	None
TRACH TUBE EXCHANGE	None
TRACHEOSTOMY	None
TRANSORAL RESECTION/RECONSTRUCTION PROCEDURE ROBOT	None
TYMPANOMASTOIDECTOMY	None
TYMPANOPLASTY	None

Type/Screen (% Transfused > 5 but <= 25)

PROCEDURE LONG DESCRIPTION	MSBOS
EVACUATION HEMATOMA	T/S
MICROVASCULAR FREE FLAP	T/S
RESECTION TUMOR TRANSCLIVAL EXPANDED ENDONASAL APP	T/S
RESECTION TUMOR TRANSCRIBIFORM EXPANDED ENDONASAL	T/S
RESECTION TUMOR TRANSELLAR EXPANDED ENDONASAL APPR	T/S

Crossmatch Median Units (% Transfused > 25)

No Data Available

Patient Blood Management / MSBOS Algorithm (>= 20 Procedures to Qualify)
Physician Specialty: PLASTIC SURGERY
Primary Procedures Performed between Jan 1, 2022 - Dec 31, 2022

No Type/Screen, No Crossmatch (% Transfused <= 5)

PROCEDURE LONG DESCRIPTION	MSBOS
ABDOMINAL PANNICULECTOMY	None
ABDOMINOPLASTY	None
AMPUTATION BELOW KNEE	None
AMPUTATION FINGER(S)	None
AMPUTATION RAY	None
APPLICATION VAC DRESSING	None
APPLICATION WOUND DRESSING	None
ARTHRODESIS (SITE)	None
ARTHROPLASTY HAND & / OR FINGER	None
ARTHROSCOPY WRIST	None
ARTHROSCOPY WRIST / WRIST REPAIR	None
BILATERAL BREAST AUGMENTATION	None
BIOPSY SENTINEL NODE	None
BIOPSY SOFT TISSUE	None
BLEPHAROPLASTY	None
BREAST IMPLANT REMOVAL	None
BREAST RECONSTRUCTION	None
BREAST REDUCTION	None
CANTHOPLASTY	None
CLOSED REDUCTION METACARPAL	None
CLOSED REDUCTION NASAL FRACTURE	None
CLOSURE WOUND	None
DEBRIDEMENT ABDOMINAL WOUND	None
DEBRIDEMENT WOUND	None
DEBRIDEMENT WOUND BACK	None
DEBRIDEMENT WOUND CHEST	None
DEBRIDEMENT WOUND HEAD	None
DEBRIDEMENT WOUND LOWER EXTREMITY	None
DEBRIDEMENT WOUND UPPER EXTREMITY	None
DECOMPRESSION CARPAL TUNNEL	None
DISSECTION NECK	None
EXAM UNDER ANESTHESIA	None
EXCISION BURN WOUND	None
EXCISION EYELID LESION	None
EXCISION GANGLION	None
EXCISION GANGLION CYST	None
EXCISION HIDRADENITIS (SITE)	None
EXCISION LESION SCALP	None
EXCISION LESION SKIN	None
EXCISION LESION SOFT TISSUE	None
EXCISION LIPOMA (SITE)	None
EXCISION LYMPH NODE	None

EXCISION MASS (SITE)	None
EXCISION MELANOMA	None
EXCISION NAILBED	None
EXCISION NEUROMA	None
EXCISION PILONIDAL CYST	None
EXCISION SOFT TISSUE	None
EXPLORATION WOUND	None
EXTRACTION TEETH	None
FACELIFT	None
FAT GRAFT	None
FLAP GRAFT	None
FUSION METACARPAL	None
FUSION WRIST	None
GRAFT SKIN	None
INCISION & DRAINAGE	None
IRRIGATION AND DEBRIDEMENT OF WOUND	None
LASER TREATMENT CO2	None
LIPOSUCTION	None
MANIPULATION & / OR INJECTION	None
MASTECTOMY	None
MASTECTOMY SIMPLE	None
MASTECTOMY TOTAL	None
MASTOPEXY	None
NEUROLYSIS	None
ORIF CARPAL & / OR METACARPAL	None
ORIF DISTAL RADIUS FRACTURE	None
ORIF FACIAL FRACTURES	None
ORIF FINGER	None
ORIF MANDIBLE	None
ORIF RADIUS & / OR ULNA	None
ORIF WRIST	None
OSTEOTOMY	None
PINNING PERCUTANEOUS	None
RECONSTRUCTION ABDOMINAL WALL	None
RECONSTRUCTION EYELID	None
RECONSTRUCTION MOHS DEFECT	None
RELEASE CARPAL TUNNEL	None
RELEASE CONTRACTURE (SITE)	None
RELEASE CUBITAL TUNNEL	None
RELEASE DEQUERVAIN'S	None
RELEASE TRIGGER FINGER	None
REMOVAL FOREIGN BODY	None
REMOVAL IMPLANTED DEVICES FROM BONE	None
REMOVAL IMPLANTED DEVICES FROM BONE UPPER BODY	None
REMOVAL INTERFIXATION DEVICE FACIAL BONE	None
REPAIR HAND & / OR FINGER(S)	None
REPAIR INCISIONAL HERNIA	None
REPAIR INGUINAL HERNIA	None
REPAIR INGUINAL HERNIA WITH MESH	None

REPAIR NERVE	None
REPAIR TENDON HAND	None
REPAIR TENDON(S)	None
REPAIR VENTRAL HERNIA	None
REPLACEMENT WOUND VAC DRESSING	None
REVISION AMPUTATION STUMP LEG	None
REVISION SCAR	None
RHINOPLASTY	None
SEPTOPLASTY	None
SEPTORHINOPLASTY	None
SKIN GRAFT SPLIT THICKNESS	None
STERNAL DEBRIDEMENT WOUND CLOSURE	None
TENDON TRANSFER	None
TENOLYSIS	None
ULNAR NERVE DECOMPRESSION	None

Type/Screen (% Transfused > 5 but <= 25)

PROCEDURE LONG DESCRIPTION	MSBOS
AMPUTATION ABOVE KNEE	T/S
EVACUATION HEMATOMA	T/S
MICROVASCULAR FREE FLAP	T/S
REPAIR ARTERY VEIN	T/S

Crossmatch Median Units (% Transfused > 25)

No Data Available

Patient Blood Management / MSBOS Algorithm (>= 20 Procedures to Qualify)
Physician Specialty: PODIATRY
Primary Procedures Performed between Jan 1, 2022 - Dec 31, 2022

No Type/Screen, No Crossmatch (% Transfused <= 5)

PROCEDURE LONG DESCRIPTION	MSBOS
AMPUTATION RAY	None
AMPUTATION TOE(S)	None
AMPUTATION TRANSMETATARSAL	None
APPLICATION EXTERNAL FIXATION DEVICE	None
APPLICATION EXTERNAL FIXATION DEVICE LEG	None
APPLICATION WOUND DRESSING	None
ARTHRODESIS (SITE)	None
ARTHRODESIS ANKLE	None
ARTHRODESIS FIRST MTP JOINT	None
ARTHRODESIS TRIPLE	None
ARTHROPLASTY FOOT & / OR TOE	None
ARTHROSCOPY ANKLE	None
ARTHROSCOPY ANKLE / ANKLE REPAIR	None
ARTHROSCOPY ANKLE DEBRIDEMENT	None
BUNIONECTOMY	None
CHEILECTOMY	None
CLOSURE WOUND	None
DEBRIDEMENT TENDON (SITE)	None
DEBRIDEMENT WOUND	None
DEBRIDEMENT WOUND LOWER EXTREMITY	None
EXCISION BONE (SITE)	None
EXCISION GANGLION CYST	None
EXCISION LESION BONE	None
EXCISION LESION SKIN	None
EXCISION LESION SOFT TISSUE	None
EXCISION MASS (SITE)	None
EXCISION NAILBED	None
EXCISION NEUROMA	None
EXCISION SOFT TISSUE	None
FASCIOTOMY PLANTAR	None
FASCIOTOMY PLANTAR ENDOSCOPIC	None
FUSION ANKLE	None
FUSION FOOT & OR TOE	None
FUSION JOINT	None
FUSION METATARSAL	None
INCISION & DRAINAGE	None
INSERTION ANTIBIOTIC SPACER	None
IRRIGATION AND DEBRIDEMENT OF WOUND	None
LASER TREATMENT CO2	None
ORIF ANKLE	None
ORIF CALCANEUS	None

ORIF FOOT	None
ORIF TARSAL & / OR METATARSAL	None
ORIF TIBIA & / OR FIBULA	None
OSTEOTOMY	None
OSTEOTOMY BONE	None
OSTEOTOMY METATARSAL	None
PINNING PERCUTANEOUS	None
RECONSTRUCTION ACHILLES TENDON	None
RELEASE TARSAL TUNNEL	None
REMOVAL EXTERNAL FIXATION DEVICE	None
REMOVAL FOREIGN BODY	None
REMOVAL IMPLANTED DEVICES FROM BONE	None
REMOVAL IMPLANTED DEVICES FROM BONE LEG	None
REMOVAL IMPLANTED DEVICES FROM BONE LOWER BODY	None
REPAIR HAMMER TOE	None
REPAIR LIGAMENT	None
REPAIR TENDON ACHILLES	None
REPAIR TENDON LEG	None
REPAIR TENDON(S)	None
SKIN GRAFT SPLIT THICKNESS	None
TENDON TRANSFER	None
TOTAL ANKLE ARTHROPLASTY	None

Type/Screen (% Transfused > 5 but <= 25)

No Data Available

Crossmatch Median Units (% Transfused > 25)

No Data Available

Patient Blood Management / MSBOS Algorithm (>= 20 Procedures to Qualify)
Physician Specialty: SURGICAL ONCOLOGY
Primary Procedures Performed between Jan 1, 2022 - Dec 31, 2022

No Type/Screen, No Crossmatch (% Transfused <= 5)

PROCEDURE LONG DESCRIPTION	MSBOS
ABLATION MICROWAVE INTRA ABDOMINAL LAPAROSCOPIC	None
ADRENALECTOMY LAPAROSCOPIC	None
APPENDECTOMY	None
APPENDECTOMY LAPAROSCOPIC	None
BIOPSY BREAST EXCISIONAL	None
BIOPSY LIVER LAPAROSCOPIC	None
BIOPSY LYMPH NODE	None
BIOPSY MUSCLE	None
BIOPSY SENTINEL NODE	None
BIOPSY SOFT TISSUE	None
CHOLECYSTECTOMY	None
CHOLECYSTECTOMY LAPAROSCOPIC	None
CHOLECYSTECTOMY ROBOTIC ASSISTED	None
CLOSURE COLOSTOMY	None
CLOSURE ILEOSTOMY	None
COLECTOMY	None
COLECTOMY LAPAROSCOPIC	None
DEBRIDEMENT ABDOMINAL WOUND	None
DEBRIDEMENT WOUND	None
DIAG.PROCEDURES ON RECTUM & PERIRECTAL TISSUE	None
DIAGNOSTIC LAPAROSCOPY	None
DISSECTION AXILLARY NODES	None
DISSECTION NECK	None
EXAM UNDER ANESTHESIA	None
EXCISION LESION SCALP	None
EXCISION LESION SKIN	None
EXCISION LYMPH NODE	None
EXCISION MASS (SITE)	None
EXCISION MELANOMA	None
EXCISION PILONIDAL CYST	None
EXCISION SOFT TISSUE	None
EXCISION TRANSANAL MASS	None
EXPLORATION PARATHYROID	None
EXPLORATION WOUND	None
GASTRECTOMY ROBOTIC ASSISTED	None
GASTROSTOMY	None
HEMICOLECTOMY RIGHT	None
HEMICOLECTOMY RIGHT LAPAROSCOPIC	None
INCISION & DRAINAGE	None
INCISION AND DRAINAGE PERIANAL ABSCESS	None
INSERTION INFUSAPORT	None

INSERTION TUNNELED VASCULAR ACCESS PORT	None
IRRIGATION AND DEBRIDEMENT OF WOUND	None
JEJUNOSTOMY LAPAROSCOPIC	None
LAPAROSCOPY EXPLORATORY	None
LOBECTOMY THYROID ISTHMUSECTOMY	None
LYSIS ADHESIONS	None
LYSIS ADHESIONS LAPAROSCOPIC	None
MASTECTOMY SEGMENTAL	None
MASTECTOMY TOTAL	None
PANCREATECTOMY DISTAL ROBOTIC ASSISTED	None
PLACEMENT PERCUTANEOUS ENDOSCOPIC GASTROSTOMY (PEG	None
REMOVAL CATHETER	None
REMOVAL FOREIGN BODY	None
REMOVAL INFUSAPORT	None
REMOVAL PERITONEAL DIALYSIS CATHETER	None
REPAIR INCISIONAL HERNIA	None
REPAIR INGUINAL HERNIA	None
REPAIR INGUINAL HERNIA LAPAROSCOPIC ROBOTIC ASSIST	None
REPAIR INGUINAL HERNIA WITH MESH	None
REPAIR UMBILICAL HERNIA	None
REPAIR UMBILICAL HERNIA LAPAROSCOPIC	None
REPAIR VENTRAL HERNIA	None
REPAIR VENTRAL HERNIA LAPAROSCOPIC	None
REPAIR VENTRAL HERNIA ROBOTIC ASSISTED	None
REPLACEMENT / REVISION INFUSION PUMP	None
REPLACEMENT WOUND VAC DRESSING	None
RESECTION LIVER LAPAROSCOPIC	None
RESECTION LOW ANTERIOR	None
RESECTION LOW ANTERIOR LAPAROSCOPIC	None
RESECTION SIGMOID LAPAROSCOPIC	None
SALPINGO OOPHORECTOMY LAPAROSCOPIC	None
THYROIDECTOMY PARTIAL	None
THYROIDECTOMY TOTAL	None
WHIPPLE PROCEDURE ROBOTIC ASSISTED	None

Type/Screen (% Transfused > 5 but <= 25)

PROCEDURE LONG DESCRIPTION	MSBOS
CHEMOPERFUSION ABDOMINAL HYPERTHERMIC	T/S
CREATION COLOSTOMY	T/S
CREATION COLOSTOMY LAPAROSCOPIC	T/S
DEBULKING TUMOR	T/S
EVACUATION HEMATOMA	T/S
EXCISION RETROPERITONEAL MASS	T/S
GASTRECTOMY SUBTOTAL	T/S
LAPAROTOMY EXPLORATORY	T/S
PANCREATICODUODENECTOMY RADICAL	T/S
REPAIR ARTERY VEIN	T/S
RESECTION ABDOMINAL PERINEAL	T/S

RESECTION COLON	T/S
RESECTION LIVER	T/S
RESECTION SIGMOID	T/S
RESECTION SMALL INTESTINE	T/S

Crossmatch Median Units (% Transfused > 25)

PROCEDURE LONG DESCRIPTION	MSBOS
SPLENECTOMY	CM 2 units

Patient Blood Management / MSBOS Algorithm (>= 20 Procedures to Qualify)
Physician Specialty: TRANSPLANTATION
Primary Procedures Performed between Jan 1, 2022 - Dec 31, 2022

No Type/Screen, No Crossmatch (% Transfused <= 5)

PROCEDURE LONG DESCRIPTION	MSBOS
ADRENALECTOMY LAPAROSCOPIC	None
APPENDECTOMY LAPAROSCOPIC	None
APPLICATION VAC DRESSING	None
BIOPSY LYMPH NODE	None
CHOLECYSTECTOMY LAPAROSCOPIC	None
COLECTOMY LAPAROSCOPIC	None
DEBRIDEMENT ABDOMINAL WOUND	None
DIAG.PROCEDURES ON RECTUM & PERIRECTAL TISSUE	None
EXAM UNDER ANESTHESIA	None
EXCISION LYMPH NODE	None
EXPLORATION WOUND	None
HEMICOLECTOMY RIGHT	None
INSERTION PERITONEAL DIALYSIS CATHETER LAPAROSCOPI	None
IRRIGATION AND DEBRIDEMENT OF WOUND	None
LAPAROSCOPY	None
LAPAROSCOPY EXPLORATORY	None
LIVING NON RELATED KIDNEY TRANSPLANT RECIPIENT	None
LIVING NON RELATED LIVER DONOR	None
LIVING NON RELATED NEPHRECTOMY DONOR LAPAROSCOPIC	None
LIVING RELATED DONOR NEPHRECTOMY LAPAROSCOPIC	None
LIVING RELATED LIVER DONOR	None
LYSIS ADHESIONS	None
NEPHRECTOMY LAPAROSCOPIC	None
REMOVAL PERITONEAL DIALYSIS CATHETER	None
REMOVAL VENA CAVA FILTER	None
REPAIR INCISIONAL HERNIA	None
REPAIR INGUINAL HERNIA	None
REPAIR INGUINAL HERNIA WITH MESH	None
REPAIR UMBILICAL HERNIA	None
REPAIR VENTRAL HERNIA	None
REPOSITIONING PERITONEAL DIALYSIS CATHETER LAPAROS	None
TRANSPLANT KIDNEY	None

Type/Screen (% Transfused > 5 but <= 25)

PROCEDURE LONG DESCRIPTION	MSBOS
EVACUATION HEMATOMA	T/S
GASTRECTOMY SUBTOTAL	T/S
LAPAROTOMY EXPLORATORY	T/S
LIVING RELATED KIDNEY TRANSPLANT RECIPIENT	T/S
NEPHRECTOMY COMPLETE	T/S
RESECTION LIVER	T/S

RESECTION SMALL INTESTINE	T/S
THROMBECTOMY	T/S

Crossmatch Median Units (% Transfused > 25)

PROCEDURE LONG DESCRIPTION	MSBOS
LIVING NON RELATED LIVER TRANSPLANT RECIPIENT	CM 2 units
LIVING RELATED LIVER TRANSPLANT RECIPIENT	CM 2 units
TRANSPLANT LIVER	CM 6 units

Patient Blood Management / MSBOS Algorithm (>= 20 Procedures to Qualify)
Physician Specialty: UROLOGY
Primary Procedures Performed between Jan 1, 2022 - Dec 31, 2022

No Type/Screen, No Crossmatch (% Transfused <= 5)

PROCEDURE LONG DESCRIPTION	MSBOS
BIOPSY PROSTATE (NEEDLE)	None
BIOPSY PROSTATE (NEEDLE) TRANSPERINEAL	None
BRACHY THERAPY	None
CIRCUMCISION	None
CLOSURE WOUND	None
CYSTO BIOPSY BLADDER	None
CYSTO LASER LITHOTRIPSY	None
CYSTO RETRO STENT INSERTION	None
CYSTO RETRO STENT REMOVAL	None
CYSTO RETRO URETEROSCOPY	None
CYSTO RETROGRADE PYELOGRAM	None
CYSTO RETROGRADE PYELOGRAM INSERTION STENT	None
CYSTO RETROGRADE PYELOGRAM REPLACEMENT URETERAL ST	None
CYSTO RETROGRADE PYELOGRAM URETEROSCOPY	None
CYSTO TRANSURETHRAL RESECTION BLADDER LESION	None
CYSTO TRANSURETHRAL RESECTION PROSTATE	None
CYSTO TURP	None
CYSTO URETEROSCOPY MANIPULATION STONE EXTRACTION	None
CYSTOLITHOPEXY	None
CYSTOSCOPY	None
CYSTOSCOPY (MAIN OR)	None
CYSTOSCOPY FLEXIBLE	None
DEBRIDEMENT ABDOMINAL WOUND	None
DEBRIDEMENT WOUND	None
DIAGNOSTIC LAPAROSCOPY	None
ESWL	None
EXAM UNDER ANESTHESIA	None
EXCISION HIDRADENITIS (SITE)	None
EXCISION LESION SKIN	None
EXCISION LYMPH NODE	None
EXCISION MASS (SITE)	None
EXPLORATION SCROTAL	None
FULGURATION BLADDER	None
HYDROCELECTOMY	None
ILEAL CONDUIT CONSTRUCTION	None
IMPLANTATION ARTIFICIAL SPHINCTER	None
INCISION & DRAINAGE	None
INJECTION BOTOX	None
INSERTION INTERNAL PENILE PROSTHESIS	None
INSERTION URETERAL STENT	None
IRRIGATION AND DEBRIDEMENT OF WOUND	None
LASER TREATMENT HOLMIUM	None

LITHOLAPAXY	None
NEPHRECTOMY COMPLETE ROBOTIC ASSISTED	None
NEPHRECTOMY LAPAROSCOPIC	None
NEPHRECTOMY PARTIAL	None
NEPHRECTOMY PARTIAL ROBOTIC ASSISTED	None
OPERATIONS ON PENIS	None
ORCHIECTOMY UNILATERAL	None
PERCUTANEOUS NEPHROLITHOTOMY	None
PERINEAL URETHROPLASTY	None
PROSTATECTOMY LAPAROSCOPIC ROBOTIC ASSISTED	None
PROSTATECTOMY RADICAL	None
PYELOPLASTY LAPAROSCOPIC ROBOTIC ASSISTED	None
RECONSTRUCTION PENIS	None
REMOVAL FOREIGN BODY	None
REPLACEMENT URETERAL STENT	None
SPHINCTEROTOMY	None
SUPRAPUBIC CYSTOSTOMY	None
TRANSURETHRAL RESECTION BLADDER LESION / TUMOR	None
URETEROSCOPY	None
VASECTOMY	None
VISUAL INTERNAL URETHROTOMY	None

Type/Screen (% Transfused > 5 but <= 25)

PROCEDURE LONG DESCRIPTION	MSBOS
CYSTECTOMY RADICAL	T/S
CYSTOPROSTATECTOMY	T/S
EVACUATION HEMATOMA	T/S
EXCISION RETROPERITONEAL MASS	T/S
LAPAROTOMY EXPLORATORY	T/S
NEPHRECTOMY COMPLETE	T/S
NEPHROURETERECTOMY LAPAROSCOPIC ROBOTIC ASSISTED	T/S
RESECTION SMALL INTESTINE	T/S

Crossmatch Median Units (% Transfused > 25)

No Data Available

Patient Blood Management / MSBOS Algorithm (>= 20 Procedures to Qualify)
Physician Specialty: VASCULAR SURGERY
Primary Procedures Performed between Jan 1, 2022 - Dec 31, 2022

No Type/Screen, No Crossmatch (% Transfused <= 5)

PROCEDURE LONG DESCRIPTION	MSBOS
AMPUTATION BELOW KNEE	None
AMPUTATION RAY	None
AMPUTATION TOE(S)	None
AMPUTATION TRANSMETATARSAL	None
ANGIOGRAM	None
APPLICATION VAC DRESSING	None
APPLICATION WOUND DRESSING	None
BIOPSY TEMPORAL ARTERY	None
BYPASS DISTAL	None
BYPASS FEM FEM	None
CAROTID ENDARTERECTOMY	None
CLOSURE WOUND	None
CREATION ARTERIO VENOUS FISTULA	None
CREATION ARTERIO VENOUS FISTULA WITH GRAFT	None
DEBRIDEMENT ABDOMINAL WOUND	None
DEBRIDEMENT WOUND	None
DEBRIDEMENT WOUND LOWER EXTREMITY	None
DEBRIDEMENT WOUND UPPER EXTREMITY	None
ENDARTERECTOMY	None
ENDOVASCULAR PROCEDURE STENTING	None
EXCISION LYMPH NODE	None
EXCISION MASS (SITE)	None
EXCISION NECK MASS	None
EXPLORATION WOUND	None
FASCIOTOMY LOWER EXTREMITY	None
FISTULOGRAM	None
FLAP GRAFT	None
INCISION & DRAINAGE	None
INSERTION MEDIPORT	None
INSERTION TUNNELED DIALYSIS CATHETER	None
INSERTION VENA CAVA FILTER	None
IRRIGATION AND DEBRIDEMENT OF WOUND	None
LIGATION ARTERY/VEIN	None
PHLEBECTOMY	None
RELEASE CONTRACTURE (SITE)	None
REMOVAL FOREIGN BODY	None
REMOVAL VENA CAVA FILTER	None
REPLACEMENT WOUND VAC DRESSING	None
REVISION AMPUTATION STUMP LEG	None
REVISION ARTERIO VENOUS FISTULA	None
THROMBOLYSIS	None
VENOGRAM	None

Type/Screen (% Transfused > 5 but <= 25)

PROCEDURE LONG DESCRIPTION	MSBOS
AMPUTATION ABOVE KNEE	T/S
BYPASS AXILLARY FEMORAL	T/S
BYPASS FEMORAL POPLITEAL	T/S
BYPASS FEMORAL TIBIAL	T/S
ENDOVASCULAR PROCEDURE ABDOMINAL AORTIC ANEURYSM	T/S
ENDOVASCULAR PROCEDURE THORACIC ANEURYSM REPAIR	T/S
EVACUATION HEMATOMA	T/S
LAPAROTOMY EXPLORATORY	T/S
REPAIR ARTERY VEIN	T/S
THROMBECTOMY	T/S

Crossmatch Median Units (% Transfused > 25)

PROCEDURE LONG DESCRIPTION	MSBOS
BYPASS AORTO BI FEMORAL	CM 1 unit
RESECTION / REPAIR ABDOMINAL AORTIC ANEURYSM	CM 3 units