Welcome to Topics

Steven M. Frank, MD
Medical Director, Johns Hopkins Center for Bloodless Medicine and Surgery

I am privileged to have the opportunity to write this column for the first edition of the Johns Hopkins Center for Bloodless Medicine and Surgery newsletter. Our Center wouldn’t exist, if it weren’t for the team efforts of our entire staff, and we are lucky to have such dedicated team members – including Linda, Liz, Andy, Ish’shah, Joan, and Paul, not to mention all the other individuals who make Johns Hopkins such a special place.

Fear, anxiety, worry, uncertainty, and distress: These are the typical feelings people have when coming to a doctor’s office or a hospital, especially when facing a new diagnosis or condition. No one wants to be in the hospital, with the exception perhaps of women and their husbands coming for the birth of their child, in which case there are two reasons for concern – the mother and the child.

At the Johns Hopkins Center for Bloodless Medicine and Surgery, we understand that the hospital can be a challenging place to navigate, and that what patients really need and want is personalized, compassionate care, provided to them with attention to the fine details. This is the type of care that we aim to provide for our patients. They want healthcare providers who listen to their wants and needs, including when patients request to avoid blood transfusions for either personal or religious reasons.

Our patients are grateful when they meet doctors, nurses, and patient care coordinators who understand what it feels like to be in their shoes, including the desire to avoid blood transfusions. Typically, when we see patients before a surgical procedure to discuss the care plan, the patient is surrounded by loving family members, all of whom have their own concerns and questions. We try to answer those questions in simple understandable terms, not with medical jargon that is difficult for the patient and their family to understand.

In summary, we are here at Johns Hopkins to cater to patients and their loved ones, to provide for their specific wants and needs, including the desire to be treated without transfusions. Our job is rewarding, and there is nothing more satisfying that seeing medicine practiced the way it was meant to be.
How Can We Help You?

When you call the Center one of our coordinators will ask you some questions about your reasons for needing care. He/she will talk to you about any care or procedures you’ve already received and what the outcome and prognosis is.

If it’s determined that the Center can help you get the care you seek, the process of finding the right doctor for you will begin.

The first step on that path is your medical records. A review of those records will allow our clinical coordinators to determine which physician in the Hopkins system will be best for you. Our administrative coordinator will provide you with a list of necessary records, and a fax number. Those records, together with your insurance card should be faxed to our office as soon as possible.

Once we have received your records they will be transmitted to a doctor best suited to your case. A scheduler from that office will call you to set up an initial consult with the physician.

If you are from a state other than Maryland, we can discuss the pros and cons of traveling for care. If appropriate care that respects your desire to be treated without a blood transfusion is not available in your area, the possibility of traveling to Hopkins can be considered. Multiple visits for consultations and tests can place a burden on patients and their families, so if travel is necessary, it is best to choose care available at the shortest distance from your home. If after careful consideration you decide Hopkins is the best place for you to receive the needed care, we can help with some recommendations of places to stay and ways to make the process a little easier.
It should be noted that Medicare and most private insurances travel across state lines. However, Medicaid and other state-provided policies may not be accepted in Maryland. In some cases, prior authorization may be obtained and accepted.

If you or someone you know are a patient in another hospital and would like to consider a transfer to Hopkins, the process requires a doctor caring for the patient at that hospital to speak with a doctor here. The decision whether to move a patient will be made based on all factors of the case. Can Hopkins do more for the patient than is being done at the current hospital? Does the patient’s current condition allow for safe transport? If so, a transfer will be considered. If not, it may be in the patient’s best interest to remain close to home, family and doctors who are already familiar with the case and can provide continuity of care. The process of traveling is stressful for the patient, so this is a decision that will be based on achieving the best medical outcome.

On our website page Appointments and Referrals, you’ll find a link Planning Your Visit that leads to information on Important Items to Bring, Accommodations and Guest Services.
What attracted you to the field of nursing?
I have wanted to be a nurse since childhood. It was all I ever wanted to be.

When and how did you start working with the Center for Bloodless Medicine?
I was coordinating clinical trials for leukemia patients at the University of Maryland when I received a call from Will Savage (who was involved with Blood Management at JHH). He asked me if I would come back to JHH and work for him and Dr Frank as a coordinator for Bloodless Medicine/Blood Management.

What are your responsibilities as Clinical Coordinator?
I am responsible for coordinating care for patients in the outpatient setting. Our center is contacted everyday by patients with ailments, looking for physicians that will provide them with world class care, and respect their religious beliefs. I assist these patients to find a physician that is just right for them- a good clinician with respect for our patient’s personal choices.

I make sure that patients coming to Johns Hopkins for procedures that may involve significant blood loss have a hemoglobin high enough to permit the procedure to be completed safely, without the need of a transfusion. Some patients require IV iron and/or EPO therapy prior to their procedures. I manage this process, coordinating care with their physician and the Infusion Center.
Managing Your Risk

One aspect of managing your heart attack risk factors includes eating a heart-healthy diet that includes appropriate levels of the following:

- Calories
- Cholesterol
- Fat
- Fiber
- Sodium

For more information about Dietary Guidelines for Americans and advice on dietary recommendations for your age, sex and physical activity level, please visit Choose My Plate. Always check with your doctor before making any changes in your diet or exercise routine.

I also follow patients who have been hospitalized and discharged with anemia. Some of these patients will require IV iron and/or EPO after discharge, while some cases can be managed with oral iron. I work with these patients, so their anemia does not become a problem.

What do you see in the future for the Center and for Bloodless Medicine?

I see the Center for Bloodless Medicine becoming the model for all patients in healthcare. This model has proven itself to permit shorter hospital stays with less complications for patients that have chosen to avoid blood transfusion. I believe Bloodless Medicine has a place in healthcare for everyone. Everyone should be able to take advantage of shorter hospital stays and better outcomes.

“I believe Bloodless Medicine has a place in healthcare for everyone. Everyone should be able to take advantage of shorter hospital stays and better outcomes.”