BOOK REVIEW


Dr. Marcus B. Simpson, editor of this timely and practical paperback, observes that "pressures for cost reductions, increased efficiency, and improved resource management" have driven renewed interest by hospitals for centralized transfusion services (CTSs). Despite many recent conferences and lectures on the subject of CTSs, there is no comprehensive resource available that provides sufficient detail of the issues and requirements to assist hospital executives make responsible and informed decisions. Dr. Simpson invited authors who operate CTSs in Seattle, WA (Puget Sound Blood Center), Pittsburgh, PA (Institute for Transfusion Medicine and the Centralized Transfusion Service), and Tampa, FL (Florida Blood Services), as well as other experts in blood center administration, legal, regulatory, and computer operations, to fill that gap. The result is an up-to-date and highly informative volume that "rings true," because it was written by experts who either operate successful CTSs or deal with their issues on a daily basis.

Three of the eight chapters describe the operations of the Pittsburgh CTS. Dr. Darrell J. Triulzi describes clinical and quality perspectives, noting that improved care of patients can be achieved by extending high quality reference laboratory and transfusion medicine expertise, typically located only in large hospitals, to all participating hospitals regardless of their size. Patti Larson emphasizes the importance of software in developing a secure and effective centralized repository of blood types, serological data, and other patient- and product-related information. Linda F. Hahn outlines the structure of the Pittsburgh operation, including details of laboratory testing (work flow, turnaround times), inventory management, labor requirements (full-time equivalents), automation (IBG system, microtiter plates, solid-phase antibody screening, throughput), and transportation. According to Ms. Hahn, "This is a model that is transferable to any region or hospital network willing to make the effort to implement it."

Two chapters describe the Seattle system, which was founded by Dr. Richard Czajkowski in 1944 and is generally recognized to be the longest continuously operating CTS in the United States. Cynthia Murray provides an outstanding 36-page chapter that outlines the unique historical, geographic, and logistical features of the Seattle system and, also, identifies specific operational advantages for hospitals. Ms. Murray compares the number of tests performed per full-time equivalent at the CTS with benchmarking data from tertiary hospitals to illustrate the increased efficiency of CTSs. Linda S. Barnes covers the regulatory issues, identifying the pertinent accrediting agencies and outlining requirements of the U.S. Food and Drug Administration.

The Tampa Bay system is described by Ruth A. Zatik and Dr. Germán F. Leparc. They explain the unique situation of the Florida Blood Services, which is a regional blood center that provides pretransfusion compatibility testing to hospitals in a widely dispersed area through five regional testing laboratories in designated "hubs." Four of the laboratories are located inside a hospital and the fifth is in the blood center. The authors comment that the Tampa Bay system "contrasts with other blood center-based services that use the fully centralized approach to testing." Dr. Alfred J. Grindon and Pamela Leach of the American Red Cross guide readers in the process of moving from a positive awareness of the operational issues to the development of a specific business plan for a CTS. They suggest that an action plan should include a situation analysis, financial projections, formation of working committees and, perhaps, a Gantt chart or other planning tools to ensure reliable tracking. Legal issues are outlined in a chapter by Philip D. Schiff, General Counsel of the American Association of Blood Banks. Mr. Schiff explains that legal issues for establishing a CTS include all of the legal issues that face blood services, as well as the additional issues that face other health care-related commercial enterprises, i.e., hospitals. He cautions that his chapter is offered as a general check list of key issues and cannot address the specific state and local laws that may apply to each specific CTS.

This compact volume is full of the kind of practical information and guidance needed to evaluate successful CTS models and systems. The authors are the experts and the clarity of their presentations reflects their extensive hands-on knowledge and experience. If there is a weakness, it is the common weakness of all compact books: namely, you can’t cover it all in only
174 pages. As Dr. Simpson acknowledges, there are CTSs in the United Kingdom, Europe, Latin America, Australia, and New Zealand. At a time when the American Association of Blood Banks is reaching out to serve a broad worldwide ("international") constituency, descriptions of CTSs operating outside the United States would have added an additional dimension. Overall, this is a welcome and overdue compilation of what is known about CTSs in the United States. I highly recommend it to all persons who are considering such services in their communities.

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COMMUNICATIONS

Letter From the Editors

It's our 17th year!

Let me extend the wishes of the editors and reviewers to the authors and readers for a very happy, healthy, and productive 2001.

There will be few changes in Immunohematology in 2001. It has been decided to publish the Instructions for Authors in every issue for the convenience of our authors. This change started with the last issue in 2000.

Both subscribers and casual viewers are using the Immunohematology Web site. It is a very comprehensive site and all information in the printed issue can be accessed on the Web site. In addition, you can send a letter to the editor, send an article, subscribe on a secure site, and do a literature search by word or words.

For those readers who remember the "good old days," Immunohematology is looking for interesting remembrances from the earlier days of blood banking for the column, "Those were the Days." I know that there are many stories probably told and retold daily that would be interesting and insightful for our readers.

The biggest problem and one that is experienced by many journals is the lack of articles. It is the policy of Immunohematology to publish articles concerning blood group serology, education, and computer technology. This includes articles on red cell, white cell, and platelet serology. There is a concerted effort by other journals to publish the same types of articles; therefore, the competition is becoming intense. When you have an interesting subject, you should write the article, and we hope you will consider Immunohematology as the journal of choice.

The editors of Immunohematology would like the 17th year of publication to be one of many more, not the last!

Delores Mallory
Editor-in-Chief

Mary McGinniss
Managing Editor

ERRATA

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Letter to the Editors: Re: Gel Technology for RhIG dosage

We regret the misspelling of Dr. Stephen Apfelroth's last name on the Contents page and following the letter submitted by him for publication under Communications. In addition, the last sentence of Dr. Apfelroth's letter should read "It should also be noted that the AABB Technical Manual gives 30 mL of fetal whole blood volume as the recommended amount for coverage by 300 µg of RhIG as opposed to 20 mL as used by the authors."