

## Preface

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SINCE THE FIRST EDITION of *The Transfusion Committee: Putting Patient Safety First*, published in 2006, the practice of transfusion medicine has undergone significant evolution in an effort to respond to increasing emphasis on patient safety and the growing economic implications of inappropriate transfusion decisions and transfusion errors. This edition of the book offers new ideas/initiatives and updated information throughout regarding hospital transfusion committees' (TCs) roles in the current health-care environment. In addition to the revision of all chapters, many new contributors have been recruited, and some chapters have been replaced by new ones. As a result, this book reflects current thinking on the original concepts. The authors make a compelling case that TCs should assume a role far beyond the mere review of blood utilization practices for appropriateness. It is important that TCs implement blood management policies that, as

best practices, include blood usage and blood avoidance strategies.

In an effort to make this edition meaningful to all transfusionists and emphasize improving patient safety through reporting errors, two new chapters are featured. Chapter 4, "The Key Role of Transfusionist Participation—Nurses, Anesthesiologists, and Perfusionists," includes information that highlights the importance of having representatives of the institution's transfusionists on the TC. Staff nurses, anesthesiologists, and perfusionists provide vital points of view in order for TCs to be relevant to current blood component administration practices. Chapter 11, "Transforming Reports into System Improvements," provides information that can promote a culture of reporting and reduce transfusion errors by addressing system failures. By centralizing the management of transfusion-related occurrences in the TC, the effectiveness of a "typical" report follow-up process can be greatly enhanced. Several sample

reports are provided to illustrate the point.

To assist TCs in fulfilling all proposed responsibilities, the authors have provided several helpful forms in the chapter appendices, all of which are also available electronically on the accompanying CD for downloading and customizing for individual facilities. Many useful tools are included for transforming raw data and information about blood utilization into easily understood graphics that reflect compliance with AABB requirements.

This book offers an updated perspective on the purpose of the hospital TC. Considering the absence of proof of efficacy of transfusion therapy in certain clinical situations and the possibility of adverse

effects of transfusion, the authors hope that TCs will encourage the use of the “precautionary principle” with regard to transfusion therapy, thereby respecting the adage “first do no harm.” The editor hopes that the information and tools provided in this book will help TCs broaden their scope of responsibility to incorporate patient safety initiatives, putting the safety of transfusion recipients first.

Finally, the editor thanks all contributors for their participation and extends the same thanks to the editorial staff of the AABB for their assistance and professionalism.

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