



# ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

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2014 #26

July 11, 2014

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## Researchers Suggest Targeted Iron Supplementation for Blood Donors

The most common reason for blood donor deferral in the US continues to be low hemoglobin, which is measured at each donation to assure the potency of red blood cells and protect donor iron stores. Furthermore, numerous studies have shown that frequent blood donation causes iron deficiency in a substantial number of donors, especially women. Providing donors with iron supplementation has been suggested as a way to mitigate this issue. Results from a recent meta-analysis published by the Cochrane Collaboration suggests that blood services should provide iron supplementation to those donors at the highest risk for iron deficiency.

Previous studies have suggested that iron supplementation would not only decrease donor deferrals, but would also slow donor attrition, as deferred donors often do not return. Mitigating iron deficiency also protects the health of donors. David J. Roberts and colleagues, of the NHS Blood and Transplant, the blood provider for England and North Wales and the tissue/organ provider for the UK, conducted a meta-analysis of studies examining iron deficiency and replacement in blood donors to assess the safety and efficacy of iron supplementation in an effort to reduce donor deferral and iron deficiency and/or anemia.

The authors searched a number of research databases for randomized controlled trials comparing various forms of iron supplementation, either with one another or with a placebo control, among healthy blood donors. They analyzed the risk of deferral due to low hemoglobin, adverse events, and compliance with therapy.

Thirty randomized trials of iron supplementation in blood donors met the author's eligibility requirements, representing 4,704 participants. The risk of iron depletion was correlated with donor gender, frequency of red cell donation, and interval since the last donation. The study was not designed to address the very poor correlation between hemoglobin and iron stores. Many of the studies were of low or uncertain methodological quality, and therefore the authors rated the quality of evidence for their outcomes as "moderate."

They found a statistically significant reduction in deferral due to low hemoglobin in donors who received iron supplementation compared with donors who received no iron supplementation, both at the first donation visit after beginning iron supplementation and at subsequent donations. Combining results from four studies, about 3 percent of donors who were given iron were unable to give blood due to

(continued on page 3)



## OUR SPACE

Guest: Jed Gorlin, MD, MBA, vice president, Medical & Regulatory Affairs, Innovative Blood Resources

### Iron or Rust? A Meta-Analysis on Blood Donor Iron Supplementation

Stephen Vamvakas, MD, PhD, a master of meta-analysis, used to quip that performing meta-analyses means never having to do your own study! Meta-analyses combine similar studies to increase statistical power of conclusions. The Cochrane group recently analyzed blood donor iron stores and replacement (see page 1).

The science of donor iron balance is “iron-clad;” specifically, repeatedly removing 200 mg of iron with each donation depletes iron stores and administering pharmacological iron restores it. Despite this, most blood collection programs do not actively replace donor iron. The meta-analysis identified 30 clinical trials that included over 4,700 participants, representing the best controlled randomized studies on blood donor iron status and various methods of iron replacement to better inform the UK’s national blood policy.

They chose the most rigorous studies, in terms of randomized clinical trial design, to identify risks and benefits of donor iron replacement. Their conclusions should speak loudly to those pushing donors to donate more frequently. Specifically, because higher donation frequency, along with donor gender and interval since last donation, resulted in higher risk of iron deficiency. Iron replacement dramatically decreased the risk of deferral at the time of the next donation and, furthermore, decreased the risk of depleted iron stores at the next donation.

This is consistent with findings of the FABC-funded clinical trial performed at Memorial Blood Centers and Mississippi Valley Regional Blood Center, which will be presented at the 2014 AABB Annual Meeting in October. We targeted fixed site donors with low hemoglobin levels and observed that 85 percent had low ferritin levels. The vast majority improved ferritin levels following a 112-day deferral and 100 days of Fe Gluconate (iron) therapy.

Due to side effects that occurred in 29 percent of those on iron replacement, leading many to abandon therapy, the meta-analysis authors recommend targeting those donors at highest risk for iron deficiency (especially female or younger repeat donors) for replacement therapy to balance the risk of side effects with benefits – similar to my own recommendations in the March *Transfusion* commentary titled, “Iron Man Pentathlon.” The high rate of ferritin depletion we and others observed in regular donors might indicate the importance of screening for low ferritin among frequent donors, even with acceptable hemoglobin levels. Alternatively, widespread iron depletion in this population may obviate the need to test ferritin and suggest that we should simply offer iron replacement therapy to all donors giving two or more times per year. In short, we have little excuse to ignore a growing preponderance of data supporting either limiting the number or frequency of red cell donations or replacing the lost iron via supplementation.

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ABC is an association of not-for-profit, independent community blood centers that helps its members provide excellence in transfusion medicine and related health services. ABC provides leadership in donor advocacy, education, national policy, quality, and safety; and in finding efficiencies for the benefit of donors, patients, and healthcare facilities by encouraging collaboration among blood organizations and by acting as a forum for sharing information and best practices.

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Iron Supplementation (continued from page 1)

low hemoglobin when they returned next to donate, compared with 10 percent of donors who were not offered supplements. Moreover, 4 percent of iron-supplemented donors were unable to give blood at any future donation due to low hemoglobin, while 20 percent of donors not given iron were unable to donate at any future donation. These findings mirror those in other studies regarding iron deficiency and supplementation (see “Our Space,” page 2).

While iron supplementation offers substantial benefits, the risk of side effects is high – 29 percent of donors who took iron tablets experienced one or more side effects, compared with 17 percent of those on a placebo. In two studies, donors given iron had nearly five times the chance of an upset stomach and changes in taste compared to donors who were not. These side-effects led a number of study participants to abandon iron therapy, suggesting that widespread implementation of iron replacement at blood services may be challenging.

“Blood services seeking a reduction in the levels of deferral due to low hemoglobin would wish to consider any reasonable methods to prevent iron deficiency, weighing cost against benefits and feasibility,” write the authors. “With this in mind, possible courses for future action by blood services would be targeted use of supplementation at groups or individuals at greater risk of iron deficiency, stratified or personalized donation intervals, and/or dietary advice.”

The researchers add that due to the limited evidence regarding the long-term side effects and optimal dosing for iron supplementation in blood donors, future research should investigate these issues.

**Citation:** Roberts DJ, *et al.* Oral or parenteral iron supplementation to reduce deferral, iron deficiency and/or anemia in blood donors. *Cochrane Database Syst Rev.* 2014 July 3;7: CD009532. ♦



## REGISTRATION NOW OPEN

### America's Blood Centers Information Technology Workshop

Indianapolis, IN – September 16-17, 2014

Hosted by



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\*Deadline to receive group rate is August 22, 2014.

**2014 Workshop Fees (early bird/regular)**

2-day registration: \$390/\$445

There are seven (7) \$800 scholarships available to ABC members to cover the cost of registration fees and help with travel expenses. Application link and additional details included in registration.

“The Indiana Blood Center is looking forward to welcoming ABC members to Indianapolis for the Information Technology Workshop. We anticipate a vibrant dialogue, exchange of ideas and discussions on the time tested best practices used by our member centers. This will be an excellent opportunity to mingle with your peers, meet new people and prepare for the rigors of the changes bound to hit the information technology world. We look forward to seeing you in Indianapolis this Fall.”

– Byron Buhner  
President and CEO, Indiana Blood Center

Sponsorship opportunities available.  
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## INSIDE ABC

*The programs and services described in the Inside ABC section are available to ABC member blood centers and their staff only, unless otherwise specified. ♦*

### **ABC to Hold Workshop for Blood Center IT Professionals**

America's Blood Centers will host its Information Technology (IT) Workshop at the Omni Severin Hotel in Indianapolis, Ind. from Sept. 16 to 17, exploring challenges facing IT blood banking professionals, as well as opportunities ushered in by technological advances.

Geared toward senior and mid-level managers, including chief information officers and IT professionals, the IT Workshop will offer attendees perspectives from their blood banking colleagues on a range of issues, such as how to manage the ever-growing demands made of IT departments. Speakers will also discuss disaster response and business continuity, providing real-life examples of how blood center IT staff have responded to disasters. With new IT innovations being made daily, it is important that IT professionals know how to evaluate, determine the return on investment, and assess the risk of new tools. The workshop will offer presentations providing a "technology innovations toolkit" on best practices in this area.

Innovating in a highly regulated field can be challenging for blood center IT professionals; workshop attendees will learn about quality management systems and IT development in a quality environment. The workshop also offers networking opportunities and roundtable discussions on topics such as IT structure, social media, and staff retention strategies.

Those interested in attending may view the agenda and register via the e-mail invitation sent by ABC; if you would like to register and did not receive an invitation, contact Lori Beaston at [lbeaston@americasblood.org](mailto:lbeaston@americasblood.org). ABC members can find more information about the workshop, as well as scholarship opportunities, at <http://bit.ly/1juHz3J>.

### **ABC Quality Education Webinar to Explore Future of Health Care**

America's Blood Centers' Quality Education Committee will hold a webinar titled "The Future of Health Care is Now: AMA & ACA" on Aug. 19 from 2 to 3 p.m. EDT. The webinar will feature Barbara McAneny, MD, a board-certified medical oncologist and hematologist from Albuquerque, N.M., who is chair of the American Medical Association (AMA). She will discuss the effects of the Affordable Care Act (ACA) on the blood banking industry and share the AMA's strategic plan in regards to this topic. ABC members can find webinar login details in MCN #14-074 at <http://bit.ly/1tt0kZl>. ♦

### **We Welcome Your Letters**

The *ABC Newsletter* welcomes letters from its readers on any blood-related topic that might be of interest to ABC members. Letters should be kept relatively short and to the point, preferably about a topic that has recently been covered in the *ABC Newsletter*. Letters are subject to editing for brevity and good taste. Please send letters to ABC Publications Editor Betty Klinck at [newsletter@americasblood.org](mailto:newsletter@americasblood.org) or fax them to (202) 393-1282. Please include your correct title and organization as well as your phone number. The deadline for letters is Wednesday to make it into the next newsletter.

## A Message From



THE FOUNDATION FOR  
AMERICA'S BLOOD CENTERS

Dear ABC Members and FABC Supporters,

We know you have the skills to save lives, but do you have the skills to sink the beanbag in the hole or will you miss the mark? You can find out at America's Blood Centers' Summer Meeting in Seattle by registering for the FABC Cornament! The FABC will be hosting a tournament of the wildly popular game Cornhole that is taking over backyard barbeques across the nation. The Cornament will be held in conjunction with the reception following the Medical Director's Workshop on Tuesday, Aug. 5 at 5:30 p.m. Registration for the Cornament is \$100 per person and can be done via [http://bit.ly/fabc\\_cornament](http://bit.ly/fabc_cornament).

There will also be a silent auction taking place with lots of fabulous items to bid on, including many to get you in the mood for the March 2015 ABC Annual Meeting in Washington, D.C.! Perhaps you will have the winning bid on a sunset limousine tour of the majestic Washington DC monuments while sipping champagne? Or maybe you will be the highest bidder on a Segway tour of the nation's capital? For those who want a lasting memento, we will also have Washington-themed jewelry, such as an Ann Hand eagle and pearl pin (similar to one worn by Jill Biden), Jackie Kennedy replica jewelry, authentic White House cuff links, as well as other must-have items! (Please note that registration is not required to participate in the silent auction.)

All proceeds will benefit programs and initiatives that support the members of America's Blood Centers. If you have already registered for the Tuesday networking reception via the ABC Summer Meeting registration, there is no additional cost to attend the reception. If you have any questions regarding your ABC Summer Meeting registration, please contact Lori Beaston at [lbeaston@americasblood.org](mailto:lbeaston@americasblood.org). To register for the FABC Cornament Fundraiser, please visit [http://bit.ly/fabc\\_cornament](http://bit.ly/fabc_cornament).

Please contact Jodi Zand at [jzand@americasblood.org](mailto:jzand@americasblood.org) with any questions.

Thanks and see you in Seattle!

Regards,

Jodi Zand  
Manager, Events & Fundraising 💧

### We Welcome Meeting Notices

Do you have an symposium, conference, workshop, or annual meeting that you would like to publicize in the *ABC Newsletter*? If so, please send a meeting notice or press release to the editor, Betty Klinck at [newsletter@americasblood.org](mailto:newsletter@americasblood.org). Notices should contain the following information: the exact date(s) of the meeting; the formal title of the meeting; the sponsoring organization or agency; the location of the meeting; a short (fewer than 35 words) description of the curriculum, agenda, or topics to be covered; a contact person or a website address with more information. Notices will be published at the discretion of the editor in the Meetings section of the Newsletter.

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## RESEARCH IN BRIEF

A recent study in *Blood* reports that erythropoietin (EPO) therapy, when administered at the appropriate time, can hasten erythroid recovery and reduce transfusion requirements following allogeneic hematopoietic stem cell transplant (HSCT). After myeloablative allogeneic (MA) HSCT, the EPO response, which controls red blood cell (RBC) production, to anemia becomes impaired, with low EPO levels leading to prolonged anemia. Previous trials have shown that administering recombinant human EPO (rhEPO) on the first or second day after HSCT transplant was not effective, however, the authors of the current study demonstrated in a previous pilot study that rhEPO can be efficient in correcting this issue when started 35 days after MA allogeneic HSCT. Yves Beguin and colleagues of the Centre Hospitalier Universitaire of Liège and University of Liège in Belgium, conducted a randomized trial to assess hemoglobin response and transfusion requirements after allogeneic transplantation with or without administration of rhEPO. The researchers randomized 131 patients undergoing MA HSCT or non-myeloablative (NM) HSCT to receive either rhEPO therapy following transplantation or no treatment. They analyzed the median time to achieve a hemoglobin level of  $\geq 13$  g/dL and the proportion of patients to reach this threshold before day 126 post-transplant (referred to as “complete correctors”). The proportion of complete correctors before day 126 post-transplant was 8.1 percent in the control group and 63.1 percent in the EPO group. Hemoglobin levels were higher and transfusion requirements decreased in the EPO arm, but not during the first month in the NM HSCT group that began rhEPO on the day of the transplant. The authors observed no difference in rates of thromboembolic events or other complications between the two groups. “Our study is the first randomized trial demonstrating that rhEPO is effective after allogeneic HSCT, because 63 percent of patients receiving rhEPO vs. 8 percent of controls achieved the primary endpoint (complete hemoglobin correction) at a median of 90 days.” They add that this study confirms that rhEPO therapy is not as effective when administered at an earlier point in time following transplantation.

**Citation:** Beguin Y, *et al.* Erythropoietin therapy after allogeneic hematopoietic cell transplantation: a prospective, randomized trial. *Blood* 2014 July 3;124(1):33-41.

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**RESEARCH IN BRIEF** (continued from page 6)

**A study recently published July 2 in the *Journal of the American Medical Association* demonstrated that neither administering erythropoietin (EPO) nor implementing a transfusion hemoglobin threshold improved neurological outcomes in patients with traumatic brain injuries.** Patients suffering from neurological injury frequently develop anemia that may exacerbate the neurological condition. Blood transfusions in intensive care or administration of EPO have been shown to protect the brain following traumatic brain injury, however there is little information available on the potential side effects of these treatments. Claudia S. Robertson, MD, and colleagues of Baylor College of Medicine, compared the effects of EPO and two hemoglobin transfusion thresholds (7 and 10 g/dL) on neurological recovery following traumatic brain injury. They conducted a randomized clinical trial between May 2006 and 2012, enrolling 200 patients suffering from head injuries at Harris Health, Ben Taub Hospital, and Memorial Hermann Hospital. Patients were enrolled within six hours of injury and had to be unable to follow commands after initial stabilization. Patients were randomized either to receive blood transfusion at a hemoglobin threshold of 10 g/dL or at 7 g/dL. EPO or placebo was given at different doses throughout treatment. The researchers found neither the administration of EPO nor maintaining a hemoglobin level of 10 g/dL resulted in improved neurological outcomes at six months. The transfusion threshold of 10 g/dL was associated with a higher incidence of adverse events. “These findings do not support either approach in this setting,” concluded the authors.

**Citation:** Robertson CS, *et al.* The effect of erythropoietin and transfusion threshold on neurological recovery after traumatic brain injury: a randomized clinical trial. *JAMA* 2014 July 2. 1(312);36-47.

**Research published April 20 in *Nature Climate Change* suggests that to clearly communicate risk to a lay audience, it is best to use words and numbers together, rather than words alone.** David V. Budescu, PhD, of Fordham University, and colleagues conducted a multi-national study involving 25 samples in 24 countries and 17 languages to determine the ideal methods to communicate risk to the general public. They asked 10,000 adults across 24 countries to give their numerical interpretation of probability terms (e.g., very unlikely, unlikely, likely, or very likely) used in the Intergovernmental Panel on Climate Change (IPCC) statements. With only words, the participants interpreted unlikely events to be more likely than the IPCC intended, and vice versa. When the researchers used both words and numerical ranges, however, the respondents estimated probabilities more accurately. “These results suggest changing the way the IPCC communicates uncertainty,” concluded the authors.

**Citation:** Budescu, DV, *et al.* The interpretation of IPCC probabilistic statements around the world. *Nat Clim Chang.* 2014 Apr. 20;4(508-512).

**This week, *Nature* published retractions of two high-profile papers that claimed a major advance in the field of stem cells, originally reported in the Feb. 7 *ABC Newsletter*.** Between them, the two papers claimed that using various physical stressors, adult cells were transformed into pluripotent stem cells able to differentiate into almost any other cell type. The method has been coined the “STAP” method (stimulus-triggered acquisition of pluripotency). Soon after the research was published by Haruko Obokata and colleagues at the RIKEN research center in Japan on Jan. 30 in *Nature*, errors were found in the figures, parts of the methods descriptions were alleged to be plagiarized, and early attempts to replicate the work failed. RIKEN investigated the research and found inadequacies in data management, record-keeping, and oversight, reported *Nature* on July 2. “Several critical errors have been found in our Article and Letter,” write the authors in their retraction. “We apologize for the mistake included in the

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**RESEARCH IN BRIEF** (continued from page 7)

Article and Letter. These multiple errors impair the credibility of the study as a whole and we are unable to say without doubt whether the STAP-SC phenomenon is real.” The retraction can be viewed at <http://bit.ly/1iXSRwT>, and an accompanying editorial is available at <http://bit.ly/1lyAYzi>.

**Citation:** Obokata H, *et al.* Retraction: Stimulus-triggered fate conversion of somatic cells into pluripotency. *Nature*. 2014 Jul 3;511(7507):112.

[No authors listed]. STAP retracted. *Nature*. 2014 Jul 3;511(7507):5-6. ♦

**BRIEFLY NOTED**

**Two recently published editorials highlight that the increasing number of hospital mergers in the US may actually be driving up healthcare costs in some states due to decreased competition, while they may not always lead to improved quality of care.** In the *Journal of the American Medical Association*, Ashish K Jha, MD, and Thomas C. Tsai, MD, of Harvard School of Public Health, ask “is bigger necessarily better?” in terms of providing quality care to patients. They argue that the wave of hospital mergers in the US may lead to higher healthcare spending as “larger systems with greater market power extract higher prices from private payers,” while forming larger hospital systems does not make any guarantee that patient care will improve. They write that while high-volume institutions do have some advantages over smaller institutions in terms of providing high-quality outcomes, the volume-outcome relationship varies widely across conditions, with the largest benefits occurring among a small number of technically difficult surgical interventions. For most other conditions, the benefits of volume are less pronounced. Hospitals should instead focus on improving processes that create better outcomes for patients, suggest the authors. While advocates of hospital mergers tout clinical integration, the editorial authors note that consolidation is not necessarily integration, adding that these processes can be achieved through other mechanisms like health information exchanges. “The quality of high-quality care prioritizes more than resources or size,” conclude the authors. “Many small healthcare organizations are excellent, proving that size is no prerequisite for delivery of high-quality care.” An editorial published in *The New York Times* by the editorial board on July 6 provides an example of a large hospital merger that has driven up healthcare costs – the 1994 merger of Massachusetts General Hospital and Brigham and Women’s Hospital, both affiliated with Harvard (editorial available at <http://nyti.ms/1vQ2EW8>). Investigations by the state attorney general’s office have documented that the merger gave the hospitals enormous market leverage to drive up healthcare costs in the Boston area by demanding high reimbursements from insurers that were unrelated to the quality or complexity of care delivered. Now, Attorney General Martha Coakley is trying to rein in the hospitals with a negotiated agreement that would at least slow the increases in the partners’ prices and limit the number of physician practices it can absorb, but only temporarily, according to *The New York Times*. The authors detail the ongoing case, concluding that this situation should provide a warning to other states to be cautious in approaching hospital mergers. “Mergers are hard to undo after the fact,” they conclude. (Source: *The New York Times*, 7/6/14)

**Citation:** Jha AK, Tsai TC. Hospital consolidation, competition, and quality – Is bigger necessarily better? *JAMA*. 2014 July 2;1(312);29-30. ♦

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## THE WORD IN WASHINGTON

**America's Blood Centers CEO Christine Zambricki, DNAP, CRNA, FAAN, met this week with Sen. Debbie Stabenow (D-MI) to discuss the interests of ABC's member blood centers.** Dr. Zambricki explained ABC's legislative initiatives to Sen. Stabenow, including improving the transparency and timeliness of the Food and Drug Administration and working with FDA to implement more flexible plasma regulations. Sen. Stabenow is the chair of the Senate Committee on Agriculture, Nutrition, and Forestry, and also serves on the Budget, Energy and Natural Resources, and Finance Committees.



ABC CEO Christine Zambricki (right) meets with Sen. Debbie Stabenow (D-MI).

## GLOBAL NEWS

**The Global Network for Blood Donation (GNBD), an action group of Rotary International, held its annual meeting on June 2 in Sydney, Australia.** The group discussed the lessons learned at the Rotary International Convention held in Sydney from June 1-4. The group also held elections for GNBD officer positions for July 1, 2014 to June 30, 2016. The following directors were elected to serve as officers:

- Chairman: Cees Smit Sibinga (Netherlands);
- Vice Chairman: Daniel Long (USA), Rotary district 5810 blood drive chairman, who works with ABC member Carter BloodCare in Bedford, Texas;
- Treasurer: Olafur Kjartansson (Iceland);
- Secretary: Michelle Stefan (USA), of Carter BloodCare.

During the Rotary International Convention, GNBD had an exhibition booth in the House of Friendship, hosted in the Dome at Sydney's Olympic Park. B.J. Smith, of Carter BloodCare, Mr. Long, and Mr.

(continued on page 10)

**GLOBAL NEWS** (continued from page 9)

Kjartansson greeted guests to the booth, promoting voluntary blood donation by Rotarians. A group of BloodSource staff members also assisted at the booth. About 100 new members were enrolled into the GNBD during the convention. (Source: GNBD Life Connection newsletter, 7/7/14)

**Many athletes will get tattoos to celebrate their accomplishments, but Portuguese Real Madrid soccer superstar Cristiano Ronaldo abstains from this habit so that he can donate blood, reported Yahoo Sports and several other news sources in June.**

Mr. Ronaldo, known for his efforts to help kids overcome debilitating disease, skips the ink because in several countries, blood donors can be temporarily deferred after getting a new tattoo to protect the blood supply against infectious diseases, like hepatitis C. "I don't have tattoos because I donate blood very often," he told Diretta News, while also taking time to share a photo on his Facebook page showing him donating blood at a hospital. He reportedly gives twice a year. He also told a Spanish radio station Cadena COPE that he became a bone marrow donor after witnessing his teammate Carlos Martins' struggles with his sick son. Donating bone marrow "is something a lot of people think is a difficult thing to do but it's nothing more than drawing blood and doesn't hurt," he said, referring to the collection of peripheral blood stem cells, which are collected in a process similar to apheresis blood donation. "It doesn't cost anything. It's a simple process and then you feel happy because you know you are helping another person," he added. 💧



Soccer superstar Cristiano Ronaldo keeps his body tattoo-free, so that he can donate blood frequently. He shared the above photo on his Facebook page.



# REGISTRATION NOW OPEN

## America's Blood Centers Summer Meeting and MD Workshop August 5-7, 2014 – Seattle, WA Hosted by



**Negotiated hotel room rate: \$195 + tax** (Deadline July 11)  
[www.westinseattle.com](http://www.westinseattle.com)

**2014 Summer Meeting Schedule and Fees** (Register by July 11)  
Medical Directors Workshop and Summer Meeting: Aug 5-7 (\$725)  
Summer Meeting: Aug 6-7 (\$625)  
Medical Directors Workshop and SMT Forum: Aug 5-6 (\$445)  
Medical Directors Workshop: Aug 5 (\$415)

Non-members (non-vendor), contact Lori Beaston at [lbeaston@americasblood.org](mailto:lbeaston@americasblood.org) for registration fees and details.

Sponsorship opportunities available. Contact Abbey Nunes at [anunes@americasblood.org](mailto:anunes@americasblood.org) for details.

“What could be better than summer in Seattle? Sunshine, mountains, islands, the ocean, and the opportunity to interact with your colleagues to learn how we can better move our field forward through sustainable growth and service to our communities.”

– James AuBuchon, M. D.  
President & CEO

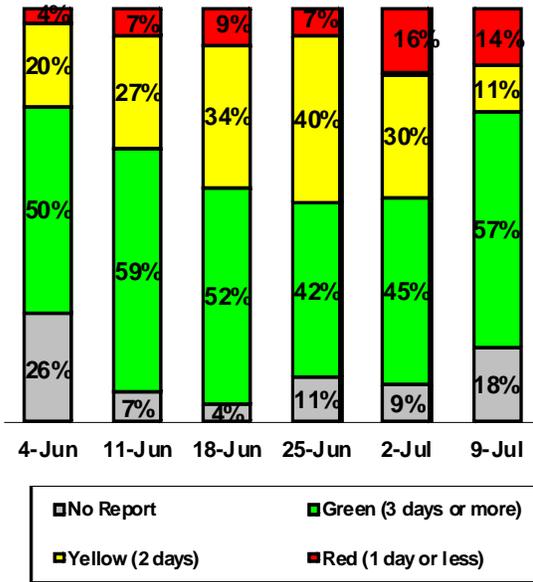
There are four (4) \$800 scholarships available to ABC members attending the Medical Directors Workshop to cover the cost of registration fees and help with travel expenses. Application and additional details included in registration.



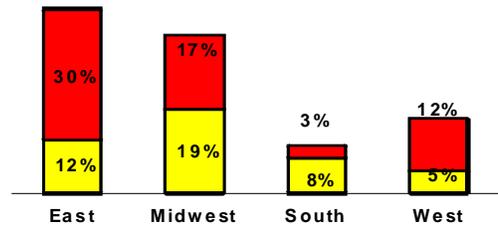
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**STOPLIGHT®: Status of America’s Blood Centers’ Blood Supply**

**Total ABC Red Cell Inventory**



**Percent of Regional Inventory at 2 Days Supply or Less, July 9, 2014**



**Percent of Total ABC Blood Supply Contributed by Each Region**  
 East: 20%; Midwest: 25%; South: 24%; West: 31%

Daily Updates are available at:  
[www.AmericasBlood.org](http://www.AmericasBlood.org)

**We Welcome Your Articles**

We at the *ABC Newsletter* welcome freelance articles on any subject relevant to the blood banking community. Writers are encouraged to submit short proposals or unsolicited manuscripts of no more than 1,100 words. While ABC cannot pay for freelance pieces, the writer’s name and title will be included at the end of the story, brief news item, or commentary. If proposing a story, please write a few paragraphs describing the idea and sources of information you will use, your present job and background, and your qualifications for writing on the topic. ABC staff cannot guarantee all stories will be published, and all outside writing will be subject to editing for style, clarity, brevity, and good taste. Please submit ideas and manuscripts to ABC Publications Editor Betty Klinck at [newsletter@americasblood.org](mailto:newsletter@americasblood.org). You will be sent a writer’s guide that provides information on style conventions, story structure, deadlines, etc.

## CLASSIFIED ADVERTISING

Classified advertisements, including notices of positions available and wanted, are published free of charge for a maximum of three weeks per position per calendar year for ABC institutional members. There are charges for non-members: \$139 per placement for ABC Newsletter subscribers and \$279 for non-subscribers. A six (6) percent processing fee will be applied to all credit card payments. Notices ordinarily are limited to 150 words. To place an ad, contact Leslie Norwood at the ABC office. Phone: (202) 654-2917; fax: (202) 393-5527; e-mail: [lnorwood@americasblood.org](mailto:lnorwood@americasblood.org).

## POSITIONS AVAILABLE

**Component Processing Tech.** Community Blood Services of Illinois (CBSI), a division of Mississippi Valley Regional Blood Center, has an opening for a component Processing Technician. This Laboratory position is needed to support our operations and will be responsible for blood component preparation and distribution. The Component Processing Technician will ensure quality processing of blood components by maintaining compliance with current Good Manufacturing Practices (cGMP) performance and documentation of all production and labeling according to Standard Operating Procedures (SOPs). Education must meet CLIA educational requirements for testing in high complexity laboratory, with a bachelor's degree in science related field preferred. Must be highly organized, have the ability to stand for extended periods of time, and be able to lift up to 50 lbs. This position is primarily 2<sup>nd</sup> shift hours and On-call duties. Must be able to respond within 20 minutes when on-call. Wage rate: \$14.80 + shift differential. Excellent benefit package is available. To apply visit: [www.bloodcenter.org/join-our-team](http://www.bloodcenter.org/join-our-team). Equal Opportunity Employer: Minorities, Women, Veterans, Disabilities.

**Clinical Education Consultant (RFS00022).** Fenwal, Inc., a Fresenius Kabi company, is a global blood technology company dedicated to supporting transfusion medicine and cell therapies. We help ensure the availability, safety, and effectiveness of treatments that depend on blood – medicine's most vital natural resource. We have an opportunity for a Clinical Education Consultant based out of Ohio or Michigan, located near a major airport to work collaboratively with the sales team in the Great Lakes Region, providing clinical support for Fenwal product's, supporting the region and accomplishing sales objectives. Requirements include: RN, LVN, MT preferred and related work experience; three to five years experience in a clinical environment; transfusion experience a plus; experience in training medical staff and the ability to drive sales; strong presentation and facilitation skills to effectively deliver training; ability to travel 75% in the region by air and personal car. For more information about this position and to apply, please visit our website: <http://www.fenwalinc.com/Pages/Careers.aspx> and search keyword: RFS00022. We offer an excellent salary and benefits package including medical, dental and vision coverage, life insurance, disability, and

401K. Fresenius Kabi is an Equal Opportunity Employer. We encourage and support a diverse workforce.

**Reference Laboratory Supervisor.** Mississippi Valley Regional Blood Center (MVRBC) is offering a full time opportunity to join our team at our Maryland Heights, MO facility. MVRBC is the exclusive provider of blood products and services to 85 hospitals in IA, IL, WI and MO. Our aim is to provide world-class blood products and services to communities in need. To achieve this, we need passionate, talented professionals to join our team. This individual will be responsible for quality assurance, inventory, motivating and coaching of staff, performing antibody testing, antigen typing, and providing consultation to hospital staff. Candidates will possess a Bachelor's in medical technology, biology, chemistry, or related field. MT(ASCP) certification or equivalent is required. SBB is a plus. Ideally candidates will have three to five years' experience in hospital blood banking or blood center immunoematology lab. Minimum of two years' experience in laboratory management preferred. MVRBC offers an opportunity to be a part of a dedicated team that makes us a recognized leader in the blood center industry, an environment that makes work/life balance a priority with a generous paid time off account, a fantastic benefit package and a competitive salary. Pre-employment drug screen and background check required. Interested candidates may visit <http://www.illinoisdiversity.com/j/7635704> to apply. EOE: Minorities, Women, Veterans, Disabilities

**Manager of Training and Development.** Ky. Blood Center, located in Lexington, Kentucky seeks enthusiastic healthcare professional to be responsible for overseeing training and proficiency of blood collections (BC) staff to assure safe and pleasing donation experiences for donors and safe blood products for recipients. Oversees and assists with maintaining staff competency by conducting continuing education sessions and assuring administration of annual competency and skills proficiency tests. Assists with other training, as appropriate. Bachelor of Science in Adult Education or Instructional Systems or related experience required. Five years management experience; five years of training program management/experience in the field of

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**POSITIONS** (continued from page 12)

adult learning to include training needs assessment, curriculum and module design, organizational development, and delivery preferred. Competitive salary, comprehensive benefits including health/dental/life, LTD, paid sick/vacations/holidays, EAP, 403(b) retirement savings plan, and pension plan. For more information or to apply online, please visit [www.kybloodcenter.org](http://www.kybloodcenter.org). Drug-free and EOE/AAP.

**Donor Center Manager.** Kentucky Blood Center, located in Lexington, Ky. seeks enthusiastic healthcare professional to hire, train, motivate, encourage, develop, evaluate, and supervise blood collection staff to ensure our valued volunteer blood donors receive the best care possible; ensure quality control and compliance with industry regulations; utilize resources to maximize cost effectiveness; and assure beneficial business relationships in the community. Medical background (RN, MT, CLS, or related field) and five years management experience required. Applicants must have working knowledge of Word and Excel; demonstrated skills in staff management/development, budget preparation/monitoring, and organizational skills; ability to think independently and solve problems; and possess excellent communication skills. This challenging opportunity requires a team-player attitude, high energy level, and a dedication to excellence. Competitive salary, comprehensive benefits including health/dental/life, LTD, paid sick/vacations/holidays, EAP, 403(b) retirement savings plan, and pension plan. For more information or to apply online, please visit [www.kybloodcenter.org](http://www.kybloodcenter.org). Drug-free and EOE/AAP.

**IRL & Training Manager.** This Oklahoma City, OK position will be responsible for overseeing leadership duties in the clinical laboratory including scheduling, review of QC and facilitating resolution of problems with customers. This technical supervisor will serve as an on-site subject matter expert in the area of Immunohematology, perform technical reviews, oversee training of new clinical lab employees, help develop and write standard operating procedures (SOPs) as well as provide compatibility testing and consultation services for resolution of complex serological problems. He/She will communicate directly with the medical director and assist in duties as needed. Qualifications include a Bachelor of Science degree with completion of a Medical Technology training program. ASCP and NCA registration preferred. Completion of an accredited SBB program and/or eligibility to sit for SBB certification preferred. OBI provides a competitive salary and benefits package including health, dental, vision, life, LTD, flex plan, PTO leave, tuition reimbursement and 401k Plan. Please apply online at <http://obi.org/careers/>. Our

corporate facility is located at: Oklahoma Blood Institute, 901 N. Lincoln Blvd., Oklahoma City, OK 73104. EOE M/F/D/V Drug-Free Work Environment

**Regional Sales Manager.** Michigan Blood is looking for a manager of Donor Relations to lead regional donation efforts throughout the greater Saginaw and Traverse City communities. We are a growing blood center that relies upon voluntary blood donations to supply many Michigan hospitals. This Saginaw-based position will develop relationships and growth strategies and lead a team that achieves donation goals through community blood drives. This includes projecting forecasts to meet hospital demands, planning community special events and analyzing department programs to achieve goals. This position requires a minimum of three to five years of experience managing a sales team. Bachelor's degree plus five or more years of related experience preferred. Familiarity with Michigan communities and nonprofit work is desirable. The ideal candidate will demonstrate a proven track record of sales leadership, community engagement and professional communication. We offer a competitive salary and benefit plan. If you want to be part of a lifesaving organization, please apply via our website: [www.miblood.org](http://www.miblood.org). EOE

**Chief Information Officer (Puget Sound Blood Center).** We are currently seeking a chief information officer (CIO) to innovatively lead the strategic development and management of information resources in support of our goals, mission, and vision. This role is responsible for multiple systems throughout the organization including patient, donor and administrative systems. Emphasis will be ensuring systems meet objectives efficiently, comply with regulations and meet customer needs. Fifteen-plus years' experience in IT strategic planning and execution in a senior management role is required. Bachelor's degree in related field preferred. Master's degree is desirable. Must have proven experience in IT architecture design and data warehousing/data marts, demonstrated strength in project management and strong vendor management experience. Experienced with the demands of IT within health delivery and research settings is also required. Interested Applicants: send application materials to [HumanResources@psbc.org](mailto:HumanResources@psbc.org) or fax to (866) 286-8495. Should you have a disability that requires assistance and/or reasonable accommodation with the job application process, please contact HR: [humanresources@psbc.org](mailto:humanresources@psbc.org), (206) 292-6500, 921 Terry Avenue, Seattle, WA 98104. EEO Employer/Vet/Disability. ♦