



ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

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Two ABC Blood Centers Provide Obstetric Hemorrhage Training Program

In a time when hospitals are focusing on providing more services and better patient care for less, two America’s Blood Centers’ members have created an educational training resource for ABC blood centers to offer hospitals in obstetric (OB) hemorrhage planning and training. The computerized training program, created by Memorial Blood Centers and Nebraska Community Blood Bank, shows how blood centers can become a resource in continued education and professional training for hospitals, not just a blood supplier.

This training program also sheds light on how valuable continuing education for health professionals can be in improving patient care. Jed Gorlin, MD, MBA, medical director and vice president of Medical and Quality Affairs at Memorial Blood Centers, shared one particular case in which a woman died from severe bleeding after delivering her baby, while she awaited the hospital’s approval of an out-of-type blood transfusion that could have saved her life. (Everyone belongs to a certain blood group: O, A, B, or AB. O-negative blood is considered the “universal” type that can be transfused to anyone, but hospitals often have long procedures to obtain out-of-type blood from the lab, which can compromise a patient who is bleeding quickly and severely.)

“This is a classic example of a well-intended policy that has unintended consequences. This is something that is 100 percent preventable simply by doing drills and being prepared ... Unfortunately, some hospitals don’t do the drills and don’t include labs in creating massive transfusion and obstetric hemorrhage protocols,” said Dr. Gorlin, the principal author of this program, which he recently presented at the ABC Annual Meeting in Scottsdale, Ariz. The training tool was provided on flash drives for ABC members at the meeting, and was created through a grant from the Foundation for America’s Blood Centers (FABC).

Creating the Program. Inadequate training and gaps in communication that can compromise timely reaction to OB hemorrhaging is precisely the reason that Dr. Gorlin set out to create this training module. While working on an emergency release protocol (the process to release blood from the lab for a massive transfusion situation) with one of the 33 hospitals served by Memorial Blood Centers, it dawned on Dr. Gorlin that an OB hemorrhage training module for clinicians dealing with obstetrics would not only improve patient care, but could save lives. The World Health Organization estimates that 35 percent of maternal deaths from 1997 to 2007 were caused by OB hemorrhage.

(continued on page 3)



OUR SPACE

ABC CEO Jim MacPherson

We Need a Strategy

While we have focused on patient and hospital needs for most of our existence, we mostly have been internally focused, first on the products we make, and in the last 30 years on the next disease transmission. We have seen our mission as providing a safe and adequate blood supply. We have done a good job in that area, but it is not enough anymore.

For decades we have viewed ourselves as shared-service providers to our community hospitals. Now, hospitals are consolidating at record rates and the supply managers for these systems view blood as a commodity. This is our fault. Some blood organizations go along and feed into that commodity scenario, if only to survive until the next wave of hospital strategy. Others are working hard to integrate themselves into their hospitals' infrastructure. Given that one out of every seven patients entering a hospital will need blood, it appears to be a good strategy.

Recently, a visionary colleague said to me that a blood center's main focus needs to be on its hospital needs or "they will become obsolete."

Pretty stark prediction, but likely accurate. While we are working everyday to get enough safe blood on the shelf, it is hard to also focus and invest in new ventures with the hospitals we serve. This includes operating their transfusion services, and blood inventory and management services. The area with the greatest growth among ABC members in the last 10 years has been providing "medical services" to hospitals, that is, helping hospitals sort through their transfusion medicine issues and strategy.

A commodity strategy relegates us to suppliers, not healthcare partners. Hospital supply chain managers need to better understand our role. The future is hospital services. If that isn't your strategy, plan for your obsolescence.

A handwritten signature in black ink, appearing to be "J. MacPherson".

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Visit Jim on Facebook: www.facebook.com/JimMacPhersonABC. 

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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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OB Hemorrhage Training Program (continued from page 1)

After developing the idea for the program, Dr. Gorlin reached out to Janelle Francis, MSN, RN, at Nebraska Community Blood Bank to work together in creating an interactive PowerPoint presentation that would provide training in preparing for and responding to OB hemorrhage situations. From the nurses, to the physicians, to the lab clinicians, this program would include every player and every step in responding to OB hemorrhage and implementing the necessary massive transfusion protocol quickly and efficiently. Although the program focuses on nurses recognizing and responding to OB hemorrhage, it emphasizes that responding to OB hemorrhage is a “team effort,” said Dr. Gorlin.

Rather than re-invent the wheel by creating completely new content, Dr. Gorlin gathered content for the program from various preexisting resources, such as an OB hemorrhage training resource created by the California Department of Public Health-Maternal, Child, and Adolescent Health Division. He also worked with OB residents at various hospitals at HealthEast Care System in St. Paul, Minn. Ms. Francis, Nebraska Community Blood Bank’s director of Education, played a big role in converting Dr. Gorlin’s initial PowerPoint into a truly interactive e-learning tool, using the software, Articulate Storyline.

An Effective Adult e-Learning Tool. After much hard work, collaboration, and even some filming to create video scenarios, the end product was an e-learning tool that combined background information, resources, response tools, care guidelines, and quizzes. Rather than text-heavy slides, each slide is visually appealing with a graphic element and the ability to “click for more information.” There is also a video section, filmed with real nurses and lab clinicians, which provides a visual model for responding to OB hemorrhage and conducting drills.

“You should not put everything that you’re going to say on the slide,” explained Ms. Francis, meaning that text-heavy slides are difficult to absorb. “I think that’s the benefit of the way we set it up – as an e-learning tool that can be self-directed and self-paced.” She noted that the program will also be available as a simple PowerPoint presentation with paper quizzes for hospitals that do not have the IT resources for e-learning.

“One of the major issues in adult education, is that you can watch a presentation and take in about 10 percent or less. But if you actually do it, you are more likely to retain the learning,” added Dr. Gorlin. “Just the process of doing simulations allows you to identify weak links in communication chain, and the videos encourage actually doing mock scenarios. If you have that visual imprint of what a mock scenario might look like, it’s much more likely that you’ll actually go through with it.”

Nurse Centric. Both Dr. Gorlin and Ms. Francis note that this program is a bit “nurse centric,” and that is not by accident. “From the beginning of their training, nurses are trained to be the patients’ advocate,” said Ms. Francis, herself a nurse. While the physicians and lab clinicians play an important role in responding to OB hemorrhage, the nurses are often the ones at the patient’s side who would first recognize the symptoms and begin communications with the physician and the lab to initiate a massive transfusion protocol, explained Ms. Francis. She emphasized that this e-learning tool can help nurses to “feel empowered to start the communications.”

Although nurses act as the patient advocate, many do not receive adequate training in blood transfusion, aside from learning how to physically hang the bag, administer the transfusion, and recognize some symptoms of a negative reaction, said Ms. Francis. Continuing education programs, such as this module, offer nurses the opportunity to learn more specifically about blood-related issues that can arise before, during, and after a transfusion, including OB hemorrhage, said Ms. Francis. “I think that we can go a lot further in getting nurses more involved in transfusion therapy,” she added. She suggested future programs for nurses focusing on complications, such as transfusion related acute lung injury (TRALI).

(continued on page 4)

OB Hemorrhage Training Program (continued from page 3)

OB Hemorrhage Event and Training

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Menu Resources

- Introduction
- Clinical Importance
 - Malpractice lawsuit nets \$4.6
- WHO**
 - Statistics
 - Causes
 - UK SHOT Program (Serious H...
 - Reducing the risk of harm Lo...
 - Reducing the risk of harm Lo...
 - Diagnostic aid for assessmen...
 - OB MTP
 - Prevention
 - What did you learn?
 - Postpartum Hemorrhage (PP...
 - What are some known cause...
 - As a preventive measure to P...
 - What should be done for all ...
- 4 R's
 - Obstetric Hemorrhage: New

WHO worldwide data

FIGURE 4
New estimates show that haemorrhage and hypertension account for more than half of maternal deaths

Global estimates of the causes of maternal deaths, 1997–2007

Cause	Percentage
Haemorrhage	35%
Indirect	18%
Hypertension	18%
Other direct	11%
Sepsis	8%
Abortion	9%
Embolism	1%

SOURCE: Taking stock of MATERNAL, NEWBORN and CHILD SURVIVAL 2000-2010 decade report, <http://www.countdown2015mch.org/documents/2010report/CountdownReportOnline.pdf>

Source: Preliminary data from a WHO systematic review of causes of maternal deaths.

Search... PREV NEXT

A screen-shot of the Obstetric Hemorrhage: Event Training and Planning program created by Memorial Blood Centers and Nebraska Community Blood Bank displays a graphic from the World Health Organization showing causes for maternal deaths.

More Than a Vendor. Not only can this program save lives, improve patient care, and advance education in hospitals, but it can also show blood centers in a whole new light to their client hospitals. “I really see it as an opportunity for ABC blood centers to differentiate themselves from other blood centers by going beyond being just a vendor of a product, and showing that we care about how blood is used and that it is used wisely,” said Dr. Gorlin.

By providing a program that is easily adapted to hospitals of any size and region, the hope is for ABC centers to take advantage of this program by offering it to hospitals. Dr. Gorlin added that he believes blood center staff should be proactive in presenting this program to hospitals as it may be better-received through an in-person dialogue, rather than simply delivering flash drives containing the program.

“The program provides pretty general information; it’s not really specific to one facility or organization. Instead, it provides common concepts that I think anyone can apply within their hospitals. The staff just needs to get together and figure out what works best within their specific organization,” said Ms. Francis.

Dr. Gorlin added that this concept is at the core of the FABC grants – supporting programs members wouldn’t normally be able to fund themselves that will benefit all ABC members. “This isn’t about just funding one blood center to do something good for themselves,” said Dr. Gorlin. “It’s really about giving back to the whole ABC community.”

ABC members interested in receiving the OB hemorrhage training program may contact Leslie Norwood at lnorwood@americasblood.org.

– Betty Klinck, bklinck@americasblood.org



A Word From The FABC

Jodi Zand

Is This Really My Job?

“Is this really my job? What’s the catch?” That thought crossed my mind several times at ABC’s Annual Meeting in Scottsdale, Ariz., a few weeks ago. As of writing this article, I have been with the Foundation for America’s Blood Centers (FABC) for a whopping seven weeks. And what a wonderful, whirlwind these seven weeks have been! Within the first 30 days, I find myself at the Annual Meeting, saying hello to as many members, vendors, and even fellow staff that I can (I don’t think there are enough tricks in the book for me to remember everyone’s name and face). I have quickly found out what a dedicated group of experts we have representing America’s Blood Centers and the blood industry as a whole—not to mention some sharp skills on the putting green.

As I start to really get settled and dig in, the excitement has yet to wear off. I still love taking the train to work, and seeing the White House as I enter our building puts a smile on my face each morning. But mostly, I’m experiencing the excitement of really liking what I do and the anticipation of all I have yet to learn. Even though I am not new to blood, I am gaining a whole new perspective on the immense scope and range of the life-saving role our members and supporters play in their communities.

The list is endless in regards to all that I want to do to increase funding for the FABC. I sometimes feel like I don’t even know where to start! I am however, a firm believer in the motto: “If it isn’t broke, don’t fix it,” which is why I have been busy helping to plan the Unity Gala on September 27th in Baltimore with the Sickle Cell Disease Association of America (SCDAA). I have also been working on the 3rd Annual Links for Life Golf Tournament on Oct. 22nd outside of Augusta, Ga., which is being co-sponsored by Sheppard Community Blood Center and HemoCue this year. Both of these events have become fundamental to the success of the FABC in the past few years and are essentially what will enable us to fund the amazing projects our members develop to continue to meet our mission consistently without fail. Plus they both sound like a whole lot of fun!

Although it may take a little time to become fully acclimated, enact some new programs, and set new goals, I do know my immediate objective is to continue to maintain the FABC’s current operating level. I also must try to grow the Foundation to a level where we can always support our members and our four main initiatives, and have a little fun while doing it.

I look forward to working with all of our members, sponsors, board members, and advocates in the upcoming months as I continue to learn the ropes. Should you have any thoughts, ideas, comments, compliments, critiques, or if you simply want to say hi, you can find me at jzand@americasblood.org. ♦

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 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.

SAVE THE DATE
10.22.2012



3 R D A N N U A L
LINKS FOR LIFE GOLF TOURNAMENT



THE FOUNDATION FOR AMERICA'S BLOOD CENTERS,
2012 LINKS FOR LIFE GOLF TOURNAMENT
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INSIDE ABC

ABC Supports Dublin Consensus Statement

The Board of Directors of America's Blood Centers has unanimously approved the 2012 Dublin Consensus Statement, which addresses the rising need for plasma proteins by patients and the challenges of meeting the growing needs of that population. The European Blood Alliance is expected to consider the statement today (4/20/12). ABC previously approved the 2011 statement and the original statement issued in 2010. The original statement was developed to clarify the roles and positions of the non-profit volunteer blood sector and the for-profit, paid donor plasma sector, mainly in Europe. The 2012 version, titled "Optimized Supply of Plasma Derived Medicinal Products," discusses ways to increase the availability for plasma protein therapies to meet a growing global need; provide policy makers with a basis for prioritizing resources to ensure optimal patient care and donor safety; and to improve the treatment of people whose health depends on regular access to plasma proteins. The original document was developed in January 2010 at a conference in Dublin, Ireland. The conference was organized by the Plasma Users Coalition (PLUS), a network of international groups that serve the needs of patients with conditions that make them dependent on plasma protein therapies, including Guillain-Barré syndrome and chronic inflammatory demyelinating polyneuropathy, hemophilia, primary immunodeficiency diseases, and immune thrombocytopenia. Attendees included representatives from those groups, as well as ABC and a number of other national blood authorities. The 2012 Dublin Consensus Statement can be accessed on the ABC website at: <http://bit.ly/HT6wx3> (Source: *ABC Newsletter*, 4/29/11) ♦

FDA Issues Annual Blood Product Deviation Report Summary

The Food and Drug Administration's Center for Biologics Evaluation and Research (CBER) has published its annual summary of Blood Product Deviation Reports (BPDRs) for Fiscal Year 2011 (FY11).

Deviations affecting the safety, purity, or potency, as well as unexpected events that occur during the manufacturing of blood and blood products must be reported to CBER in accordance with 21 CFR 606.171. CBER has been publishing an annual summary of BPDRs submitted for at least eight years. The publication summarizes the total number of deviations by type and category stratified by type of manufacturer, deviation category, type of product, and potential for recalls. These data are compared year to year, providing a solid baseline of longitudinal data. The report lacks comparative denominator data beyond the number of reporting establishments annually. Hence, a true analysis of trends over time is not possible.

General observations of data changes are noted in each year's report compared to the previous year. This year, a total of 51,990 reports were received by CBER, an increase of 979 BPDRs (2 percent) over FY10 (Table 1). Of these, 1,016 were submitted by blood and plasma establishments, also a 2 percent increase. Of note, the number of potential recalls from these reports decreased by 268 to 891, a reduction of more than 20 percent.

Another apparent large change in reported data was an increase of more than 200 percent in the number of reports involving donor deferral, 719 in FY11. The summary noted that 95 percent of these resulted from audits of donor record files.

As in previous years, the largest category by far of BPDRs from blood and plasma establishments was Post Donation Information (PDI), 71.5 percent (Table 2). Of those, 53 percent were due to donor history of travel to either a malaria or vCJD risk area. All other manufacturing systems represented less than 9 percent each of the total number of BPDRs. "The industry continues to question the usefulness of reporting PDIs as BPDRs given that most are related to the donor's inability to report accurate travel history at every donation," said Ruth Sylvester, director of Regulatory Services for America's Blood Centers. "A significant effort goes into the reporting of PDI to CBER and it is believed that this effort could be better spent focused on the remaining BPDRs. The FDA believes that additional actions by blood establishments regarding PDIs could possibly reduce the numbers; however, the nature of such actions is unclear," she added.

The AABB has recently commissioned an inter-organizational task force to work on one type of BPDR, quarantine release errors (QREs). QREs don't result from a single cause and are represented across BPDR categories. This issue was identified following a workshop on the subject in fall 2010. ABC and the FDA are both participating in this effort. The goal of the task force is to identify ways to reduce QREs and subsequently improve the safety of the blood supply. The BPDR is available at <http://1.usa.gov/HYGYSV>.

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FDA Issues BPDRs Summary (continued from page 7)

Total Deviation Reports (FY 09-11)

Table 1 - Number Of Reporting Establishments						Total Reports Received		Potential Recalls	
Blood/Plasma Manufacturers	FY09	FY10	FY11	FY09	FY10	FY11	FY09	FY10	FY11
Licensed Blood Establishments	246(113*)	250(113*)	237(114*)	25,481	24,282	24,754	1,189	840	661
Unlicensed Blood Establishments ₁	413	425	414	3,940	3,850	4,018	39	27	31
Transfusion Services ₂	575	545	593	1,932	1,760	1,899	0	0	0
Licensed Plasma Establishments	374(53*)	392(48*)	394(20*)	18,168	20,173	20,410	450	292	199
<i>Sub-Total</i>	<i>1,608</i>	<i>1,612</i>	<i>1,638</i>	<i>49,521</i>	<i>50,065</i>	<i>51,081</i>	<i>1,678</i>	<i>1,159</i>	<i>891</i>
Licensed Non-Blood Manufacturers									
Allergenic	8	7	7	192	197	182	0	4	1
Blood Derivative	19	23	24	64	99	77	0	0	7
In Vitro Diagnostic	11	14	14	83	117	102	1	12	6
Vaccine	18	17	19	168	242	287	3	8	4
351 HCT/P	1	2	1	2	6	14	0	0	5
<i>Sub-Total</i>	<i>57</i>	<i>63</i>	<i>65</i>	<i>509</i>	<i>661</i>	<i>662</i>	<i>4</i>	<i>24</i>	<i>23</i>
361 HCT/P Manufacturers									
Cellular HCT/P	40	43	49	131	160	141	1	1	0
Tissue HCT/P	40	32	38	123	126	106	32	28	14
<i>Sub-Total</i>	<i>80</i>	<i>75</i>	<i>87</i>	<i>254</i>	<i>286</i>	<i>247</i>	<i>33</i>	<i>29</i>	<i>14</i>
Total	1,745	1,750	1,790	50,284	51,012	51,990	1,715	1,212	928

**Total BPDRs by Manufacturing System
Blood and Plasma Establishments**

Table 2 - Manufacturing System	Licensed Blood Establishments	Unlicensed Blood Establishments	Transfusion Services	Licensed Plasma Establishments	Total	
DS-Post Donation Information	18,111	365	0	18,071	36,548	71.5%
QC & Distribution	1,149	1,943	1,019	72	4,183	8.2%
DS-Donor Screening	2,171	84	0	541	2,796	5.5%
Miscellaneous	837	12	0	1,687	2,536	5.0%
Labeling	557	1,037	518	10	2,122	4.2%
LT-Routine Testing	273	420	353	0	1,046	2.0%
Blood Collection	769	56	0	14	839	1.6%
DS-Donor Deferral	700	5	0	14	719	1.4%
Component Preparation	175	95	9	1	280	0.5%
LT-Viral Testing	12	1	0	0	13	0.0%
Total	24,754	4,018	1,899	20,410	51,081	100%

BRIEFLY NOTED

April is National Donate Life Month, a month-long celebration honoring the generosity of organ, eye and tissue donors, and their families, while also commemorating all transplant recipients in the U.S. Initially only a week-long observance, the entire month of April was sanctioned as National Donate Life Month in 2003 by former Health and Human Services Secretary Tommy G. Thompson. Now in its ninth year, this year's celebration focuses on Donate Life America's, an alliance of national organizations and state teams committed to increasing organ, eye, and tissue donation, 20 Million in 2012 campaign, which aims to garner 20 million new organ, eye, and tissue donors to state donor registries this year. The American Hospital Association (AHA) recently endorsed National Donate Life Month, as Rich Umbdenstock, AHA president and CEO, stated that "hospitals play a special role in educating patients,

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BRIEFLY NOTED (continued from page 8)

visitors, members of the community, and hospital staff about the importance of organ, eye and tissue donation and in encouraging them to join organ and tissue donor registries to renew and save lives.” More information about National Donate Life Month is available at <http://donatelife.net/>. (Sources: AHA News Now, 4/6/2012; <http://donatelife.net/>, 4/17/2012)

A San Antonio woman survived a hemorrhage that required transfusions totaling 540 units of blood and blood products. The patient, Gina Walker, was pregnant with her fifth child when she developed a rare complication called placenta percreta, in which the pathway of blood between mother and fetus began to involve her bladder and major blood vessels along her uterine wall, according to the *San Antonio Express-News*. Ms. Walker was admitted in labor on Feb. 15 to the University Hospital in San Antonio. The complication required a cesarean section and a hysterectomy, said, Jason Parker, MD, assistant professor of obstetrics and gynecology at Texas Health Science Center at San Antonio and the leader of Ms. Walker’s medical team. The delivery went well, but then surgeons “encountered catastrophic hemorrhage” during the hysterectomy, he said. “One of the difficulties with losing a lot of blood is you also lose clotting factors ...,” said Kevin Hall, MD, chief of gynecological oncology at the medical school hospital. “And for a brief period, we were able to get the hemorrhage under control enough to complete the operation we intended to do. And then ... she started to bleed massively again,” he said. Surgeons quickly went through the 30 units of B-positive blood. Blood bank chief Sherrie Warner scrambled to locate every unit of B-positive, then O-positive, blood available. “We never stopped,” she said. “We knew it was an OB patient, and there was a baby involved.” Meanwhile, outside of the operating room, Ms. Walker’s husband, Dustin Walker, was expecting a 3- to 4-hour procedure. “Come about the sixth hour, after I watched cooler after cooler after cooler with my wife’s name on it, full of blood, going up and down the hallways, I started getting worried,” he said. Not only was it amazing that Gina Walker survived the ordeal, but survived it without any major complications, Dr. Parker said. As for the mother, “I know that a true miracle has happened,” Ms. Walker said, looking at her new daughter. “She’s feisty and a fighter. She’s tough and strong-willed already.” At a news conference at University Hospital, Ms. Walker, her husband, and new daughter, Addison, thanked the team of doctors, nurses, technicians and hospital staff members that saved her life. The team considered the transfusion a record-setter. “Up until Gina’s surgery, we have not ever transfused that much blood to a patient,” said Ms. Warner. (Source: The Associated Press, 4/11/12)

More efficient blood utilization has been identified as one of the 15 areas of savings that have been identified by the Premier healthcare alliance. The “15 Greatest Opportunities for Hospital Savings” is based on feedback and data from more than 290 hospitals across 38 states participating in Premier’s QUEST collaborative. QUEST is “committed to measuring, comparing, and scaling innovative solutions for the complex task of caring for patients,” according to its website. A team of internal and external subject matter experts has developed a new efficiency dashboard that identified the potential for blood utilization savings of \$1.06 million per hospital per year, based on a 200- to 300-bed community hospital. The five areas with the biggest opportunity for average annual savings are:

1. **Unnecessary labor expense**, such as inefficient processes that take too long or require too many employees to complete: \$6.18 million per hospital per year, and up to 5.1 percent of a hospital’s total labor budget.
2. **Excess readmissions**: \$3.83 million per hospital per year, and up to 9.6 percent of a hospital’s budget.
3. **Inappropriate length of stay**: \$2.63 million per hospital per year, and up to 5.4 percent of the hospital’s budget.

(continued on page 10)

BRIEFLY NOTED (continued from page 9)

4. **Skill mix dollar variance** that occurs when higher paid employees do work that less expensive or less experienced staff could do equally well: \$2.38 million per hospital per year, and up to 6.2 percent of a hospital's total labor budget.
5. **Unnecessary lab testing** such as blood, urine or hemoglobin tests: \$2.23 million per hospital per year, and up to 1.6 percent of a hospital's total lab budget.

The analyses are part of an article entitled "The cost of healthcare: Does more care = better care?" which appears in the spring 2012 edition of Premier's Economic Outlook. The Economic Outlook highlights emerging trends impacting Premier members and the industry. The article is available at: <https://www.premierinc.com/about/news/12-apr/the-cost-of-healthcare-spring2012.pdf>

"There's a saying that you can only change what you can measure," said Susan DeVore, Premier president and CEO. "We created this dashboard and the analysis to give hospital leaders a road map to leverage in ongoing work to enhance efficiencies and wring as much savings as possible out of the system." More information is available at: <https://www.premierinc.com/about/news/12-apr/eo.jsp> ♦

REGULATORY NEWS

The Health and Human Services (HHS) Department announced in the *Federal Register* on April 11 the requirements and registration for the "Reporting Patient Safety Events Challenge." The "Reporting Patient Safety Events Challenge" invites multi-disciplinary teams to develop an application that enhances the reporting of patient safety events and that can be readily used in both hospitals and outpatient settings. This application should facilitate not only internal incident reporting by physicians and nurses, but also allow quality and risk management staff to easily document risk analysis and follow-up investigations, as well as submit reports to Patient Safety Organizations, the state, or the Food and Drug Administration. The challenge submission period ends on July 23, 2012. The announcement, which includes details on eligibility rules, winner selection, and prizes, can be viewed at: www.gpo.gov/fdsys/pkg/FR-2012-04-11/pdf/2012-8758.pdf (Source: *Federal Register* Doc.2012-8758, April 11, 2012)

The Department of Health and Human Services (HHS) plans a number of audits to ensure that healthcare providers meet requirements of the HIPAA Privacy and Security Rules of the HITECH portion of the stimulus act. Up to 150 random HIPAA compliance audits will be performed by the end of 2012, according to the HHS Office of Civil Rights (OCR). "Every covered entity and business associate is eligible for an audit. Selections in the initial round will be designed to provide a broad assessment of a complex and diverse health care industry. OCR is responsible for selection of the entities that will be audited." To prepare covered entities and business associates, the Coding Institute will present an audio conference on **April 24, 2012 at 1 p.m. EDT**. Presenting will be **Jim Sheldon-Dean**, director of Compliance Services at Lewis Creek Systems LLC, a Vermont-based consulting firm. Registration and more information are available at: <http://bit.ly/15xaEw>. More information about the audits is available at: www.hhs.gov/ocr/privacy/hipaa/enforcement/audit/index.html (Source: HHS Office of Civil Rights web page, accessed 4/18/12)

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REGULATORY NEWS (continued from page 10)

ICCBBA has made available two of its international blood documents for public comment. Together they replace the existing documents for Labeling and Product Code Structure.

- *ISBT 128 Standard Labeling of Blood Components.* This document provides guidance in the design of labels for blood products following the standards described in the *ISBT 128 Standard Technical Specification*. It addresses affixed labels in the ISBT 128 format. It does not address the design of attached labels or accompanying documents. The document is available at: <http://bit.ly/IEz3b1>
- *Use of Product Code Data Structure [003] - Blood Components.* This document provides detailed information about ISBT 128 product coding for blood. Specifically, it explains: the Product Code Data Structure [003] in detail; the structure of the database that supports the product description code; how to select an appropriate product description code; and, how to request new product description codes. This will in part replace the Product Code Structure aspect of the Product Code Structure and Labeling Document. This document is available at: <http://bit.ly/JeKPJ6>

ICCBBA notes that these are intended as international documents and some of the wording on the label examples may be different than what is required in your specific country and they serve as possible international examples only. **Please send any comments you have to tech.director@iccbba.org by May 4, 2012.** (Source: ICCBBA announcement, 4/13/12) ♦

INFECTIOUS DISEASE UPDATES**DENGUE**

Using blood cells from travelers infected with the dengue virus, researchers have found what may be its Achilles' heel – the part rendered harmless when a person's body successfully overcomes the virus. A team from the University of North Carolina at Chapel Hill (UNC) and Vanderbilt University published their findings online last week in the *Proceedings of the National Academy of Sciences* (PNAS). Their work takes a different tack from most other current dengue research in that it uses human subjects, not mice, and focuses on a different part of the virus. "In the past researchers have relied on mouse studies to understand how the immune system kills dengue virus and assumed that the mouse studies would apply to people as well," said senior study author Aravinda M. de Silva, PhD, associate professor of microbiology and immunology at the UNC School of Medicine, in a press release issued by PNAS. "Our study for the first time shows what region the immune system of humans target when they are fighting off the virus. The region on the virus targeted by the human immune system is quite different from the region targeted by mice," he said. While dengue infection has grown across the globe, a vaccine is difficult to create because there are four distinct yet closely related forms of the virus that cause dengue. People who recover from infection with one form of the virus have lifelong immunity against that form. But if they become infected with one of the other three forms, they have a far greater chance of developing the severe bleeding, sometimes fatal dengue hemorrhagic fever, and dengue shock syndrome. UNC investigators identified seven local individuals who had contracted dengue during travel to an endemic region and sent blood cells from these individuals to the Vanderbilt School of Medicine. Drs. Scott Smith and James Crowe at Vanderbilt were able to isolate dengue antibodies from these cells so that they

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INFECTIOUS DISEASE UPDATES (continued from page 11)

could be studied further at UNC. The team found that instead of binding to small fragments of the virus – like mouse antibodies do – human antibodies fought off the virus were bound to a complex structure that was only present on a completely assembled dengue virus.

Citation: de Silva, AM *et al.* Proceedings of the National Academy of Sciences [epub ahead of print].

MALARIA

The Centers for Disease Control and Prevention (CDC) has rescinded its recommendation for antimalarial prophylaxis for travelers who stay overnight in Great Exuma, Bahamas. There have been no further cases of malaria since one US traveler was diagnosed with the disease after travel to Great Exuma, Bahamas, between February and March 2012. Likewise, since that time, there have been no other reported cases of malaria among US travelers visiting Great Exuma. Also, Bahamas' public health officials have found no new cases. The notice can be found on CDC's website at www.cdc.gov/malaria/new_info/2012/malariabahamas.html. ♦

MEMBER NEWS**Second Milstein Symposium Celebrates HEMACORD™ Approval by FDA**

With more than 200 medical professionals and researchers on hand, New York Blood Center (NYBC) held the Second Milstein Symposium at the Murray Sargent Auditorium. Attendees celebrated FDA's approval of HEMACORD™, a cellular therapy product developed and manufactured by the Howard P. Milstein National Cord Blood Center.



NYBC Chairman Howard P. Milstein, at the Second Milstein Symposium: "Perspectives in Cord Blood Biology and Clinical Applications"

“This symposium is a testament to the remarkable progress that has culminated with FDA approval of HEMACORD™,” said Mr. Milstein, chairman of NYBC. “In addition to housing the world’s longest standing and largest cord blood bank, NYBC is now home to the only cord blood bank worldwide with products that are FDA-approved for human transplantation. That is an extraordinary achievement.”

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MEMBER NEWS (continued from page 12)

HEMACORD™ is the first FDA-licensed hematopoietic progenitor cells-cord (HPC-C) cell therapy. Approved by the FDA in November 2011, it uses cord blood stem cells to treat certain disorders of the hematopoietic, or blood forming, system.

Attendees heard information relating to the cellular mechanisms of blood cell and autoimmune diseases and their possible control by cord blood stem cell populations. Also, speakers discussed research concerning whether stem cells derived from cord blood may prove beneficial for gene therapy.

In 1989, Dr. Pablo Rubinstein, program director of NYBC's National Cord Blood Bank Program, presented the original concept of public cord blood banking to the National Heart, Lung, and Blood Institute of the National Institutes of Health. Three years later, he founded the world's first public cord blood program at NYBC, which is still the single largest repository of cord blood units in the world. "Working with Dr. Rubinstein has been an unprecedented honor. He, like Howard Milstein, is an unparalleled intellect and visionary with extraordinary perseverance, and combines scientific genius with common sense," said Dr. Chris Hillyer, president and CEO of NYBC. "These have allowed a research project to become a licensed product—truly a 'bench to bedside success'—which is quite rare." ♦

PEOPLE

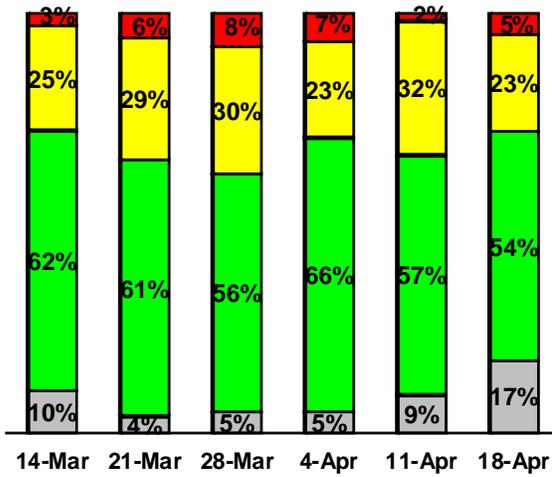
The World Bank on Monday named as its next president **Jim Yong Kim, MD**, president of Dartmouth College and a global health expert who worked on HIV/AIDS eradication while a division chief at the World Health Organization (WHO). In the mid-1990s, while working with Partners in Health in Lima, Peru, Dr. Kim helped develop a treatment program for multidrug-resistant tuberculosis. He later led the WHO division battling HIV/AIDS in developing countries. He headed an initiative to provide 3 million people living with the disease with antiretroviral treatment. "Jim's really good at looking at the evidence for a certain intervention, and then applying that knowledge to specific programs," said Paul Farmer, a co-founder of Partners in Health, in an interview with *The New York Times*. Born in Seoul, South Korea, Dr. Kim moved with his family to the U.S. at the age of 5 and grew up in Muscatine, Iowa. His father taught dentistry at the University of Iowa, while his mother received a Ph.D. in philosophy. Dr. Kim, whom President Barack Obama nominated on March 23, was selected Monday in a vote by the World Bank's 25-member executive board. He will succeed Robert Zoellick, who is stepping down after a five-year term. Developing countries had put forward two other candidates for the post: Nigerian Finance Minister Ngozi Okonjo-Iweala and former Colombian Finance Minister Jose Antonio Ocampo. Both argued that it was time for someone other than a U.S. citizen to hold the World Bank job and provide a greater voice for developing nations. Last Friday, Mr. Ocampo announced that he was withdrawing and throwing his support to Okonjo-Iweala. (Sources: The Associated Press, 4/16/12; *The New York Times*, 4/16/12; *The New York Times*, 3/23/12) ♦

COMPANY NEWS**KKR Makes \$65 Million Investment in China Cord Blood**

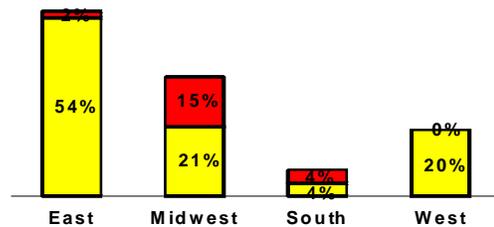
A recent regulatory filing revealed that the private-equity firm run by Henry Kravis and George Roberts, KKR & Co. L.P., reached an agreement to purchase \$65 million of convertible notes issued by China Cord Blood Corporation, which yield 7 percent. China Cord Blood collects cord blood from newborns. It has licenses to exclusively service Beijing and the provinces of Guangdong and Zhejiang, which cover 180 million individuals and just under 2 million births annually. The corporation's profits doubled to 14 million this fiscal year. According to a statement, Citigroup Inc. advised KKR, which currently has other interests in various Chinese industries including financial leasing and farming. ♦

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

Total ABC Red Cell Inventory



Percent of Regional Inventory at 2 Days Supply or Less, April 18, 2012



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

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 \$390 for non-subscribers. 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: mnorwood@americasblood.org.

POSITIONS AVAILABLE:

Chief Executive Officer, Greater Ozarks Region. The American Red Cross is seeking a Chief Executive Officer (CEO) in Little Rock, Arkansas. The CEO leads region wide activities to accomplish goals and objectives for the Blood Region; works in a collaborative fashion on project teams and leads change initiatives; develops and implements projects and plans to increase collection efficiency and collection totals and to identify and exceed hospital customer expectations; and insures

that all region activities are carried out in compliance with Red Cross, FDA, and other applicable Fed, state, and local regulations. Additionally, the CEO monitors budgets, forecasts, and operational results and takes appropriate actions. Qualified candidates possess a bachelor’s degree/equivalent experience and 10 years’ experience in a multi-task operational environment with budget responsibility or a profit/loss focus. Ideal candidate holds a master’s degree and has health care experience. Occasional travel outside the region is re-

quired. To apply, visit www.americanredcross.apply2jobs.com and search for requisition number NHQ21096. EOE, M/F/D/V

Center Manager. Community Blood Center of the Carolinas (CBCC) is seeking an experienced Manager to oversee our donation centers. CBCC is located in Charlotte, NC with additional collections sites in Gastonia, Concord, Monroe and Hickory, NC. A minimum of three to five years of supervisory experience in blood banking, plasma and/or medical environment working directly with FDA, CLIA and/or AABB is required. Prior experience writing SOPs; developing root-cause analysis and error management is required. Responsibilities also include the collection of whole blood, autologous, therapeutic and automated procedures. Phlebotomy experience or accredited class required. High school diploma/GED required; MT, MLT (ASCP), RN or LPN preferred. Varied schedule including weekends, plus on-call rotation. Our ideal candidate understands and demonstrates the principles of excellent customer service. Qualified candidates should email their resume and salary requirements to cbccteam@cbcc.us, resumes w/o salary requirements will not be considered. Drug Free Zone/EOE.

Leader - Biologics Training. OneBlood, Inc. a 501(c) 3 not-for-profit organization incorporated in the State of Florida providing blood and blood products to over 200 hospitals throughout Florida and the southern area of Alabama and Georgia. The organization is the result of the recent merger of three regional community blood centers: Community Blood Centers of Florida, Florida Blood Centers, and Florida Blood Services. OneBlood, Inc. is the third largest community blood center in the United States, with annual revenue over \$300M, employing over 2,700 employees. Position reports to the Chief Medical Officer and manages all Biologics Training staff, including Instructors, Course Designers, Performance Assessors, Collections, Manufacturing, Distribution and Laboratory staff. Minimum of a bachelor's degree in psychology, adult education, human factors science, psychometrics or a related field. Master's degree preferred. Professional designations: Licensed RN, Medical Technologist, or SBB preferred but not required. This position is based out of St. Petersburg, Orlando, or Lauderhill. To review job requirements and to apply for this position please visit the careers section at www.oneblood.org. OneBlood is an Equal Opportunity Employer (AA/M/F/D/V) & Drug Free Work Place.

Reference Laboratory Supervisors. Bonfils Blood Center partners with the Colorado community to save and enhance lives through transfusion medicine excellence. Currently, Bonfils has opportunities for Reference Laboratory supervisors and Quality Assurance professionals. Reference Laboratory Supervisors require a MT(ASCP) and five or more years full-time blood banking experience. Thorough knowledge of immunohematology, Donor Center and Transfusion

Service operations, current GMPs and regulatory/accreditation requirements is also necessary. You can find out more about these open positions and apply on our website at www.bonfils.org/index.cfm/about-us/employment/.

Reference Laboratory Technologist. Kentucky Blood Center, located in Lexington, Ky., is seeking a medical technologist to perform and interpret serological procedures on specimens submitted for compatibility testing or problem resolution. Will resolve typing problems, antibody problems, and crossmatch problems, and communicate with hospitals as needed. MT(ASCP) with minimum two years' recent blood bank experience, MT(ASCP)SBB preferred. Strong written and oral communication skills, a do-what-it-takes work ethic, and a team player attitude required. 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/. Drug-free and EOE/AAP

Quality Assurance Specialist (Lane Blood Center, Eugene, Oregon). Analyze and interpret blood banking regulations and inform management how to stay in compliance. Coordinate FDA variance reporting; process donor deferrals and other required notifications. Manage the research and submissions of Biological Product Deviation Reports, the Annual Report and Biologic License Amendments to the FDA. Manage all document control policies and procedures. College degree required; prefer biologic science. Minimum two years QA experience in regulated environment. Project management skills and close attention to detail required. Ability to think critically, solve problems and make decisions related to compliance. Conflict resolution skills essential. Must have basic understanding of FDA regulations; quality systems and cGMPs. Apply at www.laneblood.org, "Job Opportunities." Lane Blood Center, 2211 Willamette Street, Eugene, OR. (541) 484-9112.

Regional Manager. LifeSouth Community Blood Centers is seeking an individual with a passion to make a real difference in the community as a Regional Manager in Dothan, Ala. Responsibilities include, but are not limited to: oversee established goals for percentage to inventory for all departments; ensure that region operates within its budget; represent and promote the company and its mission to the community; review weekly recruitment goals and projections.; implement corrective action when projections and goals are not being met; assist the Regional and/or District Director with the oversight of blood collection, donor recruitment, component production, blood labeling and blood distribution. Bachelor's degree required. Three years of supervisory or management experience required. This is a full-time position. Salary range \$50,000 - \$55,000. Background check and drug test required. Equal Opportunity/Affirmative Action Employer/DFWP/Tobacco

Free. Please click on the link to apply: <https://home.eease.adp.com/recruit/?id=1346341>.

Laboratory Services Director – IRL & Specialty (Job Code: LA001). QualTex Laboratories an affiliate of the South Texas Blood & Tissue Center (STBTC), seeks an individual to manage, supervise, and coordinate all activities for Immunohematology Reference and Specialty Laboratories (includes IRL, Confirmatory, Microbiology, and Research and Development) for QualTex Laboratories in Norcross, GA and San Antonio, TX. The position will be based at the Norcross, GA facility. QualTex Laboratories at present screens millions of whole blood and plasma donations for infectious agents each year for biotechnology companies locally and across the globe. Qualifications required include a bachelor's degree in Science, Medical Technology, Microbiology or related discipline, six years laboratory experience and extensive management experience in laboratory operations. An MT (ASCP), SBB certification is also required along with a working knowledge of clinical laboratory techniques and current knowledge of regulatory/quality requirements (national and international, i.e. FDA, EU, GHA, ISO, OSHA & cGMP). For information, call Human Resources at (800) 292-5534, Ext. 1559. EOE/AAP. To apply, e-mail resume to hr_dept2@bloodtissue.org or fax to (210) 731-5581.

Hospital Services Manager. LifeStream, a \$53M healthcare organization providing blood services for more than 70 hospitals in Southern California, is searching for a Hospital Services Manager to serve as LifeStream's customer service representative and technical resource. Proactively ensures customer complaints, suggestions, and process problems are reported, documented, and pursued; works with other blood center departments to resolve problems. Manages, maintains, and analyzes statistical databases to support blood component inventory management and budgeting. Conducts periodic customer surveys to determine level of service satisfaction; tracks and trends survey results. Researches new business opportunities and assists VP Business Development in managing hospital contracts. Four-year bachelor's degree (BA or BS) in biological sciences or medical related discipline required. MT (ASCP) and or SBB (or equivalent) desirable. Minimum four years experience in blood banking or five years in hospital laboratory with transfusion service experience, (or equivalent). Must have exceptional interpersonal communicative skills developed and cultivated through extensive managerial and customer service experience.

Excellent compensation and benefits plan. Apply online: www.LStream.org. Or send cover letter, resume and salary history to: LifeStream, Attn: HR, 384 W. Orange Show Rd. San Bernardino, CA 92408. E-mail: employment@LStream.org. EOE

RN/LPN Therapeutic Apheresis Specialist. Florida's Blood Centers (FBC) seeks a full-time RN/LPN Therapeutic Apheresis Specialist to perform Hospital Therapeutic Apheresis collection, as ordered by physicians. Requirements: graduate of an accredited school of nursing, current active Florida RN/LPN license, current CPR certification, strong computer skills, valid driver's license, good driving record, reliable car and proof of insurance. Must be available for travel, and customer focused. For more information & to apply on-line please visit our website at www.floridasbloodcenters.org. Position will remain open until filled. Florida's Blood Centers is an Equal Opportunity Employer (AA/M/F/D/V) & Drug Free Work Place.

Manager, Transfusion Services. BloodCenter of Wisconsin has a leadership position that offers an opportunity to join a growing team! We seek an effective leader with excellent communication skills. We will depend on you to provide business and technical direction. You would be responsible for successful execution of business and strategic initiatives, managing the people and financial resources, and for ongoing and sustainable improvement in the areas of compliance, customer/employee satisfaction, and process control. The ideal candidate will have a bachelor's degree in Clinical Laboratory Science, be ASCP certified (or equivalent), at least five years of experience in transfusion service, and three years lab supervisory experience. Strong teambuilding and customer service skills are essential. Candidate must be detail oriented and have demonstrated ability to exercise initiative and independent judgment. We offer a competitive salary and excellent benefits. Apply online at www.bcw.edu/careers. We embrace and encourage diversity in our workforce. EEO/AAP ♠