

2012 #45

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BloodCenter of Wisconsin, Heartland Blood Centers to Form Strategic Alliance

BloodCenter of Wisconsin and Heartland Blood Centers announced in a joint press release on Tuesday that the organizations plan to form a strategic alliance to “offer a more comprehensive range of transfusion medicine services to hospitals.” This alliance, which will be final at the end of this year, will help improve patient outcomes and create operational efficiencies, said the centers.

BloodCenter of Wisconsin and Heartland Blood Centers are now focusing on identifying ways to cooperate on delivering improved patient outcomes, increasing services, and reducing costs to the hospitals and patients they serve, said Jacquelyn Fredrick, BloodCenter of Wisconsin CEO.



BloodCenter of Wisconsin CEO Jacquelyn Fredrick stands with Heartland Blood Centers President and CEO Dennis Mestrich.

Heartland Blood Centers President and CEO Dennis Mestrich agreed. “Hospitals nationwide are looking for new and better ways to provide high-quality patient care,” he said. “Organizations that provide vital resources such as blood service to hospitals also need to look at new models of operating that will continually improve the value and quality of service. Our two organizations will create such a model through sharing expertise and resources ...”

Mr. Mestrich noted that both blood centers use the Medidata blood banking software, suggesting that there may be collaboration on various IT initiatives. He also noted that BloodCenter of Wisconsin has an excellent reputation in terms of its diagnostic laboratories, which will allow Heartland Blood Centers to potentially offer expanded laboratory services to its hospitals.

As part of this alliance, each blood center will continue to operate locally as two separate entities, but will now become affiliates of a new holding company called the Center for Transplant and Transfusion Medicine (CTTM). CTTM is a non-profit holding company that will act as the governance organization for the two centers, with the board members of each blood center making up the board of CTTM, said Ms. Fredrick.

(continued on page 3)



OUR SPACE

ABC CEO Jim MacPherson

Thankful

This is the obvious time of year when we look back on our blessings and mistakes as a way of planning how to move forward and how to do our jobs better, be it at work or as a parent, spouse, or friend.

In general, this has been a good year for ABC members. Recent survey data shows overall member revenues increased by 7.5 percent to well over \$4 billion with a record number of employees and modest margins. At the same time, blood prices declined relative to inflation for the second year in a row. So, like the hospital sector, the blood sector is adding jobs while it “leans” its operations and diversifies revenue sources to keep prices stable. Furthermore, most ABC members have kept all or the vast majority of their hospital customers throughout hospital bidding, and some have gained a few. That area is still in flux, but blood centers are doing a better job demonstrating their value in the blood supply chain from donor to patient. Indeed, there is an increasing trend of hiring more physicians and transfusion safety officers to provide hospitals with transfusion-related services.

This deep recession and the continuing changes to our healthcare delivery system have caused a painful transition for many blood centers, but as the adage goes, what doesn’t kill you makes you stronger.

The recent Sequals customer service survey showed continued growth in the level of trust that members have in ABC. That trust empowers ABC to influence national stakeholders on the members’ behalf. For example, the recent excise tax exemptions granted by the IRS for many of the medical devices and tests our members buy were not simple to obtain (see *ABC Newsletter*, 12/7/12). Informally, Treasury officials said they heard our arguments and wanted to help where they could.

We continue to score important successes with the Food and Drug Administration on regulatory issues. We have made progress with 24-hour hold of whole blood at room temperature, gotten the Blood Product Advisory Committee to support our position of labeling donor units with historic blood typing information, and helped international regulators to understand our needs for harmonization. It sure did not hurt our credibility that we snatched one great doc – Lou Katz – to replace another who retired this year – Celso Bianco – as our representative on blood safety issues.

So, as we plan for the challenges in the New Year, we have much to celebrate this holiday season. God bless us, every one.

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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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New Strategic Alliance (continued from page 1)

The two centers will continue to exist as separate legal entities and will retain their local responsibilities. Ms. Fredrick will continue to serve as CEO of BloodCenter of Wisconsin and Mr. Mestrich will retain his position as president and CEO of Heartland Blood Centers. The staff of each blood center will remain employees of that particular blood center. “The organizations view this structure as a new model for future growth,” said the press release.

“This decision has been made over the past year by both of the boards of directors, who took a hard look at the future environment for healthcare, our responsibility to our communities, and our mission. And after a thorough business plan was completed and we went through due diligence, we decided that this was a very good fit for the two of us. We have worked together for 30 years ...,” said Ms. Fredrick.

The two organizations began working together in the 1980s when, along with other organizations, they formed a group purchasing entity to keep cost structures in line and to spur innovation. They have continued working together to serve hospitals and implement new technology.

BloodCenter of Wisconsin and Heartland Blood Centers’ new strategic alliance is only one of many such agreements between ABC member blood centers that are realizing the benefits of sharing resources and collaborating. Some centers have entered into similar strategic alliances, while others have formally merged into a single legal entity. Reasons for these partnerships have included cost-containment, using resources more efficiently, and better serving hospitals and patients in similar geographic areas.

“Changes among blood centers, whether it be mergers, alliances, or expanding services to hospitals, represent measured responses to the changes occurring at hospitals,” said ABC CEO Jim MacPherson. “Community-level service still matters, but, as hospitals consolidate, blood centers need a broader reach and menu of services. The easiest way to do that is to align with organizations that add strength to strength.” ◆

ABC Member Alliances, Mergers: 2010-2012

2010:

- ◆ Central Illinois Community Blood Center became a division of Mississippi Valley Regional Blood Center (MVRBC).
- ◆ The Blood Center of Iowa and Siouxland Community Blood Bank merged to form LifeServe Blood Center.
- ◆ United Blood Services (UBS) transferred two blood center operations in Arkansas to Oklahoma Blood Institute.
- ◆ UBS’ Texarkana, Texas, satellite center became part of LifeShare Blood Centers, based in Shreveport, La.
- ◆ Blood Systems and Florida Blood Services (FBS), now a part of OneBlood, Inc., formed a joint laboratory venture (Creative Testing Solutions).
- ◆ Alliance for Community Transfusion Services was formed by four Texas blood centers.
- ◆ FBS, Florida’s Blood Centers (FBC), and Community Blood Centers of Florida (CBCF) began merger talks.

2011:

- ◆ Blood Bank of the Redwoods joined Blood Centers of the Pacific.
- ◆ Community Blood Services of Illinois became a division of MVRBC.
- ◆ Nebraska Community Blood Bank and Memorial Blood Centers announced a strengthening of their long-standing business partnership and consideration of formal alliance.

2012:

- ◆ CBCF, FBC, and FBS formalized the merger, and began operating officially as OneBlood, Inc.
- ◆ Indiana Blood Center and Michigan Blood form a strategic alliance.
- ◆ BloodCenter of Wisconsin and Heartland Blood Centers form strategic a alliance.



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America's Blood Centers'
Technical/Lab Directors & Quality Workshops

Atlanta, Georgia

May 7-9, 2013

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2013 Workshop Schedule

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Joint Topics: May 8

Quality Topics: May 9

2013 Workshop Fees (early bird/regular)

2-day registration: \$375/\$425

3-day registration: \$440/\$490

Registration will open in March 2013.

Sponsorship opportunities available. Contact Abbey Nunes at anunes@americasblood.org for details.

"LifeSouth Community Blood Centers is proud to be a part of this meeting which brings Quality and Technical professionals together. The workshop provides both educational updates and an opportunity for networking. The value of different perspectives enriches this event and provides a platform for the discussion of issues that cross common boundaries."

Nancy Eckert, CEO, LifeSouth Community Blood Centers



Atlanta's Hartsfield-Jackson International Airport is served by all major airlines, and serves as a hub for Delta and AirTran. Competition has reduced fares to ATL; check fares often as airfares drop closer to travel dates before they increase again.

EBA Champions Voluntary Non-Remunerated Blood Donation in Europe

Scientific evidence has shown that paid blood donors have a higher risk of testing positive for infectious disease markers than do voluntary non-remunerated donors (VNRD), or unpaid donors. For this and numerous other reasons, the European Blood Alliance (EBA) has been promoting an initiative to create awareness throughout Europe of the importance of further developing VNRD to ensure a sustainable and safe blood supply for patients in the future.

The EBA is an association of non-profit blood establishments within the European Union (EU) or the European Free Trade Association (EFTA). The EBA, EU, Council of Europe (CoE), and World Health Organization (WHO) all have policies supporting VNRD, but in the past few years, the EBA has seen an increase in some EU countries of for-profit companies collecting blood for transfusion from paid donors. The EBA therefore established a working group to promote VNRD and created a document to present to the CoE and other stakeholders to garner their support in enforcing standards to ensure VNRD.

Gilles Folléa, MD, executive director of EBA, recently presented to the CoE's European Committee on Blood Transfusion (CD-P-TS) the EBA paper on VNRD. At the CD-P-TS meeting, the EBA recommendations were added to the agenda of the CoE's Committee on Quality Assurance in Blood Transfusion Services (GTS), which is in charge of regularly revising the CoE Blood Guide. The GTS committee will give an opinion on the EBA recommendations so that CD-P-TS can give an official opinion as well, said Dr. Folléa. "Moreover, the EBA document was appreciated by the DH-BIO (human rights committee of CoE) at its Dec. 7 meeting, and it was agreed that this committee could help to determine which legal instruments should be better implemented to further promote VNRD. This will help to develop awareness in EU institutions and particularly the EU Parliament," he added.

Safety and Maintaining the Blood Supply. Blood centers in the US and many in Europe rely solely on voluntary blood donors instead of paid donors, mainly because of safety concerns. Past experiences in the blood community have shown that paid blood donors are more likely to have infectious disease markers than are volunteer donors. A donor seeking remuneration may be less forthcoming on the donor health history questionnaire to avoid disqualification, thus threatening the blood recipient's safety, as noted in a December 2011 article published in *Blood* by Michael Boo, *et al.* Likewise, in valuing compensation over their own safety, paid donors may conceal medical conditions that would disqualify them from donating and increase the risk of causing harm to the donor.

WHO published in 2009 the "Melbourne Declaration on 100% Voluntary Non-remunerated Donation of Blood and Blood Components," urging member states "to promote the development of national blood services based on voluntary non-remunerated blood donation ..." and recognizing that "evidence supports that regular voluntary, non-remunerated blood donors are the cornerstone of a safe and sustainable national supply of blood and blood products sufficient to meet the transfusion requirements of the patient population." This declaration reiterates the sentiments expressed by WHO at the Twenty-Eighth World Health Assembly in Geneva in May 1975.

Along with patient and donor safety concerns, EBA cites continuity of the blood supply as another reason that VNRDs should be preferred over paid donors. "Recent examples clearly illustrate the risk of competition for donors between non-profit blood establishments collecting voluntary non-remunerated donations and organizations collecting paid donations," says EBA's VNRD document. EBA refers mainly to competition between non-profit blood centers and the for-profit plasma sector that attracts donors using monetary incentives.

(continued on page 5)

EBA VNRD Effort (continued from page 4)

Competition between non-profit blood centers and for-profit companies that pay blood donors has caused blood supply issues in Austria and Germany. A blood supply shortage in Austria resulted from unregulated competition between a non-profit blood center and a for-profit company in 2006 when a commercial blood service went bankrupt. In Germany, a for-profit company that paid donors abruptly stopped collecting and supplying Prenzlau and Brandenburg hospitals with blood in 2007. Non-profit blood centers were forced to fill this gap on short notice, but could only regain one out of six donors that the for-profit company had previously attracted from the non-profit center.

VNRD also helps to ensure an adequate blood supply through social cohesion – blood donors often feel that giving blood is a way to give back to society or to one’s community. If blood donors are paid, those who give blood as a way to serve their community and peers may feel less encouraged to donate regularly. For example, some blood centers display the blood inventory levels as a way of showing volunteer donors how their donations can help local patients. This link between donation and helping one’s community would be lost if donors were paid.

Ethical Concerns. Paying for any human body part, including blood, raises ethical and legal concerns for the donor, writes the EBA. For example, the EU’s Charter of Fundamental Rights notes that protecting human dignity involves the “prohibition on making the human body and its parts as a source of financial gain.” A paid donation system gradually leads to the devaluation of the human body to the status of a commodity and also devalues the current EU supply system largely based on voluntary donors, says EBA.

Paying for blood may also compromise the autonomy of the donor and create injustice, writes EBA. Donating blood may be more attractive to those from lower socio-economic groups, therefore placing an unfair burden on this group to give blood. Some have argued that such a system would allow the wealthier population to exploit poorer populations.

EBA also refers to the medical principles of non-maleficence, meaning that medical procedures should not cause harm to the patient, while beneficence refers to a medical procedure that offers some benefit to patients. EBA explains that the donor should not be subject to unnecessary or unreasonable harm, as the organization feels that blood donation is a medical procedure for which the donor will not derive any direct benefit. Receiving remuneration may make the blood donor compelled to try to donate more frequently, which can pose potential health consequences for the donor.

Goals in Promoting VNRD. The EBA has set forth several goals to ensure that the importance of VNRD is understood and that standards requiring that blood come from voluntary, unpaid donors be more enforceable. One major step is adopting a clarification of the current definition of voluntary non-remunerated donations of blood and components. Currently, there is some disagreement and misunderstanding surrounding what constitutes remuneration or compensation. For example, does a t-shirt or other small gift, or perhaps payment for travel count as compensation?

EBA recommends that the following CoE definition of VNRD be adopted, with the addition of one sentence (in bold): “Donation is considered voluntary and non-remunerated if the person who gives blood, plasma, or cellular components of his/her own free will and receives no payment for it, either in the form of cash or in-kind, which could be considered a substitute for money. This **should** include time off work other than that reasonably needed for the donation and travel. Small tokens, refreshments, and reimbursements of direct travel costs are compatible with voluntary, non-remunerated donation. **Fixed allowances are not compatible with voluntary non-remunerated donation.**”

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EBA VNRD Efforts (continued from page 5)

Clarifying this definition will help stop arguments over what constitutes VNRD, said Dr. Folléa. “In the past few years, a trial opposing the commercial [blood collection] sector and the Austrian government happened upon this question. It went to the appeal European Court of Justice, and the judgment remains difficult to interpret,” he added.

Another of EBA’s recommendations includes requiring that blood components be labeled as either voluntary and non-remunerated or paid, to offer physicians and patients a choice, both in terms of safety profile and ethical procurement of donation. This standard was adopted by the US Food and Drug Administration in 1978 and has successfully led to a US blood supply supported completely by VNRD.

EBA also recommends adopting complementary tools to help objectively assess, monitor, and ensure mandatory reporting on the VNRD implementation and its consequences for patient and donor safety. Along these lines, EBA suggests making available public aggregated, anonymous epidemiological reports, including those for paid plasma donations and voluntary non-remunerated plasma donations, to allow for a full comparison of voluntary non-remunerated and paid donors with regard to patient safety. Similarly, EBA would like to make available public relevant donor vigilance data, both from VNRD and paid donors, to allow for transparency toward the public, particularly for donors.

The overall objective of this initiative is to “develop awareness on the importance of further developing VNRD to ensure a sustainable supply of blood and blood products for all patients in the future,” said Dr. Folléa.

Moving Forward. After the successful CD-P-TS meeting, the EBA will support the GTS where needed and will integrate advice from the DH-BIO committee in its action plan. Other future steps include gaining support from the EU parliament, WHO, and the International Federation of Red Cross and Red Crescent Societies. EBA also plans to construct a new questionnaire for European Commission regular surveys on VNRD. In the spring, or at the latest in November 2013, the GTS working group is expected to formulate an opinion on the EBA document and submit it at the next plenary CD-P-TS meeting. (Source: EBA paper “Why voluntary non-remunerated blood donations are now more important than ever. Principles and perspectives of the EBA, 12/3/12)

Citation: Boo M, *et al.* Remuneration of hematopoietic stem cell donors: principles and perspective of the World Marrow Donor Association. *Blood*. 2011 Jan 6;117(1):21-5. ♦

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. You will be sent a writer’s guide that provides information on style conventions, story structure, deadlines, etc.

Blood Center Program Decreases Donor Reactions and Increases Young Donors

In 2009, Coffee Memorial Blood Center received a \$31,986 grant from the Foundation for America's Blood Centers (FABC) that allowed the center to expand its efforts to enhance the high school blood drive experience and encourage more high school students to donate. Three years later, the blood center has found that the program not only increased the number of high school-aged donors, but also decreased the number of fainting reactions among that age group.

Mary Townsend, MD, Coffee Memorial's medical director, had been involved in an initiative to improve the high school donation experience and decrease negative reactions, but before the FABC grant, the center did not have the budget to produce a video and other materials to really put the plan into action, said Suzanne Talley, director of Marketing and Public Relations.

As more states allow 16-year-olds to donate blood with parental permission, a growing number of blood centers focus on recruiting high school donors. With the "baby boomer" generation leaving the donor pool, blood centers, including Coffee Memorial, recognize the value of recruiting young donors to instill a lifelong habit of giving blood. They youngest donors disproportionately account for vasovagal-type reactions, including loss of consciousness (LOC).

The Coffee Memorial high school program, "Life ... Live It and Give It," therefore set out to decrease these negative reactions by educating potential high school donors about what to expect during blood donation and how to prepare for it. "We want the young donors to have a safe and enjoyable experience to keep them coming back. The ultimate goal is for them to have a great donation experience so that they want to come back and want to make it a lifelong tradition to be a blood donor," said Ms. Talley.

Getting Started. Back in 2009, the center convened a focus group with high school students from the largest area schools to help review the video and other materials for the program. The students were featured in the video and helped make it more appropriate for a teenage audience. The video walks students through the entire donation process and explains the importance of eating salty snacks and drinking water before donating, as well as getting a good night's sleep and eating regular meals. The blood center created accompanying posters, letters for students and parents/guardians, and handouts.

The center not only involves potential donors and their parents, but also sought support from school nurses. The center created letters that are sent to school nurses expressing appreciation for their role at the school and informing them about the importance of blood donation and potential risks for young donors. The program also engages high school students who are too young to donate by encouraging them to become volunteers at the blood drives, which familiarizes them with the process and hopefully encourages them to donate when that time comes, said Ms. Talley.

Implementation and Benefits of the Program. Coffee Memorial's program was initially met with some resistance from the high schools administrators, because they did not want to take away time from other classes to show the informational video. However, with persistence and education about the importance of protecting and recruiting young blood donors, schools began opening their doors to the center. Now, every school in the center's service area has the video and printed materials, and Coffee Memorial has a designated part-time employee to give assemblies or make presentations in science or health classes, as well as in common areas during lunch.

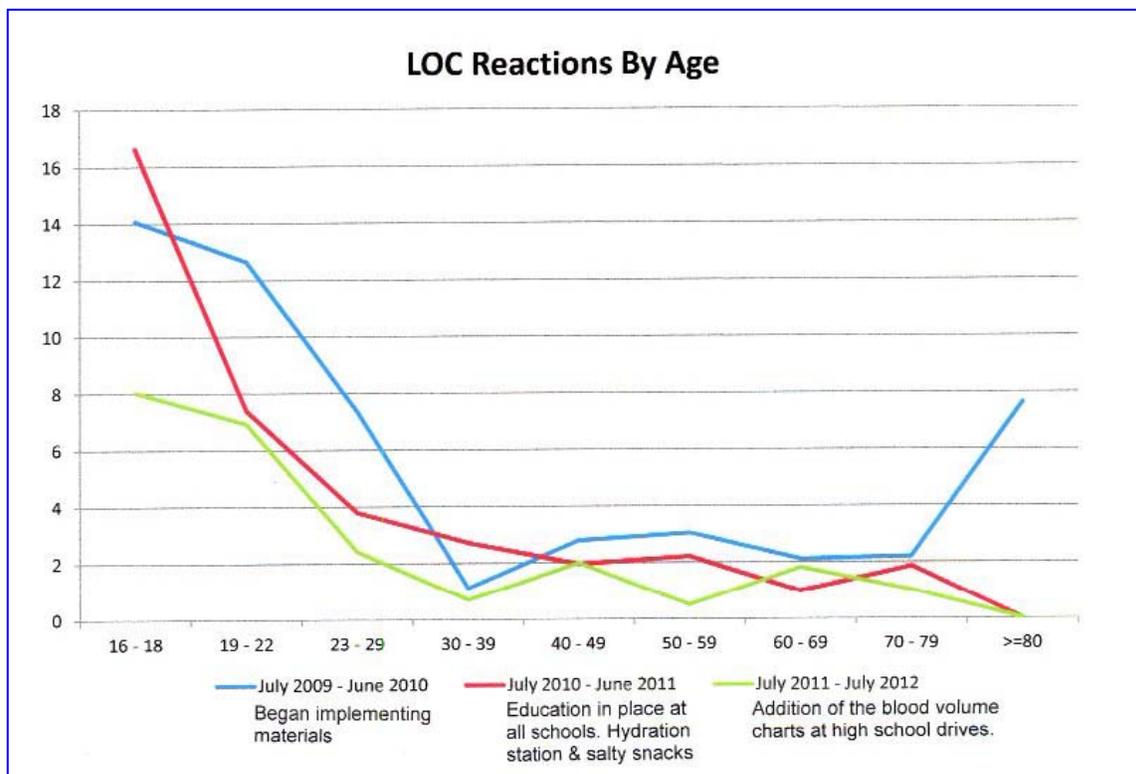
"Through the FABC grant and the materials we were able to create, we have seen amazing benefits,

(continued on page 8)

Improving High School Donation Experience (continued from page 7)

particularly the decreased loss of consciousness reactions, as well as more open doors at the district level. We've also had increased attendance at high school blood drives, while still maintaining the decrease in reactions," said Ms. Talley. "It's given us the opportunity to build better relationships with schools."

As displayed in the graph below created by Dr. Townsend, Coffee Memorial saw a decrease from about 15 LOC reactions from July 2009-June 2010 in 16-to-18-year-old donors, to eight reactions from July 2011-June 2012 in these donors. During the 2009-2010 period, the center implemented distribution of the materials and during 2010-2011, the center put in place education and the hydration station and snacks. From 2011 to 2012, Dr. Townsend implemented the blood volume charts at high schools after much research on donors in this age group. Blood center staff measure the donor's approximate blood volume based on the donor's height and weight. Using the blood volume criteria helps reduce the risk of reaction in smaller donors.



"We're very grateful for the FABC grant, because without that funding, we would not have been able to do what we did," said Ms. Talley. "We're very appreciative for that and we hope that other ABC member blood centers utilize these materials as well. We know that every blood center is a little bit different, but the materials can be edited. I just hope that other centers take advantage of the gift we were given."

The FABC funds programs conducted by ABC member blood centers that seek to improve the availability, quality, and safety of the blood supply with the objective that member blood centers can benefit from the materials produced by grant projects. The materials from the Coffee Memorial program can be accessed at <http://members.americasblood.org/go.cfm?do=Page.View&pid=151>. Other questions about this program can be directed to Ms. Talley at stalley@thegiftoflife.org.

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Improving High School Donation Experience (continued from page 8)

More information about other FABC funded programs can be accessed at <http://members.americasblood.org/go.cfm?do=Page.View&pid=29>. The deadline to submit a request for proposal and apply for an FABC grant is coming up on Dec. 18. Please visit, <http://members.americasblood.org/go.cfm?do=Page.View&pid=37> for the application materials. 💧

RESEARCH IN BRIEF

Results from the TOPPS trial showed that 600 patients with hematologic malignancies and severe thrombocytopenia had similar outcomes whether they received prophylactic platelet transfusions or not, reported *Medscape*. This research was presented this week at the American Society of Hematology 54th Annual Meeting by Simon Stanworth, MRCP, FRCPath, DPhil, from John Radcliffe Hospital, Oxford University Hospital National Health Service Trust in the UK. The current practice is to give prophylactic platelet transfusions to patients with hematologic malignancy when their counts drop below 10,000/uL to protect against bleeding, but the value of this practice has been questioned. Patients at 14 UK and Australian hospitals with leukemia, lymphoma, and myeloma who received chemotherapy or stem cell transplants were randomly assigned either to receive prophylactic platelet transfusions or not. There were no statistically significant differences between the treatment groups in the period of thrombocytopenia, number of days in the hospital, or the number of serious adverse events experienced. Overall, bleeding classified as the World Health Organization (WHO) grades 2 to 4 was seen in 43 percent of the patients in the group receiving prophylaxis and 50 percent in the no-prophylaxis group. However, patients in the no-prophylaxis group had more days with bleeding (1.7 vs. 1.2 days) and had a shorter time to bleeding. Rates of bleeding were high regardless of the treatment group, suggesting that other approaches to treatment, including using antifibrinolytic agents, might be explored. These results raise questions about whether prophylactic platelet transfusions are necessary, but will likely not change practices, David Kuter, MD, of the Massachusetts General Hospital, told *Medscape*. He noted that while differences between the two strategies were not statistically significant, there was only one event of WHO grade 3 or 4 bleeding among prophylactic platelet transfusion patients, compared with six in the no-prophylaxis group. Also, the study was underpowered to assess this difference statistically. Andrew Leavitt, MD, of the University of California, San Francisco, said that these results highlight that physicians transfuse many patients unnecessarily, because there is lacking clinical evidence to support prophylactic platelet transfusion. The abstract can be accessed at <https://ash.confex.com/ash/2012/webprogram/Paper48819.html>. (Source: *Medscape*, 12/10/12)

A recent study conducted in Uganda found that transfusion of human herpesvirus 8 (HHV-8)-antibody positive blood stored for four days or less was associated with an increase risk of death as opposed to HHV-8 antibody-negative blood. Wolfgang Hladik, MD, of the Uganda Virus Research Institute, and colleagues conducted the study, published in the November issue of the *Journal of Infectious Diseases*. HHV-8, also known as Kaposi's sarcoma-associated herpesvirus, causes Kaposi's sarcoma, Castleman's Disease, and primary effusion lymphoma. HHV-8 seroprevalence correlates with Kaposi's sarcoma incidence, highest in sub-Saharan countries, lower in Mediterranean countries and the Middle East, and rare in the US and northern Europe. Other studies in Africa have associated HHV-8 transmission with blood transfusion. The current study analyzed a prospective, observational cohort to compare the risk of death within six months following transfusion of blood that was positive for HHV-8 antibodies with that after receipt of seronegative blood. A total of 1,811 transfusion recipients at Mulago Hospital in Kampala, Uganda were enrolled and 1,092 pre-transfusion HHV-8 antibody-negative transfusion recipients were included in the analysis. Among study participants, 471 (43.1 percent) were exposed

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RESEARCH IN BRIEF (continued from page 9)

to HHV-8 seropositive units and 621 (65.9 percent) were unexposed. Of the unexposed recipients, 49 (7.9 percent) died, and of the 271 recipients of long-stored (> 4 days) HHV-8 antibody-positive blood 28 (10.3 percent) died, compared with 32 (17 percent) of the 200 recipients of short-stored (\leq 4 days) seropositive blood. The risk of death increased with each additional unit of short-stored HHV-8 antibody-positive blood transfused; in contrast, unexposed recipients experienced no additional risk from receipt of additional HHV-8 antibody-negative units regardless of storage time. The authors note several limitations, including inability to collect extensive information on the cause of death, and study participants were not randomized to the exposure categories. The authors conclude that if this association is confirmed, blood transfusion systems in HHV-8 endemic areas will face a dilemma, as donated blood is an especially scarce resource in sub-Saharan Africa. "The benefits of transfused blood will need to be weighed against its known and potential adverse effects," they write. In an accompanying editorial, Eva A. Operskalski adds that confounding by passive transfer of donor antibody and short time to death hindered the ability to determine serologically whether new HHV-8 infections occurred among the recipients who died. She concludes that this study highlights the continuing value of large-scale, linked donor-recipient specimen repositories. She writes that to evaluate "whether acute HHV-8 infection was causally related to the observed increase in mortality, future studies should evaluate cause of death and immunologic responses post-transfusion and test donors and their recipients for HHV-8 viremia, as well as other potentially culpable agents including cytomegalovirus." The impact of these findings are likely less substantial in the US where seroprevalence is much lower than in sub-Saharan Africa, especially among blood donors (3 percent), writes Ms. Operskalski. In addition, transmission has not been demonstrated in US studies, and red blood cell units are usually older than the short-stored units associated with excess mortality in this study. Also, detectable virus in contemporary US units is difficult to demonstrate and likely further reduced by leukoreduction, which was not performed in the Ugandan study.

Citations: Hladik W, *et al.* Association between transfusion with human herpesvirus 8 antibody-positive blood and subsequent mortality. *J Infect Dis.* 2012 Nov; 206(10): 1497-503.

Operskalski EA. HHV8-, transfusion, and mortality. *J Infect Dis.* 2012 Nov;206(10): 1485-7. ♠

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.

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Event Requirements:

- Ability to reach 200+ potential donors or blood drive sponsors through a live audience (can be an event sponsored by a blood center or a general community event in need of a motivational speaker; can also combine a number of events in one day; back-to-back talks are no problem!)
- Ability to reach a broader audience through media outreach, i.e., filling in the speaker's schedule with talk radio and television appearances, as well as newspaper interviews during the visit
- Ability to tap broad-based community audiences, not just those who have already bought into the cause
- In general, requests with a plan for broad reach (not just loyal donors and employees, but those we need to recruit to our cause) will be given the highest priority. Our speaker advocates are willing to do whatever it takes to help, so think outside the box!

MEET DAVE, A FEATURED SPOKESPERSON ON AMERICA'S BLOOD CENTERS' SPEAKERS BUREAU

Suggested Audiences: *blood donor recognition events, blood center staff, corporate events, media interviews*

In the fall of 2002, Dave Claflin was a 39-year-old marketing executive and weekend adventure athlete in Boulder, CO. His main claim to fame was being the father of adorable five-year-old triplet girls, whom he was about to walk to kindergarten when he suffered what he thought was a case of food poisoning. Dave had never had a health issue of any kind, so he continued to go to work for the next six days, despite feeling weak and nauseous. When his wife finally forced him to go to the emergency room, he received shocking news. His aorta had torn, which is typically a very quick death sentence.

Dave was urgently wheeled into emergency open-heart surgery. The 16-hour surgery was the first of four open-heart procedures Dave would require during the next three days. Because of the extreme trauma of such a large aortic tear, Dave's blood vessels began to leak fluid into his chest cavity, causing his heart to stop numerous times. During that three-day period, Dave received 125 units of blood, which ultimately saved his life. Without access to these critical fluids, his triplet daughters would be without a father today.

The summer after his medical miracle, Dave was given the priceless opportunity to personally thank all 125 of his blood donors. At an emotional ceremony held outside Boulder Community Hospital, Dave shared his immense gratitude with those who had inalterably changed his life with one easy decision to donate blood. Blood donors are heroes who routinely save lives, but rarely hear about the lives they save.

Since that day, Dave has shared his story, and his gratitude, with audiences across the country.



To find out more about the **Conversations About Life** program, Dave Claflin and the other spokespersons available visit http://bit.ly/Conversations_About_Life.

How BOOTS Achieves a Substantial “Return on Education”

The following commentary was submitted to the ABC Newsletter by Patrick E. Hogle, senior partner of ProGuide Management Resources.

One of the key features of the BOOTS (Blood Bank Operations Optimization Training Sessions) program is the take-away project that gets mutually developed during the sessions and then implemented at the participants' home blood centers. Over the past two years, BOOTS attendees have committed to nearly 60 projects. Some have sought deep-seated cultural change while most have been targeted at waste within the operation. Some have targeted modest savings, while others have aimed for millions. A small sampling of the types of projects spawned from BOOTS is listed below:

- ◆ Evaluate the cost effectiveness of current delivery patterns and change them to reduce distribution costs;
- ◆ Enhance bedside donor re-booking to reduce recruitment costs;
- ◆ Analyze detailed performance data to understand why one region performs below the average of the others (*e.g.*, deferrals and collections efficiency, etc.) and build an action plan to reduce performance gaps;
- ◆ Review recruiter performance to determine why oscillations occur on a repetitive basis and mitigate them;
- ◆ Begin developing a performance dashboard and balanced scorecard to better manage system, processes, and major cost elements of the operation;
- ◆ Improve the granularity of costing data by beginning the implementation of a “sales and operations planning” system to better manage cost of good sold;
- ◆ Review the blend of fixed site and mobile collections to determine optimal balance given recent demographic shifts;
- ◆ Understand why donor return rates have dropped and prepare an action plan to address; and
- ◆ Develop a staffing model that will trigger when to hire additional personnel – direct and indirect – during a period of expansion.

The ideas for the projects come from the individual attendee as the week progresses, but the comprehensive plan is developed in conjunction with the ProGuide team members in attendance and discussed with peers in the classroom. In most cases, participants have taken ProGuide methodologies, analysis and operational tools, and objective insight back to their blood centers in order to help accomplish the tasks set forth in their project outline.

Given the cost of the program – tuition and travel expenses – the \$15 million in projected savings associated with the BOOTS projects would have yielded a more than 20:1 Return on Education (ROE). Yet, even allowing for challenges during the implementation phase, the revised ROE of 10:1+ is still a very attractive figure. This naturally is more impressive when realizing that these savings have been achieved through an educational experience, which helps build management capability and can therefore be replicated to gain even more cost benefits over time.

There is still space available for your participation in BOOTS 2013. Despite the continued uncertain economic times and the unpredictable trends in the industry, we genuinely believe that this program is well worth the investment of your time and money. ***Where else will you be likely to get a 10:1 return on your dollar?*** For more information, please contact ABC, BCA, or ProGuide. [Editor's note: The agenda is available at http://bit.ly/BOOTS_Agenda, and online registration can be accessed at <http://www.event.com/d/1cqxb5/1Q>.] ◆



America's Blood Centers®
It's About *Life*.

INSIDE ABC

The programs and services described in the Inside ABC section are available to ABC member blood centers and their

Happy Holidays!

*Wishing you a bright and healthy 2013
from your friends at America's Blood Centers.*

*Jim, Louis, Bill, Matt, Kellie,
Abbey, Betty, David, Jodi,
Leslie, Lolita, Lori, Lula,
Mack, Miriam, Robert,
Ruth, Tammy,
Toni &
Trudy*



In lieu of printed cards, America's Blood Centers is making contributions to various charities. [Trouble viewing this email. Click here](#)

Reminder: Nominations Open Until Dec. 21 for ABC's 16th Annual Awards of Excellence and 2012 FABC Awards

Don't forget to send in your nominations for America's Blood Centers' 16th Annual Awards of Excellence, as well as the 2012 FABC Awards. The Awards of Excellence provide member blood centers with the opportunity to offer recognition to local individual, civic groups, media, and corporations for their commitment to their community blood programs. The Awards of Excellence ceremony will be held on the evening of Monday, March 18, 2013 at the Ritz-Carlton (Pentagon City) in conjunction with ABC's 51st Annual Meeting in Washington, DC. Nominations will be accepted until **Dec. 21**. The 2012 FABC Awards will also be presented during this ceremony. ABC members can find more information about submission guidelines for the 16th Annual Awards of Excellence and the 2012 FABC Awards at <http://members.americasblood.org/go.cfm?do=Page.View&pid=41>.

BRIEFLY NOTED

According to a recent Department of Health and Human Services report, electronic medical records are “vulnerable” to fraud and abuse because of the problems Medicare officials have faced in developing appropriate safeguards. The use of electronic health records (EHR) has been central to the aim of overhauling healthcare in America. Advocates of this system contend that EHRs will improve patient care and lower costs through better coordination of medical services, and the Obama administration is spending billions of dollars to encourage doctors and hospitals to switch to electronic records to track patient care, reported *The New York Times*. However, the HHS report says that Medicare, which is charged with managing the incentive program that encourages the adoption of EHRs, has failed to put in place adequate safeguards to ensure that information being provided by hospitals and doctors about their electronic record systems is accurate. To qualify for the incentive payments, doctors and hospitals must demonstrate that the systems lead to better patient care, meeting the “meaningful use” standard. The Centers for Medicare & Medicaid Services (CMS) “faces obstacles” in overseeing the Medicare EHR incentive program “that leave the program vulnerable to paying incentives to professionals and hospitals that do not fully meet the meaningful use requirements,” the investigators concluded. The report, published last week, was prepared by the Office of the Inspector General for HHS. The HHS investigators recommend that CMS obtain and review supporting documentation from selected professionals and hospitals prior to payment to verify the accuracy of their self-reported information and issue guidance with specific examples of documentation that professionals and hospitals should maintain to support their compliance. The report notes that CMS did not agree with the first recommendation “stating that prepayment reviews would increase the burden on practitioners and hospitals and could delay incentive payments.” However, HHS is sticking to its recommendation that CMS conduct prepayment reviews to improve oversight. CMS agreed with the second recommendation. The report also recommends that the Office of the National Coordinator for Health Information Technology require that certified EHR technology be capable of producing reports for yes/no meaningful use measures where possible and improve the certification process for EHR technology to ensure accurate EHR reports. The report is available at <http://1.usa.gov/Ss4tJ4>. (Source: *The New York Times*, 11/29/12; HHS report Early Assessment Finds that CMS Faces Obstacles in Overseeing the Medicare EHR Incentive Program,” 11/27/12)

Rates of complications during childbirth have risen over the last several years and clinical review of identified cases of severe maternal morbidity should be conducted to identify points of intervention to improve maternal care, according to a report by researchers at the Centers for Disease Control and Prevention. The study was conducted by William Callaghan, MD, of CDC, and colleagues, and was published in the November issue of *Obstetrics & Gynecology*. The researchers assessed severe complications in delivery and postpartum hospitals in the US from 1998-2009 and found that emergencies during delivery, such as cardiac arrest, respiratory distress, and kidney failure, increased by 75 percent during that period. In the days immediately following delivery, severe complications for women more than doubled during the same period. Some type of pregnancy or delivery complication occurs during many of the more than 4 million births annually in the US, but most are not life-threatening. Severe complications affect a total of about 52,000 women a year. A major factor in this increase is the number of pregnant women who are older, obese, or have chronic conditions, such as diabetes and kidney disease, which put them at higher risk. However, healthy women can also experience major complications such as hemorrhage, which is the most common cause of death after childbirth. “There is a clarion now to address the problem of maternal complications,” William Callaghan, chief of the CDC’s Maternal and Child Health Bureau, told *The Wall Street Journal*. “Regardless of age or health, when things go wrong they can go south very fast, and you need a well-oiled team trained to respond in times of crisis.” *The Wall Street Journal* notes that CDC is funding programs in a number of states to establish guidelines and protocols for improving safety and preventing injury. Many obstetrics teams are holding drills to train doctors and

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BRIEFLY NOTED (continued from page 13)

nurses to rapidly respond to maternal complications through simulated emergencies, including use of fake blood. America's Blood Centers recently published a *Blood Bulletin* focusing on self-learning module on obstetric hemorrhage created by an ABC member blood center through an FABC grant. The *Blood Bulletin* can be accessed at <http://members.americasblood.org/go.cfm?do=FileCenter.Get&fid=4065>. The *Wall Street Journal* article can be accessed at <http://on.wsj.com/TXkUhr> (Source: *Wall Street Journal*, 12/10/12)

Citation: Callaghan WM, *et al.* Severe maternal morbidity among delivery and postpartum hospitalizations in the United States. *Obstet Gynecol.* 2012 Nov; 120(5): 1029-36. ♦

REGULATORY NEWS

The Food and Drug Administration recently released a report saying that it is taking less time to clear medical devices. The medical technology community has argued in recent years that FDA is too slow to review new products and often requests more clinical trial data than is necessary. Last year, FDA acknowledged that it was taking longer to make decisions and announced a Plan of Action to modernize and improve its premarket review of medical devices. The new report states that “in the past two years since FDA began implementing the plan, the speed and predictability of device review have improved for the first time in almost a decade.” The average time that it takes to clear grant 510(k) approval began declining in 2011 for the first time since 2005 and the backlog of 510(k)s pending for more than 90 FDA-days, dropped by almost two-thirds, from its high in 2010, said the agency report. About 80 percent of devices submitted for 510(k) clearance were approved for sale in 2012, up from 73 percent in 2010. FDA said that one of the reasons for its improved approval time is that companies are submitting better applications. FDA is taking other steps, such as creating an entrepreneur-in-residence program. It also plans to develop incentives that will encourage medical technology companies to conduct clinical trials in the US, as opposed to in Europe or other countries. The FDA report can be downloaded at www.fda.gov/AboutFDA/ReportsManualsForms/Reports/ucm329008.htm. (Source: FDA Improvements in Device Review, 11/28/12; *St. Paul Business Journal*, 11/28/12) ♦

INFECTIOUS DISEASE UPDATES**INFLUENZA**

The Centers for Disease Control and Prevention reported earlier this month that the US flu season is off to an early start. A significant increase in flu activity in the US has occurred in the last couple of weeks, said CDC. “Increasing flu activity should be a wake-up call. For anyone who has put off vaccination: It’s time to get your flu vaccine now,” said Melinda Wharton, MD, acting director of the National Center for Immunization and Respiratory Disease. According to CDC’s weekly FluView update, for the week of Nov. 25-Dec. 1, flu activity had been reported in all 50 states, and the number of specimens testing positive for influenza is rising quickly. According to FluView, activity is most intense in the south-central and southeast of the country right now, however it shows signs of increasing across the rest of the country as well. Most of the viruses characterized so far this season have been H3N2 viruses, which are typically associated with more severe seasons, said CDC. Most of the viruses characterized at CDC so far this season are well-matched to the vaccine viruses. “How well the vaccine works depends in part on the match between vaccine viruses and circulating viruses,” said Dr. Wharton. “If the influenza viruses spreading are very different from the vaccine viruses, the vaccine won’t work as well. While it’s early in

(continued on page 15)

INFECTIOUS DISEASE UPDATES (continued from page 14)

the season, it's encouraging to see a well-matched vaccine so far. That bodes well for how this season's vaccine will protect against illness, hospitalizations, and deaths." CDC officials note that as long as it is still flu season, it's not too late to get vaccinated. CDC posts weekly flu updates at www.cdc.gov/flu/weekly/index.htm#S1. (Source: CDC seasonal influenza update, 12/3/12; FluView, 12/1/12)

HEPATITIS C VIRUS

Researchers recently reported that they have developed an infectious genotype 1a culture system for hepatitis C virus (HCV), which might permit culture development for other HCV isolates, thus facilitating vaccine development and personalized treatment. The study was conducted by Yi Ping Li, *et al* and was published in the journal *Proceedings of the National Academy of Sciences of the United States of America* (PNAS). HCV chronically infects an estimated 130-170 million people worldwide, and infection increases the risk of developing liver cirrhosis and liver cancer. In the US, most HCV-related disease is associated with genotype 1 infection, which remains difficult to treat even with new direct acting antiviral drugs. Drug and vaccine development has been hampered by inability to culture patient isolates representing the most common genotypes. The researchers have developed a highly efficient genotype 1a (strain TN) full-length culture system and conclude that "this system may prove to be a major asset to the hepatitis C field by directly contributing to drug development and preclinical screening of drugs that will optimize treatment regimens in HCV genotype 1-infected patients." The free full-text study is available at www.pnas.org/content/109/48/19757.full.

Citation: Li YP, *et al*. Highly efficient full-lengthy hepatitis C virus genotype 1 (strain TN) infectious culture system. *Proc Natl Acad Sci U S A*. 2012 Nov 17; 109(48): 19757-62. ♦

MEMBER NEWS

Blood Bank of Alaska (BBA) is running several promotions during December to increase blood donations during the holidays, a time when blood donations are typically lower. During the holiday season, many people tend to break from their normal schedules, including normal blood donation schedules. Many blood centers therefore have implemented special promotions during the holidays to make sure that the blood supply remains adequate throughout this season.

Donors who register to give blood at BBA's Diamond Mall location will receive a free voucher for an Auntie Anne's pretzel in the mall. Also, donors who register to give blood during December will receive a free coffee mug. Along with these and several other promotions during December, BBA has recently launched a series of television ads airing in Alaska to raise awareness about blood donation and the services that the center provides to 21 hospitals and medical centers across 586,412 square miles. The ads feature blood recipients who share how blood has impacted their lives. (Source: Blood Bank of Alaska, 12/13/12)



MEMBER NEWS (continued on page 16)

MEMBER NEWS (continued from page 15)

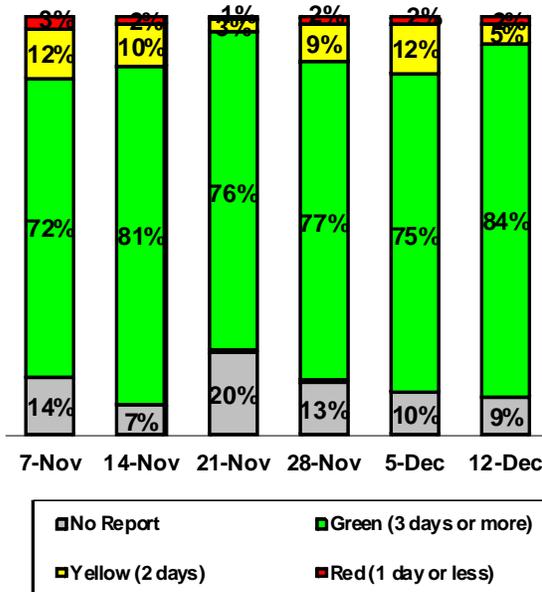
Nebraska Community Blood Bank (NCBB) recently announced the winners of the Battle of the Broadcasters blood donation competition. During November, local media personalities from KFRX radio and KOLN-KGIN TV teamed up to encourage listeners to donate blood. The female broadcasters, Erika Tallan (KOLN-KGIN) and Lindsey Nielsen (KFRX), took on their male counterparts, Chad Silber (KOLN-KGIN) and Matt McKay (KFRX), in a blood donation showdown. The broadcasters sought to bring in 100 blood donations through this contest. Blood drives were held at each station and at NCBB locations where donors could vote for their preferred team. "Maintaining the blood supply is serious business, but the competition has made it fun," noted Joyce Halvorsen, communications director for NCBB. Mr. Silber, of the male broadcaster team, came up with the idea for the competition. "It just seemed like a good thing to do, especially at a time when blood banks are in need of donors," he said. Once all the ballots were counted, the ladies were named the winners, with a final score of 84-55. (Source: NCBB press release, 12/5/12) ♦



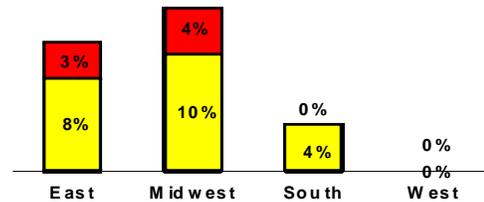
Local broadcasters helped NCBB to promote a blood donation competition. From left to right are Erika Tallan, Matt McKay, and Chad Silber.

STOPLIGHT®: Status of America's Blood Centers' Blood Supply

Total ABC Red Cell Inventory



Percent of Regional Inventory at 2 Days Supply or Less, December 12, 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

PEOPLE

Kyle Annen, D.O., recently became the new associate medical director with Heartland Blood Centers in Aurora, Ill. Dr. Annen completed her clinical pathology training at McGaw Medical Center of Northwestern Memorial Hospital and recently graduated from the Blood Banking and Transfusion Medicine Fellowship at BloodCenter of Wisconsin. In her new position she will emphasize communication and customer service with community hospitals, including providing consultation on cases in the Immunohematology Reference Lab and through Hospital Services. She will be actively involved in providing education to physicians on best practices and blood utilization, and will be joining transfusion service committees in several member hospitals. Dr. Annen is actively involved in research and will continue her work on donor outcomes with BloodCenter of Wisconsin. Dr. Annen can be reached at KAnnen@heartlandbc.org. (Source: Heartland Blood Centers press release, 12/10/12) ♦



COMPANY NEWS

Terumo BCT announced in a press release on Tuesday that it has begun a US clinical trial to evaluate the Spectra Optia system's new Red Blood Cell Exchange (RBCX) Protocol in patients with sickle cell disease. The RBCX Protocol on the Spectra Optia system is available in other areas of the world for patients with sickle cell disease and for other conditions that require red blood cell exchange. In the US and Canada, the Spectra Optia system also offers therapeutic plasma exchange and mononuclear cell collection protocols. For this trial, Terumo BCT is working with five US hospitals to study the performance and safety of the Spectra Optia RBCX Protocol in adult and pediatric patients with sickle cell disease. Patient enrollment began in November and the study is expected to be complete by the end of 2013. Terumo BCT will be seeking clearance for the RBCX in an effort to support the patient population who would require RBCX as part of their sickle cell disease treatment. More information is available at <http://bit.ly/12bKiD0>. (Source: Terumo BCT press release, 12/11/12) ♦

MEETINGS

Feb.15-18 **International Meeting on Emerging Diseases and Surveillance, Vienna, Austria.**

The fourth International Meeting on Emerging Diseases and Surveillance (IMED) 2013 will be held in Vienna, Austria from Feb. 15-18, 2013. This meeting is geared toward anyone who deals with threats from infectious agents and will once again bring lead scientists, clinicians, and policy makers to present new knowledge and breakthroughs and discuss how to discover, detect, understand, prevent, and respond to outbreaks and emerging pathogens. Abstracts may be submitted until Dec. 8. More information about the meeting is available at <http://www.isid.org/imed/>. ♦

Correction

In last week's *ABC Newsletter* on page 8, we stated that the harmonization initiative in the blood community "began in 2005 with the encouragement of Food and Drug Administration officials, when several blood collection organizations from around the world came together under the umbrella of ABO." We would like to clarify that the Alliance of Blood Operators (ABO) does have a regulatory focus on harmonization, but this is not the sole purpose of the organization. ABO has a broad agenda ranging from risk-decision-making, to donor recruitment, to disaster relief, and many other areas. We apologize for this error and thank our readers who bring such issues to our attention.

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: lnorwood@americasblood.org.

POSITIONS AVAILABLE:

Director of Donor Services. Sheppard Community Blood Center, Augusta, Ga. is looking for a dynamic individual to join our team and lead our donor services staff. This position will oversee 34 Phlebotomists, apheresis technicians & mobile drivers. Essential duties include planning, training, directing and staffing fixed centers and mobile drives. Responsibilities also include budgeting, quality improvement and performance management. The ideal candidate must have a bachelor's degree, will demonstrate strong leadership and communication skills, have five to ten years of healthcare/blood collection and customer service experience, have at least one year experience in Lean Management/Six Sigma and working with FDA and inspection agencies is desired. We offer a competitive salary and an exceptional benefit plan. Please apply via our website at www.shepeardbloo.org.

Manager of Clinical Apheresis. Carter BloodCare is currently hiring a Manager of Clinical Apheresis. Carter is the largest blood bank in the state of Texas and this position is located in Dallas. Under the direction of the Director of Clinical Apheresis Services, the Manager is responsible for assisting in meeting Carter BloodCare and departmental goals and objectives. The Manager is responsible for manager daily operations and business activities required to meet the needs of hospital and clinical accounts, to ensure excellent customer service, and quality patient care. Additionally, the position is responsible for staffing field assignments, performing procedures in the field to assist in training or as staffing indicates, and remaining competent in all procedures and equipment utilized. Also, the Manager is responsible for maintaining statistics and quality indicators of procedures and records of preventative or responsive maintenance along with quality control of supplies and

equipment. Education: RN licensure in the State of Texas, preferably with HP credentialing. Experience: Five years' apheresis experience of which three years should be in therapeutic/PBSC apheresis. Interested candidates should apply online at www.carterbloodcare.org. We are proud to be an EEO/AA employer M/F/D/V. We maintain a drug-free workplace and perform pre-employment substance abuse testing.

Clinical Supervisor – Donor Relations. The Clinical Supervisor of Donor Relations is responsible for the supervision of all aspects of Lot Release and Donor Counseling daily operations and staff performance. Responsible for providing assistance with both internal and external audit responses and corrective actions. Responsible for creating and reviewing SOPs as needed while recognizing regulatory requirements for the SOPs. Provide work direction and guidance to staff in completing their job duties. Review donor notification letters, evaluate reports, give final assessment of donor records. Perform annual review of SOPs. Serve as a liaison to investigate and resolve issues. Associate's degree required and three years of regulated environment supervisory experience. Bachelor's degree preferred. Certification in medical technology or Nursing highly desired however non-RN or non-MT may be considered depending on candidate. Knowledge of FDA regulations and current Good Manufacturing Practices. Interested

(continued on page 19)

POSITIONS (continued from page 18)

candidates should apply online at www.itxm.org or email resume to schevalier@itxm.org. ITxM is an equal opportunity and affirmative action employer

Quality Specialist (Las Vegas, Nev.). Would you like to join a mission-oriented quality-focused organization? Blood Systems, a national leader in the blood banking industry, is looking for an individual with a strong background in Quality for our center in Las Vegas, Nev. This position is responsible for reviewing quality systems and compliance in all areas of technical and clinical operations. The ideal candidate will serve as a resource in quality issues and will participate in performance improvement initiatives through data and process analysis. Knowledge/Education: Bachelor's degree in related required. Licenses/Certifications: Certification as a Medical Technologist or SBB preferred. Experience: Three years related experience in a regulated industry required; previous experience in quality, regulatory, and/or auditing environment preferred; and skills in performance improvement preferred. For immediate consideration, please submit resume and cover letter via e-mail by **12/14/2012** to: jobs@bloodsystems.org ATTN: HR/2012/100. We offer a competitive benefits package, 401(k) and much more! Pre-employment drug testing is required. Visit our website at: www.bloodsystems.org. EOE M/F/D/V

Clinical Laboratory Scientist. Hoxworth Blood Center, Cincinnati, Ohio, seeks full-time, second shift Clinical Laboratory Scientist in the Immunoematology Reference Laboratory. Position performs routine and complex immunoematology serological testing with minimal supervision; evaluates, interprets test results, prepares reagents, selects components for transfusions, maintains rare blood inventories; performs quality control procedures, computerized data entry and retrieval functions; communicates effectively; participates in on-call duty. Requires a strong commitment to quality patient care with customer service focus. Registry eligible individuals must take and pass the MLS(ASCP) or BB(ASCP) exam within year of employment. Bachelor's degree and MT(ASCP), CLS(ASCP), MLS(ASCP) or BB(ASCP); - OR - bachelor's degree and registry eligible; OR -bachelor's degree and HEW certified medical technologist with two (2) years transfusion service/blood bank experience; - OR - MLT(ASCP) with three (3) years transfusion service/blood bank experience. Degree must be in biological science or related field. Apply to (#212HX2399) www.jobsatuc.com. Visit Hoxworth Blood Center at www.hoxworth.org.

Business Development Manager. Central Jersey Blood Center is seeking a dynamic individual to lead and oversee the development and growth of new business and develop and maintain effective key agency relationships. This position will be responsible for all aspects of managing and motivating the Account Management Team. This individual will support the overall processes of

account management to ensure the organization's short, medium and long-term financial stability. This candidate will work with all relevant departments to coordinate successful and efficient blood drive activities; develop, review, and report on Account Management division's strategy, ensuring the strategic objectives are well understood and executed by the team; keep the mobile drive activity in line with the companies' needs; maintain and grow key accounts with additional focus on educational facilities; impact the financial well-being of the company through appropriate strategic and tactical management decisions and new business development approach based on competitor and market analysis; manage and implement an effective marketing; oversee the day-to-day activities of the Account Managers. Qualifications: Proficient in project and time management skills, strong analytical, organizational and leadership skills, superior public speaking and business writing skills and advanced knowledge of Microsoft Office. Email resumes to dglassen@cjbcblood.org or fax to (732) 933-7624. EOE

Technical Administrative Director. Puget Sound Blood Center located in Seattle, Washington, is seeking a senior level Administrative Director to provide vision, oversight, and analysis for all technical processes and equipment used in the collection of blood products – including regulated activities. This new and challenging position will provide overall quality assurance and system-wide efficiencies through technical expertise, process improvement, and analysis. Requirements include MT (ASCP) SSB, bachelor's degree in Nursing or equivalent in education and experience in addition to 10 years of related experience including a combination of leadership experience and experience in the Blood Product Manufacturing industry. Applicants must have a knowledge of current Good Manufacturing Practices; proven success using lean methodology including process mapping and analysis; and project management experience related to technology and equipment used in blood product manufacturing. Excellent written, verbal and interpersonal communication skills are essential. Interested applicants should send their application materials to HumanResources@psbc.org or fax to (866) 286-8495. More info at www.psb.org/careers.

Assistant Director, Quality Management. The role has responsibility for initiating action to prevent the occurrence of any nonconformances relating to the product, process and quality system; identifying and recording any problems relating to the product, process, and quality system, verifying the implementation of solutions; controlling further processing, delivery, or installation of nonconforming product until the deficiency or unsatisfactory condition has been corrected; and leading organizational process improvement efforts.

POSITIONS (continued on page 20)

POSITIONS (continued from page 19)

This position reports to the Vice-President of Quality Systems and will supervise Quality Management Department staff. Bachelor's degree in medical technology, science, nursing or an allied health discipline. Master's degree preferred. ASQ certification preferred. Prefer five to eight years experience working in an FDA-licensed blood center or a CLIA accredited clinical laboratory with management level quality system responsibilities. Prefer quality experience in the pharmaceutical industry, medical manufacturing or hospitals.

Knowledge of: FDA, CLIA, EU, HCFA, and OSHA regulations, blood center or clinical laboratory operations and AABB quality system standards. Skills: Excellent communication skills, ability to solve problems and work independently, ability to work with others, excellent organizational skills and ability to multi-task, computer, supervisory and strong analytical ability. All applicants must apply online at: www.savealifenow.org. EEO/AA/M/F/D/V ♠