



# ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

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2014 #1

January 10, 2014

**INSIDE:**

Our Space: Be it Resolved .....2

The FABC Working for You – Carter BloodCare’s “Get Healthy Wellness Program” Shows Blood Center can be Valuable Health Screening Resource .....4

Research Suggests High Glucose Levels in Storage Solutions May Contribute to Storage Lesion .....6

REGULATORY NEWS....8

Upcoming ABC Webinars – Don’t Miss Out! .....8

GLOBAL NEWS .....9

MEMBER NEWS .....10

PEOPLE .....11

STOPLIGHT®: Status of the ABC Blood Supply, 2013 vs. 2014 .....12

MEETINGS .....12

POSITIONS AVAILABLE .....13

**Experts Predict Changes in How Healthcare is Delivered will Continue to Slow US Healthcare Spending**

It is no secret that the US spends a lot of money on healthcare, however, economic experts specializing in health policy predict that a slew of changes – many hastened by the Affordable Care Act (ACA) – will continue slowing the growth of healthcare costs. The rise of accountable care organizations, increasing patient access to health data, and other changes ushered in by the ACA have already begun slowing the growth of healthcare costs and will likely remain priorities on the national healthcare agenda for the foreseeable future, suggest the authors of an article published Dec. 26 in the *New England Journal of Medicine* (NEJM).

For the first time in several decades, the US healthcare system is seeing a slowing in the growth of healthcare costs, attributed partly to efforts to control health spending, including features of the ACA, wrote David Blumenthal, MD, and colleagues of the Commonwealth Fund, in the NEJM report. Given that trends in healthcare spending have generally tracked with economic trends, one might expect healthcare costs to surge once the economy recovers. However, the authors suggest that healthcare reform and other initiatives to contain health spending may finally be working and lead to long-term change.

“A central finding of our analysis is that, regardless of what happens to cost trends, current spending is far higher than needed, and it demands continued efforts at cost control, including implementation of new ACA provisions,” they add. The authors also predict that hospitals, policy makers, and insurers will continue implementing measures to cut waste and save on costs, regardless of whether healthcare spending resumes its pre-recession rates of escalation.

**Factors Driving Slowed Spending Growth.** Despite a history of increasing health spending and a variety of studies estimating as much as 30 percent of this spending in the US is wasted, “several factors could be changing the underlying dynamics that have driven cost increases in the healthcare economy,” write the authors. For starters, the development of new technology and the use of existing technology has slowed, which is important because medical advances are a driver of costs.

This decreased use of existing technology may be due in-part to the movement by many hospitals and healthcare organizations to reduce unnecessary medical procedures and tests. “... (Health) providers face direct restrictions on utilization,

(continued on page 3)



## OUR SPACE

ABC CEO Christine S. Zambricki, DNAP, CRNA, FAAN

### Be it Resolved

Happy new year! I hope your holiday season was filled with good health and much happiness. As so many do, I have put together a brief list of new year's resolutions for 2014. Here are my top three.

1. Build ABC into a dominant organization that stands out from all others as the single best association in the blood industry.

Your ABC board of directors, supported by ABC senior leadership, has been heavily engaged in strategic thinking exercises and will conduct a strategic planning event in February to develop the organizational roadmap to position ABC to be viable, valuable, and vibrant through 2020. Watch for the ABC strategic plan to be shared with members in March. Look for a new alignment of ABC roles, responsibilities, and resources consistent with the strategic plan.

2. Establish personal credibility with our members and create organizational momentum.

As ABC's new CEO, I am eager to get to know each of you to better understand your business environment and your relationship with ABC. We must develop member benefits that help to solve the problems you face and eliminate those programs that do not provide you value. Watch for one-on-one phone meetings with me, CEO office hours at ABC meetings, small group lunches, and regional focus groups. Look for online communities to better access ABC's offerings through technology.

3. Evolve the ABC Data Warehouse (DW) to 100 percent-member use with advanced big data applications that members may customize for their center.

The ABC DW Project is moving forward on time, on quality, and on cost. The processes to assure the data integrity are nearly complete with excellent results, and we have made improvements to ensure the data's security. As one of our early adopters, Martin Grable, president and CEO of Community Blood Center of the Carolinas, observed, "The ABC DW is fundamental to our core interests in regulatory and legislative advocacy, scientific and medical affairs, and education. Data is powerful."

Watch for an invitation to begin contributing to the ABC DW Project. Look for a call to join the DW Requirements Advisory Committee to design analytics that will provide you with actionable intelligence to view data, improve processes, and obtain a clearer picture of your blood center's performance. Let's work together to harness our collective intelligence of donors, products, and our environments.

The past year was one of transition for ABC, and I am incredibly proud of our blood center leaders and staff as well as the ABC team. This year will continue to bring change; I look forward to the year ahead and to working with you to advance our ability to provide safe and sufficient blood products for patients who rely on us. ♦

*Christine S. Zambricki*

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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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### Healthcare Spending (continued from page 1)

increasing incentives to prescribe less care, or both.” Many payers, both private insurers and Medicare/Medicaid, have implemented penalties for hospital-acquired conditions and preventable disease. Furthermore, accountable care organizations and participation in Medicare bundled payments are on the rise – tying payment of healthcare providers more closely to quality patient outcomes.

The dip in technology use, and thus healthcare spending, may also be a result of the many people facing very high cost sharing, which discourages the use of health services. Other trends potentially driving the decrease in spending growth include the spread of tiered formularies in prescription drug plans and the reduced need for care as trends in obesity rates flatten, suggest the authors.

“The contribution of quality-based savings on the slowing of healthcare costs cannot be underestimated. Measuring, understanding, and managing variation in processes improves quality and reduces cost,” said ABC CEO Christine Zambricki, DNAP, CRNA, FAAN. “Such efforts are also vital for blood centers. ABC is completing work on a smart and secure data system to support our members in driving improvement and producing savings. Organizing blood services along these lines may be central to the long-term success of our industry.”

**Hospital Outlook.** As these trends cause healthcare spending growth to decline, it also appears that hospitals are facing a more positive outlook this year. The American Hospital Association reported in its recently published annual Hospital Statistics guide, which includes data from fiscal year 2012, that US hospitals have rebounded from the Great Recession and are showing stronger operating margins than in years past, even as more care shifts from inpatient to outpatient. Hospitals reported \$821.3 billion in total net revenue in 2012, compared with \$755.3 billion the previous year, and \$730.9 billion in 2010. AHA vice president of health trends analysis, Caroline Steinberg, attributes the partial hospital revenue rebound in some part to the economy.

The report also found that emergency department and outpatient visits increased, while fewer patients are being treated on medical/surgical floors. The data shows that the total number of hospitals remained steady and confirmed that consolidations continue – there were 3,100 hospitals that were part of a hospital system in 2012 compared with 3,007 in 2011 and 2,868 in 2008. The report is available for purchase at <http://bit.ly/19fVtB7>.

**What to Expect in the Future.** While some experts have predicted that healthcare spending will jump once the economy recovers, the authors note that healthcare spending in early 2013 (when the article was written) does not suggest resurging healthcare costs even as the economy continues its slow recovery. “Even if spending growth continues to be slow, the pressure to reduce healthcare expenditures will not abate,” and healthcare professionals will continue pursuing cost containment strategies, assert the authors.

In order to attain lower costs, many in the health community are “trying to reengineer health services to make them more efficient – to go after the one-third of spending that is estimated to be wasteful,” write the authors. The key elements required to achieve this goal include: reforming the system of payments to providers, reforming the delivery system, engaging consumers in making better healthcare choices, making healthcare data more available, and reducing administrative expenses.

One major cost-containing reform includes potentially “discarding the current fee-for-service payment system in favor of having providers share risk for the cost of quality services,” said the authors. A key tenant of this approach is the hypothesis that “providers do better financially when they avoid

(continued on page 4)

### Healthcare Spending (continued from page 3)

unnecessary care and deliver higher-value services.” Experts also emphasize the importance of strengthening the availability and usefulness of health information, coordination of care, and primary care services.

“In addition, whether the goal is to assist providers in improving their performance or consumers in making wise healthcare choices, data on performance of the healthcare system are vital,” said the authors. Providing patients with data on the prices, quality, and safety of care will help them make better economic choices. While Medicare is working on making more of this data available, combining public and private data remains an obstacle.

Marketing and administrative costs associated with insurance billing and payment are also huge sources of inefficiency that may be reformed in the coming years, write the authors. “The standardization of forms and processes for billing and claims and reduction of insurers’ administrative expenses ... are viewed by most observers as critical to reengineering our healthcare system for efficiency.”

The authors conclude that the “increasing consensus concerning” many of these approaches, “the awareness of savings opportunities, and the threat of resumed growth in healthcare spending provide an opening for constructive, systematic reform ...” They expect many of these changes to take priority on the national health agenda regardless of whether or not healthcare spending jumps as the economy rebounds. (Source: Modern Healthcare, 1/4/14)

**Citation:** Blumenthal D, *et al.* N Engl J Med. 2013 Dec 16;369(26):2551-7. ♠

### **The FABC Working for You – Carter BloodCare’s “Get Healthy Wellness Program” Shows Blood Center can be Valuable Health Screening Resource**

Diabetes affects nearly 26 million Americans – about 8.3 percent of the population – and is the seventh leading cause of death in the US. Identifying patients with diabetes risk factors and implementing lifestyle changes are key to preventing the disease’s rise. Carter BloodCare, based in Bedford, Texas, suggests in a recently published paper that community blood programs providing wellness screening for donors could be useful in this regard by identifying young people at risk of developing diabetes.

Carter BloodCare and Florida’s Blood Centers (now a division of OneBlood) received a two-year \$50,000 collaborative grant in 2010 from the Foundation for America’s Blood Centers (FABC) to create a template that ABC blood centers could use to implement health and wellness programs for high school donors. As part of this program, Carter BloodCare began offering health screening to high school donors, including the glycated hemoglobin or A1C testing, which measures the blood glucose (sugar) level for the past two to three months and reflects a person’s diabetes risk. Donors are encouraged to log into Carter BloodCare’s website with a unique identifier to retrieve their test results and learn about what they mean.

“Carter BloodCare has developed a ‘Get Healthy Wellness Program’ that encourages adolescent blood donors to take interest in their cholesterol, blood pressure, and blood sugar,” said one of the project leaders, Stephen Eason, MBA, Foundation director at Carter BloodCare.

With diabetes on the rise in the US, the wellness program leaders at Carter BloodCare have been investigating whether blood center health screening can be used as a valuable health intervention to identify

(continued on page 5)

Get Healthy Wellness Program (continued from page 4)

young people at risk of diabetes and cardiovascular disease. Researchers from Carter BloodCare and colleagues from the University of Texas Southwestern Medical Center recently published the results of measuring A1C levels in 14,850 blood donors, ages 16 to 19, during school blood drives conducted between Sept. 1, 2011 and April 20, 2012.

The investigators determined the prevalence among the young donors of A1C levels in the pre-diabetes range (defined as 5.7 to 6.4 percent) and in the diabetes range (defined as 6.5 percent or greater). They found that the A1C level was above the diabetes threshold in 0.6 percent of donors and in the pre-diabetes range for 10 percent of donors. Testing also revealed differences in the prevalence of pre-diabetes by race; 54 percent of blacks, 21 percent of Asians, 11 percent of Hispanics, and 7.5 percent of whites had A1C levels of 5.7 percent or higher.

“This pilot program demonstrates the feasibility of leveraging community blood donation programs as a unique and highly efficient portal for early health screening, with potential for public health intervention. I think we have confirmed that it is valuable to start screening sooner, rather than later,” said Merlyn Sayers, MBBCh, PhD, Carter BloodCare president and CEO, and one of the investigators.

The investigators also found concerning test results regarding heart disease risk among these donors – higher cholesterol levels and diastolic blood pressure were observed with increasing A1C. “With increased A1C levels in US adolescents and young adults recently associated with a higher risk of premature death, early screening and intervention is more important than ever,” wrote Dr. Sayers and colleagues.

As Carter BloodCare and other blood centers increasingly offer health screening to donors, community blood centers may become valuable public health resources. “Blood donor programs can serve an important role in monitoring health risks of adolescent blood donors and serve as a gauge to community health,” said Dr. Sayers. “The blood center will be viewed not just as a place where you go to give blood, but also as a center for health monitoring and promotion.”

While the Carter BloodCare program has been successful in identifying young donors at risk of developing diabetes or heart disease, it has been challenging to ensure that donors access their test results and make the appropriate interventions. Only 11 percent of donors screened for A1C in the pilot program accessed their results online. To remedy this issue, Carter BloodCare is working with the University of North Texas Health Science Center to develop effective communication strategies with a pro-health message aimed at adolescent blood donors,” said Mr. Eason.

As Carter BloodCare continues its “Get Healthy Wellness Program,” we seek to develop “proven communication methods that make a difference in the health of young adults,” said Mr. Eason. He notes that the FABC helped this project get off the ground by funding the first A1C study that Carter BloodCare conducted in 2010. Results from that pilot program were integral in obtaining additional funding to further develop our “Get Healthy Wellness Program,” he said.

More information and resources for this program can be found at <http://members.americasblood.org/go.cfm?do=Page.View&pid=161>. To learn more about other FABC-funded programs, please visit <http://members.americasblood.org/go.cfm?do=Page.View&pid=29>.

**Citation:** Gore O, Eason S, Ayers C, *et al.* Glycated hemoglobin in 14,850 adolescent blood donors: a pilot screening program. *Diabetes Care*. 2014 Jan;37(1):e3-4. ♦

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## Research Suggests High Glucose Levels in Storage Solutions May Contribute to Storage Lesion

Studies published over the last several years have suggested that physical and chemical changes that red blood cells (RBCs) undergo during storage, commonly called the storage lesion, may be associated with worse transfusion outcomes for patients. Although its clinical significance has not been proven, a new study suggests that high glucose levels in blood storage solutions may contribute to the storage lesion.

Researchers, led by Dana M. Spence, PhD, and colleagues of the Department of Chemistry at Michigan State University, used a microfluidic device system to maintain a constant, low level of glucose in the storage solutions and then assessed the impact this had on the RBCs. Specifically, they investigated the ability of the RBCs to produce nitric oxide (NO), which has profound impacts on the regulation of the microcirculation.

Previous research has shown that patients who receive a transfusion have reduced levels of available nitric oxide (NO), and that prolonged storage is associated with NO-deficiency in stored RBCs. With the modification of the storage solution to maintain glucose levels that are normal for the human body (normoglycemic), a “remarkable change in the ability of these cells to stimulate NO production was observed. In comparison to current storage solutions, NO production was increased by more than 25 percent in normoglycemic storage solutions.

Maintaining normal glucose levels led RBCs to release increased amounts of adenosine triphosphate (ATP), which can stimulate NO production in the endothelium. RBCs stored in normoglycemic solution demonstrated ATP release values four weeks into storage that were statistically higher than day 1 values for cells in standard solutions.

“We anticipate these findings to represent a starting point in controlling glucose levels in solutions used for blood component storage, especially considering that current solutions contain glucose at levels that

(continued on page 7)

Glucose in Storage Solution (continued from page 6)

are nearly 20-fold greater than blood glucose levels of a healthy human, and even 10-fold greater than levels found in diabetic bloodstreams,” conclude the authors.

Raymond P. Goodrich, PhD, vice president of Scientific and Clinical Affairs and chief science officer of Blood Bank Technologies at Terumo BCT, who was not involved in the study, told the *ABC Newsletter* that the authors make a good point about the high concentration of glucose at the start of storage. He adds that by regulating the amount of glucose in the storage solution, the researchers may be slowing down chemical processes that cause some of the changes observed during RBC storage.

“What they may in essence be doing through the approach used in this study is preventing the accumulation of those agents at earlier points in storage by decreasing the metabolic and chemical rates through limitation of the substrate (a molecule upon which enzymes act),” said Dr. Goodrich.

He added that these findings could lead to the investigation of more practical means to achieve better chemical environments for stored RBCs.

**Citation:** Spence DM, *et al.* Microfluidic evaluation of red cells collected and stored in modified processing solutions used in blood banking. *Inter Biol (Camb)*. 2013 Dec 16;6(1):65-75. ♦

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## REGULATORY NEWS

**The Food and Drug Administration announced Dec. 23 that it approved Tretten, Coagulation Factor XIII A-Subunit (Recombinant), the first recombinant product for use in the routine prevention of bleeding in adults and children with a rare clotting disorder, congenital Factor XIII A-subunit deficiency.** Congenital Factor XIII deficiency is a rare genetic disorder in which patients do not produce enough Factor XIII, a protein that promotes normal clotting. Factor XIII deficiency is usually caused by a deficiency of the A-subunit, rather than the B-subunit. The drug is indicated only for routine prophylaxis of bleeding in patients with congenital Factor XIII A-subunit deficiency, not for patients with B-subunit deficiency. Tretten, manufactured by Novo Nordisk in Denmark, gained the orphan-drug designation for this use by FDA because it is intended for treatment of a rare disease or condition. More information can be found in the approval letter at <http://1.usa.gov/K8t9ok>. (Source: FDA press release, 12/23/13; FDA approval letter, 12/23/13)

**In 2014, the Food and Drug Administration will take over the chairmanship of the International Medical Device Regulators Forum (IMDRF), reported *Clinica* on Dec. 24.** IMDRF, formed in February 2011, is a voluntarily convened group of medical device regulators from around the world that have come together to build on the work of the Global Harmonization Task Force on Medical Devices, and to accelerate international medical device regulatory harmonization and convergence. As chair of the forum, FDA plans to hold a number of supplementary training sessions and workshops aside from hosting the two official meetings of the IMDRF management committee, according to *Clinica*. FDA noted that it is proud of the progress and documents published under the current IMDRF chair, the European Commission. For example, the group recently finalized a guidance on unique device identification systems, guidance on key definitions pertaining to standalone medical device software, and four documents pertaining to the Medical Device Single Audit Program. In March, FDA will host the IMDRF management committee meetings and the stakeholder day, and has also arranged for additional regulatory capacity training for other regulatory authorities both within IMDRF and those not members yet. “These additional training programs are not IMDRF events, but are being held on either side of the IMDRF meetings. On the front end, regulatory authorities have been invited to a workshop session hosted by MDEpiNet on medical device registries. On the back end, regulatory authorities have been invited to a two-day training session being held by the US FDA and the US Department of Commerce in collaboration with the World Health Organization” an FDA spokesperson told *Clinica*. FDA will also host the IMDRF meeting in Washington, D.C. in September. The *Clinica* article is available to subscribers or through a free trial at <http://bit.ly/1ajM2PY>. (Source: *Clinica*, 12/24/13) ♦

### Upcoming ABC Webinars – Don’t Miss Out!

- “Sales Success for the Blood Bank Recruiter” – Jan. 23, 2014 at 2 p.m. ET. Contact: Abbey Nunes, [anunes@americasblood.org](mailto:anunes@americasblood.org).
- “Train the Trainer” – Feb. 26, 2014 at 2 p.m. ET. Contact: Leslie Norwood, [mnorwood@americasblood.org](mailto:mnorwood@americasblood.org)
- “ABC Transfusion Safety Forum Webinar” – Feb. 27, 2014 at 2 p.m. ET. Contact: Leslie Norwood, [mnorwood@americasblood.org](mailto:mnorwood@americasblood.org)

## GLOBAL NEWS

**The Australian Red Cross Blood Service announced Jan. 1 that Australia's blood donation rules for sexual-activity-based deferrals, particularly the deferral for men who have sex with men (MSM), will remain unchanged following a decision by the country's regulatory agency, the Therapeutic Goods Administration (TGA).** In 2012, the blood service applied to the TGA to reduce the sexual-activity-based deferral, including that for MSM, from the current 12 months to six months. This application came as a result of a 2012 report from an expert review committee convened by the Australian Red Cross Blood Service in 2011 to examine the new scientific evidence and international best practice in the rules for sexual-activity-based blood donor deferrals (see *ABC Newsletter*, 5/25/12). The committee recommended that the deferral be reduced from 12 months to six. In making its decision, the TGA considered the blood service commissioned expert review report; a donor compliance study by the Australian Red Cross Blood Service and Kirby Institute; and the most recent annual data about infectious diseases in Australia from the Kirby Institute. Blood service Chief Executive Jennifer Williams said in a statement that the blood service accepted the TGA's decision but was disappointed. "In some countries, men are deferred either permanently or indefinitely, if they've ever had one sexual experience with another man. Australia's 12-month deferral rule is less conservative than this, but the trend for shorter deferral periods is based principally on improved laboratory testing of blood donations," said Ms. Williams. "The blood service will carry out a further review of this in approximately five years or earlier if there is a significant change to the factors that impinge on the subject." The Australian Red Cross Blood Service press release is available at <http://bit.ly/1ksaftD>. (Source: Australian Red Cross Blood Service press release, 1/1/14)

**The European Commission's (EC) Directorate-General for Health and Consumers, the European Union's (EU) executive health agency, recently published a report titled "Transplantation and Transfusion."** The report summarizes the projects and actions for saving and improving the quality of life of citizens by facilitating transplantation and blood transfusion in the EU. "This publication presents an overview of the many projects that pursue the objective of offering access to safe and high-quality therapies. Many such projects foster the sharing of knowledge amongst experts and authorities, and thus bring European added value to national efforts in providing safe and secure transplantation and transfusion therapies in the European Union," said European Commissioner for Health Tonio Borg. Since 2003, 50 projects and other activities have been funded by the EU in the area of transplantation and transfusion in the framework of the EU health and research programs and other European funding schemes. These projects and activities are summarized in this recent publication and have included the exchange of best practices, standards for inspections, manuals and registers, as well as training workshops. A PDF version of this publication can be downloaded for free at <http://bit.ly/1ajSmXC>. (Source: Transplantation and Transfusion, 1/1/14) ♦

### We Welcome Your Letters

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



# REGISTRATION NOW OPEN



America's Blood Centers'  
52nd Annual Meeting & FABC  
Links for Life Golf Tournament  
March 22-25\*, 2014 – Palm Springs, CA  
Omni Rancho Las Palmas Resort & Spa

## 2014 Annual Meeting Schedule

Saturday, March 22: FABC Links for Life Golf Tournament  
Register at [http://bit.ly/L4L\\_2014](http://bit.ly/L4L_2014)  
GSABC Member/Vendor Reception  
Hospitality/Networking

Sunday, March 23: Scientific, Medical and Technical Forum  
ABC Members Meeting  
Reception co-hosted by LifeStream and  
Blood Systems  
Hospitality/Networking

Monday, March 24: Blood Center Leadership Forum  
ABC 17th Annual Awards of Excellence  
Banquet  
Hospitality/Networking

\*March 25 meetings are by additional invitation only.

“The ABC Annual Meeting offers us the chance to discuss emerging issues in our field, exchange ideas and celebrate the excellent work of the membership throughout the year. The greater the attendance – the greater the value to all involved. Your engagement in ABC matters!”

– Dave Green, MSA  
ABC President

## Registration Fees

ABC Annual Meeting: \$725  
Non-members (non-vendor), contact Lori Beaston at [lbeaston@americasblood.org](mailto:lbeaston@americasblood.org) for invitation and registration fees and information.

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



Palm Springs International Airport (PSP) is served by most major airlines. Additional nearby airport options include: Los Angeles International Airport (LAX) - 140 miles; Ontario Airport (ONT) - 80 miles; and John Wayne Airport, Orange County (SNA) - 110 miles.

## MEMBER NEWS

**The Blood Center in New Orleans, La., welcomed more than 30 guests at a ribbon cutting ceremony for its recently renovated Laboratory and Administrative Office building on Dec. 19.** President and CEO Bill Weales, Board Members John Stassi and Paul Bergeron, along with State Representative Jeff Arnold were present to cut the official ribbon, marking the next chapter in The Blood Center's mission to provide the community with a safe and stable blood supply. “We are thrilled to finally be back in a space we are proud to call home – a space for our employees to work productively and efficiently with one another. This move marked the beginning of the next chapter of our story,” stated Billy Weales, president and CEO. “Holidays are opportunities for friends and families to get together and celebrate



At The Blood Center's recent ribbon cutting ceremony are (from left to right) VP, Hospital Resources Ian Stephens; VP, Donor Resources Cory Bergeron; Medical Director Dominick Giovanniello, MD; Board Chairman Paul Bergeron; President & CEO Billy Weales; Board Member John Stassi; State Representative Jeff Arnold; and VP & CFO Nelson Hellwig.

(continued on page 11)

**MEMBER NEWS** (continued from page 10)

life. As our blood center family ‘comes home for the holidays’ we are excited to be rejoining a great mix of organizations and businesses in New Orleans’ growing medical corridor.” Founded in 1960 as the New Orleans Blood Bank, The Blood Center is the regional provider of blood and blood components to patients throughout Southern Louisiana and Southern Mississippi, and employs nearly 300 people. (Source: The Blood Center press release, 12/19/14) ♦

**PEOPLE**

**Al Whitney**, 75, an avid blood donation advocate and frequent donor, recently completed yet another journey to donate platelets and encourage others to do the same at blood centers across the US. Mr. Whitney completed his nearly five-year mission to donate platelets in all 50 states as part of his “Platelets Across America” campaign, which he created to raise awareness of the need for blood and platelets (see *ABC Newsletter*, 8/17/12). Mr. Whitney traveled 1,600 miles in his RV to visit blood centers across the northern, western, and southwestern US, where he donated platelets and encouraged others to give blood. He began his trip at Memorial Blood Centers in St. Paul, Minn., and departed on Nov. 3 headed for United Blood Services (UBS) in Billings, Mont., where he went out with two donor recruiters to help with blood drive signups and to educate young people at two area high schools about blood donation. Mr. Whitney then headed to Inland Northwest Blood Center in Spokane, Wash. On Nov. 14, he flew out to the Reno, Nev. UBS location, where Mr. Whitney spoke at a platelet donor recognition luncheon. Along his travels, Mr. Whitney was able to meet with members of the communications team at Puget Sound Blood Center in Seattle Wash. He also visited Lane Blood Center in Eugene, Ore., where he was pleased to find that many of the staff remembered him from his first visit during his “Platelets Across America” campaign. After visiting Northern California Community Blood Bank in Eureka, Calif., Mr. Whitney noted “I was warmly greeted and felt right at home. What a great bunch of people – and that includes the donors. I was able to talk to both staff and donors at the blood center.” He then visited Houchin Community Blood Bank in Bakersfield, Calif. where he was given a tour of the center’s new building. Mr. Whitney attended San Diego Blood Bank’s Chargers Blood Drive XXV on Nov. 26, informing blood donors about platelet donation and encouraging them to consider giving platelets. Next, he visited a UBS location in Scottsdale, Ariz. While visiting with UBS, Mr. Whitney was filmed for a TV ad aired in December. Also along his journey, Mr. Whitney met with a representative from the Association of Donor Recruitment Professionals (ADRP) to discuss the ADRP convention to be held in Columbus, Ohio, in May. During his visit with UBS in Albuquerque, Mr. Whitney spoke to recruitment staff and other staff members, which he said reinforced to him “the reason that they do what they do and how important it is.” He spent time with UBS in Las Cruces, N.M., and spoke to staff and donors to remind them how important they are to the health of patients. He then made his final stop at a UBS location in El Paso, Texas on Dec. 12 where he was able to donate platelets and speak to blood center staff. “I feel the trip was a success and a new chapter in my journey to educate people about being blood donors,” said Mr. Whitney. He reminds blood centers that he is willing to make future visits as he continues his mission to encourage blood and platelet donation. Mr. Whitney’s contact information can be found on his website at [www.plateletsacrossamerica.com/](http://www.plateletsacrossamerica.com/).



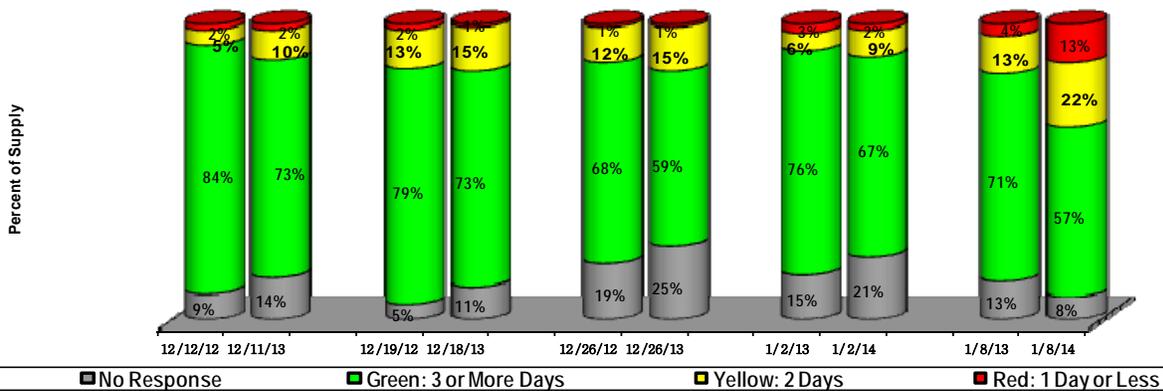
Al Whitney donating platelets at United Blood Services in Billings, Mont., in 2012, which marked his 49<sup>th</sup> state in his “Platelets Across America” campaign.

PEOPLE (continued from page 11)

**Lynda Hamlyn**, NHS Blood and Transplant (NHSBT) chief executive, was recently awarded a Commander of the Order of the British Empire (CBE) in the New Year’s Honors List 2014 for services to healthcare. Through the list, the Queen recognizes the achievements and service of extraordinary people across the UK. Ms. Hamlyn announced in December 2013 that she plans to retire this summer. “After nearly 40 years of working full-time in busy and challenging roles, and reaching retirement age next year, she feels it is time to leave what she considers the best chief executive job in the NHS,” said a Dec. 3 NHSBT announcement. “It has been a great pleasure and privilege to be chief executive of NHSBT over the last six years and I know that I will greatly miss many aspects of the work, as well as the people I have been so fortunate to work with during my time here,” said Ms. Hamlyn in the Jan. NHSBT News update. (Sources: NHSBT News, 1/1/14; Gov.uk press release, 1/1/14) ♦



**STOPLIGHT®: Status of the ABC Blood Supply, 2013 vs. 2014**



The order of the bars is (from top to bottom), red, yellow, green, and no response

**MEETINGS**

Jan. 28-29 **FDA Public Workshop: Strategies to Address Hemolytic Complications of Immune Globulin Infusions, Bethesda, Md. .**

The Food and Drug Administration will host a public workshop titled “Strategies to Address Hemolytic Complications of Immune Globulin Infusions on Jan. 28 from 8:30 a.m. to 5 p.m. and Jan. 29 from 8:30 a.m. to 12 p.m. The workshop will be held at the National Institutes of Health Campus in Building 38 A in Bethesda, Md. More information can be found at <http://1.usa.gov/1cSU9zf>.

Contact: Chris Nguyen, Center for Biologics Evaluation and Research (HFM-49), FDA, 1401 Rockville Pike, Ste. 200N, Rockville, MD, 20852. E-mail: [CBERPublicEvents@fda.hhs.gov](mailto:CBERPublicEvents@fda.hhs.gov).

(continued on page 13)

**POSITIONS** (continued from page 12)**Feb. 25-26 FDA Cellular, Tissue, and Gene Therapies Advisory Committee Meeting, Gaithersburg, Md.**

The Food and Drug Administration will hold a meeting of its Cellular, Tissue, and Gene Therapies Advisory Committee from on Feb. 25 from 8 a.m. to 5:30 p.m. and on Feb. 26 from 8 a.m. to 5 p.m. The meeting will be held at the Hilton Washington, D.C., North in Gaithersburg, Md. More information can be found at <http://1.usa.gov/19CSKIX>.

Contact: Gail Dapolito or Rosanna Harvey, FDA, Center for Biologics Evaluation and Research, 1401 Rockville Pike, HFM-71, Rockville, MD 20852. Phone: (301) 827-1289 or (301) 827-1297.

**CLASSIFIED ADVERTISING**

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

**POSITIONS AVAILABLE:**

**Director of Quality Assurance.** Central California Blood Center in Fresno, Calif. is recruiting for a Director of QA. Successful candidate will be medical technologist, CLS preferred, with five years' experience in blood banking and/or operations in regulated industry. Responsible for review of regulatory/guidance documents for application; hosts external auditors/inspectors as needed; performs internal audits; assists with management of licenses and certificates; reviews error reports and corrective actions. Fosters strong process control through appropriate SOP review and participation in validation activities as needed. Excellent working knowledge of industry regulatory and accreditation standards required; previous experience in auditing and/or technical writing preferred and excellent organizational/interpersonal communication skills. Minimum of five years of progressive leadership experience in quality management field required. Minimum five years progressive experience in Quality Systems preferred. CCBC offers a competitive salary and benefit package for this position that is a vital member of our Senior Management Team. To apply please fax resume to (559) 224-1310, or post [www.donateblood.org](http://www.donateblood.org); or mail to Central California Blood Center, 4343 W. Herndon Ave, Fresno, CA 93722. EOE

**Hospital Relations Manager.** Hospital Relation Manager serves 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](http://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](mailto:employment@lstream.org). EOE

**IT Service Management Director.** Blood Systems is seeking an IT Service Management Director to join its corporate IT team in Scottsdale, AZ. This position manages all information technology (IT) services to the organization, its affiliates, and business units.

(continued on page 14)

**POSITIONS** (continued from page 13)

The successful candidate will be responsible for all service support and service delivery actions to ensure they meet both the organizational business needs and IT requirements. This role is responsible for overall customer satisfaction and for building, operationalizing and providing ongoing oversight to the Service Management function. Knowledge/Experience: Bachelor's degree required. Master's degree preferred. Licenses/Certifications: Information Technology Infrastructure Library (ITIL) Practitioner Certificate in IT Service Management preferred. ITIL Service Manager Certification preferred. Project Management Professional (PMP) Certification preferred. Experience: Eight years related experience required. To include: three years of Business Analyst or Project Management experience. Three years supervisory experience. Experience with full software development life-cycle required. Implementation experience with medium to large scale projects preferred. For consideration, please submit resume via e-mail by 01/17/2014 to: [jobs@bloodsystems.org](mailto:jobs@bloodsystems.org) ATTN: HR/2013/148. Blood Systems offers a competitive benefits package such as: affordable medical, vision, and dental coverage, matched 401(k), education assistance and much more! Pre-employment background check and drug screen is required. Visit our website at: [www.bloodsystems.org](http://www.bloodsystems.org). EOE M/F/D/V

**Reference Laboratory Technologist.** Mississippi Valley Regional Blood Center (MVRBC) has an exciting opportunity in our St. Louis, Mo. facility for a Reference Laboratory Technologist to work in our Reference Department performing antibody testing, antigen typing, and providing consultation to hospital staff as needed. This position is full time with a working schedule of Monday through Friday 4:00 pm to 12:00 am, including on-call rotation for weekends and holidays. Candidates will possess MT/MLS certification with ASCP or equivalent. SBB a plus, but not required. Ideally, candidates will have three years of blood banking experience in the past five years. Interested candidates may visit <http://bit.ly/Q4V4mV> to apply.

**Clinical Laboratory Scientist, Immunohematology Reference Laboratory (Sign-on Bonus up to \$5000).** Hoxworth Blood Center seeks a full-time, second shift, Clinical Laboratory Scientist in the Immunohematology Reference Laboratory. Position requires a minimum of two (2) years transfusion service/blood bank or immunohematology reference laboratory experience. Position will perform routine, complex immunohematology serological testing with minimal supervision; evaluate, interpret test results, prepare reagents, select components for transfusions, maintain rare blood inventories; perform quality control procedures, computerized data entry, retrieval functions; communicate effectively with individuals in and outside the department. Requires participation in on-call duty. Applicants must qualify as High Complexity Laboratory Testing Personnel and as a General Supervisor as defined by CLIA regulations

(CFR 493.1487 and CFR 493.1461). Registry eligible individuals must take and pass the MLS(ASCP) or BB(ASCP) exam within 12 months of employment. Applicants must have a strong commitment to quality patient care and a customer service focus. Apply online to [www.jobsatuc.com/](http://www.jobsatuc.com/), position# 213HX6932. Visit Hoxworth Blood Center at [www.hoxworth.org](http://www.hoxworth.org). The University of Cincinnati Academic Medical Center offers an excellent compensation package that includes full tuition remission for employees and their dependents and great medical benefits. The University of Cincinnati is an Equal Opportunity/Affirmative Action/Equal Access Employer.

**Account Manager.** Mississippi Valley Regional Blood Center (MVRBC) has an exciting opportunity in our Springfield, Ill. or St. Louis, Mo. facility for an Account Manager (AM) to cultivate successful relationships with assigned customer accounts. Additionally, as AM, you will support the distribution of blood products to MVRBC customers by supporting sales and conducting inventory management as appropriate. The AM will also be called upon to educate clients on blood usage and regulatory compliance. Prior experience within the blood or healthcare industry is required, including at least two years in either inventory management or product/service marketing or sales with a demonstrated ability to promote and sell goods, services, and concepts. Statistical and data analysis experience is preferred. bachelor's degree in biology or related science field, business degree with demonstrated science background, or equivalent combination of experience and education will be considered. Qualified candidates may find additional information and apply here: <http://bit.ly/Q4V4mV>.

**Transfusion Service Supervisors.** Puget Sound Blood Center is seeking three laboratory Supervisors to play a crucial role in the integration and supervision of daily activities and staff at three new Transfusion Service Laboratories based at Seattle-area Swedish hospitals opening in 2014. Requirements include: BS CLS/MT or bachelors' degree in a chemical, physical, biological science and one year of laboratory experience in high complexity testing. MLS(ASCP), BB(ASCP), SBB(ASCP) or equivalent certification is required or certification within six months. Leadership experience is preferred. Position 7138ABC - day shift hours, based at the First Hill Swedish lab. Position 7139ABC - evening/overnight hours, based at the First Hill Swedish lab. Position 7140ABC - day shift hours, based at the Cherry Hill and Issaquah Swedish labs. Qualified applicants send resumes to [humanresources@psbc.org](mailto:humanresources@psbc.org). Please indicate the specific position number of interest on all correspondence. More information at [www.psbcc.org](http://www.psbcc.org). EEO/AA

(continued on page 15)

**POSITIONS** (continued from page 14)

**Technical Supervisor-NY Qualified with SBB.** ARUP Laboratories is a national reference laboratory located in Salt Lake City, Utah. We are looking for a technical supervisor for our AABB-accredited Immunohematology Reference Laboratory. This individual must be New York Qualified and have their Specialty in Blood Banking (SBB). Qualified individuals will need a bachelor's degree with the educational and ASCP certification requirements of a Medical Technologist, Medical Laboratory Scientist or Categorical certification in BB. They need a minimum of six years pertinent clinical laboratory experience with at least two years spent working under a director at the doctoral level or four years clinical laboratory experience and a master's degree in relevant area. They must have previous experience working in a highly complex transfusion services or Immunohematology Reference Laboratory (IRL). This person will be responsible for personnel, procedures, troubleshooting/technical, QA/QC/client support, administrative and change control and implementation. ARUP offers a very generous benefit package to their employees. Please visit our website [www.aruplab.com/Careers/](http://www.aruplab.com/Careers/) to apply. Refer to posting #13-0709.

**Region Recruitment Manager.** Puget Sound Blood Center is seeking a strategic leader to manage the departments responsible for donor group and volunteer

recruitment goals. Responsibilities include: providing leadership and motivation to staff teams; developing systems and program analysis tools; improving communications enhancing community relationships to encourage donor and volunteer participation; positioning the Blood Program as a volunteer supported organization. Ideal candidates will have over eight years' experience direct recruiting, marketing, relationship-building or volunteer management experience and five years in a supervisory capacity. Requirements also include demonstrated familiarity with marketing and planning systems; strong data analysis skills, demonstrated written, verbal, and interpersonal communication skills; proficiency with PC software and a bachelor's degree in a related field or equivalent work experience. Blood recruitment industry experience a plus. This exempt, full-time position is based in Bellevue, Wash. Submit resume to Puget Sound Blood Center via email at [humanresources@psbc.org](mailto:humanresources@psbc.org); fax: (866) 286-8495; USPS: Human Resources, Puget Sound Blood Center, 921 Terry Avenue, Seattle, WA 98104-1256. Reference Job #7032. Open until filled. For disability/accommodation assistance with the application process contact HR at [humanresources@psbc.org](mailto:humanresources@psbc.org), or at (206) 292-6500, or at 921 Terry Avenue, Seattle, WA 98104. AA. EOE ♠