



# ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

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**HHS Committee Recommends Move to One-Year MSM Deferral**

The Health and Human Services Secretary’s Advisory Committee on Blood and Tissue Safety and Availability (ACBTSA) recommended on Thursday that the Food and Drug Administration’s current blood donation policy that permanently defers men who have sex with men (MSM) even once since 1977 from donating blood be changed to a one-year deferral after abstinence from MSM behavior.

The deferral policy evolved in the wake of the HIV epidemic in the 1980s to protect the blood supply from transfusion-transmitted HIV. As donor qualification and testing methods have become more sensitive, the risk from transfusion had dropped dramatically – making the MSM policy medically and scientifically outdated, inconsistent with other behavioral deferrals, and unfair in the eyes of many, including the national blood organizations.

America’s Blood Centers, AABB, and the American Red Cross (ARC) issued a [joint statement](#) in response to the committee’s recommendation, highlighting its support for the “use of rational, scientifically-based deferral periods that are applied fairly and consistently among blood donors who engage in similar risk activities.”

These three organizations have long recommended that the FDA amend the current indefinite deferral of MSM to a one-year deferral. “This change in policy would align the donor deferral period for MSM with criteria for other activities that may pose a similar risk of transfusion-transmissible infections,” according to the joint statement. For example, the current deferral period for individuals who have had sexual contact with an individual infected with HIV is 12 months.

In each of these cases, the overwhelming majority of donors with prevalent infections will be positive by both antibody tests and/or nucleic acid amplification tests (NAT). The current “window period” from the time an individual is infected to the time screening tests would detect infection – about nine days for HIV, 7.4 days for hepatitis C virus, and 30 to 38 days for hepatitis B virus – falls well within a one-year deferral period.

Several other countries have moved from lifetime to fixed-period MSM deferrals, including the UK, Australia, and Canada. Both the ACBTSA and FDA’s Blood Products Advisory Committee (BPAC) have discussed the issue several times, generally focusing on the need for continued surveillance of transfusion safety and awaiting ongoing studies commissioned by HHS to explore whether the

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## OUR SPACE

**Matt Granato, ABC's Chief Operating Officer**

### **Paving the Way for the ABC Professional Institute**

Last week, members of the ABC Professional Institute (API) Curriculum Development Committee, and invited guests, gathered in the ABC office for a retreat to scope out and prioritize the services and products offered to members through the API, which is currently under development. Led by committee chair and facilitator, Michelle Johnson, from Carter BloodCare, the group spent a day sorting through the results of a recent membership survey about the API, and worked to identify the content of potential subjects and certificate programs that would be of value to ABC members (see p. 5).

Nearly 300 individuals responded to the survey, 67 of whom hold C-suite level positions at member centers. The most revealing results came from the expressed need for leadership development. Ninety-six percent of responding blood center executives and 87 percent of all respondents indicated that a certificate program in "blood banking leadership" would be of interest to them. Similarly, 88 percent of C-suite level respondents and 70 percent of all respondents indicated that they would like a certificate for blood banking professionals in non-managerial positions.

These results are not too surprising. Last year, I wrote about the need to focus on succession planning and grooming the next generation of blood banking leaders (at the time, ABC calculations estimated the average ABC CEO age to be in the early 60s). The data in the survey confirm that CEOs and other senior leaders feel the same need, and are looking at ABC to aid in this area.

Now that the committee has analyzed the data and identified the core API content programs and objectives, we've begun working on the details. These include setting up the API structure and developing education modules from scratch in some cases, and, in other cases, sorting through existing training and educational materials to incorporate. In the next few weeks, you will receive a call for experts to help develop the content of each module. We hope that you will roll up your sleeves with us and lend us your skills and existing materials.

Providing leadership development fits well with ABC's strategic goal of "Education Excellence," and one that will prove a worthwhile investment of the efforts and resources of ABC and our members for the betterment of blood banking.

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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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HHS Committee Recommends One-Year MSM Deferral (continued from page 1)

policy can be changed to permit certain gay men to donate without measurably decreasing the safety of the blood supply. Before-and-after data from Australia does not demonstrate an increase in risk as measured by test-positive donors, presenting to donate. When the ACBTSA last considered the MSM deferral policy in December 2013, the committee recommended development of a national surveillance system to track transfusion-transmitted infections (TTIs) be established prior to implementing any change.

During Thursday's meeting, the committee heard updates on long-awaited research concerning the MSM deferral issue, suggesting that a sustainable TTI surveillance system is feasible and that switching to a one-year MSM deferral would likely not measurably decrease the safety of the blood supply.

**Evidence Supporting a One-Year MSM Deferral.** Simone Glynn, MD, from the National Heart, Lung, and Blood Institute presented data from the Retrovirus Epidemiology and Donor Study-II (REDS-II) that demonstrated the feasibility and performance of a pilot surveillance system for transfusion-transmitted viral infections, using consensus definitions for viral marker studies. Using data from ARC, New York Blood Center, and Blood Systems, investigators measured baseline infection rates. An interview study that also included OneBlood confirmed the historical risk factors to TTIs. Confirmation of the historical risk factors and a baseline rate through these studies will enable regulators to evaluate any new policy based upon serial assessment of TTI rates.

Brian Custer, PhD, from Blood Systems Research Institute, reported data from the REDS-III Blood Donation Rules Opinion Study (Blood DROPS) that explored the awareness and attitudes of MSM who are compliant with the current deferral, those currently donating despite the current policy, and a group of non-donor MSM. Rates of HIV infection in noncompliant donors were lower than surveillance data suggest for all MSM (albeit much higher than the non-MSM population), suggesting that the noncompliant donors were self-selecting for a lower risk of infection. Fifty-one percent of the non-complying donors reported they would follow a change to a one-year deferral. Much of the committee's discussion focused on the mitigation of the impact of improved compliance with a deferral that may be viewed as more science-based and fair on any increased risk from allowing MSM to donate after one year of abstinence.

Harvey Alter, MD, from NIH presented the considerations and conclusions of a federal working group on the MSM deferral policy, consisting of representatives from regulatory and government agencies. The group recommended to the ACBTSA a change to a one-year deferral. Other options considered, but not recommended, were no change in the policy, a five-year deferral after abstinence, pretesting of potential MSM donors for TTIs, and deferral based on detailed individual risk assessments.

During a public comment session, no opposition to an amended deferral was expressed, including by representatives of patient groups historically most affected by HIV-contamination of the blood and plasma supply. The committee then voted on a number of questions – listed below.

1. Do the completed HHS MSM Blood Donor Deferral Studies, along with other additional studies and data, provide the ACBTSA with sufficient information to support a change from the current MSM deferral policy (deferral for MSM, even once, since 1977) to an alternative policy that would permit blood donations by some MSM? **Outcome:** 16 Yes; 2 No. (The opposition came from ACBTSA members whose constituencies include those historically at increased risk from TTIs.)

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HHS Committee Recommends One-Year MSM Deferral (continued from page 3)

2. After hearing the MSM study results, if the committee determines that a policy change is supported by the evidence, what deferral time frame does the committee recommend for a change to the MSM Blood Donor Deferral Policy recommendations? **Outcome:** A one-year deferral was proposed – 16 Yes; 2 No.
3. Based on the Donor History Questionnaire (DHQ) study performed by CDC’s National Center for Health Statistics, and the data from the REDS Blood DROPS study, what approaches does the ACBTSA recommend for exploration of potential enhancements to the DHQ format and associated public health education and outreach to blood donors and public stakeholders?

In response to question No. 3, the following recommendations were unanimously endorsed by the committee.

The ACBTSA recommends to the Secretary the following in regards to the recommended change in MSM policy:

- Implementation of the recommendations made during the December 2013 ACBTSA meeting, especially those regarding surveillance of transmissible diseases; and
- Develop and implement a coordinated communication plan regarding a change in MSM deferral policy focused on all relevant stakeholders.

In addition, the ACBTSA recommends for all donations (i.e., blood, tissue, and organs) that the Secretary:

- Undertake studies to evaluate the effectiveness of the administration of the DHQ;
- Take steps to improve transparent communication to recipients of the relative risks and benefits of blood, organs, cells and tissues;
- Evaluate and revise the donor education materials in order to improve its uptake, comprehension, and utility to promote accurate disclosures of risk; and
- Improve the sensitivity and specificity of the donor selection criteria to identify donors at increased risk of transmissible diseases.

“The recommendation is fairer and more science-based than the current policy, but, of course, awaits acceptance of the recommendation in HHS generally, and by FDA specifically,” said ABC Chief Medical Officer Louis M. Katz, MD, in response to the committee’s new position. “It represents an important milestone on the road to an appropriate risk-based decision-making process for transfusion safety, moving away from a zero-risk paradigm toward tolerable risk.”

He added, “as to specific risk related to the MSM behavior, it will be of great import to follow a sustainable surveillance system into the future and demonstrate the lack of a measurable and clinically significant and clinically significant impact on transfusion safety. There remains a fair period of time before FDA can make a decision and translate the recommendation into guidance and before we know that international regulators, so influential in the global plasma derivatives space, will accept a new approach.”

FDA’s BPAC is scheduled to discuss this issue during a meeting scheduled for Dec. 2 to 3. ABC members can access joint talking points on the MSM deferral at <http://bit.ly/1BpXDvJ>.

See next week’s *ABC Newsletter* for details on the committee’s Friday discussions, including those on hemoglobin S testing in blood donors and emerging infectious diseases. ♦



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## INSIDE ABC

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

### **ABC Committee Meets to Discuss Future of the ABC Professional Institute**

The America's Blood Centers Professional Institute (API) Curriculum Development Committee met last week in Washington, D.C., to discuss the path forward for the API – a learning community offering an innovative and robust blend of traditional and virtual educational tools for blood bank professionals.

To kick off the meeting, the committee discussed the vision for the API, which consists of interconnecting education tracks, portals for learning, and subject matter that every ABC member blood center employee can access, with the opportunity to earn certificates. The API will offer access to information and education through face-to-face learning (i.e., meetings and workshops); online learning (i.e., webinars and individualized e-learning); learning communities (i.e., listservs and resource-sharing center); and publications (i.e., *ABC Newsletter*, *Blood Bulletin*, and other medical journals accessed through ABC.)

In most cases, members will be able to earn continuing education credits, as well as ABC certificates in certain areas of interest valuable to blood bankers.

The committee reviewed the results of a recent ABC survey that sought to determine the educational programs and offerings that ABC members most value. The committee used these responses to prioritize the programs and offerings to be developed. Based upon survey responses, the committee's next steps will include developing the following resources:

- A “Blood Banking 101” subject matter resource that would utilize e-learning tools to provide a broad understanding of the fundamentals of blood banking for any level of new hires; and
- A disaster preparedness resource library.

The committee also focused the conversation on developing the structure and content for four certificate programs identified through the survey:

- A leadership development certificate program;
- A customer service certificate program;
- A supervisory training certificate program; and
- A quality and regulatory certificate program.

The survey indicated a high desire among ABC members for these certificates, with core content specific to blood banking and additional “off-the-shelf” content sourced from well-established, reputable education providers. The committee brainstormed potential learning methods and specific tools within each of the prioritized programs. They set goals and timelines to ensure that the API project stays on track.

“I am very pleased with the progress of the committee thus far and am excited to see the API beginning to take shape. Between the committee and the ABC staff, we have a very capable team that I believe will

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**INSIDE ABC** (continued from page 5)

deliver an invaluable collection of learning opportunities to enhance the educational and professional development of blood bankers” said API Curriculum Development Chair Michelle Johnson, of Carter BloodCare.

Moving forward, ABC will develop a description of each module and certificate program, as well as a timeline and resource requirement list. In the next few weeks, ABC will issue a call for experts who might be interested in working with staff to bring these programs to reality. Stay tuned.

### **ABC Requests Nominations for Board Officers and Directors**

America’s Blood Centers’ Nominating Committee is seeking nominations for the officer and at-large director positions for ABC’s fiscal year 2016 board of directors. Candidates should have a strong interest in conducting the affairs of the organization and advancing the interests of ABC members.

From a slate of member nominees, the ABC Nominating Committee will prepare a ballot for consideration by ABC’s president. The committee’s recommendations will be submitted to the active membership in advance of the ABC Annual Meeting in March. These nominees and other persons nominated from the floor will be voted upon at the Annual Meeting.

In August, ABC members passed a bylaw change allowing at-large directors to serve two three-year terms. Previously, at-large directors could serve only one three-year term. Below is a listing of current board members whose terms will expire at the end of fiscal year 2015 and the board positions they are eligible to run for in fiscal year 2016. These current board members will need to be nominated to be considered for fiscal year 2016 positions.

- Rick Axelrod, MD, ABC vice president (eligible to run for vice president, secretary, or treasurer)
- Diane Merkt, ABC secretary (eligible to run for vice president, secretary, or treasurer)
- Martin Grable, ABC treasurer (eligible to run for vice president or secretary)
- Jeff Bryant (small center representative), director (eligible to run for director, vice president, secretary, or treasurer)
- Rob Purvis (large center representative), director (eligible to run for director, vice president, secretary, or treasurer)
- Chris Staub (small center representative), director (eligible to run for director, vice president, secretary, or treasurer)
- Laurie Sutor, MD, (large center representative), director (eligible to run for director, vice president, secretary, or treasurer)

ABC members can find more information in [MCN 14-123](#). Nominations may be directed to [lbeaston@americasblood.org](mailto:lbeaston@americasblood.org).

### **ABC Webinar to Tackle Bullying and Resolving Conflict**

America’s Blood Centers will host a webinar on bullying and resolving conflict on Nov. 20 at 3 p.m. EST. Whether you call it gossip, bullying, harassment, or conflict – all of these are problems that negatively impact the workplace environment, requiring action and energy to address these challenges.

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How can human resources professionals eliminate and/or reduce these issues in the workplace? Can team members address these issues as they occur, empowering themselves and resolving without intercession of their supervisors? The ABC Human Resources Committee invites ABC members to attend the Nov. 20 webinar to explore these questions. During the one-hour session, two committee members will share tools they have used in their organizations to address these negative traits to achieve a positive outcome and, ultimately, change behavior.

ABC's HR Committee recommends that interested attendees view the following video before attending the webinar: <http://bit.ly/1EI26b5>. ABC members can find webinar details in [MCN 14-117](#). Questions may be directed to [lhampton@americasblood.org](mailto:lhampton@americasblood.org). ♦

**RESEARCH IN BRIEF**

**Two abstracts presented at the AABB Annual Meeting in Philadelphia explore the use of cell salvage techniques to improve blood utilization.** Many hospitals have begun using cell salvage techniques as a way to reduce unnecessary transfusions and blood utilization, however, its impact on blood use and patient outcomes remains unclear. In one study, Arwa Al-Riyami, MD, and colleagues of the Sultan Qaboos University Hospital in Muscat, investigated the impact of intraoperative cell salvage on the rate of allogeneic transfusion in cardiac surgery patients as the primary endpoint and on post-operative morbidity and mortality as secondary endpoints. They conducted a retrospective review of all cardiac surgery patients with the use of cell salvage or without it, analyzing the rate of red blood cell (RBC), platelet, and frozen plasma transfusion, as well as post-operative infection, new renal failure, and mortality. They found no difference in the rate of RBC transfusion, however the cell salvage group had higher rates of platelet transfusion. There was also no difference in the rates of new renal failure or mortality. "These findings warrant caution in the generalized use of the cell saver and probably require large studies to examine the benefits of cell salvage use in different patient risk groups," conclude the authors. In the second study, Michael Bellone, DO, of New York Blood Center (NYBC), and colleagues analyzed NYBC's experience with providing perioperative autologous transfusion service to community hospitals to determine clinical factors associated with efficacy and cost-effectiveness. They examined all perioperative autologous transfusion cases between January 2008 and December 2012. They analyzed clinical predictors related to patient demographics, estimated blood loss, surgical procedure, hospital size, surgeon, operative duration, and perioperative autologous transfusion device. They also calculated the number of RBC units returned to the patient (rRBCs) based on returned red cell volume (rRCV). They found that perioperative autologous transfusion was most effective for trauma, abdominal aortic aneurysm repair, and splenectomy procedures. Increased estimated blood loss, vascular procedures, AutoLog device usage, high surgeon case volume, and elective procedures were independently associated with perioperative autologous transfusion efficacy defined as  $\geq 1$  rRBC. In contrast, cost-effectiveness defined by  $\geq 2$  rRBC was independently associated only with increased blood loss, longer procedures, and AutoLog device usage. "This analysis may help guide selection of cases for perioperative autologous transfusion use," conclude the authors.

**Citation:** Al-Riyami AZ, *et al.* Intraoperative cell salvage in cardiac surgery increases platelet transfusion requirements; a cohort study. *Transfusion* 2014;54 Supplement.

Bellone M, *et al.* Retrospective analysis of community hospital cell-salvage procedures: factors that improve utilization. *Transfusion* 2014;54 Supplement.

**RESEARCH IN BRIEF** (continued on page 8)



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

“We are excited that ABC has chosen Austin for its Supply Chain Optimization Workshop. You can expect informative presentations and stimulating dialogue. Supply chain optimization is a hot topic, and the host city is totally cool. We look forward to seeing y’all in Austin this December.”

– Marshall Cothran  
Chief Executive Officer  
The Blood & Tissue Center  
of Central Texas

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



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

A study recently published in *Transfusion* explores whether “undertransfusion” is becoming an issue in the age of patient blood management. Over the last several years, many hospitals have implemented patient blood management programs aimed at decreasing unnecessary blood use and improving patient outcomes. However, when used properly, blood products save lives, and the UK hemovigilance system, the Serious Hazards of Transfusion (SHOT), mentions the need for monitoring undertransfusion. For these reasons, Stephen Hibbs, BA BMBCh, of Oxford University and the UK’s NHS Blood and Transplant, and colleagues conducted a study to develop a method for monitoring undertransfusion and to report the incidence of undertransfusion at three UK hospital locations within an academic medical center. All patients with a hemoglobin concentration below 6 g/dL or platelet count of fewer than  $10 \times 10^9/L$  were identified during a one-month period. Patients who were transfused within 72 hours of the low reading were excluded from further analysis. For all other patients, records were examined against predefined criteria to ascertain whether the reason for non-administration of transfusion was justified. During the study period, there were 63 eligible hemoglobin readings and 130 eligible platelet counts in 93 patients. Of these, 36 patients were not transfused within 72 hours of the low reading. “However, all that we were able to fully investigate (35 of 36) had a clear justification for non-administration of transfusion,” wrote the authors. Most frequently patients with a low hemoglobin reading were not transfused because a low hemoglobin reading did not correlate with the patient’s clinical condition and a repeat sample either found that the hemoglobin had normalized or was above the transfusion threshold. Among

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**RESEARCH IN BRIEF** (continued from page 8)

non-transfused patients with low platelet counts, the most frequent reason for not transfusing was that transfusion was medically inappropriate, generally due to idiopathic thrombocytopenic purpura. “It is reassuring that we not only found no evidence of transfusions being inappropriately withheld, but also that clinicians are not transfusing inappropriately even when blood test results are very low,” write the authors. They add that their research highlights three central components necessary to monitor undertransfusion, which include:

- The ability to search lab records for low hemoglobin and platelet counts within a given time frame;
- A reliable database of transfusion records; and
- Clear predefined categories that justify withholding transfusion.

The authors conclude that hospitals and blood services should monitor undertransfusion, as well as overtransfusion. “What the transfusion community is aiming for is not less blood usage in isolation, but appropriate transfusion decisions that combine an up-to-date evidence base of transfusion and alternatives to transfusion, the full clinical context of individual patients, and each patient’s own values.

**Citation:** Hibbs S, *et al.* Is undertransfusion a problem in modern clinical practice? *Transfusion* 2014 Oct 21. [Epub ahead of print]

**An analysis recently published in *Transfusion Medicine Reviews* illuminates some of the most common reasons for post-donation information (PDI) notifications and subsequent blood component recall and suggests a new approach to more effectively manage them.** Blood centers often receive information about a donor after blood donation that should have resulted in donor deferral – known as PDI – and may attempt to retrieve distributed blood components that did not meet all quality standards and regulations. Blood centers often notify the transfusion service that received the blood and provide an estimate of the potential risk, if any, associated with the components, but the transfusion service must then decide on what further actions must be taken to mitigate any potential risk. Anne F. Eder, MD, PhD, of the American Red Cross, and Mindy Goldman, MD, of Canadian Blood Services, reviewed the most commonly reported PDI and available information on any risk associated with the transfused components from the involved donations. The authors propose a framework for blood center retrieval actions and hospital notification that is consistent with current regulations and commensurate with the likelihood of adverse outcomes associated with the most commonly reported PDI. The authors review Food and Drug Administration, AABB, and the Canadian standards for managing PDIs. In the US, blood centers submitted 25,503 total biological product deviation (BPD) reports to the Food and Drug Administration in 2013 with more than 18,170 (71 percent) arising from PDI about donor suitability. Among those, the top reasons, accounting for 70 percent of PDI, were travel to malaria-endemic areas, time spent in variant Creutzfeldt-Jakob disease (vCJD)-risk countries, tattoo or body piercing, men having sex with other men (MSM), and post-donation illness. Currently, PDI affects about 1 in 600 donations resulting in the retrieval of 1 in 450 blood components distributed by the American Red Cross, according to the authors. The annual rate of PDI at CBS has ranged from 1.26 to 1.03 per 1,000 donations over the last four years. The top seven reasons for PDI, accounting for 84 percent of PDIs at Canadian Blood Services included cancer, malaria-risk travel, vCJD travel risk, possible acute bacterial infection, risk behavior in partner, tattoo/piercing/electrolysis, other risk behavior in donor (e.g., MSM, hepatitis contact, etc.), and other. The authors also discussed the risks to transfusion recipients associated with each of these common reasons for PDI, many of which are quite low. They propose an approach to managing the top categories of PDI in the US and Canada that would be consistent with current regulations and commensurate with the risk posed to recipients. “Unnecessary component retrievals and notifications are far from

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**RESEARCH IN BRIEF** (continued from page 9)

harmless or just a mere nuisance, as a continuous stream of notifications not only is an administrative burden, but also desensitizes and distracts hospitals from recognizing and acting quickly on notifications that pose tangible and immediate risk to patients,” write the authors. “A rational approach to donor health history assessment will balance the need to take appropriate precautions, with the need to eliminate unnecessarily restrictive policies that adversely affect blood availability without contributing to donor or recipient safety,” write the authors. The authors conclude that their proposed approach limits unnecessary retrieval notifications stemming from PDI, while taking precautions to protect patients through collaboration between blood suppliers and transfusion services.

**Citation:** Eder AF, Goldman M. Postdonation Information and Blood Component Retrievals: Realigning Blood Center and Hospital Actions Based on Risk Assessment. *Transfusion Med Rev.* 2014 Sep 28. [Epub ahead of print] ♦

**BRIEFLY NOTED**

**A corporate education session, presented by Fenwal, a Fresenius Kabi Company, at the AABB Annual Meeting in October offered both the physician and blood center perspective on the implementation of platelets stored in platelet additive solution (PAS).** Claudia S. Cohn, MD, PhD, of the University of Minnesota, offering the hospital perspective on how PAS platelets can improve patient care, began her talk with a review of the history and basics of PAS platelets. In 2010, FDA approved Fenwal’s PAS 3 additive solution – InterSol – which replaces 65 percent of the plasma that is normally used to store platelets. InterSol platelets are collected using the Amicus apheresis system. Dr. Cohn discussed the advantages of PAS, including the reduction in plasma volume, which may reduce the risk of some transfusion reactions. She reviewed results from previously published studies suggesting reduced transfusion reaction rates – including allergic transfusion reactions and febrile non-hemolytic transfusion reactions – with the use of platelets stored in PAS compared with plasma. Margaret Hannan, project manager at the Blood Bank of Delmarva (BBD) discussed the impact upon her center of implementing InterSol platelets. BBD implemented PAS platelets in response to concern from one of their hospital customers concerning two significant patient reactions to non-ABO compatible platelet transfusions. Ms. Hannan explained how the center educated the hospital staff regarding the implementation of PAS platelets, including education during monthly meetings with hospital supervisors, provision of a package insert and new product codes, and an updated circular of information. She noted that implementing PAS required training for blood center staff and changes in standard operating procedures (SOPs) that were manageable. She added that donors noticed no difference when InterSol platelet collection was implemented. Because plasma normally used to store the platelets is removed and replaced with the InterSol solution, blood centers can use this additional plasma for other purposes, while still classifying the donor as a plateletpheresis donor for donor deferral purposes, explained Ms. Hannan. She described the process of applying for an FDA variance to collect the plasma replaced by InterSol. She emphasized the utility of communicating with the center’s consumer safety officer at FDA early in the process, and also provided a recommended process flow for gaining variance approval and implementing PAS platelets. She concluded that PAS platelets can be implemented without unreasonable difficulty and increase the supply of recovered plasma and revenue. ABC member blood centers can find more information in Ms. Hannan’s presentation slides, available at <http://bit.ly/1x18Uht>.

**BRIEFLY NOTED** (continued on page 11)

**BRIEFLY NOTED** (continued from page 11)

**AABB recently published a clinical practice guideline regarding platelet transfusion in the [Annals of Internal Medicine](#).** Platelet transfusions are often administered to stop or prevent bleeding and are often administered prophylactically to patients undergoing chemotherapy or surgeries that may cause serious bleeding. AABB developed this guideline to inform the appropriate use of platelet transfusion in adult patients. It is based on a systematic review of randomized, clinical trials and observational studies that reported clinical outcomes on patients receiving prophylactic or therapeutic platelet transfusions. An expert panel reviewed the literature and developed recommendations using the Grading of Recommendations Assessment, Development and Evaluation (GRADE) framework. In the guidelines, AABB strongly recommends prophylactic transfusion of platelets to reduce the risk of spontaneous bleeding in adults with therapy-associated low platelet production, such as that seen with chemotherapy for cancer. Such hospitalized adults should be transfused at or below 10,000 platelets/ $\mu$ L. AABB also recommends transfusing up to a single apheresis unit or equivalent, as evidence demonstrates that greater doses are not more effective, according to AABB. The guideline recommends prophylactic platelet transfusion for three thrombocytopenic patient groups, although the evidence is not considered as strong:

- Elective central venous catheter placement with a platelet count below 20,000/ $\mu$ L;
- Elective diagnostic lumbar puncture with a platelet count below 50,000/ $\mu$ L; and
- Major elective non-neuraxial surgery with a platelet count below 50,000/ $\mu$ L.

The guideline recommends against routine prophylactic platelet transfusion for patients who are non-thrombocytopenic and have cardiac surgery with cardiopulmonary bypass, and cannot recommend for or against platelet transfusion for patients receiving antiplatelet therapy who have intracranial hemorrhage. The guideline is available at <http://bit.ly/1xdRqQL>. ♦

**THE WORD IN WASHINGTON**

**The republican sweep at the Nov. 4 midterm election changed the players inside Congress and the impact on the blood banking community is yet to be realized.** Recess lasts through Nov. 12 – if you had a chance to see your member of Congress during recess, please let America’s Blood Centers know at [mbenton@americasblood.org](mailto:mbenton@americasblood.org). So what is the new way of the world in Washington following midterm elections? In January, the US House of Representatives will have at least 16 more republicans than the current GOP-majority House, and the US Senate will have a Republican majority of at least 53-46 (with two independents and one contest not decided) instead of its current Democratic majority. The ABC team will have to get to know at least 51 first-term US representatives, and at least 12 freshman Senators. ABC will work to educate members of Congress about community blood centers and the role that we play in assuring access to a safe and vital blood supply. Chairs and majorities of all Senate committees will flip from democratic to republican. The Senate Finance Committee chair will no longer be Sen. Ron Wyden (D-OR), but Sen. Orrin Hatch (R-UT), and the Senate Health, Education, Labor and Pensions Committee will no longer be headed by retiring Sen. Tom Harkin (D-IA) but by Sen. Lamar Alexander (R-TN). The Senate Committee on Veterans’ Affairs will no longer be chaired by Sen. Bernie Sanders (I-VT), but by either Sen. Johnny Isakson (R-GA) or Sen. Richard Burr (R-NC), depending on whether Sen. Burr takes the helm of the Select Committee on Intelligence instead. Less dramatic shifts occur within the House of Representatives, where the Medicare-writing House Ways and Means Committee will have a new chairman, likely Rep. Paul Ryan (R-WI), who is being challenged by Rep. Kevin Brady (R-TX). Current chair Rep. Dave Camp (R-MI) is retiring. The top democrat on the Medicare-writing House Energy and

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**THE WORD IN WASHINGTON** (continued from page 11)

Commerce Committee is also retiring, giving way to either Rep. Frank Pallone (D-NJ) or Rep. Anna Eshoo (D-CA) who are contesting for that post. For now, the Congress elected two years ago returns to Washington on Nov. 12 to complete unfinished business. Top on the docket is the 2015 appropriations process, still undone more than a month into Uncle Sam's new fiscal year. The stopgap "continuing resolution" funding expires Dec. 11, marking a deadline for Congress to complete its budget work.

**On Nov. 5, pursuant to the Veterans Access, Choice, and Accountability Act (H.R. 3230), the Department of Veterans Affairs (VA) released two notices in the Federal Register publishing wait times for the scheduling of appointments in each VA facility.** The notices address wait times and scheduling of appointments for primary care, specialty care, and hospital care and medical services, and an interim guidance to establish a program to furnish hospital care and medical services through non-VA health care providers. The Federal Register notices for the regional wait times and interim final rule can be viewed here: <http://1.usa.gov/1sK8fv5> and <http://1.usa.gov/1sJTBVp>.

**Marking another possible risk to implementation of the Affordable Care Act (ACA), the US Supreme Court decided on Nov. 7 to take up a case that challenges whether the ACA allows health plans marketed through federal exchanges to be subsidized.** The high court's decision to hear the case of King vs. Burwell hinges on what interpretation of the ACA applies to subsidized healthcare plans. The plain text of the ACA designates that subsidies may apply to plans marketed through state exchanges. However, the language of the ACA is less clear on whether the subsidies are available for plans marketed through the federal exchange. The Obama administration has approved subsidizing plans marketed through both types of exchanges. Because 27 states have federally-run exchanges, if the majority holds in favor of the plaintiff, the implementation of the ACA will face serious challenges. More information is available at [Scotusblog](http://scotusblog.com). ♦

**GLOBAL NEWS**

**The Advanced Medical Technology Association (AdvaMed) announced in a Nov. 10 press release the official opening of its representative office in Shanghai, China, during a ceremony in Beijing co-hosted by the Embassy of the United States of America.** On hand for the "ribbon-cutting" event at the Beijing Marriott Hotel Northeast were AdvaMed President and CEO Stephen J. Ubl and more than 100 invited dignitaries, senior government officials, industry leaders, and other healthcare stakeholders from China and the US. Attendees included leaders of the China Food and Drug Administration and other governmental agencies, hospitals and related health and scientific organizations, as well as senior US Embassy and AdvaMed member company representatives. "Today we celebrate the culmination of months of effort to officially open AdvaMed's representative office in China," Mr. Ubl said. "The new facility in Shanghai – where many of our member companies have their China headquarters – will substantially enhance the association's ability to partner with Chinese authorities and other stakeholders, and provide AdvaMed members expanded opportunities to engage on important policy issues in one of the world's fastest growing markets for medical technology." The opening ceremony follows official recognition of the Shanghai office by Chinese authorities in May, and builds on the association's existing presence in the country. Lynn Jiao, executive director of AdvaMed's China program, has been working on behalf of the association's members for nearly two years. AdvaMed also has established a China Council, consisting of member companies' senior representatives in the country, which met for the first time in April 2013. In addition, AdvaMed has had a shared staff position with the American Chamber of Commerce in Beijing since 2009. More information can be found in the [AdvaMed press release](#). (Source: AdvaMed press release, 11/10/14) ♦

## Did You Know...?

**‘92’** – the number of active lines during ABC’s webinar held on Thursday, when ABC members tuned in to learn about OneBlood’s implementation of a simulation training program for blood centers.

*America’s Blood Centers’ staff, board of directors, and committee members are working daily to support the needs of ABC’s member blood centers. Whether it is through public, regulatory or legislative advocacy, educational meetings and webinars, or disaster preparedness assistance, ABC strives to support the continued success and development of independent community blood centers and their employees. Every quarter, ABC staff reports on a series of metrics to the board of directors through the ABC Balanced Measures Report. The ABC Newsletter will highlight one metric each week. Be sure to check it out to find out how ABC is working on behalf of your blood center.*

### INFECTIOUS DISEASE UPDATES

#### DENGUE VIRUS

The results from a second phase 3 clinical trial suggest that a candidate vaccine against dengue virus is safe and provides moderate protection against the virus, offering some hope in fighting dengue in endemic countries. Luis Villar, MD, of the Universidad Industrial de Santander in Colombia, and colleagues, report the results of the second of twin phase-III clinical trials planned in the clinical development of the vaccine. An Asian phase-III trial published in *The Lancet* last month involved children between the ages of 2 and 14 years, showing an overall vaccine efficacy of 56.5 percent after three injections, which increased to 80.8 percent against severe dengue. However, it had variable serotype-specific efficacy – 50 percent for serotype 1, 35 percent for serotype 2, 78.4 percent for serotype 3, and 75.3 percent for serotype 4. The current trial was a randomized, blinded, placebo-controlled efficacy trial involving healthy children between the ages of nine and 16, conducted in five Latin American countries where dengue is endemic. The trial tested the efficacy of a schedule of three doses – administered at zero, six, and 12 months – against symptomatic, virologically confirmed dengue (VCD). In the new study, subjects were blindly randomized, in a 2:1 ratio, to receive three injections of the vaccine or placebo at zero, six, and 12 months. The children were followed for 25 months, with the primary outcome being vaccine efficacy against symptomatic VCD, regardless of disease severity or serotype, occurring more than 28 days after the third injection. The researchers enrolled 20,869 children, of whom 176 in the control group and 221 in the vaccine group developed VCD, for a vaccine efficacy of 60.8 percent. Serotype-specific immunity developed against all four serotypes, including serotype 2, although with variation between serotypes, as in the previous trial. The efficacy against hospitalization for dengue was 80.3 percent and 95.5 percent against severe dengue over a 25-month period. No safety concerns or evidence of more severe disease breakthrough in the vaccine group were seen. The vaccine was more effective among children who were seropositive than seronegative at enrollment. “The efficacy results reported here are consistent with those of the similarly designed Asian trial,” report the authors. “In the two studies, efficacy was higher against serotypes 3 and 4 than against serotypes 1 and 2.” They add that the reductions in hospitalization rates and severe dengue are “pertinent findings from a public health viewpoint, given the debilitating burden of dengue on hospitals during endemic transmission seasons and epidemic outbreaks.” Stephen J. Thomas,

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**INFECTIOUS DISEASE UPDATES** (continued from page 13)

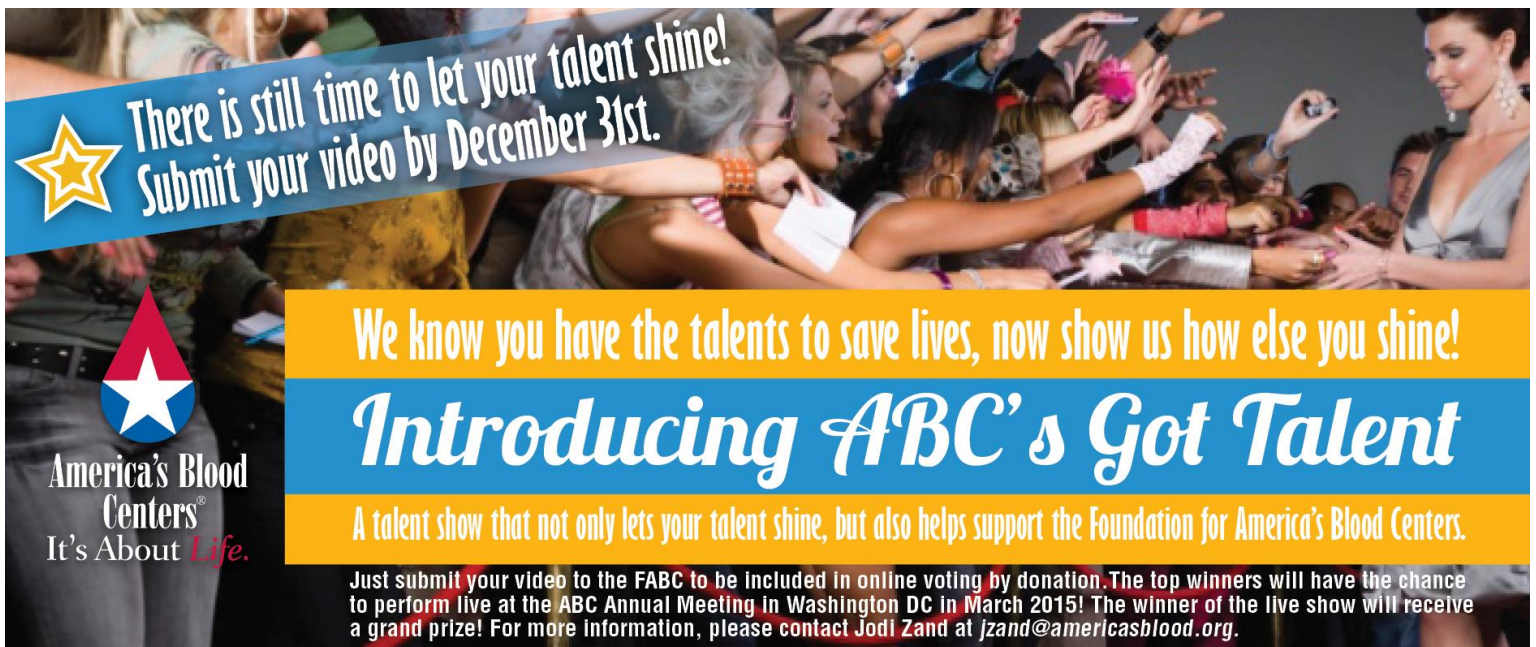
MD, adds in an accompanying editorial, “Although the available results are not broadly generalizable across diverse populations, a foundation for additional studies has been laid.”

**Citations:** Villar L, *et al.* Efficacy of a tetravalent dengue vaccine in children in Latin America. *N Engl J Med.* 2014 Nov. 3. [Epub ahead of print]

Thomas SJ. Preventing dengue – Is the possibility now a reality? *N Engl J Med.* 2014 Nov. 3. [Epub ahead of print].

**EBOLA**

During the American Medical Association’s recent 2014 Interim Meeting, attendees heard a talk on Ebola virus disease from Arjun Srinivasan, MD, associate director for Healthcare Associated Infection Prevention Programs in the Division of Healthcare Quality Promotion at the National Center for Emerging and Zoonotic Infectious Diseases. Dr. Srinivasan gave an overview of the virus and the current outbreak in West Africa, and provided information on how to prepare for and manage Ebola patients in hospital and ambulatory care settings. A video recording of his talk can be accessed at <http://bit.ly/1pXpxtX>. ♦



There is still time to let your talent shine!  
Submit your video by December 31st.

We know you have the talents to save lives, now show us how else you shine!

**Introducing ABC's Got Talent**

A talent show that not only lets your talent shine, but also helps support the Foundation for America's Blood Centers.

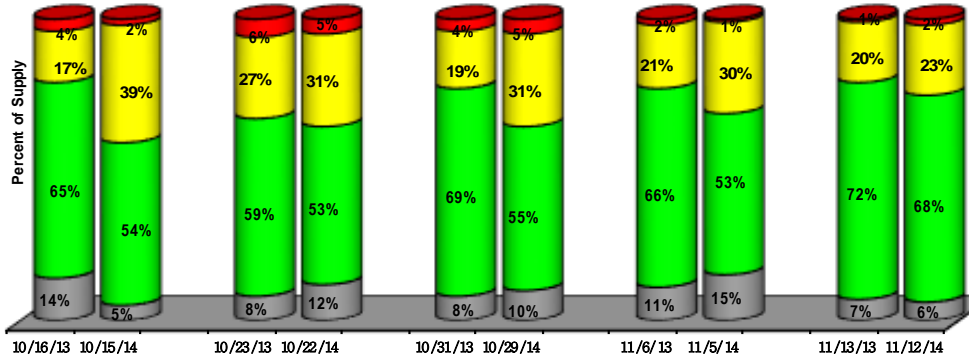
Just submit your video to the FABC to be included in online voting by donation. The top winners will have the chance to perform live at the ABC Annual Meeting in Washington DC in March 2015! The winner of the live show will receive a grand prize! For more information, please contact Jodi Zand at [jzand@americasblood.org](mailto:jzand@americasblood.org).

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

**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.

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



No Response
  Green: 3 or More Days
  Yellow: 2 Days
  Red: 1 Day or Less

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

**MEMBER NEWS**

**Community Blood Center/Community Tissue Services in Dayton (CBC/CTS), Ohio, recently issued a press release recognizing 2014 as the center’s milestone 50<sup>th</sup> anniversary.** The center celebrated its golden anniversary on Sept. 14. “This anniversary was a chance to remind the community of CBC/CTS’s vital role in public health. It was also a time to celebrate all those who helped build the 50-year legacy and those who carry on the mission today,” said the center in a recent press release. The countdown to the anniversary began on May 27 when the center gathered about 170 staff members at Cox Ohio Media Group in Dayton to form a human blood drop to be photographed and released in June on World Blood Donor Day. CBC also marked the milestone year with a public awareness campaign using media advertising and blood donor promotions to emphasize the importance of giving blood, while also recognizing the center’s 50<sup>th</sup> anniversary. The CBC/CTS staff celebrated 50 years of saving lives with an employee anniversary party on Aug. 22 featuring food, dancing, photos, and other fun activities under a giant tent at the CBC/CTS headquarters in downtown Dayton. CEO David Smith, MD, delivered a welcoming speech. “Fifty years ago, everyone involved in the founding of CBC knew a central blood bank was an absolute necessity,” he



Community Blood Center, Dayton, Ohio, created a large human blood drop to commemorate its 50<sup>th</sup> anniversary and World Blood Donor Day in June.

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**MEMBER NEWS** (continued from page 15)

said. “Today, you may say the community takes it for granted that the blood will be there. That’s a luxury they can afford ... as long as all of us at CBC continue to do our jobs well. Tonight let’s celebrate this proud history we share ... and let’s celebrate the history we will continue to make together.” Today, CBC supplies blood products to 25 partner hospitals in a 15-county service area of western Ohio and eastern Indiana. More information about CBC/CTS history, including a complete timeline and photos, can be accessed at [givingblood.org](http://givingblood.org). (Source: CBC press release, 11/10/14)

**OneBlood recently recognized frequent donor David Moates for donating 100 gallons of blood and platelets at a special celebration event on Nov. 8.** Mr. Moates has been a coach and mentor to high school and now college students for many years, following a three-year stint in the 1970s as a professional baseball player. He donated his 100<sup>th</sup> gallon of blood on Nov. 8 at OneBlood’s Bradenton Donor Center, after which the center hosted recognition festivities. Fellow blood and platelet donors, blood recipients, and community members stopped by to thank Mr. Moates for his years of saving lives. In 2010, Mr. Moates received the “Chairperson of the Year” award from the Association of Donor Recruitment Professionals. This was bestowed for his leadership in organizing students at Lakewood Ranch High School to conduct outstanding blood drives and his establishment of the “Leave a Legacy” program, where the underclassmen were challenged to surpass the donation totals of the previous senior class at their final blood drive of the school year. Due to his blood drive leadership and example to students as a regular blood and platelet donor, in pursuit of his 100 gallon milestone, Mr. Moates was inducted into the Fenwal Donation Hall of Fame in 2012. After 25 years of teaching and coaching in Manatee County Schools, including leading the Lakewood Ranch High School baseball team to the 2003 State Title, Mr. Moates retired in 2013. He continues, as he has for the past 17 years, to teach baseball during the summer at the IMG Academy and for the past four years has served as an assistant baseball coach at State College of Florida. (Source: OneBlood press release, 11/7/14)

**“All You Need is Blood” was the theme for The Blood Connection’s (TBC) employee appreciation week, held from Oct. 13 to 17.** TBC and CEO Delisa English kicked off the week introducing the 2015

“Plan for Success Presentation” to the staff, which also enjoyed special goodies served throughout the week. TBC’s executive management team personally delivered refreshments to the employees and created fun ways to demonstrate how much they are valued. There was “Muffin Day,” featuring the slogan, “Muffin to do but appreciate you,” as well as “Spirit Day” where employees were encouraged to wear their favorite school/team colors with a tailgate party in the afternoon. Friday’s field day activities included tug of war, sack races, obstacle course, and other games. Employees sported special field day T-shirts provided by TBC and enjoyed a catered BBQ lunch. Board members also joined in the celebration to thank TBC employees. The center’s Wellness Committee sponsored a Health Fair to coincide with field day. More than 25 vendors were available to promote wellness and provide information. TBC not only celebrated its employees, but also provided an opportunity to give back to the community. Employees donated food items to the Harvest Hope Food Pantry and raised money through a silent auction for the Be the Match Bone Marrow Program. (Source: TBC press release, 11/6/14) ♦



The Blood Connection staff celebrates employee appreciation week.



## PEOPLE

**George Garratty, PhD**, who passed away in March, was recently memorialized through a video tribute shared by Grifols (see [ABC Newsletter, 4/11/14](#)). Dr. Garratty, a leading immunohematologist with more than 50 years of experience in the field, served for many years as the scientific director of the American Red Cross Blood Services, Southern California Region. The tribute video can be viewed in QuickTime at <http://bit.ly/1vcGpyn> or in Windows Media player at <http://bit.ly/1pZk7ig>. ♦

## MEETINGS

Jan. 17      **LifeStream's 5<sup>th</sup> Annual Transfusion Medicine Forum, Palm Springs, Calif.**

LifeStream, San Bernardino, Calif., will hold the 5<sup>th</sup> annual Transfusion Medicine Forum on Jan. 17 at Desert Regional Medical Center in Palm Springs, Calif. The day-long event offers a training opportunity for clinical lab professionals and RNs; participants earn six continuing education credits upon completion of the course. The program includes six lectures from transfusion experts scheduled for 50 minutes each with a 10-minute question-and-answer session. Speakers include Kevin Land, MD, Blood Systems, Inc.; Holli Mason, MD, Cedars-Sinai Medical Center; Cami Melland, MLS(ASCP)SBB, Bonfils Blood Center; Marissa Li, MD, Blood Systems, Inc.; Sharon M. Geaghan, MD, Lucile Packard Children's Hospital at Stanford; and Joe Chaffin, MD, LifeStream. A continental breakfast and lunch is provided. To register or for more information, visit [www.LStream.org](http://www.LStream.org) or contact LifeStream at 800-879-4484 ext. 395. ♦

## CLASSIFIED ADVERTISING

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

## POSITIONS AVAILABLE

**Donor Recruitment Representative.** United Blood Services, top leader in blood banking, is seeking an influential and results-driven professional for its McAllen, TX location. The incumbent is responsible for achieving annual and monthly territorial goals through effective donor recruitment and territory, account and calendar management for local blood bank. Relevant bachelors' degree or equivalent combination of formal and experience required. Preferred candidates will have experience with territory and account management, seeking out new account partnerships. Preferred candidates will have proven ability to secure, facilitate, plan and coordinate with a successful outcome. Skills / Abilities Required: Effective oral and written communication skills; Sales/territory management skills; Must be self-motivated and a self-starter with good organizational skills; Provide own vehicle for transportation and pos-

sess a valid driver's license; Proficient personal computer skills; and able and willing to work evenings and weekends. For consideration, submit fully completed employment application to [colivares@bloodsystems.org](mailto:colivares@bloodsystems.org). UBS is an Equal Opportunity/Affirmative Action employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability, or protected veteran status.

**Director of Hospital Services.** Michigan Blood is looking for a Director of Hospital Services to join our management team and lead statewide efforts to provide remarkable service to our 40 plus hospital partners

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**POSITIONS** (continued from page 17)

across the state. We are a growing blood center with more than fifty years of service to Michigan communities that rely upon more than 100,000 voluntary blood donations annually to serve those partners. This position is responsible for the operational functions of blood products inventory management, component processing, order preparation and fulfillment, and courier services. Through a team of laboratory supervisors and professionals, you will develop and execute strategies to lead a team that will enhance our services through those processes. This position requires a bachelor's degree. Master's degree preferred. Five to 10 years of laboratory, GMP or related experience required. Healthcare business leadership experience preferred. Experience working with FDA and EU agencies is desired. We offer a competitive salary and benefit plan. If you want to be part of a lifesaving organization with a dynamic mission, please apply via our website: [www.miblood.org](http://www.miblood.org). EOE

**Business Development Manager.** LifeStream, a blood center located in Southern California, serving 80 hospitals with 200,000 blood products annually, is searching for a Business Development Manager. Under broad direction: assists in the formulation and implementation of corporate strategic and business development programs to ensure the best use of LifeStream's resources in accord with objectives for growth and profitability; develops and implements the organization's sales strategies; handles special projects as assigned by the VP/Business Development. The candidate must have a four-year bachelor's degree (BA or BS). Advance degree desired. Minimum five years' experience in healthcare, pharmaceutical, medical products or blood center setting. Must have exceptional interpersonal communicative skills developed and cultivated through extensive customer sales or service experience. Current California driver's license. Please visit [www.LStream.org](http://www.LStream.org) to view the full job description and position responsibilities. LifeStream has an excellent compensation & benefits plan. For further information and to apply online please visit: [www.LStream.org](http://www.LStream.org). Or fax cover letter, resume and salary history to (909) 386-6813. Must pass pre-employment background check, drug screen and physical exam. LifeStream is an Equal Opportunity Employer, M/F/D/V. Job Number: IN-4193265708

**Hospital Relations Manager.** LifeStream, a blood center located in Southern California, serving 80 hospitals with 200,000 blood products annually, is searching for a Hospital Relations Manager. Serves as a technical resource for customer transfusion services: answering questions, providing training, and other support related to LifeStream's products and services. Also is a primary customer service contact, working to improve services, resolve any service issues, and build stronger relationships with customers. Promotes LifeStream programs.

Ensures excellent service is provided to hospitals and other customers. The candidate must have a four-year bachelor's degree (BA or BS) in biological sciences or medical related discipline, with MT (ASCP) or equivalent. SBB desirable. Minimum four years' experience in Blood Banking or five years in hospital laboratory with transfusion service experience, (or equivalent). Must have exceptional inter-personal communicative skills developed and cultivated through extensive managerial and customer service experience. MT (ASCP) or equivalent is required. California CLS license not required. Current California driver's license required. LifeStream has an excellent compensation & benefits plan. For further information and to apply online please visit: [www.LStream.org](http://www.LStream.org). Or fax cover letter, resume and salary history to (909) 386-6813. LifeStream is an Equal Opportunity Employer, M/F/D/V. Job Number: IN-4193265212

**Executive Director Donor Relations.** The Institute for Transfusion Medicine (ITxM) is proud to be an integrated blood center servicing multiple states. The Executive Director Donor Relations can be based in Pittsburgh, PA, Chicago, IL, or Richmond, VA. The Executive Director Donor Relations is responsible for the management direction of the Donor Relations Department to ensure that departmental activities support the achievement of organizational goals and that the department policies and procedures are in compliance with regulatory agencies, in accordance with current good manufacturing practices and safety guidelines. The Institute for Transfusion Medicine offers a competitive salary, commission plan, and benefits package. Apply online at: [www.itxm.org](http://www.itxm.org). *Equal Opportunity Employer of Minorities, Females, Protected Veterans, and Individuals with Disabilities.*

**Medical Director.** Provide oversight on all medical aspects of the regional blood center operations, including the reference laboratories, research, medical community relations and collections. Develop and implement medical policies and procedures for the blood region as needed; coordinate communications between the blood services region, the local and national medical community and National Headquarters; provide timely medical and technical consultation in transfusion medicine to operation units and customers. We offer excellent benefits including health/dental/vision insurance, 401(k) and 403(b). Positions available in several locations including Salt Lake City, UT (BIO46548) St. Louis, MO (BIO47188) and Columbus, OH (BIO42182). For more information or to apply visit: [www.amerianredcross.apply2jobs.com](http://www.amerianredcross.apply2jobs.com). EOE M/F/D/V

**Regional Director, Oregon and Southwest Washington Blood Program (OSWBP).** The Oregon and Southwest Washington Blood Program, an extension of

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**POSITIONS** (continued from page 18)

Puget Sound Blood Center, is proud to be the local, independent blood center for the region. Through our partnerships, we have a far-reaching, long-term presence throughout the Northwest. Every day we work to save lives through research, innovation, education, and excellence in blood, medical and laboratory services. We have served donors and patients in partnership with our community for 70 years. Requirements include: bachelors' degree business management, organizational development, health sciences, public relations or equivalent combination of education and relevant experience (MBA preferred); blood banking experience highly desirable, seven years' experience and demonstrated success in community outreach, development or multi-location healthcare management; outstanding written, verbal, interpersonal, facilitation, negotiation and conflict resolution skills. More information at [www.psbcc.org](http://www.psbcc.org). Qualified applicants send resumes to [humanresources@psbc.org](mailto:humanresources@psbc.org) Attention: Job #7414ABC. Puget Sound Blood Center is an equal opportunity employer. All qualified applicants will receive consideration for employment without regard to race, color, sex, religion, national origin, age, protected veteran status, disability status, or any other characteristic protected by law.

**Manager, Blood Collections Operations - Job #7416.**

For more than 70 years, Puget Sound Blood Center has had a far-reaching presence throughout the Puget Sound Region. We have proudly served donors and patients in partnership with our community. Based in beautiful Seattle, Wash., we are seeking a dynamic, experienced leader to join our Blood Collections department, taking responsibility for the team that provides Quality, Training, Process Improvement and Operational support to the team that provides the core function of our mission. Requirements include: bachelor's degree in Health Science related field; or equivalent combination of education and work experience. Registered Nurse License (Washington State) preferred; three to five years supervisory/management experience with proficiency in technical, leadership and team building skills required, previous blood banking experience preferred. More information at [www.psbcc.org](http://www.psbcc.org). Qualified applicants send resumes to [humanresources@psbc.org](mailto:humanresources@psbc.org) Attention: Job #7416ABC. Puget Sound Blood Center is an equal opportunity employer. All qualified applicants will receive consideration for employment without regard to race, color, sex, religion, national origin, age, protected veteran status, disability status, or any other characteristic protected by law.

**Program QA Coordinator (Medical Services (Medical Apheresis) Department).** Gulf Coast Regional Blood Center has a great opportunity for an experienced Program Quality Assurance Coordinator in its Medical Services area. The position reports directly to the Medical Director and manages all aspects of the quality and

compliance activities related to the National Marrow Donor Program Donor and Apheresis Centers and Medical Apheresis programs. This is an excellent position for someone interested in using project management skills in a regulated healthcare work environment. Requirements for this job are bachelor's degree (preferably in healthcare) from an accredited college or university and a minimum of three years' experience in compliance or coordination of organ or other tissue transplant programs or equivalent combination of education and experience. Apply at [www.giveblood.org](http://www.giveblood.org) today! The Blood Center is an Equal Opportunity Employer. Qualified applicants for positions are considered without regard to race, color, religion, sex, national origin, age, disability, status as protected veteran or other characteristics protected by law.

**Medical Director.** BloodCenter of Wisconsin is currently seeking a physician to join their growing Hematology service of the Medical Sciences Institute. This position is based in Milwaukee, WI. In direct partnership with the Directors of the Platelet and Neutrophil Immunology Laboratory and Hemostasis Laboratory, this position provides clinical and scientific direction to include case review, clinical consultation, and associated assay development. We will rely on you to work effectively with the Medical Director and VP of Diagnostic Laboratories and the Scientific Director of the Platelet and Neutrophil Immunology Laboratory to define research and development priorities, validate and implement new assays, and to provide leadership and management to the laboratory. This position actively participates in the activities of the Medical Sciences Institute. BloodCenter offers a competitive salary, commission plan, and benefits package. Learn more and apply online at [www.bcw.edu](http://www.bcw.edu). Equal Opportunity Employer of Minorities, Females, Protected Veterans, and Individuals with Disabilities.

**Director of Product Management.** Be a part of a dynamic and forward thinking blood center in this changing healthcare environment! This position is based in Milwaukee, WI. This position is responsible for the integration of manufacturing, inventory management, and distribution and customer service operation. This key role also assures that the manufacturing and distribution processes for blood products are performed in compliance with regulatory and organizational requirements. We will rely on you to assure customer satisfaction, operational/cost effectiveness, and quality results. The ideal candidate will have a bachelor's degree, a minimum of five years of current management experience in a regulated environment to include operational, logistical, financial and human resource responsibilities. Successful candidates will have the ability and desire to learn the basic science encompassed within the operations coupled with skills and ability in

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**POSITIONS** (continued from page 19)

inventory management, distribution, and customer service. BloodCenter offers a competitive salary, commission plan, and benefits package. Apply online at: [www.bcw.edu](http://www.bcw.edu). Equal Opportunity Employer of Minorities, Females, Protected Veterans, and Individuals with Disabilities.

**Senior Manager Transfusion Services (Westchester, New York).** At New York Blood Center, one of the most comprehensive blood centers in the world, our focus is on cultivating excellence by merging cutting-edge innovation with diligent customer service, groundbreaking research, and comprehensive program and service development. Reporting to the Senior VP/Chief Medical Officer, you will oversee our strategic expansion goals and the overall operations/administration for our Transfusion Services laboratories located in Elmsford, NY. Responsibilities include: Ensuring compliance with FDA, NYSDOH, CAP, AABB, Joint Commission (TJC), preparing performance improvement plans, developing schedules and monitoring work to staff, implementing productivity standards, training clinical pathology residents, hematology fellows and NYBC fellows, initiating, coordinating and enforcing systems, policies and procedures and participating in hospital contract negotiations. Qualified candidates must have a BS in Medical Technology, MT (ASCP) or equivalent, NYS Clinical Laboratory License, 10 plus years of clinical laboratory experience, three years management experience within a clinical laboratory environment. The ability to develop/manage budgets, familiarity with AABB standards, NYSDOH regulations, CAP guidelines and JCAHO requirements, and Transfusion Service Departmental SOPs. Superior leadership, communication, and PC skills are required. MBA/MPH/SBB preferred. We offer a competitive compensation package and dynamic work atmosphere. Apply online at: <http://bit.ly/1omJl9v>. EOE AA M/F/Vet/Disability

**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 3:00 pm to 11:00 pm, 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 [www.illinoisdiversity.com/j/8857831](http://www.illinoisdiversity.com/j/8857831) to apply. EOE: M,W,V,D

**Donor Relations Consultant.** Mississippi Valley Regional Blood Center has an exciting opportunity for a Donor Relations Consultant to develop strong relations with community organizations for hosting mobile blood drives. The ideal candidate will have strong communication and organizational skills, a demonstrated ability to obtain measurable goals, solid customer service experience, previous business to business experience, and the ambition to motivate others. This position requires an individual who is confident in public speaking; media relations experience is a plus. This is a full-time position working Monday through Friday with occasional evenings and weekends. A bachelor's degree or equivalent combination of experience and education is required; preferred studies include business, communications, marketing, or sales. Must possess a valid driver's license, be insurable by MVRBC's insurance carrier, and be willing to drive within the MVRBC service area. Interested candidates may visit [www.illinoisdiversity.com/j/8601040](http://www.illinoisdiversity.com/j/8601040) to apply. EOE: M,W,V,D ♠