



ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

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2015 #38

October 16, 2015

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US Blood Services Establish Infectious Disease Monitoring System for Blood Supply

As the Food and Drug Administration (FDA) changes the blood donor deferral for men who have sex with men (MSM) from permanent to a deferral of one year since the last MSM contact, federal agencies have been clear that implementing a nationwide infectious disease monitoring system for the blood supply is vital. The American Red Cross and Blood Systems Research Institute (BSRI), in collaboration with four large blood collection centers, have embarked on a project to establish the first-ever infectious disease monitoring system for the US blood supply, they announced Tuesday.

The American Red Cross and BSRI received contracts supported by the FDA and the National Institutes of Health, National Heart, Lung, and Blood Institute (NHLBI) to establish the US Transfusion-Transmissible Infection Monitoring System (TTIMS). The five-year project will be led by FDA in collaboration with NHLBI, the Centers for Disease Control and Prevention, the Department of Health and Human Services (HHS), and the blood collection agencies. Four large blood centers representing 60 percent of the US blood supply – Blood Systems, New York Blood Center (NYBC), the Red Cross, and OneBlood – will participate in TTIMS by providing vital blood donor and infectious disease data.

“I cannot speak on behalf of FDA, but TTIMS will allow for an assessment of whether transfusion-transmitted infectious disease incidence rates (and hence risk) increase, and determine if undisclosed risk behaviors at the time of donation in donors with infections change following the implementation of the one-year MSM deferral,” said Brian Custer, PhD, MPH, BSRI’s associate director and a principal investigator of this project.

TTIMS will have two components – a Donation Database Coordinating Center (DDCC), led by the Red Cross, and a Laboratory Risk Coordinating Center (LRCC), led by BSRI. The DDCC will lead the creation of consolidated databases to enable infectious disease marker monitoring in more than 60 percent of voluntary blood donors. The database will also estimate the incidence and prevalence for HIV, hepatitis B virus (HBV), and hepatitis C virus (HCV) infections and characterize the demographics of donors with these infections.

The LRCC will coordinate risk factor interviews of donors with specific infections focused primarily on HIV and newly acquired HBV or HCV infections to

(continued on page 3)



OUR SPACE

James P. AuBuchon, MD, President and CEO, Bloodworks Northwest

One Week: Two Communities, Two Tragedies

It is often said that families are “connected by blood.” Communities are too.

On Sept. 24, a Ride the Ducks tour vehicle in Seattle collided with a charter bus going over the Aurora Bridge carrying students, resulting in five fatalities, 11 patients with serious injuries, and more than 20 others admitted to eight area hospitals. One week later, 350 miles away, shootings at Umpqua Community College in Roseburg, Ore. resulted in 10 deaths, with nine others hospitalized in critical condition.

What connects these two events? Both became national news stories. Emergency responders, healthcare providers, and ordinary citizens came together to respond to heart-wrenching tragedy. In local communities, there was a massive public outpouring of compassion and support. The hospitals in both places depend on Bloodworks Northwest (BloodworksNW) for their blood supply.

Hundreds of people immediately went to blood centers in the Seattle area and in Eugene, Ore. to help their communities respond. The news stories and hundreds of posts on social media mentioned the importance of the community blood supply in responding to tragedy. After the emergency needs were addressed, donors stepped forward to replace what was used, to prepare for whatever came next, and to help their communities heal.

The events put extraordinary demands on the staff at BloodworksNW in Washington and Lane Blood Center. Sometimes, online scheduling and telephone lines could not keep up with the number of donors trying to contact the centers. Donors stood in long lines, waiting patiently for hours to donate, and special mobile drives were held. Local businesses brought food. Our couriers, testing, and processing staff worked at full capacity. Administrative staff pitched in to help greet donors, and to help wherever and wherever possible. The community and staff went above and beyond.

Media coverage highlighted the vital role blood centers play daily – ready and able to respond instantly when a tragedy occurs. We perform this vital role not just when emergencies happen, but on every day of the year. When tragedies like these occur, they test the people and capacity of community-based blood organizations to perform our foundational role in healthcare. We did. Afterwards, we are called upon to restock our shelves, knowing that patient needs continue and that another disaster can happen tomorrow.

Our ability to respond immediately when they do is made possible by generous blood donors and volunteers, and communities that care. Sometimes, blood centers and those we support might take all this for granted.

Over just one week, we experienced two tragedies, in two communities. This tragic week, and every week, the community is depending on us to help save lives. What we do matters.

JimA@bloodworksnw.org 

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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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Establishing TTIMS (continued from page 1)

identify behavioral factors associated with donor infections. The LRCC will also genotype identified viruses to monitor the viral strains present in US blood donations.

Supporting the MSM Deferral Change. The TTIMS is an extension of work conducted by these four blood collectors as part of a previous NHLBI-supported research that was published in [Transfusion](#) and presented to HHS during a Nov. 13, 2014 meeting of the Advisory Committee on Blood and Tissue Safety and Availability, at which time the committee voted in favor of moving to a one-year deferral.

FDA subsequently published a [draft guidance](#) in May proposing the one-year MSM deferral, contingent on establishing a national blood surveillance system. Importantly, the earlier study demonstrated the feasibility of establishing such a surveillance system and established the historical risk factors and baseline rate of transfusion-transmitted infections.

“In addition to replicating that previous pilot project in terms of monitoring infection rates in donors and conducting interviews of donors with confirmed positive HIV or newly acquired HBV or HCV, TTIMS also plans to conduct ‘recency’ testing of HIV seropositive donors to determine if donors have recently acquired HIV and will also be genotyping HIV, HBV, and HCV infections to assess if the currently circulating virus strains identified in donors parallel those seen by public health agencies more broadly. In this way, TTIMS will collect data to allow for the assessment of the impact of any change in deferral criteria, including the MSM deferral, for the three viruses,” said Dr. Custer.

The data collected via TTIMS will allow FDA to understand if the number of donors with MSM history is changing (increasing or decreasing) relative to the baseline established in the previous NHLBI-supported study and in comparison to other risk factors for the infections as reported in contemporaneous donors, explained Dr. Custer. It will also help blood collectors, regulators, and other stakeholders gain greater insights into risks associated with transfusion-transmission of infections.

“Changes in compliance with the MSM deferral could lead to increased or decreased numbers of HIV infections attributable to MSM. It is nearly impossible to guess in advance what the impact will be and without TTIMS, would be almost impossible to assess. The challenge is determining what constitutes a significant change and how guideposts will be used to make such assessments,” said Dr. Custer.

Participating Centers Enthusiastic. Notably, for the first-time ever, TTIMS will allow for widespread near-real-time monitoring of infections in US blood donors. Debbie Kessler, NYBC’s director of Special Donor Services, notes that this capability is a long-time coming. “The US is behind many other developed nations in creating an infectious disease hemovigilance system,” she said. “NYBC has been dedicated to understanding trending of infectious diseases in the blood supply for more than 25 years ... we look forward to contributing to this important program.”

OneBlood expressed similar enthusiasm to participate in the TTIMS. “OneBlood is pleased and excited to have the opportunity to participate in TTIMS. This groundbreaking initiative will build a large national donor information and surveillance database that will allow FDA to use data-driven decision-making to further refine current blood donor screening criteria,” said Rita Reik, MD, chief medical officer at OneBlood.

The participating blood centers have indicated that the operational impact at their centers is relatively small, as the initial framework was laid during the previous study and they are able to leverage existing

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Establishing TTIMS (continued from page 3)

system and staff to facilitate the TTIMS project. Further, FDA and NHLBI provide resources to support the staff at each blood center to complete the work as part of the initiative, said Dr. Custer.

The project has not yet formally kicked-off, but the group is already working on finalizing data collection protocols and preparing to obtain the required human subjects and other administrative approvals that must be in place prior to launching data collection, according to Dr. Custer. Once collection begins, donation data will start from Sept. 25, 2015. Stay tuned for more details on the TTIMS as this project progresses. (Source: ARC/BSRI press release, 10/13/15) ♦



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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 Webinar to Cover FDA 600 Series Final Rule

As part of the America's Blood Centers' Professional Institute (API) educational and professional development offerings, the ABC Quality Education Committee and the ABC Quality Blood Regulatory Review Group will hold a webinar on Oct. 20 at 3 p.m. EDT titled "600 Series Final Rule: How Does it Impact My Operations?"

This webinar focuses on the major changes in the Food and Drug Administration's [600 Series Final Rule](#) and the impact on blood center operations. It features speakers from FDA who will answer questions submitted by ABC members, followed by an ABC member blood center speaker and panel delving into implementation specifics and challenges for blood centers.

ABC members can find more information and webinar login details in [MCN 15-085](#). ♦

RESEARCH IN BRIEF

A study published in *The Journal of the American Medical Association (JAMA)* sheds light on the appropriate transfusion triggers for patients with coronary artery disease following non-cardiac surgery. The study, conducted by Robert H. Hollis, MD, of the University of Alabama, and colleagues suggests that a restrictive postoperative transfusion strategy may be appropriate in patients with stable coronary artery disease (CAD). However, patients with postoperative myocardial infarction (MI), heart attack may benefit from a more liberal transfusion strategy. Three of the largest randomized clinical trials on transfusion triggers and perioperative outcomes have been in cardiac patients undergoing cardiac surgery, but the appropriate trigger in the setting of MI in patients undergoing non-cardiac surgery is unknown. The best evidence to date in this area, from the [FOCUS trial](#), suggested no benefit for any of the measured outcomes when a transfusion trigger of 10 g/dL was compared with a trigger of 8 g/dL in a group of elderly patients with high incidence of CAD undergoing hip fracture repair. Dr. Hollis and colleagues have conducted a retrospective analysis of data from Veterans Affairs facilities from Jan. 1, 2000

(continued on page 5)

RESEARCH IN BRIEF (continued from page 4)

to Dec. 31, 2012. They analyzed 7,361 patients with CAD who underwent inpatient non-cardiac surgery and had a nadir postoperative hematocrit between 20 and 30 percent (hemoglobin \approx 7-10 g/dL). The authors compared mortality rates by postoperative nadir hematocrit and the presence of postoperative MI. In patients with no postoperative blood transfusion, low nadir hematocrit values were associated with higher mortality. Overall, transfusions with nadir hematocrit of 27 to 30 percent were associated with higher mortality, they reported. Among postoperative patients with MI, transfusion was associated with lower mortality with a nadir hematocrit of 20 to 24 percent. "These findings support a restrictive transfusion strategy in patients with stable CAD following non-cardiac surgery; however, they suggest a potential role for higher hematocrit transfusion thresholds in patients with postoperative MI," conclude the authors. Steven M. Frank, MD, and colleagues of The Johns Hopkins Medical Institutions, Baltimore, Md., suggest in an accompanying commentary that "future prospective studies should assess the impact of both transfusion triggers and targets, particularly among at-risk patients with known CAD."

Citations: Hollis RH, *et al.* Blood transfusion and 30-day mortality in patients with coronary artery disease and anemia following non-cardiac surgery. *JAMA Surg.* 2015 Oct. 7;1-8. [Epub ahead of print]

Frank SM, *et al.* Optimal transfusion trigger in surgical patients with coronary artery disease. *JAMA Surg.* 2015 7;1. [Epub ahead of print]

Research to be presented at the AABB Annual Meeting in Anaheim, Calif., later this month suggests that increasing the number of blood units transfused is associated with increasing mortality in massively transfused patients. Clinical outcomes in high-dose massive transfusion have not been well described. In this study, Steven M. Frank, MD, and colleagues of Johns Hopkins Health System, Baltimore, Md., examined the clinical outcomes of 3,523 patients who had received massive transfusions [>10 red blood cell (RBC) units per admission] from 2009 to 2014. The retrospective electronic medical record analysis included more than 272,592 medical and surgical patients, excluding those with hematologic malignancies. The researchers assessed the dose response relationship for morbidity and mortality over a wide range of transfusion volumes, as well as other predictors of adverse outcomes. The researchers found a linear dose-dependent increase in mortality, with a 10 percent increase in mortality for every additional 10 units of blood transfused. "In-hospital mortality exceeds 50 percent after transfusion of 50 RBC units to any patient, which we refer to as the 50/50 rule," concluded the authors. They also found that for massively transfused patients, infections and thrombotic events were 4 to 5 times more prevalent than were renal, respiratory, and ischemic events. "Massively transfused patients are at especially high risk for hospital acquired infections and thrombotic events," concluded the authors. America's Blood Centers Chief Medical Officer Louis Katz, MD, notes that "the suggestion that transfusion causes significantly more adverse clinical outcomes has been made from any number of observational studies, the interpretation of which is difficult due to unmeasured confounding wherein sicker patients, who experience worse outcomes, also receive more transfusions." This abstract is currently available [online](#) to AABB members and *Transfusion* subscribers.


Citation: Frank SM, *et al.* Dose-response curves for morbidity and mortality after massive transfusion and the 50/50 rule. *Transfusion.* Oct;55(s3): 170A.

JAMA Internal Medicine reports the first large-scale analysis of the efficacy of the Choosing Wisely campaign, suggesting that additional interventions are necessary to implement the campaign's guidelines. The American Board of Internal Medicine Foundation launched the Choosing Wisely Campaign in 2012, focused on supporting conversations between clinicians and their patients about what care

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RESEARCH IN BRIEF (continued from page 5)

is necessary. Specifically, the campaign engaged professional societies, including [AABB](#), in creating lists of unnecessary medical procedures and tests and disseminating these lists to healthcare facilities with the goal of reducing these unnecessary procedures. To assess the outcomes to date of the Choosing Wisely Campaign, Abiy Agiro, PhD, of HealthCore Inc., and colleagues, conducted a retrospective analysis of claims data for about 25 million members of Anthem-affiliated Blue Cross and Blue Shield healthcare plans. Their study assessed the frequency of seven “low value” medical procedures targeted in the Choosing Wisely campaign: imaging tests for uncomplicated headache; cardiac imaging without history of cardiac conditions; low back pain imaging without red-flag conditions; preoperative chest x-rays with unremarkable history and physical exam results; human papilloma virus (HPV) testing for women younger than 30 years; use of antibiotics for acute sinusitis; and use of prescription nonsteroidal anti-inflammatory drugs (NSAIDs) for members with hypertension, heart failure, or chronic kidney disease. The results showed a desirable decrease for two recommendations (imaging for headache fell from 14.9 to 13.4 percent and cardiac imaging for low-risk patients from 10.8 to 9.7 percent), and an increase in HPV testing in women younger than 30 and NSAID use for people with certain chronic conditions. There was no significant change in the remaining three metrics. “Our mixed results highlight the need for interventions beyond the current level of promotion, such as data feedback, physician communication training, system interventions (e.g., clinical decision support in electronic medical records), clinician scorecards, patient-focused strategies, and financial incentives,” conclude the authors.

Citation: Rosenberg A, *et al.* Early trends among seven recommendations from the choosing wisely campaign. *JAMA Intern Med.* 2015 Oct. 12:1-9. [Epub ahead or print] 

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BRIEFLY NOTED

An art exhibit at American University, Washington, D.C., protesting the Food and Drug Administration's (FDA) deferral of men who have sex with men (MSM) from donating blood has gained media attention.

The exhibit, Blood Mirror, open through Oct. 18, features a reflective seven-foot monolith filled with blood donated by nine gay men – among them an openly gay priest, an Army captain dismissed under “Don’t Ask, Don’t Tell” but later reinstated, a gay man whose straight twin brother donates blood, and the CEO of Gay Men’s Health Crisis. “I wanted to create a sculpture that would become a time capsule, documenting this moment in time, while showing that this blood could have been used to save lives,” said New York-based artist and filmmaker Jordan Eagles. Accompanying the sculpture is Leo Herrera’s film chronicling the project’s development and creation, allowing both the artist and the participants to protest the FDA deferral. The film acknowledges FDA’s efforts to alter the MSM blood donation policy, as the agency proposed changing the current lifetime deferral to one year from the last MSM contact. However, the video points out that this still excludes a large majority of gay men from donating blood. More information can be found [here](#). (Source: American University website, 0/15/15; Huffington Post, 6/14/15) ♦



The Blood Mirror statue, by Jordan Eagles at American University, protests the FDA deferral of men who have sex with men from donating blood.

REGULATORY NEWS

The International Coalition for Commonality in Blood Banking Automation (ICCBBA) recently announced updates related to ISBT 128, the international standard for the labeling and identification of products of human origin. The Implementation Guide (IG)-038: Use of the Global Registration Identifier for Donors [Data Structure 037] v1.0.0 is now available [online](#). ICCBBA has also made available [online](#) IG-040: Use of ISBT 128 in North American Eye Banks v1.2.0. ICCBBA has also announced that it entered into a formal agreement with the European Commission on Sept. 21, as a way to ensure that updated ISBT 128 product codes are regularly made available to the European Commission for inclusion in the Single European Code (SEC) Product Compendium. The directive from the European Commission instating the SEC is available [here](#). ICCBBA also released v6.9.0 of the ISBT 128 Product Description Code Database, available [here](#). An updated Product Lookup Program that is populated with the new codes can be found [here](#). Released concurrently with the new ISBT 128 Product Description Code Database, ICCBBA has made available [online](#) v6.9.0 of the Standard Terminology document, which provides definitions to all ISBT 128 terminology. Questions may be directed to the [ISBT 128 office](#). (Source: ICCBBA e-mail update, 10/8/15) ♦

ABC Annual Report Now Available!

America’s Blood Centers’ annual report for fiscal year 2014-2015 (March 31, 2014-April 1, 2015) is now available [online](#). Check out the report to learn about ABC’s accomplishments over the past year within each of its core values: innovation, data integration and benchmarking, education, and advocacy. You will also find information about ABC’s staff and board of directors, *Awards of Excellence*, members, and financials. New this year, the annual report also includes [information](#) about how ABC helps its member blood centers navigate change and consolidation in the blood banking industry.



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*Roy Roper, CEO & President
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GLOBAL NEWS

Blood donors in Sweden now receive an automatic “thank you” text message when their red blood cell donation is issued to a patient, reported the European Blood Alliance (EBA) in its October newsletter. “We are constantly trying to develop ways to express [donors’] importance,” Karolina Blom Wiberg, a communications manager at the Stockholm blood service told *The Independent*. “We want to give them feedback on their effort, and we find this is a good way to do that,” she added. The text messages have also been a hit on social media, where donors have been sharing photos of the texts and talking about blood donation with their friends. The donors’ privacy is maintained because the texting service is outsourced, explained EBA. If the blood unit is issued late at night, the text will be delayed until the next morning. The initiative seeks to encourage regular blood donation through donor recognition. A handful of US blood centers send similar thank-you texts when a donor’s blood unit is issued. For example, blood donors at Rock River Valley Blood Center in Illinois receive automated phone calls once their blood is issued to a hospital, informing them where their blood unit went and when. (Source: EBA Newsletter, 10/12/15)

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Richard J. Benjamin, MD, PhD, FRCPath
Cerus Corporation, Concord, CA

James P. AuBuchon, MD
Bloodworks Northwest, Seattle, WA

Joanne Becker, MD
Roswell Park Cancer Institute, Buffalo, NY

Patricia Kopko, MD
UCSD School of Medicine, San Diego, CA

James R. Stubbs, MD
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GLOBAL NEWS (continued from page 8)

The Thai Elephant Conservation Center announced the world's first successful blood transfusion in an elephant, reported [Thai PBS](#) on Oct. 9. The elephant, named “Modi,” had delivered a baby about a month before her owner brought her back for hard work in the jungle. This caused the elephant's womb to spill out from its abdominal cavity, after which the owner brought the elephant to the conservation center for emergency treatment. A team of 18 veterinarians worked to surgically put the elephant's womb back into place. The surgery caused massive bleeding, for which the doctor's conducted transfusions using blood from an elephant with the same blood type. A team of researchers at Chiang Mai University in Thailand has been studying transfusion in elephants and was excited to perform the world's first successful elephant blood transfusion, reported Thai PBS. (Source: Thai PBS, 10/9/15) 💧

INFECTIOUS DISEASE UPDATES

BABESIOSIS

The low seroprevalence of *Babesia microti* (*B. microti*) infection in Canadian blood donors and modest prevalence of infected ticks do not suggest a need for *B. microti* testing of donors, according to investigators at Canadian Blood Services, Héma-Québec, and the Public Health Agency of Canada. *B. microti*, a

(continued on page 10)

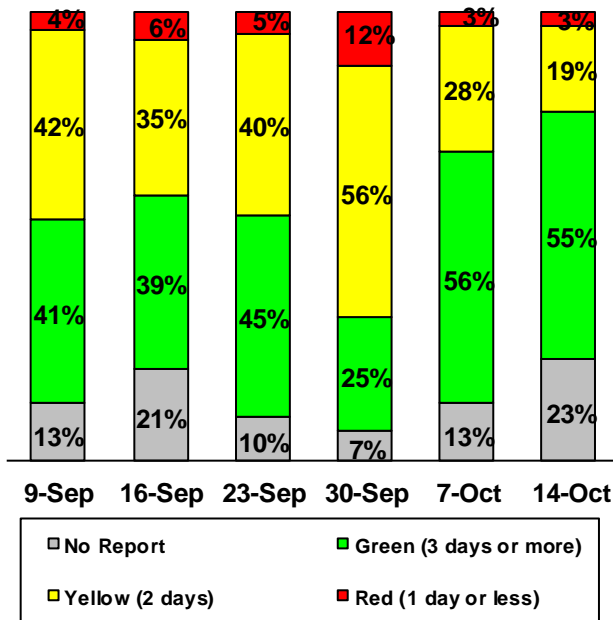
INFECTIOUS DISEASE UPDATES (continued from page 9)

tick-borne parasite that causes babesiosis, has become an important blood safety concern in the US and recently, several cases near the Canadian border have been detected. To assess the risk of transfusion-transmitted babesiosis in Canada, Sheila F. O’Brien of Canadian Blood Services and colleagues examined infections in ticks and seroprevalence in donors. They conducted passive surveillance to identify regions for tick sampling by active surveillance. Additionally, between July and December 2013, blood donations from selected sites near endemic US regions were tested for the antibody to *B. microti*. Donors also completed a questionnaire about risk travel and possible tick exposure. Of about 12,000 ticks submitted during passive surveillance, 14 were *B. microti* positive. From active tick surveillance, six of 361 in Manitoba, three of 641 in Québec, and none elsewhere were positive. Of 13,993 donors tested, none were positive for *B. microti* antibodies. In 2013, 47 percent of donors visited forested areas in Canada, and 41 percent traveled to the US. “In summary, data from tick surveillance and the first reported case of endemically acquired babesiosis suggest that risk of babesiosis may be advancing northward into Canada and ongoing monitoring is indicated. However, there is no evidence to support a level of exposure to *B. microti* in our donor population that would warrant implementation of donor testing at this time,” conclude the authors.

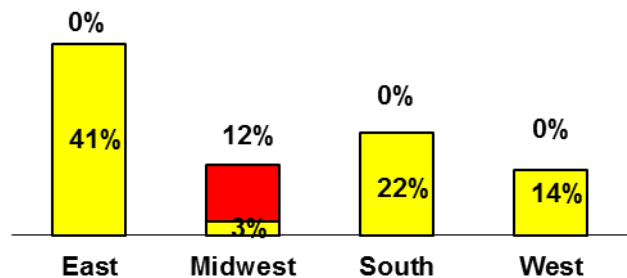
Citation: O’Brien SF, Delage G, Scalia V *et al.* Seroprevalence of babeisa microti infection in Canadian blood donors. *Transfusion*. 2015 Oct. 1. [Epub ahead of print] [♦](#)

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

Total ABC Red Cell Inventory



Percent of Regional Inventory at 2 Days Supply or Less, Oct. 14 2015



Percent of Total ABC Blood Supply Contributed by Each Region
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GRANT OPPORTUNITIES

The National Institutes of Health's National Heart, Lung, and Blood Institute (NHLBI) recently announced several funding opportunities that may be of interest to blood bankers. NHLBI announced the [Selected Topics in Transfusion Medicine \(R01\)](#) research project grant, which provides funding to investigators who propose to study research topics in blood banking and transfusion medicine aimed at improving the safety and availability of the blood supply and the practice of transfusion medicine. [Standard application deadlines](#) for R01 funding opportunities apply; the Cycle I due date for application is 5 p.m. ET March 5. NHLBI also announced an exploratory/developmental research grant award, [Selected Topics in Transfusion Medicine \(R21\)](#), which encourages investigators who propose to study research topics in blood banking and transfusion medicine aimed at improving the safety and availability of the blood supply and the practice of transfusion medicine. This grant similarly uses [standard application deadlines](#); the Cycle I deadline is Feb. 16. NHLBI announced a small business innovation research grant, [Stem Cell-Derived Blood Products for Therapeutic Use: Technology Improvement \(R43/R44\)](#), which supports the development of improved techniques and tools to enhance the production of clinically-relevant, functional stem-cell derived red blood cells or platelets in a more efficient and cost-effective manner; the application deadline is Feb. 20. Another small business innovation research grant, [New Technologies for Viral Hepatitis \(R43/R44\)](#), encourages small business companies to address viral hepatitis research opportunities; the Cycle II deadline is Jan. 5. A similar grant, [New Technologies for Viral Hepatitis \(R41/R42\)](#), encourages small business companies to address viral hepatitis research opportunities as delineated by the Department of Health and Human Services Action Plan for the Prevention, Care and Treatment of Viral Hepatitis and within the research missions of the participating institutes; the Cycle II deadline is Jan. 5. More grants and funding opportunities from NHLBI can be found [online](#) at any time. (Source: NHLBI website, 10/15/15) 💧



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MEMBER NEWS

Farmer and firefighter Jason “Jake” Pansier would have lost his life if not for the generosity of BloodCenter of Wisconsin’s (Versiti) blood donors, announced the center in a recent press release.

Mr. Pansier was injured in an accident in the town of Ledgeview, Wis., when the tractor he was driving rolled over an embankment and landed upside-down. He was trapped under the tractor for nearly two hours and sustained numerous injuries. Local paramedics and fellow firefighters – including some of Mr. Pansier’s own family members – rushed to his aid. They began giving him blood. By the time Flight for Life crews arrived to transport Mr. Pansier to an area hospital, he had already received 80 units. It became clear that Mr. Pansier would continue to need a great number of transfusions. BloodCenter of Wisconsin stepped up to help, sending blood products to Green Bay. Within a matter of weeks, Mr. Pansier would receive more than 300 units of blood, most of it from BloodCenter of Wisconsin donors. Flight for Life Paramedic Peter Brierton explained, “In all the medical personnel I know, none of us have ever heard anyone receiving anywhere near that much amount of blood product.” As he recovered in the hospital, Mr. Pansier wondered how he could thank so many donors for saving his life. But he knew he wanted to try. He began writing notes of thanks to blood donors. His family, humbled by the number of people who helped to save Mr. Pansier’s life, visited BloodCenter of Wisconsin’s Wauwatosa donor center to give blood themselves. The center’s Big League Blood Drive in Milwaukee provided Mr. Pansier and his family with another opportunity to express their gratitude. Mr. Pansier’s sisters, Holly and Heather Pansier, and his mom, Joan Pansier, attended the drive on Aug. 26. They shared Mr. Pansier’s story with local media and – most importantly – with blood donors. Mr. Pansier, who lost one leg in the accident and severely injured the other, was grateful just to be alive. In one note he writes, “With your gift I will always stay strong and positive.” Mr. Pansier’s family collected names and addresses of 300 blood donors at the drive so that he may continue to write notes of thanks. He knows blood donors are the reason he is alive. Mr. Pansier’s sister, Holly, said, “I look at every donor and think, you saved Jason. I just really want to go give them a hug.” (Source: BloodCenter of Wisconsin press release, 9/1/15)



Jason Pansier's family, left to right: sister Holly, brother Jeff, sister Heather, and father Roy.

Community Blood Center (CBC), Dayton, Ohio, awarded Dayton donor Randall Felts and his wife Eunhee a vacation to Hawaii – the grand prize for CBC’s “Get on Board – Give Blood” summer blood drive. Other than a couple of nights in Niagara Falls, the couple has not had a vacation in 20 years. They are now able to make up for lost time by celebrating their 30th wedding anniversary and Mr. Felts’ retirement in Hawaii. The promise of an exotic, expense-paid, eight-night vacation for two in the Hawaiian island paradise encouraged 26,524 people to register to donate with CBC this summer, resulting in 23,104 donations. Everyone who registered to donate from May 4 through Aug. 28 was automatically entered in the drawing. REACH magazine served as a



Randall Felts and his wife Eunhee Felts celebrate winning a vacation to Hawaii courtesy of Community Blood Center, Dayton, Ohio.

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media sponsor and The Flowerman sponsored fresh flowers. Mr. Felts entered the drawing when he made his 76th lifetime blood donation June 17 at the downtown Dayton CBC Donor Center. “It was a hope,” he said. “I retire next year in January, and it would be the perfect present for ourselves.” (Source: CBC press release, 10/16/15) ♦

PEOPLE

Charles C. Miraglia, MD, a prominent healthcare executive, has been named the new president and CEO of Indiana Blood Center, a part of Versiti. “Charlie has built a strong reputation as a leader with a proven track record of achieving operational excellence and driving growth,” said L. Alan “Skip” Whaley, chairman of Indiana Blood Center’s board of directors and a retired partner with law firm Ice Miller. “As an innovator in healthcare management and the life sciences, combined with his tremendous clinical experience, Charlie is the new leader we need for a new era to build upon the 60-plus years of community service by Indiana Blood Center and its donors.” A board-certified pathologist and transfusion medicine specialist with more than 20 years of leadership experience in clinical and commercial environments, Dr. Miraglia was approved by the center’s board of directors to replace Dan A. Waxman, MD who has served as interim president and CEO since January. Dr. Waxman will remain as chief medical officer. Dr. Miraglia has served as a member of Indiana Blood Center’s board of directors since 1998 and was actively involved in negotiating the blood center’s affiliation with Versiti, a national alliance of independent blood providers that also includes BloodCenter of Wisconsin, Heartland Blood Centers, and Michigan Blood. “We are extremely pleased to welcome Charlie as the new CEO of Indiana Blood Center and member of the Versiti executive leadership committee. He knows what it takes to lead Indiana’s largest independent blood provider and continue the mission to save more lives at a reduced cost of care for hospitals,” said Jackie Fredrick, president and CEO of Versiti. “His background and extensive experience will enable him to fulfill the mandate for change that is required of our industry while ensuring a safe and readily available blood supply for the patients who need it most.” Dr. Miraglia has held numerous healthcare leadership positions, at the Methodist Hospital and Clarian Health Partners, now IU Health, PA Labs, LLC, and Sonic Healthcare USA. Most recently, Dr. Miraglia served as chief medical officer of hc1.com, a global healthcare relationship management cloud company headquartered in Indianapolis. “Facing tremendous pressure within our industry to adapt, I look forward to continuing the change begun through Dan’s leadership that will result in a stronger Indiana Blood Center,” said Dr. Miraglia, who will become CEO of Indiana Blood Center on Oct. 19. “By deepening our relationships in the Hoosier communities we serve, and by expanding our hospital network through our affiliation with Versiti, we can strengthen Indiana Blood Center and our Hoosier hospital customers as a result.” He is a member of and has served on a number of boards and offices, including the Academy of Clinical and Applied Thrombosis and Hemostasis, AABB, American College of Physician Executives, American Pathology Foundation, American Society of Clinical Pathologists, Ball State University Business Forecasting Roundtable, Clinical Laboratory Management Association, College of American Pathologists, Indiana Chamber of Commerce, Indiana Organ Procurement Organization, Indiana Pathology Institute, Indiana State Association of Blood Banks, Kentucky Association of Blood Banks and the Muncie-Delaware Chamber of Commerce. In addition, Dr. Miraglia’s academic appointments have included the University of Louisville School of Medicine and Indiana University School of Medicine. Dr. Miraglia earned a Doctor of Medicine degree



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from Wake Forest University before completing his postgraduate training as chief resident in clinical pathology at the University of Virginia Health Sciences Center where he also completed his fellowship in transfusion medicine. He holds a Master of Science in pathology and immunology from Duke University and a Bachelor of Science in biology from Wilkes College. More information can be found in the Indiana Blood Center [press release](#). (Source: Indiana Blood Center press release, 10/12/15)

Dick Aft, PhD, retired president of the United Way of Greater Cincinnati, was elected chair of Hoxworth Blood Center's Community Advisory Board, announced the blood center in a recent press release. "Most folks are familiar with Hoxworth as our region's blood bank, but few people are aware that it is a nationally unique medical research center," said Dr. Aft. "All of us on this Community Advisory Board are proud to work with Hoxworth's internationally prominent staff. It is a jewel in the University of Cincinnati's crown as a leader in research and innovation in the extension of 'shelf-life' of donated blood and blood products and the conversion of individual's own blood as a weapon against cancer cells in their own bodies." Ronald Sacher, MD, director, Hoxworth Blood Center, added, "Dick brings a wealth of experience to our Community Advisory Board. I have great confidence that his leadership and dedication will be an asset to our organization." Since retiring from 14 years of local United Way leadership in 2001, Dr. Aft has earned a PhD in organizational leadership and development, spent 10 years teaching values based management to Xavier University's MBA students and served "of counsel" with Gilman Partners Executive Search and Placement. He has also written four books of local, national and international United Way history. During the past year, Dr. Aft has chaired the national United Way Retirees Association. In addition to chairing the Hoxworth Community Advisory Board, Dr. Aft currently chairs the Emeritus Board of the Cincinnati Chamber Orchestra and serves on the Boards of the Union Institute and University, CCMpower (formerly Friends of CCM) and the Ohio United Way. His volunteer service often takes him to non-profit organizations throughout Central and Eastern Europe. He served as the University of Warsaw, Poland's Visiting Scholar in Leadership last July. Recently, Prevention First [formerly the Coalitions for a Drug Free Greater Cincinnati] presented the inaugural Rob Portman Leadership Award to him for his professional and volunteer leadership. (Source: Hoxworth Blood Center, 10/12/15) ♦

**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.

EQUIPMENT AVAILABLE:

Best Offer. PK7300 microplate blood donor typing system, Two (2) Pluggo decappers, Two (2) Immucor microplate washers for manual Capture assays, Two (2) Immucor microplate incubators for manual Capture assays. For additional details or to make an offer contact Joseph Hulina at jhulina@cbccts.org.

POSITIONS AVAILABLE

Quality Assurance Specialist. Community Blood Center, Inc., a provider of high quality blood products and services located in Appleton, Wis. is seeking a Quality Assurance Specialist to join our team. In this role, you will ensure compliance with regulatory, accreditation, certification and customer requirements. A bachelor's degree with experience working in a blood center, biologics, pharmaceutical or medical industry manufacturing environment with base familiarity of quality assurance practices, training, and federal regulatory practices is preferred. If you are detail-oriented with excellent organizational, oral and written skill and enjoy problem solving, consider this opportunity. For further information and to apply online please visit www.communityblood.org. Community Blood Center, Inc. is an Equal Opportunity Employer M/F/Disability/Veteran

Director of Donor Services. The Rhode Island Blood Center is currently seeking a Director of Donor Services to manage blood collection activities and collections staff as well as provide leadership to achieve the collection goals of the Community Blood Program. Establish staffing and resources requirements for the safe and efficient collection of blood from donors. Demonstrate knowledge of applicable regulations and incorporate changes into operations. Develop and maintain the department's standard operating procedures. Ensure compliance with all Quality Management Plans and all standards related to the quality program. Prepare the department's annual operating budget. Monitor and adjust budget as necessary. Responsible for hiring, training and performance evaluations. Requirements: BS/BA in science, nursing, or business required. Three to five years of progressively responsible management experience, preferably in a healthcare setting. Demonstrated ability to manage both supervisor and staff level positions required. Apply online at www.ribc.org. Join the team that gives the gift of life! We are an Equal Opportunity Employer.

Medical Operations Analyst. Are you really good at Microsoft Excel and Access and are able to "see" and understand the causes of patterns, trends and permutations in multiple groups of complex data? Oklahoma Blood Institute has this new and exciting position, which will be a key strategic member of a large multi-location, multi-state group of blood centers in the Central United States and could be the perfect position for you. It is based in Oklahoma City. A successful candidate will most likely have to possess at least three years of experience as an information data analyst, preferably with advanced Microsoft experience in Excel, Access, Word, and PowerPoint in the medical or medical device field. It has the potential for significantly impacting the bottom line of a large group of life saving non-profit independent blood centers. Some travel to the various centers in the Central US, will be required. Days: Mon-

day through Friday; Hours: 8:00 a.m. to 5:00 p.m. Qualified candidates should submit their resume to our website careers page at <http://obi.org/careers/>.

Vice President of Quality and Compliance AD009 (San Antonio, TX). Responsible for leading, managing and coordinating the quality, regulatory, and compliance activities related to all donor, patient and component testing services provided by QualTex Laboratories' headquarters and satellite locations. Will coordinate all external audits for the organization. Must exhibit leadership and must maintain current knowledge of regulatory requirements for all areas of testing services provided by QualTex Laboratories. Must be knowledgeable of all Standard Operating Procedures (SOPs) pertinent to quality and regulatory management. Bachelor's degree in Medical Technology, Applied Science, or related discipline required. Six years blood banking/transfusion medicine/clinical laboratory experience required. Six years of Quality and Management experience required. Computer experience required. Three years driving experience with good driving record required. MT (ASCP), SBB/BB, ASQ-CQA or CMQ/OE certifications preferred. Texas or Georgia Operator's Driver's License required. US Passport preferred. Visit our website at www.biobridgeglobal.org. E-mail [résumé to hr_dept2@biobridgeglobal.org](mailto:hr_dept2@biobridgeglobal.org). Call Human Resources (210) 757-9557. BioBridge Global and its subsidiaries are proud to be an EEO/AA-M/F/D/V/Genetic Data employer that maintains a Tobacco & Drug-Free Workplace. All qualified applicants will receive consideration for employment without regard to race, color, ethnicity, religion, sex, national origin, disability, veteran status, genetic data or other legally protected status.

Facility Phlebotomist – Neighborhood Donor Center-The Woodlands, TX (Gulf Coast Regional Blood Center). Essential Duties: Assists with preparing the facility prior to opening to receive donors by stocking supplies and equipment and performing quality control checks as assigned. Performs pre-donation screening, venipuncture, and post venipuncture care of donors in accordance with Standard Operating Procedures. Accurately and legibly completes donor records in a timely manner. Identifies and addresses non-routine situation arising during phlebotomy procedures and reports them to supervisor. Attends and completes continuing education and training in phlebotomy procedures, instruments and equipment as required. Maintains acceptable level of proficiency in required phlebotomy procedures. Assists other staff members in maintaining smooth workflow and processes. Actively recruits repeat donors. Education and Experience: High School Diploma

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or GED and six months of phlebotomy experience or an equivalent combination of education and experience (Associate's Degree from an accredited college or university is a plus). Strongly prefer a minimum of six months experience working in a position involving frequent interaction with the public and the use of customer service skills. Certificates, Licenses, Registrations: Certificate of Phlebotomy strongly preferred. EMT Certification or Licenses in a related field a plus. Contact: Jill Novickoff at (262) 289-2309.

Mobile Team Phlebotomist I (Brazos Valley, College Station, TX, Gulf Coast Regional Blood Center).

Essential Duties: Assists with the loading, unloading, set-up and tear down of equipment at mobile donor sites. Performs pre-donation screening, venipuncture, and post-venipuncture care of donors in accordance with Standard Operating Procedures. Accurately and legibly completes donor records in a timely manner. Demonstrates strong level of customer service skills and customer service focus. Identifies and addresses non-routine situation arising during phlebotomy procedures and reports them to supervisor. Attends and completes continuing education and training in phlebotomy procedures, instruments and equipment as required. Maintains acceptable level of proficiency in required phlebotomy procedures. Assists other staff members in maintaining smooth workflow and processes. **Education:** High School Diploma or GED and six months of phlebotomy experience or an equivalent combination of education and experience. (Associate's Degree from an accredited college or university is a plus.) Strongly prefer a minimum of six months experience working in a position involving frequent interaction with the public and the use of customer service skills. Contact: Jill Novickoff at (262) 289-2309.

Consultation Technician III (Gulf Coast Regional Blood Center).

Essential Duties: Demonstrate competency in essential functions of Tech II. Under the guidance of a Specialist, perform, interpret, and document moderately complex antibody identification, compatibility testing, and donor serological testing. Prepare consultation reports. Evaluate and process requests and patient samples per established guidelines. Record, place and fill orders for antigen-negative red blood cells. Monitor inventory of components. Prepare washed and deglycerolized RBCs. Perform quality control and preventative maintenance as assigned. Prepare reagents. Enter rare cell and serum samples into database. **Education and Experience:** MLT from an accredited program (ASCP or equivalent) plus minimum two years advanced and recent (within past two years) blood bank and immunohematology experience; or MLS from an accredited program (ASCP or equivalent) with recent (within past two years) blood bank and immunohematology experience; or MLS new graduate eligible to take certification exam; certification must be obtained

within six months of employment. Failure to obtain certification may lead to termination of employment. Contact: Jill Novickoff at (262) 289-2309.

Assistant Manager Component Lab. (Location: St. Paul, Minn.; Status: Full-Time, 1.0 FTE (40 hours per week), Exempt; Schedule: Monday-Friday, Second Shift) The Assistant Manager, Component Laboratory supervises personnel and coordinates operations associated with routine processing and testing of blood and blood components during the evening shift. The Assistant Manager acts as the CLIA Technical Consultant for hematology and microbiology. The person in this position assists the Manager to ensure that the Component Laboratory is meeting quality requirements and participates in laboratory projects and Innovative Blood Resources initiatives. To apply please go directly to our website with an updated resume: <https://home2.eease.adp.com/recruit2/?id=18996752&tl=1>.

Phlebotomist – Neighborhood Donor Center (Gulf Coast Regional Blood Center).

Essential Duties: Assists with preparing the facility prior to opening to receive donors by stocking supplies and equipment and performing quality control checks as assigned. Performs pre-donation screening, venipuncture, and post venipuncture care of donors in accordance with Standard Operating Procedures. Accurately and legibly completes donor records in a timely manner. Identifies and addresses non-routine situation arising during phlebotomy procedures and reports them to supervisor. Attends and completes continuing education and training in phlebotomy procedures, instruments and equipment as required. Maintains acceptable level of proficiency in required phlebotomy procedures. Assists other staff members in maintaining smooth workflow and processes. **Education and Experience:** High School Diploma or GED and six months of phlebotomy experience or an equivalent combination of education and experience (Associate's degree from an accredited college or university is a plus). Strongly prefer a minimum of six months experience working in a position involving frequent interaction with the public and the use of customer service skills. Contact: Jill Novickoff at (262) 289-2309.

Lab Tech I (Gulf Coast Regional Blood Center).

Position will evaluate and process samples into laboratory computer, perform equipment QC and maintenance; and reagent preparation under supervision of Consultation Management. Strong customer service skills are necessary for frequent contact with internal and external customers. Attention to detail is critical to position. Essential duties and responsibilities include the following (other duties may be assigned); management retains the discretion to add to or change the duties of

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the position at any time. Evaluate and process requests and patient samples per established guidelines. Obtain and verify required information for antigen-negative red blood cell orders. Perform equipment quality control and preventative maintenance. Enter relevant data into Safe Trace Tx. Prepare reagents. Print labels and perform label quality control. Scan records into imaging system. Education and Experience: High School Diploma or GED and a minimum of one year of prior job related laboratory experience or equivalent combination of education and related experience. Contact: Jill Novickoff at (262) 289-2309.

Community Engagement Representative (Gulf Coast Regional Blood Center). Reporting to the Marrow Donor Manager, the position involves contacting businesses, churches, organizations to educate and inform their members about the functions and needs of the National Marrow Donor Program (NMDP). Must also coordinate donor drives to help recruit donors into the registry. Responsibilities: Educate and inform members of the community, especially the minority community, about the functions and the needs of the NMDP. Persuade organizations/businesses with a large percentage of minorities to sponsor bone marrow drives. Coordinate minority community donor drives, to include contacting and soliciting the drive sponsors. Assist with PR requests to meet departmental, newspaper, radio and TV deadlines in coordination with the Commit for Life department. Assist in preparing material for special events, media or visitors. Maintain close working relationship with Department Director and Marrow Donor Coordinator. Responsible for reviewing consent and shipping Buccal swabs from donor drive. Education and Experience: Bachelor's degree from an accredited college or university, preferably in science or marketing and minimum of one year experience to include custom-

er service or sales; or equivalent. Contact: Jill Novickoff at (262) 289-2309.

Donor Recruitment Coordinator (Gulf Coast Regional Blood Center). This position is primarily responsible for managing activities related to scheduling, sourcing and conducting successful blood drives. Responsibilities: Manage all aspects of donor group blood drives and associated activities to maximize collections and ensure efficiency and effectiveness. Determine and implement the most effective use of marketing, scheduling and motivational blood drive tools. Schedule blood drives by analyzing resource availability. Ensure that established blood drive collection, efficiency and product goals are met. Conduct planning sessions and perform site inspections. Attend scheduled blood drives and monitor/evaluate and respond to issues to ensure drive success. Analyze existing donor group activity and develop methods for increasing donor group collections. Evaluate and act upon opportunities to source/obtain new donor groups. Master comprehensive understanding of Commit for Life Group and Individual programs, Power of Life program, and Type Matters to answer donor questions with all donor groups and provide necessary information and training. Education and Experience: Bachelor's degree from an accredited four-year college or university; minimum of one year experience. Contact: Jill Novickoff at (262) 289-2309.

Quality Assurance Specialist/Training Coordinator. Full-time, bachelor's degree, or equivalent, in the clinical/healthcare field with three to five years' experience in quality assurance practices/training preferred, and possesses exceptional customer service skills. Additional information/requirements and how to apply are available at www.shepeardblood.org. EOE for Individuals with Disabilities & Protected Veterans. ♠