

2017 #38

October 27, 2017

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**Lessons Learned from Mass Casualty Events**

Mass casualty events, such as those in Las Vegas, Nev. or Orlando, Fla, can unfortunately occur at anytime, anywhere. Preparation, training, and learning from past occurrences are just a few of the essential elements required for emergency preparedness strategies. The 2017 AABB Annual Meeting in San Diego, Calif. featured a session devoted to discussions on blood use during mass casualty events from the perspective of a transfusion service.

Boston Medical Center's Karen Quillen, MD shared experiences from the Boston Marathon bombing. Data from three of the six Boston trauma centers were presented, excluding pediatric data. Each hospital had a massive transfusion protocol. Between the two hospitals receiving the majority of victims, a total of 58 patients were brought through emergency, 23 of whom were crossmatched, and 13 were transfused a total of 70 units of red blood cells (RBCs) in the first 24 hours. Of those initial units, 48 were emergency released group O RBCs. Additionally, 35 units of plasma were given in the first 24 hours, 17 being group AB. Total blood product use for these patients in seven days was 117 RBCs, 46 units of plasma, and 13 units of platelets. The experience in Boston was similar to a 2005 bombing in London where there were 57 fatalities and 360 injuries, 25 critical, with a total of 440 units of RBCs, 141 units of plasma, and 36 doses of platelets used. Pierre Tiberghien, MD, PhD from Établissement Français du Sang (EFS), the French National Blood Service, presented the transfusion requirements following the terrorist attacks in November 2015 when 129 people were killed and 302 were wounded. A total of 59 patients were transfused with 286 units of RBCs, 199 units of plasma, and 25 units of platelets. Lastly, the Orlando shooting from 2016 was reviewed, where 50 people lost their lives and another 46 were injured. Blood requirements in the first day included 249 RBCs, 160 units of plasma, 25 platelet doses, and 7 cryoprecipitate doses.

Glenn Ramsey, MD from Northwestern Medicine presented a literature summary of blood component transfusion in mass casualties, looking at all the events from 1980-2016 where  $\geq 50$  units of RBCs were used and the number of patients admitted was available. Twenty-four events met those criteria.

A common finding was the challenge of tracking emergency release of group O units. In all cases, an abundance of units were available at the time and were pushed to the emergency and operating rooms. A second issue was estimating the number of units that will be needed. The AABB Disaster Handbook provides an estimate of three RBCs per casualty. Dr. Ramsey's study validated that number, but knowing

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## OUR SPACE

### Are RFPs Still Important?

Sameer Ughade; ABC, Director of Information Technology & Business Intelligence

At the recent ABC Financial Management & Information Technology Workshops, ABC members discussed working on projects to implement or upgrade their software applications, ranging from typical upgrades to complex system conversions and implementation of new systems. These discussions caused me to contemplate the relevance of the request for proposal (RFP) process and if it is still critical to project execution.

A RFP is a document used during the procurement process by organizations to solicit proposal or bids from interested vendors. Even though RFPs have been extensively used in public and private organizations, non-profits have only recently utilized them to their full capability. The creation of a RFP may seem daunting, time consuming, and a resource intensive task, but it has many benefits. The RFP process ensures alignment between the key stakeholders from business and information technology silos and promotes collaboration towards defining and prioritizing business requirements. It helps organizations understand the resource requirements and project timeline ahead of implementation. RFPs provide organizations an objective method to evaluate vendors and products based on meeting requirements rather than relying on their biases. It also forces the vendors to really understand customers' requirements and provide the appropriate product that will fit their needs. The identification of any gaps in requirements early in the process is another benefit and allows a mechanism for both customers and vendors to negotiate prior to commencing the project.

Many misconceptions about RFPs exist and there is a general notion about requiring them only for projects involving implementation of new software applications. However, projects involving existing applications and their conversion/upgrade to different products or vendors can still benefit. No matter the size of the organization or the project complexity, ensuring project success still outweighs the effort required. One pitfall to be aware of is using a RFP for every procurement project. At times, a simple business case and vendor evaluation is sufficient. Organizations need to define their criteria and adopt a policy based on their needs to identify when RFPs are needed. The most commonly used criteria for utilizing RFPs is making it dependent on projects having the most impact on the business operations that are cross-departmental in nature.

Several new affordable web-based tools are available in the marketplace that can help with RFP creation and simplifying the overall process. Such tools can also move beyond RFP creations into assisting during RFP evaluation by scoring the bids and streamlining the communications both within and outside organizations. Consultants and firms are also available that can provide assistance during this process for organizations that are resource constrained. I still believe that RFPs are an important, critical tool that organizations can use to increase their chances of successful project execution. Now I must know—when is your next RFP going out? 💧

[sughade@americasblood.org](mailto:sughade@americasblood.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.

#### America's Blood Centers

Chief Medical Officer: Louis Katz

Editor: Mack Benton

Subscriptions Manager: Leslie Maundy

**Annual Subscription Rate: \$390**

Send subscription queries to

[lmaundy@americasblood.org](mailto:lmaundy@americasblood.org)

America's Blood Centers

725 15th St. NW, Suite 700, Washington, DC 20005

Phone: (202) 393-5725

Send news tips to [newsletter@americasblood.org](mailto:newsletter@americasblood.org).



## MASS CASUALTY EVENTS (continued from page 1)

how many casualties there are, the severity of those casualties, and which hospital they are being sent to remains a challenge. Communication during a disaster is clearly critical, and having the lines of communication between hospital and local emergency management authorities is the key.

These data confirm that with every mass casualty event in modern times, it is the blood already donated and processed that is critical to the emergency response, yet the blood community continues to see individuals line up to donate blood, fueled by personal desire to “do something.” Misguided appeals generated from the media and government officials who do not consult the blood community contributes as well. Dr. Tiberghien reported an overwhelming influx of donors despite EFS efforts to channel donors to make future appointments. As a result, expirations doubled and no increase in the number of return donors existed, highlighting that the blood community continues to struggle with how to control the massive donor response following tragic events more than the challenge of providing blood to the wounded. 💧

## Regulators Provide Answers

The “Ask the Food and Drug Administration (FDA) and Centers for Medicare and Medicaid Services/Clinical Laboratory Improvement Amendments (CLIA)” session took place once again at the 2017 AABB Annual Meeting. A total of 51 questions were posed on topics ranging from the recently published guidance on reentry for donors previously deferred for Hepatitis after age 11 to microbial testing for cellular therapy products. Highlights of several questions on topics raised by ABC member blood centers are provided here.

One topic that continues to be of interest is the provision of iron supplements or vouchers for iron replacement therapy and whether this was the practice of medicine. The FDA indicated that it does not object to vouchers or tablets being given to donors if the dosage is equivalent to the amount of iron lost during the donation.

Regarding medical director responsibilities, it was asked whether the medical director could delegate the responsibility for examining donors with an elevated blood pressure. The FDA was clear and succinct that this could not be delegated and that the medical director must examine the donor prior to donation to rule out serious illness before phlebotomy. Continuing with the topic of medical director delegation, a question was posed as to whom the laboratory director may delegate competence assessment for moderate and high complexity testing under CLIA. The response provided indicated that when competency assessment is delegated, there must be a written record of the delegation by the director. An inquiry on what date should be used to determine the timing of annual competency renewals was made. The CLIA respondent stated that it should be the anniversary of the date the employee started performing tests.

In a discussion of co-collection of components and concurrent components, the FDA indicated that these terms are equivalent. For example, plasma co-collected with red blood cells can also be referred to as concurrent plasma. In a follow-up question, the FDA indicated that plasma removed from platelets and replaced by platelet additive solution is not considered a concurrent product. The complete transcript of the session will be available on the [AABB website](#) once completed. 💧

## ABC Calendar of Events

ABC offers a variety of meetings, workshops and virtual opportunities for education and networking as well as participation in ABC business. The [calendar of events](#) includes annual and summer meetings, board meetings, workshops, and webinars, and details will be updated as confirmed. We look forward to your support and participation!



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

## INSIDE ABC

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

### Participation Open for 2017 Blood Center Compensation & Benefits Survey

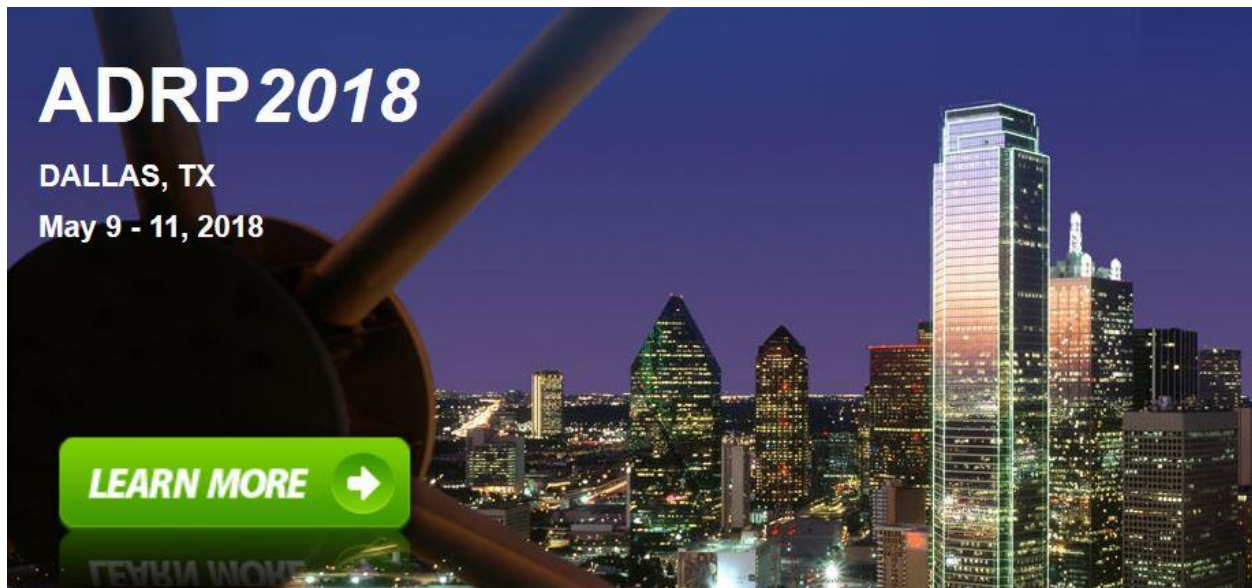
ABC invites members to take part in the 2017 Blood Center Compensation & Benefits Survey, being conducted by Gallagher Surveys on behalf of ABC. The 2017 Blood Center Compensation & Benefits Survey features 32 director, management-level, exempt positions, and 35 staff-level positions commonly found in blood centers and focuses on the data needed to provide a strategic overview of the market and where organizations need to position themselves to compete in the future. It also includes a detailed benefits section that will provide insight into the specific benefit practices of blood centers. All ABC member blood centers are eligible to participate prior to the November 3<sup>rd</sup> submission deadline. Contact [Leslie Maundy](#) for additional details and sign-up information.

#### SAVE THE DATE

**ABC SMT Iron Mitigation Webinar**

**December 7, 2017 at 3 PM ET**

*Additional details coming soon!*



# ADRP 2018

DALLAS, TX

May 9 - 11, 2018

LEARN MORE



### ADRP Announces Call for Speaker Abstracts

ADRP opened the call for abstracts for its [2018 Conference and Expo](#) in Dallas, Texas. All marketing innovators, recruitment visionaries, and collections experts are invited to [submit](#) abstracts on topics including donor collections staffing, managing productivity, fixed site recruitment, customer service marketing programs, reducing turnover, and emerging medical issues. Speakers that are chosen will receive a 30 percent discount off conference registration and a free one *year* subscription to ADRP. Interested individuals can submit their abstracts [here](#).

(continued on page 5)





INSIDE ABC (continued from page 4)

## ADRP Award Nominations Open

Recognize a peer or outstanding donor group by nominating them for an [ADRP Award](#). Submissions are being accepted until November 15<sup>th</sup> via the online [nomination form](#). This year's categories include: Donor Recruiter of the Year, Donor Collections Team Member of the Year, Leader of the Year (Recruitment & Collections), Franzmeier Lifetime Achievement Award, Gilcher MD/CEO Award, Media Partner Award, Blood Drive Award (Creative & Most Productive), School Blood Drive Award, and the Humanitarian Service Award.

## REMINDER: Participate in BARDA Blood Supply Sustainability Modeling

ABC members are urged to take part in the Biodefense Advanced Research and Development Authority

### SAVE THE DATE

#### ABC SMT Journal Club Webinar

November 28, 2017 at 1 PM ET

*Articles to be covered:*

- *Crisis in the Sustainability of the U.S. Blood System*
- *Safety of the use of group A plasma in trauma: the STAT study*
- *Oral antiplatelet therapy: impact for transfusion medicine*

(BARDA) efforts that aim to provide sustainability/resiliency modeling estimates that the RAND report lacked. This will be part of the larger effort being spearheaded by the Advisory Committee on Blood and Tissue Safety and Availability and the Blood Organs and Tissue Senior Executive Council (BOTSEC) to ensure appropriate responses to the issue of sustainability moving forward. Additional details are available in [MCN: 17-067](#) and the modeling spreadsheets can be found [here](#). At this time, we are only collecting RBC data—no platelet, plasma, or other components. ABC will ensure that all data provided is anonymized. Please contact ABC Chief Medical Officer and Interim CEO [Louis Katz](#) with any questions or to express your willingness to participate. Please submit your responses by October 31<sup>st</sup>. 💧

## RESEARCH IN BRIEF

**Next-generation sequencing (NGS) in serum of patients with acute liver failure (ALF) fails to identify unexpected viral pathogens.** With the description of viral hepatitis A-E, there remains a subset of patients with ALF for whom an etiology is not obvious (called indeterminate in this study). The question of the existence of additional agents of viral hepatitis is often raised, including with reference to post-transfusion events. Samples from 204 adults with ALF from a nationwide repository were interrogated using metagenomic NGS with confirmatory nucleic acid testing. Investigators included scientists at the Blood Systems Research Institute, among others. Four cases due to herpes simplex virus (one with hepatitis B) were described, and one case each from HBV, parvovirus B19, CMV and human herpes virus 7. No novel viral agents associated with hepatitis were identified.

**Citation:** Somasekar S., Lee D., Naccache, S.N. *et al.* Viral surveillance in serum samples from patients with acute liver failure by metagenomic next-generation sequencing. *Clinical. Infectious Diseases* 2017. 65:1477-85. 💧

## RECENT REVIEWS

**Two chimeric antigen receptor T-cell therapies (CAR-T) have been cleared by the FDA.** The history of development of CAR-T therapy is reviewed in the *New England Journal of Medicine*.

**Citation:** Rosenbaum, L. Tragedy, perseverance and chance—the story of CAR-T therapy. *New. England Journal of Medicine* 2017. 377:1313-5.

**The October issue of *Transfusion Medicine Reviews* is a special issue on critical care.** Included are reviews on the impact of transfusion on tissue oxygenation, approaches to hemostatic disorders in patients requiring invasive procedures, evidence-based red blood cell use in cardiovascular surgery, management of hemostasis with central nervous system injury and in advanced liver disease, platelet disorders and platelet transfusion in the intensive care unit (ICU) context, adjuncts to components to support hemostasis, and patient blood management in the ICU.

**Citation:** Kor, D.J. and Juffermans, N.P., eds. *Transfusion. Medicine Reviews*. 2017. 31(4):203-71. ♠

## BRIEFLY NOTED

**Restrictive transfusion has been shown to be as effective, and perhaps superior, to liberal transfusion in a variety of populations, but concerns are frequently expressed by specialists that their populations have not been specifically addressed in available trials.** This retrospective “before and after” study from 2011-15 compared 1,565 adults ( $\geq 16$  years) admitted to the intensive care unit (ICU) at San Francisco General Hospital who survived traumatic brain injury (TBI) for at least 24 hours. They were managed with liberal ( $>10$  gm hemoglobin from Jan 2011-Oct. 2013) vs restrictive ( $>7$  gm, Jan 2014-Sept. 2015) transfusion protocols. The groups were generally well-matched, although the restrictive group was 2.6 years older on average. In multivariate analysis, restrictive transfusion was associated with less fever, and equivalent ICU lengths of stay, ventilator days, rates of lung injury, thromboembolism and mortality. Restrictive transfusion was associated with \$115,000 of annual cost saving.

**Citation:** Ngwenya, L.B., Suen, C.G., Tarpore, P.E. *et al.* Safety and cost efficiency of a restrictive transfusion protocol in patients with traumatic brain injury. *Journal of Neurosurgery*. 2017. <https://www.ncbi.nlm.nih.gov/pubmed/28644101>.

**The National Institutes of Health (NIH) announced the Partnership for Accelerating Cancer Therapies (PACT).** This partnership between NIH and 11 pharmaceutical companies “will initially focus on efforts to identify, develop and validate robust biomarkers — standardized biological markers of disease and treatment response — to advance new immunotherapy treatments that harness the immune system to attack cancer,” according to a news release from NIH. The participating companies are AbbVie, Amgen, Boehringer Ingelheim Pharma GmbH & Co. KG, Bristol-Myers Squibb, Celgene Corporation, Genentech, a member of the Roche Group, Gilead Sciences, GlaxoSmithKline plc, Janssen Pharmaceutical Companies of Johnson & Johnson, Novartis, and Pfizer, Inc. NIH will provide \$160 million in funding over five years for PACT with the other organizations contributing a total of \$55 million.

Source: (NIH [News Release](#), 10/12/17) ♠

## INFECTIOUS DISEASE UPDATES

**Japanese Encephalitis Virus (JEV), another mosquito-borne Flavivirus (in addition to Dengue, West**

(continued on page 7)



## INFECTIOUS DISEASE UPDATES (continued from page 8)

**Nile and Zika) has been reported to be transfusion-transmitted in Hong Kong.** An asymptomatic donor's blood was transfused to two immunocompromised recipients. A double lung transplant patient developed severe encephalitis 14 days after the transfusion, without the opportunity for vector exposure, and the organ donor, and other recipients of allografts and other blood donors were cleared of infection. An acute leukemia patient received the whole blood platelet from the implicated donation, and was asymptomatic but infected, based on a reactive anti-JEV IgM test. The recipient of the plasma unit had died from respiratory failure and no specimens were available for testing. Amplification and sequencing of JEV RNA from blood donor and the lung recipient were identical and confirmed the blood donor as the likely source of the virus, and other encephalitis pathogens were not identified.

**Citation:** Cheng, V.C.C., Sridhar S., Wong, S.-C. *et al.* Japanese encephalitis virus transmitted via blood transfusion, Hong Kong, China. *Emerging Infectious Diseases*. 2018 January. Accessed October 2017. <http://dx.doi.org/10.3201/eid2401.171297>. 💧

### 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 the Editor 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.

## WORD IN WASHINGTON

Food and Drug Administration (FDA) Commissioner Scott Gottlieb, MD appeared before the House Energy and Commerce Committee's Subcommittee on Oversight and Investigations to address the response of the agency to recent natural disasters. During the hearing, the commissioner mentioned FDA "working in partnership" with the AABB Interorganizational Task Force on Domestic Disasters (ITF) and Acts of Terrorism. "Another critical area is ensuring access to safe blood in the face of so many storm-related injuries. Since the storms' onset, my colleagues have been working closely with the AABB ITF to help ensure that not only are needs being met, but that we maintain the same level of blood safety as we do when we are not amidst three natural disasters. Thanks to the continued donations, blood banks have successfully met the needs across all impacted regions in the continental U.S. to date. We will continue to work with this important group to monitor the needs in Puerto Rico and the U.S. Virgin Islands."

Source: (House Energy and Commerce Committee's Subcommittee on Oversight and Investigations [Hearing Transcript](#), 10/24/17)

Senate Finance Committee and House Ways and Means Committee Chairs Orrin Hatch (R-Utah) and Kevin Brady (R-Texas) jointly announced on October 24<sup>th</sup> that an agreement had been reached on a proposal to provide "a temporary two-year funding extension for the health law's cost-sharing reduction (CSR) program." According to a news release, the agreement would remove mandates from the Affordable Care Act for individuals from 2017-2021 and employers from 2015-2017. "As I have said all along, if Congress is going to appropriate funds for CSRs, we must include meaningful structural reforms that provide Americans relief from Obamacare," Hatch said. "This agreement addresses some of the most egregious aspects of Obamacare – delaying Obamacare's individual and employer mandates so consumers and employers won't be penalized for purchasing health care they don't like and can't afford and expanding tax-free Health

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WORD IN WASHINGTON (continued from page 7)

Savings Accounts (HSAs) to allow Americans to save more of their hard-earned income for health costs. It also provides much-needed certainty for the individual market in the near term as Congress continues to debate an alternative to the law.”

Source: House (Ways and Means Committee [News Release](#), 10/24/17) ♦

## Learn ♦ Grow ♦ Lead

## Shed Light on Your Future



This Month's Featured API Resources

- 1. Jerry Haermann Leadership Program**  
Six courses on leading teams

“This course gave me many ideas on how to work with the team in my department as well as working with other teams outside my department.”

- API pilot participant
- 2. Strategic Leadership Program**  
Six courses on change management and communication challenges



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## PEOPLE

New York Blood Center (NYBC) has announced that **Mohandas Narla, DSc**, vice president of research, will receive a \$6.5 million grant from the National Institute of Diabetes and Digestive and Kidney Diseases for the Regulation of Human Erythropoiesis Project to examine “the developmental steps in red cell

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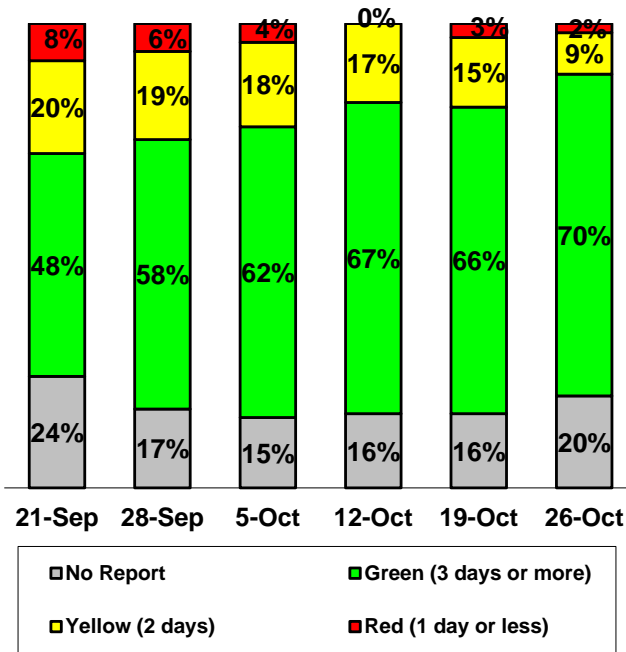
PEOPLE (continued from page 8)

production in normal and disease states.” Dr. Narla’s work on this project began in the 1970s. “This award is much deserved recognition of Dr. Narla’s continued outstanding contributions to red blood cell biology nationwide and around the world,” said NYBC President and CEO Christopher D. Hillyer, MD in an NYBC news release earlier this month. “We are incredibly proud of his four decades of groundbreaking work to advance the frontiers of non-malignant hematology with impact on transfusion medicine research.” Patrick Gallagher, MD of Yale School of Medicine and Naomi Taylor, MD, PhD from the University of Montpelier are also principal investigators on the grant award.

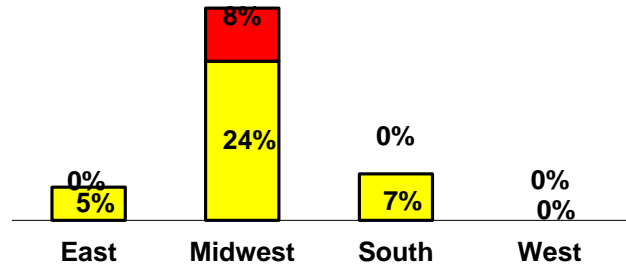
Source: (New York Blood Center [News Release](#), 10/16/17) 💧

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

Total ABC Red Cell Inventory



Percent of Regional Inventory at 2 Days Supply or Less, October 26, 2017



Percent of Total ABC Blood Supply Contributed by Each Region  
 East: 20%; Midwest: 25%; South: 24%; West: 31%

Daily updates are available at:  
[www.AmericasBlood.org](http://www.AmericasBlood.org)

**MEMBER NEWS**

**Blood Centers of the Pacific’s** Santa Rosa facility is open once again after shutting down for nearly two weeks during the wildfires that plagued northern California. The center did not sustain any direct fire damage, but could not be accessed due to being in an evacuation zone. “The entire building has been thoroughly cleaned and inspected. We have been working diligently with local agencies to make sure our staff and donors would be safe before opening,” said Nicole Anderson, regional director for Blood Centers

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## MEMBER NEWS (continued from page 9)

of the Pacific. “Our hearts go out to our neighbors who were not as fortunate as we were. For them, they need to focus on rebuilding their lives; for others who want to and can provide a much-needed community service, the two-week interruption in blood collections needs to be shored up and every available blood donor is welcome.”

Source: (*Sonoma West Times & News*, [Santa Rosa Center re-opens following fires](#), 9/29/17)

**Memorial Blood Centers**, St. Paul, Minn., welcomed more than 160 high school students to its annual High School Workshops organized by Memorial’s Donor Recruitment staff. The workshops teach young leaders how to host successful blood drives at their schools. Students heard stories from local blood recipients, learned tips on maintaining donor health in canteen areas, role played the interview process, toured a bloodmobile or saw a life-flight air ambulance, and were the first cohorts to meet the rebranded Memorial Blood Centers’ mascot, ABO Joe.



Source: (Memorial Blood Centers Announcement, 10/24/17) ♦

## COMPANY NEWS

The Institut für das Entgeltsystem im Krankenhaus (InEK), the organization responsible for the German hospital reimbursement system, will include pathogen-inactivated platelets in national coverage in Germany beginning in January 2018 according to a recent news release from Cerus Corp. “InEK’s decision to provide national reimbursement for pathogen-inactivated platelets is a pivotal public health policy change that could improve patient access to platelets with a reduced risk of transfusion transmitted infection,” said William ‘Obi’ Greenman, Cerus’ president and chief executive officer. “Cerus’ German team is prepared to work with blood centers and hospitals to educate clinicians about this new reimbursed treatment option, and support the local marketing authorizations necessary to make INTERCEPT more broadly available within the market.” The codes will include both the collection of apheresis and whole blood derive buffy coat platelets.

Source: (Cerus Corp. [News Release](#), 10/23/17) ♦

## CALENDAR

**Note to subscribers:** Submissions for a free listing in this calendar (published in the last issue of each month) are welcome. Send information to Leslie Maundy by e-mail ([лмаунди@americasblood.org](mailto:лмаунди@americasblood.org)) or by fax to (202) 393-1282. (For a more detailed announcement in the weekly “Meetings” section of the newsletter, please include program information.)

### 2017

Nov. 2. **AdvaMed Cybersecurity Summit, Washington, D.C.** For more information and to register, click [here](#).

Nov. 8-10. **10<sup>th</sup> World Federation of Hemophilia Global Forum, Montreal, Canada.** For more information and to register, click [here](#).

(continued on page 11)



## CALENDAR (continued from page 10)

Dec. 9-12. **American Society of Hematology Annual Meeting & Expo., Atlanta, Ga.** Register [here](#).

### 2018

Feb. 5-7. **14<sup>th</sup> Annual FDA and the Changing Paradigm for HCT/P Regulation., Alexandria, Va.** Register [here](#).

Mar. 17-19. **ABC Annual Meeting, America's Blood Centers, Scottsdale, Ariz.** More details available [here](#).

May 8-10. **ABC Human Resources and Technical Directors Workshop, Dallas, Texas.** More details [here](#).

May 9-11. **ADRP Conference & Expo., Dallas, Texas.** More details [here](#). ♦

## 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 Maundy at the ABC office. Phone: (202) 654-2917; fax: (202) 393-1282; e-mail: [lmaundy@americasblood.org](mailto:lmaundy@americasblood.org).

## POSITIONS

**Medical Director, Clinical Services (Stanford Blood Center).** The Department of Pathology seeks full-time physician clinician educator to serve as Medical Director, Clinical Services at Stanford Blood Center (SBC). Position is in the Clinician Educator line, rank based on years of relevant experience. You will: Provide medical oversight for SBC policies and procedures, maintaining compliance with regulations and standards, share responsibilities for medical consultations at SBC and for training in blood banking and transfusion medicine, provide medical cross coverage for Transfusion Service at Stanford Health Care, and participate in clinical research projects in blood banking and transfusion medicine. SBC collects 50,000 red cells and 14,000 plateletpheresis components annually, performs infectious disease testing, and provides support for clinical, translational research activities. It is primary supplier for hospitals including Stanford Health Care and the Lucile Packard Children's Hospital. Requirements: MD or DO with California Medical License, board certified in Clinical Pathology, Internal Medicine or Pediatrics, board eligible/certified in Transfusion Medicine, minimum one year experience in Transfusion Medicine. Stanford is an equal employment opportunity and affirmative action employer. Please send cover letter, CV and names of three to five references (**in one pdf document**) to: Thomas Montine, MD, PhD, Chair, Department of Pathology, c/o Cynthia Llanes at [cllanes@stanford.edu](mailto:cllanes@stanford.edu).

**Chief Executive Officer.** The Northern California Community Blood Bank in Eureka, California is a successful not for profit blood center located on the far north coast of California in the heart of the coastal Redwoods. Our

CEO will be retiring in 2018 and the Board of Directors has begun the search for his replacement. The blood bank serves five hospitals in the two-county service area and has a robust resource sharing program. The CEO provides overall leadership, direction and general management to the operations and reports directly to the Board of Directors. The primary responsibility/mission is to provide a safe and adequate blood supply in a fiscally sound manner. Requirements for the position are five or more years senior management experience in health care with blood banking experience preferred. College degree required and master's degree in business, health care management or related field is helpful but not required. Equivalent experience will be considered. Leadership skills, knowledge of quality assurance, knowledge of scope and requirements of blood banking industry, effective communicator internally and externally, knowledge of FDA/AABB regulations and standards are required. If interested, please send Resume or CV to: Terry Raymer, MD, Board Chairman, Northern California Community Blood Bank, 2524 Harrison Avenue, Eureka, California 95501. If wishing to inquire, it is acceptable to contact Thomas Schallert, CEO at (707) 443-8004.

**Operations Coordinator-Collections.** This position is responsible for arranging collection activities to achieve operational goals and standards including production, compliance, cost, hiring/terminations, employee development, team spirit and customer service. Must be able to identify and resolve production concerns in order to ensure continued daily operations. This individual will consult with the manager, oversee the daily operations

(continued on page 12)

**POSITIONS** (continued from page 11)

and assumes managerial responsibilities in the absence of the manager. This position requires regular full-time attendance with regular office hours and on-call duties. Required: High school diploma or equivalent, two years of supervisory/management experience - Prefer background in highly regulated field. Carter BloodCare (CBC) is an EEO/Affirmative Action employer. CBC provides equal employment opportunities (EEO) to all employees and applicants and will not discriminate due to an employee's or applicant's race, color, religion, sex, sexual orientation, gender identity, age, national origin, genetic, and veteran or disability status. In addition to federal law requirements, Carter BloodCare complies with applicable state and local laws governing nondiscrimination in employment in every location in which the company has facilities. CBC is a Pro Disabled and Veteran Employer. We maintain a drug-free workplace and perform pre-employment substance abuse testing. Please click [here](#) to apply.

**Manager, Immunohematology Reference Laboratory.** Memorial Blood Centers in St. Paul, Minnesota, is looking for a Manager for our Immunohematology Reference Laboratory. This exempt, and full-time role oversees clinical laboratory testing procedures, management of rare blood inventory, and supervision of laboratory staff. Benefits include: Medical, Dental, Vision, PTO/EST, 401K and more! To apply, click [here](#).

**Assistant Director of Marketing, Communications, and Community Development.** Central California Blood Center (CCBC) seeks qualified candidates for the Asst. Director of Marketing, Communications, and Community Development with near-term potential to grow into the Director position. Opportunity to champion the CCBC strategic plan; develop and execute marketing plans to achieve annual blood collection goals at fixed and automated locations and in mobile-field drives; promote a renewed brand to firmly establish the value of a plentiful our blood supply are included in this position. An effective and adaptive leadership style is vital in managing daily operations of a 12-person department with the support of the two supervisors as direct reports. A working knowledge/experience in and a grasp of: media and crisis management; marketing best practices including those of creative and production; community development and event management; CRM; staff development; verbal/written and interpersonal communication including public speaking/on camera appearances, computer technology; and the social media environment and engagement are required. Additional expectations will include the ability to assist the Director as needed to oversee the implementation of a branding campaign working with media and other stakeholders to accomplish our mission to serve our community and beyond. Bachelor's degree (BA/BS) in communications, marketing, public

relations, business administration, healthcare administration, or relative degrees preferred. Progressive management experience in blood banking or health-related field a plus. Competitive salary and benefit package. To apply click [here](#). EOE/M/F/Vet/Disability.

**Immunohematology Reference Laboratory Specialist.** The Central California Blood Center, located in Fresno, is seeking an Immunohematology Reference Laboratory Clinical Laboratory expert. Full-time, Monday-Friday, day-shift and on call. This job includes but not limited to providing exceptional customer service to our hospitals by resolving intermediate to complex red cell antibody problems, finding compatible blood through local donor screening or networking with other blood centers IRBs and training and assessing other CLS to perform IRL testing. Additionally, this job requires performance of other donor laboratory and component manufacturing tasks. The ideal candidate shall possess advanced IRL experience, great written and verbal communication skills, work expeditiously and utilize resources optimally to solve the complex patient cases. Strong working knowledge of pertinent safety, FDA regulations, and AABB standards is desired to insure regulatory compliance at all times. Qualified bachelor's degree and licensed in the state of California as a Clinical Lab Scientist, an SBB a plus. Competitive pay and Benefit package. EOE/M/F/VET/Disability. Please click [here](#) to apply.

**Medical Technologist.** LifeSouth Community Blood Centers is currently seeking a skilled individual for a Medical Technologist position in our Immunohematology Reference Laboratory (IRL) in Gainesville, FL. This position performs and interprets clinical laboratory tests in a highly regulated environment. Bachelor's degree required. National certification such as MT/CLS, MLS (ASCP) or equivalent required. Current Florida Medical Technologist license required. Must be able to work the overnight and weekend shift. This is a full-time position. Starting salary range is \$25.00 - \$32.00 an hour based on years of relevant experience. Shift differential may apply. LifeSouth offers a competitive benefits package and great career development opportunities. Background check and drug test required. Equal Opportunity/Affirmative Action Employer/DFWP/Tobacco Free. Follow this link to apply: <https://lifesouth.careerplug.com/jobs/695857/apps/new>.

**Vice President, Human Resources (Lexington, Kentucky).** Kentucky Blood Center (KBC) is seeking a proactive professional responsible for the oversight and management of the Human Resources department. The role encompasses oversight of all HR functions, including compensation, benefits, employee relations, talent management, retention, performance management, budget preparation and monitoring, policy development, legal compliance, safety, training and development,

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wellness, and volunteer services. Reporting directly to the President and CEO, this position works with KBC's outside counsel and benefit administrators regularly. The position is becoming available due to an announced retirement guaranteeing a seamless transition. Qualified applicants must have a bachelor's degree in Human Resources, Business, or related field and an HR Certification is strongly preferred. A minimum of eight years HR management experience required. Proof of education/certifications required during the interview process. Must be proficient with MS Office products; have a working knowledge of employment and labor law, compensation, and benefit administration; have proven data analysis skills; be highly organized, reliable, and have outstanding interpersonal skills. Strong communication skills, a do-what-it-takes work ethic, and a team player attitude are required. Competitive salary, comprehensive benefits including health, dental, vision, life, STD, LTD, paid time off/holidays, EAP, and 401(k) retirement savings plan. Relocation provided. For more information or to apply online, please visit [www.ky-bloodcenter.org](http://www.ky-bloodcenter.org). Drug-free and EOE/AAP. 💧