

ABC Files Comments with the Centers for Medicare and Medicaid Services (CMS) on 2017 Proposed Rule and Payment Rates

Issue #33
September 16, 2016

ABC recently [filed comments with CMS](#), a division of the Department of Health and Human Services, on [the proposed rule](#), "Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems and Quality Reporting Programs; Organ Procurement Organization Reporting and Communication; Transplant Outcome Measures and Documentation Requirements; Electronic Health Record Incentive Programs; Payment to Certain Off-Campus Outpatient Departments of a Provider; Hospital Value-Based Purchasing (VBP) Program; Proposed Rule, (81. Fed. 45617, July 14, 2016)," also known as the "OPPS" proposed rule. ABC members will recall that last year at this time ABC mounted a successful grassroots campaign to reverse severe reductions in blood products contained in the 2015 OPPS proposed rule.

In response to ABC's 2015 comment, this year CMS called for input from the blood community regarding the blood product codes and reimbursement values. ABC's comment letter expressed the need to keep payments for blood and blood products separate through Ambulatory Payment Classifications (APCs) rather than including them in a bundled payment. ABC explained that reductions in Medicare payments will lead to lower revenue for blood centers and thus erode the ability of blood centers to adopt patient safety innovations and surge in response to disasters. ABC urged CMS to evaluate other ways in which to pay for blood and blood products that recognize the value of

blood and support the sustainability of the nation's blood supply. ABC cautioned that reimbursement rates based on hospital data, and not blood center manufacturing data, will result in rates that do not reflect the real costs that blood centers incur to manufacture the product. For example, the proposed 2017 payment



for P9010, whole blood for transfusion, is a mere \$79.97, which is significantly lower than a blood center's cost of production. Furthermore, ABC reinforced the need for Medicare reimbursement to include direct payment to blood suppliers when the FDA mandates additional testing.

Finally, ABC proposed substantial improvements to the Healthcare Common Procedure Coding System (HCPCS) P-code taxonomy, coding, and descriptors. ABC members can read the detail and content of ABC comment [letter](#). ♦

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OUR SPACE

ABC CHIEF ADMINISTRATIVE OFFICER KATHERINE FRY

When Zika Gets Political, Everyone Loses

Congress returned to work on September 6 for its last legislative session before the November presidential election. They return following seven weeks of congressional recess. Their return also comes nine months after the first case of Zika in Puerto Rico was reported and nearly two months following the emergence of the first locally-transmitted case of Zika in the continental U.S. After five days of arriving in D.C., Congress has already begun discussions of when they would leave again—possibly as early as next week. And through all this time we remain no closer to seeing a Zika-funding package.

Numerous local and federal agencies have warned of the dire impact Zika can have on public health. Patient-advocate and medical groups, including ABC, have made urgent pleas for action, yet Congress continues its stalemate on providing funding to help prevent the spread of Zika.

Congress' action – or lack thereof – is of course driven by the creeping shadow of the general elections that will decide a new direction of the country for the first time in eight years. With contests heating up at all levels – presidential, congressional, and local – both sides of the aisle understand the impact a wrong step now can have in November.

It is time for Congress to realize that *not* acting on a Zika-funding package that helps fully combat Zika's threat *is* that wrong step—not only for November, but for months and years to come. The elections are still 52 days away and the need to respond to the continuing spread of Zika is now. Congress must put policy before politics and do the job they were already elected to do, not the job they're running for next. 💧

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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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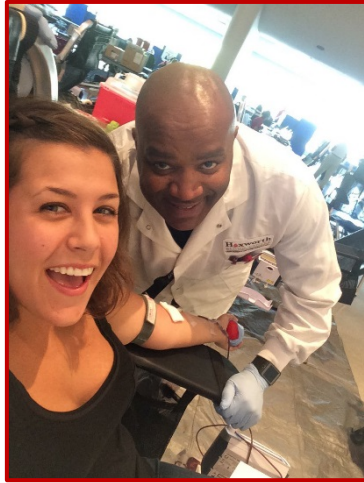
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Reaching the Millennial Donor Group



Millennial donor at Hoxworth, posting a selfie of her donating on Twitter.

The number of millennials rolling up their sleeves and donating blood is surpassing Generation X donors and almost matches the number of baby boomer donors at Hoxworth Blood Center at the University of Cincinnati, Ohio. For other centers like Stanford Blood Center and Gulf Coast Regional Blood Centers (GCRBC), that millennial donor number is climbing as well—to be between 30 and 40 percent of their unique and total visits. But recruiting and retaining these donors can require a shift in recruitment strategies.

“Blood donation needs to be convenient, connected, and ‘cool’ or millennials may not donate,” said Vanessa Merina, director of communications at Stanford Blood Center. “It is important to understand, the millennial mindset—it’s pretty different from what we may be familiar with in our older donor base.”

Millennials are classified as those born between 1980 and 2000, as defined by the Pew Research Center, give or take a few years depending on the blood center. Often, certain generalized characteristics are attached to this generation, such as: being more socially conscious, being more digitally savvy, having shorter attention spans and less time, seeking praise for one’s good deeds, and craving more personalized connections and messaging. Knowing these characteristics can help in recruiting unique millennial donors and turning them into repeat donors.

For GCRBC, millennial donors make up for 43 percent of their donor base, with 68 percent of them returning to become repeat donors. Most of GCRBC’s millennial donors are still high-school students, 16 to 18 years old, so Theresa Pina, director of donor recruitment and mobile operations at GCRBC, and her team use the number one effective tool in recruiting millennials: other millennials. GCRBC has created a brand ambassador program teaching high schoolers how to recruit other high schoolers.

Every year the Texas-based blood center hosts a workshop where students “enjoy a day of labs, educational information, and tours.” GCRBC staff then teaches the students what’s new in regards to blood donations, who to target at their high school as potential donors, and how to handle different responses—all the while gathering feedback on a variety of topics to report back to GCRBC. Of course, the blood center also is collecting feedback from their millennial students at this workshop to help better the program for the next year.

“Young donors are not the donors of the future, but they are the donors of today,” said Theresa Pina, director of donor recruitment and mobile operations at GCRBC.

Hoxworth has focused on the heart of millennial connectivity—and another major source for word of mouth marketing—social media. With a focus on Twitter, Facebook, and Instagram, Hoxworth capitalizes on the millennial characteristics of being digitally savvy and wanting to receive praise for their efforts. They encourage their donors to share Hoxworth’s messages, statuses and retweet their tweets as a part of contests on social media as well as encourage the donor to post his/her own messages about his experiences. They are also looking into Snapchat, the hottest social media platform for



GCRBC post on Instagram of employee and youth donors.



(continued on page 4)

REACHING THE MILLENNIAL DONOR (continued from page 3)

millennials and centennials, also known as Gen. Z or those born from 2000 to present. Knowing which channel works best for what kind of messaging and for whom is key, said James Tinker, division director of donor recruitment and community relations at Hoxworth.

“Centennials and millennials may not use Facebook as much to communicate with their peers, but they do use it to communicate with family, and blood donations are something they’re happy to brag about online,” noted Mr. Tinker. “Nonetheless, other platforms are better suited toward reaching them. Outbound voice calls and direct mail do not succeed with millennials nor centennials.”

Last year, [a report from Microsoft](#) claimed that people now have a lower attention span than that of a goldfish (eight versus nine seconds). The tech giant associated the results with the rise in digital technology, especially mobile, usage. Knowing that attention spans, especially amongst the younger generations, is dwindling, Hoxworth sends out short text messages to these donors to ensure they receive quick, precise messages rather than long form mailers or emails.



Millennial donor at Stanford posting a selfie on Twitter.

“Connected means customizing the donor experience as much as possible, ensuring a millennial-friendly environment, optimizing social media, and expecting to be rated. Cool means encouraging sharing, using gamification to up competition, creating social badges and apps, and helping donors use their social influence to recruit friends and peers,” said Merina.

Because [twice as many millennials play video games daily](#) than Gen. X’ers and baby boomers, they are far more excited and motivated by the gamification of a business or idea. Due to the millennial preponderance toward gamification, Stanford has taken on how to use games in their millennial recruitment techniques. Stanford Blood Center teamed up with the Stanford Design School students to create a game called “Bunk!” The game, still in the concept-stage, focuses on debunking myths and misconceptions about blood donating.

“The game would be one that a family could play around the dinner table or a student could play with her peers. By the time a kid was eligible to donate, he/she would have been educated about blood donations, the serious need for blood, had many fears debunked, and questions answered,” said Merina.

[Millennials spend more than 14.5 hours on their smartphones](#) per week and utilize numerous apps on their phones. While apps are nothing new to the digital world, many blood centers have yet to adopt them as part of their recruitment strategies. Respondents in a survey to the design school at Stanford—undoubtedly some of them using their phones to take the survey—suggested to Merina that apps should be the next digital method blood centers adopt to get in front of the young donor and keep them engaged.

“Many of the millennials we spoke with suggested developing an app, which some blood centers have but many (including Stanford) haven’t yet done. I think these (digital) channels work because you have to go where your donors are and, once there, interact with them regularly and authentically,” she said. “While millennials are a key generation for blood centers to consider, we can’t forget that the Gen Z’ers are an up-and-coming generation that needs to be considered too.”

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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's Zika Implementation Survey Results

ABC would like to thank all our member centers for responding to the Zika implementation survey sent out two weeks ago in regards to the Food and Drug Administration's (FDA) guidance for universal Zika testing of all blood products. We received a very encouraging response rate of over 90 percent from our member centers. The feedback provided ABC leadership with the knowledge we need to enter into discussions with the FDA, Department of Health and Human Services, and the U.S. Congress about Zika test implementation funding on the part of our members.

Per the survey, we found most centers are not testing for Zika yet, but most feel they can meet the FDA testing timelines. For those centers not confident of meeting the timelines, there were a number of reasons why, including computer issues, laboratory contracting conflicts, and the administrative burdens of testing under an investigational new drug program. While many centers have contacted their consumer safety officer (CSO), none of them have heard back yet in regards to an extension to the implementation. Most centers have yet to approach the hospitals they supply with the possibility of cost-recovery through a type of reimbursement for the added testing costs; however, those who have spoken with their local hospitals say most of them do understand the need to pass the costs through to the hospitals. About 33 percent of the members who filled out the survey believe they will not be able to offset the costs of the added test entirely and will be forced to absorb some of it.

In order to help blood centers recover the costs of the emergency implementation, many of the respondents want ABC to advocate for extensions to the FDA timelines and types of testing, and over 44 percent want education on calculating the cost recovery. We are working diligently on our members' behalf with the FDA for appropriate flexibility on implementation timelines. The FDA will not require variances for extensions, but centers needing extra time must be in early contact with their CSOs about barriers to compliance as noted in [MCN-16-086](#).

International Donor Recruitment Professionals Day is September 21



ADRP, an international division of ABC, encourages all blood centers to recognize their donor recruitment staff on International Donor Recruitment Professionals Day, September 21. To help promote this event, ADRP has developed materials that member blood centers can use to publicize the day and any events in their state or local community. These materials can be [downloaded from the ADRP website](#) and include a fact sheet, press release, poster, and proclamation template. This special day follows on the heels of Blood Collectors Week, which was celebrated September 4 to 10. Now through September 21, ADRP encourages blood centers to post unique ways they recognize their recruitment and collections teams. Post individual and team pictures to Facebook, Twitter and Instagram using #ADRP. ♦



REACHING THE MILLENNIAL DONOR (continued from page 4)

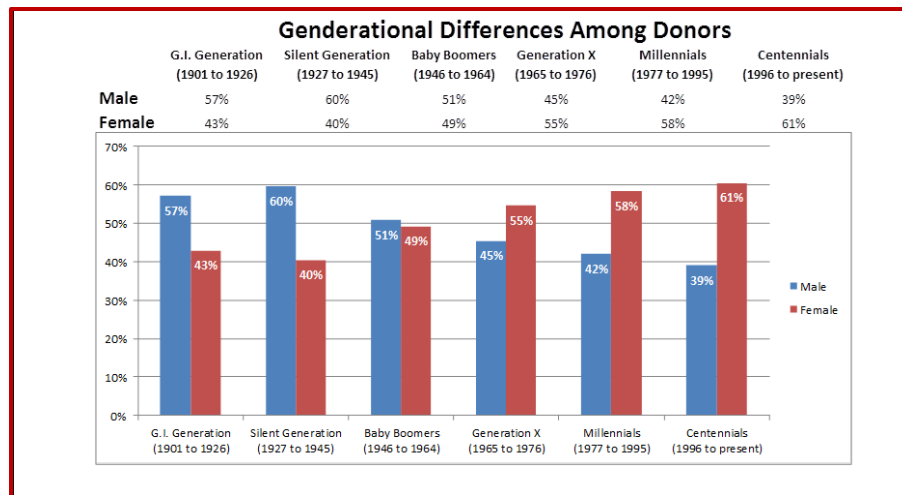


Figure 1 This graph from Hoxworth shows the donor disparity amongst the female to male sexes in each generation for their center.

And keep in mind, said Mr. Tinker, that not just the age, but the gender of a donor can matter exponentially. After taking a look at their donor data, Hoxworth saw that females donate far more often than males in the younger generations (see Figure 1 above). While [males and females of the younger generations are showing an equal presence](#) on social media, females are still more likely to be using Instagram, Pinterest, and Facebook, whereas males are more likely to be using online discussion sites like Reddit or Digg. For Twitter, both females and males seem to be equally represented. 💧

RESEARCH IN BRIEF

Patients with acute leukemia or myelodysplastic syndrome and minimal residual disease fared better after receiving umbilical cord-blood transplants than those patients receiving transplantations from an HLA-mismatched unrelated donor. These cord blood recipients also fared better than those patients receiving HLA-matched transplantations from unrelated donors, however, not as significantly. In a retrospective analysis of data from January 2006 to December 2014 on 582 patients admitted to the Fred Hutchinson Cancer Research Center in Seattle, 344 of the patients received a bone marrow or peripheral blood transplant from an HLA-matched, unrelated donor; 98 received HLA-mismatched grafts; and 140 received cord blood (39 of whom received an *ex vivo* expanded cord-blood unit). The percentage of patients with minimal residual disease pre-transplantation were similar in all groups. Forty-four cord-blood recipients died, compared to 116 in the HLA-matched group, and 52 in the HLA mismatched group. The adjusted hazard of death at four years was higher in the HLA-mismatched group than in the cord-blood group (hazard ratio, 1.91; 95 percent confidence interval [95% CI], 1.23 to 2.98) and was similar in the HLA-matched group and the cord-blood group (hazard ratio [HR], 1.12; 95 percent 95 percent CI, 0.77 to 1.63;), with the difference varying significantly in the presence of minimal residual disease. For those with residual disease, there was a lower chance of relapse with cord blood donations (HR in the HLA-matched group vs. cord-blood group was 2.92 (95 percent CI, 1.34 to 6.35), and HLA-mismatched group vs. cord-blood group was 3.01 HR (95 percent CI, 1.22 to 7.38).


Citation: Milano F., Gooley T., Wood B., *et al.* Cord-Blood Transplantation in Patients with Minimal Residual Disease. *NEJM*. September 8, 2016. DOI: 10.1056/NEJMoa1602074.

(continued on page 7)




RESEARCH IN BRIEF (continued from page 6)

In a retrospective review of adverse events (AEs) from two shared databases at nine hospitals, researchers found very few AEs associated with the use of intraoperative cell salvage (ICS). ICS has been used, without a standard criteria in place, to help minimize the need for allogenic transfusions for a number of years. On occasion, AEs from ICS occur, e.g., air emboli for patients given back their own blood directly from the primary reinfusion bag. The nine hospitals in this study—all contained in one regional health care system, but of different sizes—used the same equipment, Cobe Brat 2, to collect and process the blood. They all entered AEs and ICS comments into two shared databases—one maintained by auto-transfusionists and the other a risk management system. Of the 33,351 patients who had salvaged blood returned to them, 2,348 cases (7 percent) had comments within the databases, but only two AEs were identified by these researchers, making the overall rate of patient-related AEs from ICS reinfusion at between 0 and 0.006 percent. No air emboli were noted. The authors, while expressing the need for more research with less passive mechanisms, state their findings support the general perception that ICS is safe.


Citation: DeAndrade D., Waters J.H., Triulzi D.J., *et al.* Very low rate of patient-related adverse events associated with the use of intraoperative cell salvage. *Transfusion*. September 9, 2016. DOI: 10.1111/trf.13791. 

Correction

Last week we listed a date incorrectly within a “Research in Brief” citation. Instead of the citation **reading:** Chapuy C.I., Aguad M.D., Nicholson R.T., *et al.* International validation of a dithiothreitol (DTT)-based method to resolve the daratumumab interference with blood compatibility testing. *Transfusion*. September 2, 2016. DOI:10.1111/trf.13789, the citation should have listed September 7, 2016, as the correct publication date, not September 2. 

RECENT REVIEWS

No ethical rationale exists to ban compensation for source plasma donations to make plasma-derived medicinal products (PDMPs), according to a commentary in *Transfusion*. PDMP manufactured with plasma from paid donors were previously associated with high rates of hepatitis and HIV transmission. The 2013 “Rome Declaration” calls for phasing out paid plasma donations. At the same time, the World Health Organization has identified PDMPs as essential medications that governments should provide to their populations, and global demand for PDMPs is increasing rapidly. These factors lead to concerns over the adequacy of the supply of PDMP in developed and underdeveloped countries. While investigating the acceptability of paying plasma donors, the authors considered several factors, including: 1) the current safety of PDMPs and welfare of the patients; 2) the welfare of plasma donors, 3) the potential societal harms of compensated donations vs. an inadequate supply, and 4) deeply-held values and beliefs against compensated donations. The authors identify no established proof that compensation for plasma harms society, donors, or patients given current PDMP safety regimes. They suggest contemporary policy needs to be reexamined using a formal risk-based decision making framework, keeping in mind the advances in patient and donor safety in the last four decades as well as the impact of a lack of supply to meet the demand for the good of the patients.

Citation: Mark W. Skinner M.W., Hoppe P.A., Grabowski H.G., *et al.* Risk-based decision making and ethical considerations in donor compensation for plasma-derived medicinal products. *Transfusion*. September 7, 2016 Early View. DOI:10.1111/trf.13764. 



BRIEFLY NOTED

The Bill and Melinda Gates Foundation will invest an additional \$35 million to Target Malaria, a project using clustered regularly interspaced short palindromic repeats (CRISPR) gene modification research to combat the spread of malaria. CRISPR gene modification splices DNA code to allow scientists to insert modified genes into the DNA strand. For mosquito genetic modification, CRISPR modification can change a mosquito's genetic code to disallow them to transmit malaria or to create a population where the females die before they are able to reproduce. With the added pledge, the Gates Foundation has given a total of \$85 million to Target Malaria. (Source: *MIT Technology Review*, [Bill Gates Doubles His Bet on Wiping Out Mosquitoes with Gene Editing](#), September 6, 2016.)

BILL & MELINDA
GATES foundation



Researchers predict the Dengvaxia dengue vaccine will be most effective in adults and older youth in high-transmission areas. The Sanofi-Pasteur produced recombinant chimeric live attenuated vaccine is based on a yellow fever vaccine and approved for use in six countries. In a review of two large trials of the vaccine, researchers found the lower the threat of dengue transmission, the more severe “secondary-like” infections occurred, correlating to a higher number of those being hospitalized. The group with the lowest level

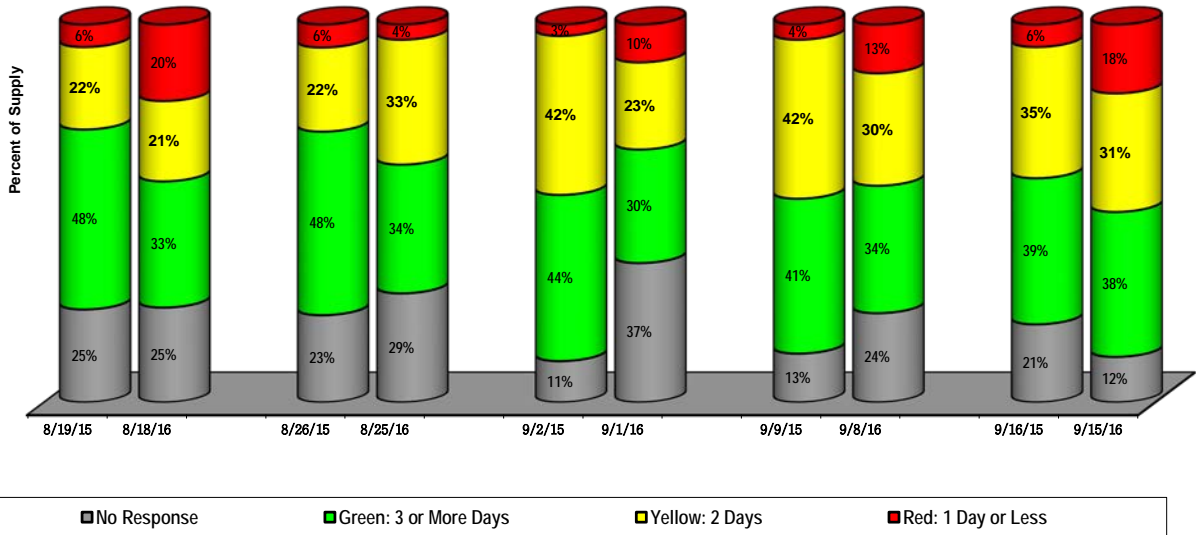
of vaccine efficacy was children aged two to five; however, the vaccine did help reduce the outcome severity for this group of secondary and beyond infections in high-risk areas. Along with this reduction, this group also had a modest 20 to 30 percent reduction in hospitalizations and in severity of symptoms. Any consideration for the vaccine should include the fact that efficacy wanes over time, stated the authors.

Citation: Ferguson N.M., Rodríguez-Barraquer I., Dorigatti I., *et al.* [Benefits and risks of the Sanofi-Pasteur dengue vaccine: Modeling optimal deployment](#). *Science*. September 2, 2016. DOI: 10.1126/science.aaf9590. ♦

We Welcome Your Articles

We at the *ABC Newsletter* welcome freelance articles on any subject relevant to the blood banking community. Writers are encouraged to submit short proposals or unsolicited manuscripts of no more than 1,100 words. While ABC cannot pay for freelance pieces, the writer's name and title will be included at the end of the story, brief news item, or commentary. If proposing a story, please write a few paragraphs describing the idea and sources of information you will use, your present job and background, and your qualifications for writing on the topic. ABC staff cannot guarantee all stories will be published, and all outside writing will be subject to editing for style, clarity, brevity, and good taste. Please submit ideas and manuscripts to ABC Publications Editor Lisa Spinelli at newsletter@americasblood.org. You will be sent a writer's guide that provides information on style conventions, story structure, deadlines, etc.

STOPLIGHT®: Status of the ABC Blood Supply, 2015 vs. 2016



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

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



Submit a Presentation Proposal for the ADRP Conference by September 30

ADRP is accepting proposals for its 2017 Annual Conference to be held in Chicago, May 1 to 3, 2017. The focus of the 2017 ADRP Conference is innovation. The education committee seeks topics that explore innovative blood center programs, practices, and models in the areas of recruitment, collections, marketing/communications, and management/leadership. ADRP also welcomes presentations targeted to our international peers. Deadline to submit proposals is Friday, September 30. [Individuals can submit their proposal online or download a word file.](#) ♦



REGULATORY NEWS

The Food and Drug Administration (FDA) issued a new final guidance titled, “[Use of Nucleic Acid Tests to Reduce the Risk of Transmission of West Nile Virus from Living Donors of Human Cells, Tissues, and Cellular and Tissue-Based Products \(HCT/Ps\)](#).” The guidance recommends seasonal testing of *living* donors of HCT/Ps for evidence of infection with WNV using a FDA-licensed nucleic acid donor screening test for donations harvested between June 1 and October 31 every year. There are exceptions for repeat semen donors described in the guidance. For centers outside the U.S., or those intending to import HCT/Ps, donors should be tested for WNV year-round. The guidance does not provide recommendations regarding testing of cadaveric HCT/P donors for WNV. This latest guidance finalizes the draft of the same name published in December 2015 and supersedes the WNV sections of August 2007 HCT/P donor eligibility guidance. ABC is in communication with the FDA as to whether their acceptance of seasonal testing for HCT/Ps indicates a willingness to reconsider year-round testing of blood donors for WNV.

The International Council for Commonality in Blood Banking Automation (ICCBBA) announced updates to ISBT 128, the international identification, labeling, and information processing system for products of human origin. A draft version of the Standard Technical Specification 5.6.0 is now available for public comment. The ICCBBA will be accepting comments until October 6, 2016. A new Product Description Code Database, v.6.20.0, can be downloaded as a Microsoft Access database and all updates are listed on the [version control sheet](#). New medical products of human origin can be requested once request forms from the website have been submitted. An updated Product Lookup Program that is populated with the new codes is also available. The **Standard Terminology for Medical Products of Human Origin v6.20 has also been released**. It provides definitions to all ISBT 128 terminology and should be used in conjunction with the ISBT 128 Product Description Code Database. (Source: ICCBBA, September 13, 2016.)

The Center for Biologic Evaluation and Research (CBER), a part of the Food and Drug Administration (FDA), announced a public meeting titled “**Blood Products Advisory Committee Meeting**” in Silver Spring, Md., for November 17 to 18. The first day of the meeting will be an open session to discuss strategies toward managing iron deficiency associated with blood donations. This meeting will include topics such as assuring donor safety for the female donor with hemoglobin values of 12 to 12.4 g/dL. The second day, November 18, will be dedicated as an open session to discuss the Zika virus and the safety of the U.S. blood supply. Following the meeting, CBER will hear presentations on the Transfusion Transmissible Infections Monitoring System; a summary of the FDA workshop on new methods to predict the immunogenicity of therapeutic coagulation proteins; as well as a summary of the FDA workshop on pre-clinical evaluation of red blood cells for transfusion. For those unable to attend, there is a [webcast](#) available. For those who would like to submit materials or be a part of the oral presentations, contact [Bryan Emery](#) or [Joanne Lipkind](#) at the FDA. (Source: FDA, September 9, 2016.) ♦

INFECTIOUS DISEASE UPDATES

The World Health Organization (WHO) revised its recommendations on how long asymptomatic men should refrain from having sex with their partners after traveling to an area endemic for Zika. The new recommendation lengthens the amount of time from eight weeks to six months. The new recommendation now equals the amount of time the WHO recommends for symptomatic men. The WHO cited evidence on the persistence of Zika virus in semen as the primary reason for the shift in its recommendations. Read more of their Zika recommendations [here](#).



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INFECTIOUS DISEASE UPDATES (continued from page 10)

A study released Monday stated **25 million sub-Saharan Africans living by dams are potentially at risk for contracting malaria by 2080**. The study mapped out 1,268 existing and 78 planned large dams in sub-Saharan Africa against the malaria stability index. The researchers found that warmer temperatures due to climate change, along with the standing water dams produces, could triple the risk year over year for malaria-infection in those areas.

Citation: Kibret S., Lautze J., *et al.* Malaria impact of large dams in sub-Saharan Africa: maps, estimates and predictions. *Malaria Journal*. September 4, 2016. DOI: 10.1186/s12936-015-0873-2. ♦

MEMBER NEWS



Photo Courtesy of the Parker Police Department

Bonfils Blood Centers booked an entire blood drive within one hour of taking appointments for a Douglas County sheriff's deputy that was shot in the line of duty. Det. Dan Brite was shot while responding to a call about a suicidal man with a gun located near a middle school on September 2. The latest update, from September 11, on Det. Brite was that he remains in critical condition. The blood drive started at 9 a.m. and was fully booked with 40 appointments by 10 a.m. The Parker Police Department said [Parker Mayor Mike Waid](#) was among the volunteers who donated. (Source: Fox31, [Donors fill all appointments at blood drive for Det. Dan Brite](#). September 12, 2016.)

An Alaskan brewing company, the 49th State Brewing Co., is donating \$1 to the Blood Bank of Alaska for every pint sold of their new Blood Drop Red Ale. The brew was especially made in honor of blood donors and is being sold at 49th State Brewing locations in Anchorage and Denali, Alaska. The beer is a mixture of Bohemian Pilsner, Carried, Special B, roasted barley and magnum hops. (Source: *NewsMiner.com*, [49th State dedicates new brew to giving blood](#), September 12, 2016.) ♦



PEOPLE



Michael Stevenson, MD, MPH, is the new associate medical director at the Oklahoma Blood Institute (OBI). Along with CMO James Smith, MD, and President and CEO John Armitage, MD, Stevenson will help lead the clinical operations at the center. Stevenson joins OBI after completing a blood bank/transfusion medicine fellowship at the Mayo Clinic in Rochester, Minn. Prior to the Mayo Clinic, he trained at the University of Oklahoma Health Sciences Center (OUHSC) and holds a masters of public health degree from the College of Public Health at OUHSC. He is also trained and board certified in radiology prior to his pathology training, initially graduating from the University of Kansas, School of Medicine.



GLOBAL NEWS

Pakistani news sources said they experienced a surge of 2,000 new donors after initiating a program called Saving a Life in Front of My Eyes. The program, launched in May 2015, at the Afzaal Memorial Thalassaemia Foundation (AMTF) in Karachi showed potential donors live transfusions being performed on children and then asked to sign up to become regular blood donors. The emotional attachment helped create the surge of new voluntary donors, said Dr. Asim Qidwai, CEO of AMTF. Pakistan struggles with acquiring voluntary blood donors as it is customary to only donate when a loved one needs blood, said Dr. Qidwai. (Source: *Business Recorder*, [AMTF introduces: 'Salifome' concept to promote blood donations](#). September 9, 2016.) 📌

MEETINGS

Sept. 21

Red Cell Genotyping 2016: Clinical Steps, Bethesda, Md.

The BloodCenter of Wisconsin (BCW) and the Department of Transfusion Medicine at the National Institutes of Health (NIH) Clinical Center, are co-hosting the 6th Annual Red Cell Genotyping Symposium at Lister Center Auditorium, National Library of Medicine, NIH Building 38A, 8600 Rockville Pike, Bethesda, Md., from 8:25 a.m. to 4:15 p.m. This symposium will review the laboratory aspects and clinical benefits of red cell genotyping in patients and blood donors. For information, program fee and advance registration visit BCW's [website](#) or contact [Phyllis Kirchner](#).

Sept. 29

The 38th Annual Alexander S. Wiener Lecture, New York, NY

Kanti R. Rai, MD, investigator for the Peter Karches Center for Chronic Lymphocytic Leukemia at the Feinstein Institute for Medical Research and director of the Center for Oncology and Cell Biology at Long Island Jewish Medical Center, will present the 38th Annual Alexander S. Wiener Lecture titled, "Dr. Wiener and Chronic Lymphocytic Leukemia Research," at the Murray Sargent Auditorium in the New York Blood Center, 310 East 67th Street, NY, NY, from 3:00 to 4:00 p.m. The lecture and reception are free. Read the program and register [online](#).

Oct. 6-7

Pre-Clinical Evaluation of Red Blood Cells for Transfusion, Bethesda, Md.

The Food and Drug Administration is holding a free public workshop to discuss new methodologies for pre-clinical evaluation for the safety and efficacy of red blood cell transfusion products. The workshop is being held in partnership with the National Heart, Lung and Blood Institute; National Institutes of Health (NIH); the Department of Defense; and the Office of the Assistant Secretary for Health, Department of Health and Human Services and is located on the NIH campus with the Ruth Kirschstein Auditorium, Natcher Conference Center, Bldg. 45, 9000 Rockville Pike, Bethesda, MD. To register for the workshop, click [here](#).

Oct. 22-25

2016 AABB Annual Meeting, Orlando, Fla.

The AABB Annual Meeting is a health care professional event for those in the fields of transfusion medicine, cellular therapies, and patient blood management. AABB's 2016 Annual Meeting offers opportunities to learn the latest in the field, advance your career, explore state-of-the-art products and services, and network with your colleagues. The meeting will be held at the Orange County Convention Center in Orlando, Fla. More information is available at www.aabb.org/annual-meeting.

MEETINGS (continued from page 12)

- Oct. 31 – Nov. 1 **FDA 510(k) Submissions Workshop, Washington, D.C.**
AdvaMed hosts FDA and industry experts to teach the basics of 510(k) submissions. Learn about the FDA's updates to the 510(k) process, considerations for determining a product's regulatory route to market, factors to consider when planning and assembling a 510(k) submission. The workshop will take place at the Washington Marriott at Metro Center, 775 12th Street, N.W., in Washington, D.C. Find out more information [here](#).
- Nov. 2 **FDA IDE Submissions Workshop, Washington, D.C.**
Learn the regulatory and practical guidelines governing when an investigational device exemption is required during this interactive AdvaMed workshop. The workshop will take place at the Washington Marriott at Metro Center, 775 12th Street, N.W., in Washington, D.C. Find out more information and register [here](#).
- 2017**
- March 2 -3 **IPFA Plasma Quality and Supply Workshop, Yogyakarta, Indonesia**
Registration for this workshop is open. The Internatinoal Plasma Fractionation Association is holding this workshop to further the exchange of key issues, strategies and opportunities of plasma for fractionation and plasma-derived product professionals in Asia. Some of the topics it will cover are donor recruitment and selection, screening and diagnostic programs for bloodborne pathogens, quality management and regulatory issues. To register for the workshop, click [here](#).
- March 24 -28 **ABC 55th Annual Meeting, Arlington, Va.**
Save the Date! ABC's 55th Annual Meeting will take place right outside Washington, D.C., at the Ritz Carlton in Pentagon City, Arlington, Va. This year's agenda will include informative blood industry forums and discussions along with an advocacy forum and Celso-Bianco Lectureship. Be on the lookout for the 20th annual Awards of Excellence nomination request coming soon! Registration information will come later this year.
- May 1 -3 **ADRP 2017 Annual Conference, Chicago, Ill.**
Save the Date! The ADRP 2017 Annual Conference will be held at the Hilton Downtown Chicago, 720 South Michigan Avenue, Chicago, Illinois. The ADRP conference explores innovative programs and practices in the areas of blood donor recruitment, collections, marketing/communications, and management. More information is available on the [website](#).
- May 16 -17 **IPFA/PEI Surveillance and Screening of Blood-borne Pathogens Workshop, Zagreb, Croatia**
Registration for this workshop is now open. The 24th IPFA/PEI International Workshop on bloodborne pathogens will address the detection, epidemiology, costs, and regulation of new and old agents that threaten the safety of blood components and plasma derivatives. To register, click [here](#).

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MEETINGS (continued from page 13)

Sept. 11 – 12

IPFA/BCA 3rd Global Symposium on The Future for Blood and Plasma Donations, Atlanta, Ga.

The International Plasma Fractionation Association and Blood Centers of America are holding this meeting that will be hosted by Blood Assurance, a non-profit, full-service regional blood center. The meeting will cover a range of topics, including: clinical developments in plasma product use, plasma supply - optimizing plasma collection and economics, donor recruitment, industry developments in support of blood establishments, donor and product safety, regulatory issues, and quality management. [Registration will open in mid-September.](#) ♦

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.

POSITIONS

Manager, Reference Laboratory. Blood Bank of Hawaii is seeking a qualified individual to supervise its basic-level immunohematology and product quality control testing services. We are a nonprofit, community-based organization that provides blood components and clinical/technical services to hospitals, physicians and patients throughout Hawaii. Successful candidate will provide supervision for patient and product quality control testing, donor lookback and batch release. Responsibilities include supervision, employee counseling and evaluation, and other standard supervisory functions. Requires BA/BS in relevant field; eligible for State of Hawaii Clinical Laboratory Scientist License and four years relevant experience. Previous blood bank/hematology experience desired. Certification as a Specialist in Blood Banking (SBB) is preferred, but not required. Please visit our website at www.BBH.org to complete an online application.

Medical Technologist MT/MLT. Our techs perform immunohematology reference work and consultations for our customer hospitals in a pleasant and low stress environment. In addition to reference work, our techs process samples for outsourced testing; evaluate laboratory data and test results; investigate and resolve process issues; assist with evaluation, validation and implementation of new technology and instrumentation. Duties: Assist in the preparation of all components, including special components. Performs basic laboratory computer functions. Organize, identify and label blood and blood components with complete accuracy. Qualifications: Qualified candidates will have a stable work history and a bachelor's degree with a certification in Medical Technology. Candidate can also be a Medical Lab Technician but must have at least two years of experience. One to two years

laboratory experience preferred. SBB, BB or previous experience in a blood bank a plus. We have an excellent training program to ensure you're completely comfortable with the procedures you will be asked to perform. Hours: 4:00 p.m. -12:30 a.m. Monday -Friday with rotating weekends and an "on-call" schedule! MUST BE ABLE TO TRAIN ON DAY SHIFT! To view the full description and apply online visit <http://msblood.iaplicants.com>. It's a great time to join us in our life saving mission - you'll be glad you did!

Senior Manager Donor Care. Blood Centers of the Pacific located in San Francisco seeks Senior Manager for our Donor Care division. Responsible for the oversight of all aspects of technical and administrative functions of blood centers' donor care operations ensuring quality, accuracy, excellent customer service and efficiency of department. Major responsibilities include staff management, staff training, project management, formulation and implementation of department goals, and department budgeting. Requires BA/BS in related field; five years relevant experience in healthcare administration management (three years of which were in a managerial/supervisory capacity); experience in blood center collections department, valid CA CLS or CA RN license a plus. Equivalencies considered. To apply, visit our employment page at: <http://www.bloodcenters.org/about-us/employment/> Requisition #16000909. Blood Centers of the Pacific is an equal opportunity employer: EEO/Minorities/Females/Disabled/Veterans/Other Protected Groups. Our organization participates in E-Verify.

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POSITIONS (continued from page 14)

Quality and Regulatory Services Manager. Small regional blood center in search for full time Tennessee licensed Medical Technologist with at least five years' experience. Strong communication and interpersonal skills required. Must have strong computer skills and be proficient in Microsoft Office including Word, Excel and PowerPoint. Candidate must be self-motivated and able to work independently. Position requires a strong work ethic and attention to detail. Responsibilities: Training, auditing, donor management, project management, writing of Standard Operating Procedures, validation, equipment control and QC oversight. Ability to comprehend and apply regulations/standards from multiple agencies. Please submit resumes to: nikki.watlington@lifelinebloodserv.org.

Donor Testing Technician I. (Department: Donor Testing; Location: St. Paul, MN; Hours: Full Time, 1.0 FTE (40hrs/wk), Non-Exempt; Shifts: 3rd Shift: Tuesday-Friday, 10:00 p.m. - 6:30 a.m. and Saturday, 8:00 p.m. - 4:30 a.m.; *Multiple positions available). Primary Purpose: Under general supervision, this position precisely and accurately performs sample handling/tracking/testing for one or more of the following: serologic testing for markers of hepatitis B, hepatitis C, human immunodeficiency virus (HIV), human T-lymphotropic virus (HTLV), syphilis, cytomegalovirus (CMV), red cell antibody screen, NAT(PCR), Chagas (T CRUZI) and additional viral screening assays on both blood donor and patient samples. Completes all required ancillary duties including reporting of test results, quality control/quality assurance activities and record maintenance. Operates a variety of computer systems and lab equipment, performs periodic equipment maintenance as necessary, performs primary review of test records, monitors and maintains adequate laboratory supplies, provides excellent customer service to both external and internal customers. To apply please go directly to our [website with an updated resume](#).

Clinical Laboratory Scientist (Full Time). Houchin Community Blood Bank, located in Bakersfield, California, is currently recruiting for a full time Clinical Lab Scientist. Houchin is centrally located in California, serving all of Kern County. Successful candidates must have a current state of California CLS License and have excellent communication skills, good laboratory practices and experience in quality control. Must have a bachelor's degree in a biological, physical, chemical or clinical laboratory science. Blood Donor Center or Transfusion Service experience is preferred. Duties include operation and maintenance of hematology instruments, performance of various testing, culturing of platelet products, and labeling of blood products. Knowledge of theory and test application in Immunohematology, microbiology and Hematology is required. Experience working with a computerized laboratory information system is necessary, as well as the ability to work independently. Applicants must be able to work daytime, weekend shifts,

holidays and rotating on-call hours. We offer a competitive salary, great work environment, excellent benefits, including two retirement plans, and more. For more information about our company, visit www.hcbb.com. Resumes can be emailed to careers@hcbb.com. 