



# ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

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January 18, 2013

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**Florida Hospital Uses AIM-II to Reduce Blood Use and Costs**

With support from Suncoast Communities Blood Bank, Sarasota Memorial Hospital has implemented America's Blood Centers' AIM-II software, a benchmarking tool that helps hospitals track blood utilization and patient outcomes. After tracking blood usage for one quarter, only five weeks after implementing the software, the hospital was able to reduce its red blood cell usage by 3.4 percent and platelet usage by 3.7 percent, saving the hospital close to 4 percent of their overall monthly blood product costs.

AIM-II allows the hospital to view customized reports that benchmark physicians against one another in terms of their blood use and transfusion triggers, allowing the hospital's Blood Utilization Committee to address differences in blood ordering practices among physicians and reduce unnecessary transfusions. By comparing patient outcomes after transfusion, AIM-II also provides the necessary evidence to support newly implemented transfusion guidelines focused on encouraging appropriate blood use at the hospital, particularly by adhering to transfusion triggers.

**Getting Started with AIM-II.** "We realized early on that it's our responsibility as stewards of the community blood supply to be a visible piece of transfusion services inside the hospitals we serve," said Jason Carney, Suncoast Communities Blood Bank's transfusion safety officer. "This role includes providing solutions to support the streamlining of transfusion operations, benchmarking data, and transfusion indication guidelines ... We wanted to reduce the overall cost of healthcare, improve patient outcomes, and share our transfusion expertise. And AIM-II was a tool that we could fit into all those objectives."

Suncoast Communities Blood Bank first sought representation on committees related to blood use and patient outcomes at Sarasota Memorial Hospital, an 800-bed regional medical center that the blood center has served for more than 60 years, said Mr. Carney. With guidance from the blood center, the hospital decided to use AIM-II to develop custom reports showing the effects of newly developed transfusion guidelines, which included lower transfusion triggers. These reports would allow physicians to compare themselves to one another in terms of their transfusion triggers and patient outcomes after transfusion.

Kellie Kerr, ABC's vice president of Analytics, created case studies showing the hospital how robust the AIM-II software is, and how to use the product. The hospital completed a seven-month implementation phase with the help of ABC

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## OUR SPACE

FABC Director of Fund Development Jodi Zand

### Hail to the Lifesavers

The ABC offices are a stone's throw from the White House and I have to say that watching the presidential helicopter taking off and landing from my 9<sup>th</sup> floor window never gets old. But this week especially, there is an excitement in the air as the city is abuzz preparing for the presidential inauguration. It's been fun to see bleachers being assembled, the patriotic bunting being hung, and Washington officials hustling to prepare for the daunting task of managing throngs of people who will descend on the city.

I cannot help but think as I approach my one year anniversary at the Foundation for America's Blood Centers (FABC) that I too feel like I have been inaugurated. The first year of a new job is daunting. You are the odd one out. You aren't sure of the temperature of the office (literally and figuratively – this century-old building wavers between a sauna and the Ice Hotel). No matter how hard you try, you make rookie mistakes and ask colleagues more questions than you ever thought possible.

But before you know it, the dust settles and you get into the groove, and soon it all comes full circle, as it did for me this week when the FABC announced this year's grant awardees. It made all those first-year jitters worthwhile, knowing that we play a part in helping our members continue to move forward in improving the quality and safety of the blood supply. I was blown away by all of the grant proposals that were submitted, as well as the innovation and foresight our members have in their mission to perfect all aspects of transfusion medicine. I am confident you will be equally as impressed when you read the summaries of these projects in this issue of the newsletter (see page 4).

So, after the inauguration fanfare is over and things get back to normal here in DC, I'll be focused on my second term – I mean year – here at the FABC with the agenda of raising enough money to sustain, and even increase, funding for these programs that help maintain a safe and adequate blood supply in our communities and around the world. Now there's an agenda that both sides of the aisle could finally come together on.

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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

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AIM-II at SMH (continued from page 1)

and Accent on Integration (AOI), an IT company partnered with ABC that aids in AIM-II implementation by remotely pulling data from the various hospital IT systems to be used by the AIM software. Having the help of Ms. Kerr and AOI “really took the burden off the hospital IT staff and gave us more buy-in from the hospital,” said Mr. Carney.

**After Implementation.** Although Sarasota Memorial has only been using AIM-II for five weeks, the software has already led to a reduction in red blood cell and platelet usage that’s saved the hospital a significant percentage of quarterly blood product expenses. In conjunction with rolling out AIM-II, the blood center worked with the hospital medical directors to create transfusion guidelines using the AABB recommendations for red blood cell transfusion, as well as relevant literature. The AIM-II data will be used to help physicians stick to these transfusion triggers by supporting successful transfusion practices and acting as a peer review tool when documenting out-of-range blood utilization.

“The physicians appreciate the benchmarking ability of the software,” said Mr. Carney. “Physicians like data and they want to measure themselves against other peer groups.” The hospital is currently working with Ms. Kerr and David Doll, ABC’s manager of Data Administration, to take the benchmarking reports one step further with customized reports that show out-of-range blood utilization categorized by physician. The hospital and blood center have set blood usage reduction goals to meet throughout the year as Sarasota Memorial continues using AIM-II and encouraging appropriate use of blood.

**Championing Transfusion Medicine.** The hospital executives, or those in the “C-suite,” at Sarasota Memorial were pleased with these early AIM-II results, as reducing the number of transfusions means reducing costs. However, getting executives and physicians on board with blood management is not always easy. Mr. Carney emphasized that having a well-respected clinician to champion the initiative at the hospital is key.

“The first thing that you need is a champion in the hospital. We have an oncologist-hematologist that’s the head of our Blood Utilization Committee and he is very versed in transfusion medicine, as well as respected by his peers. We also have the chief of medical operations here on the Blood Utilization Committee. Through their support and their buy-in, it has really had a ripple effect throughout the hospital.”

Also vital to a successful blood management initiative is involvement from the community blood center. “I think that our role as a community blood center and as stewards of the community blood supply is to make sure that we reduce the cost of transfusion medicine and improve patient outcomes, while supporting better clinical decisions. We need to leverage our subject matter expertise.” He notes that AIM-II is just the right tool, as blood centers increasingly offer transfusion medicine and blood management expertise to hospitals.

For more information about AIM-II, please contact Kellie Kerr at [kkerr@americasblood.org](mailto:kkerr@americasblood.org) or visit <http://members.americasblood.org/go.cfm?do=Page.View&pid=3>. ♡

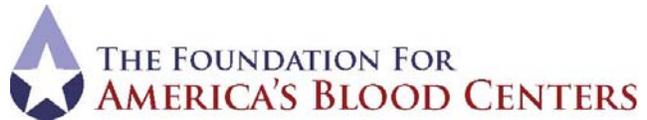
### We Welcome Your Letters

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

## FABC Grant Recipients to Seek to Improve Donor and Patient Safety

The Foundation for America's Blood Centers (FABC) has recently announced this year's ABC member grant recipients. These FABC-funded programs include a broad range of initiatives from improving donor safety to increasing access to collection and processing equipment in developing nations.

The FABC funds initiatives and programs that improve the availability, quality, and safety of blood to save, extend, or enhance the lives of patients through grants to ABC's member blood centers. After completion of the project, the materials and outcomes of the FABC-funded programs are then shared with the entire ABC network so that all of the centers can benefit from these projects.



The FABC received a number of quality applications this year. The applications were reviewed by an independent grants committee that selected the following proposals to award grants:

- ◆ Indiana Blood Center (on behalf of the ABC Working Group for Donor Education and Communication) will receive \$20,000 for its "Creating Model Donor Education Materials" program.
- ◆ Puget Sound Blood Center (PSBC) and New York Blood Center (NYBC) will receive \$20,000 for its "Uncommon and Rare Donors in the Cloud" project.
- ◆ Memorial Blood Centers (working with Mississippi Valley Regional Blood Center) will receive \$20,000 for its "Iron Depletion and Replacement in Blood Donors" project.
- ◆ Oklahoma Blood Institute (on behalf of Global Blood Fund) will receive \$20,000 for its "Online Equipment Exchange" program.

"The FABC grant programs provide an important opportunity for ABC members to improve the quality and safety of the blood supply by gaining knowledge and creating materials that are transferable to all of ABC's member blood centers," said FABC Board President Francine Décary. "I would like to congratulate this year's awardees and to thank all of those who submitted applications. It is wonderful to see that ABC member blood centers recognize the benefits of an FABC grant, which is evident by the number of applications we received."

**Donor Education Materials.** Approximately 500,000 potential blood donors present to give blood in the US each day, and it is the responsibility of blood centers to ensure that donors receive educational materials about the blood donation process. This helps donors make informed decisions when consenting to give blood. The "Creating Model Donor Education Materials" program, being conducted by ABC's Working Group for Donor Education and Communication (WG-DEC), seeks to refine model blood donor educational materials.

To date, most donor educational materials have focused on transfusion-transmitted infectious diseases, but the blood community has increasingly focused on educating donors about possible adverse effects of donation, including iron depletion and anemia related to donation. The WG-DEC was formed in April 2011 to develop and maintain public and donor education, informed consent, and parent/guardian materials to more fully inform and prepare donors.

Following an April 2011 Food and Drug Administration meeting of the Blood Products Advisory Committee, WG-DEC worked for 18 months to develop donor education materials that fulfill education

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FABC Grant Projects (continued from page 4)

standards set by regulatory agencies. The goal is to create a model donor education document that can be adopted and adapted by voluntary blood collection centers. The FABC grant would allow the WG-DEC to have a sample of potential donors participate in focus groups and individual interviews to review, respond to, and validate the donor education materials created by the WG-DEC.

After testing these materials with potential donors, updating the document, and gaining ABC feedback, the WG-DEC seeks to present the educational document to FDA and to distribute the final document to ABC members, the American Red Cross, and AABB.

**Iron Depletion and Replacement.** Another hot topic in the blood community over the past several years has been how to manage iron depletion in blood donors, and whether iron replacement presents a feasible part of the solution. The FABC grant provided, along with one awarded last year, to Memorial Blood Centers (MBC) and Mississippi Valley Regional Blood Center (MVRBC) will support an ongoing two-year study evaluating the utility and operational feasibility of iron replacement in donors with low ferritin levels to develop a nationally scalable program that can be adopted by other ABC centers.

Research has shown that 28 percent of female donors have absent iron stores, and 67 percent have iron deficient erythropoiesis – the rates are comparable for male donors at 16 and 49 percent. Blood and transfusion experts have explored whether changing the minimum hemoglobin threshold to donate, measuring ferritin levels, or providing iron supplementation would help remedy this issue. MBC and MVRBC's project will continue monitoring ferritin levels and iron replacement. The grant from the FABC will help to fund ongoing ferritin assays and to compensate two part-time study coordinators.

Once the study is complete, the blood centers will provide to ABC members all standard operating procedures and materials used to establish and maintain the iron replacement program, as long as iron replacement is operationally feasible in the real-world donor room setting.

**Uncommon and Rare Donors.** All red blood cell transfusions are matched to the recipients ABO and RhD type, however there are more than 300 red blood cell antigens, and approximately 13 are commonly associated with immune responses following transfusion. Alloimmunization occurs in about 3-5 percent of transfused individuals. While some hospitals phenotype blood for common antigens, finding units negative for high prevalence antigens or negative for multiple combinations of antigens poses a significant challenge for transfusion services.

The FABC grant awarded to PSBC and NYBC assist the centers in a project that seeks to develop the next-generation web-based platform for access to specially-typed units to patients in need. The American Rare Donor Program (ARDP), managed by the American Red Cross, evolved decades ago to address the unmet demand for rare blood, and the program relies on reference labs, usually at blood centers, to respond to requests for a patient in need. While the program does save lives, the amount of resources needed to find an appropriate donor, the long turn-around time, and the lack of investment in upgrades to the current ARDP technology, has limited effectiveness, access, and patient care.

PSBC and NYBC believe that a web-based IT platform would improve patient care by providing liquid antigen-negative units in a timely and efficient manner for patients who need them, and wherever they need them. The IT platform developed would then be a model that could be used to modernize the American Rare Donor Program, replacing the decades-old manual search of a registry of donors and the telephone and fax communication system used between centers. "A system that expands access by

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FABC Grant Projects (continued from page 5)

providing real-time electronic access ‘in the cloud’ to multiple donor inventories and sharing of information on antigen typed units will improve patient care for patients with antibodies,” said the centers in their grant application.

**Providing Equipment to Developing Nations.** The FABC grant programs not only work to improve the quality and safety of blood in the US, but also other countries, with a particular interest in developing nations. Each year, hundreds of thousands of dollars of used blood collection and processing equipment is thrown away. Meanwhile, in developing countries, many people die because of issues related to blood safety and availability. There are a small number of stand-alone arrangements for transferring unneeded equipment from blood centers in the US to developing countries, where access to these technologies is limited. However, most blood centers dispose of unneeded items because it’s difficult to identify potential beneficiaries and to ship the equipment.

The Global Blood Fund (GBF), in collaboration with Global Healing, seeks to design and build a cloud-based online marketplace for unwanted blood center equipment to make donating the equipment to developing countries simpler. GBF is a charitable organization within the corporate structure of Oklahoma Blood Institute.

Upon completion of this project, blood centers in the US, Europe, and across the world would be given access to a database wherein available equipment can be registered. Blood centers in developing countries will be able to view this equipment and express interest in it. The solution will eventually encompass functionalities that will coordinate downstream logistics, including transfer of ownership and physical relocation. If development begins this month as planned, the Online Equipment Exchange will be unveiled to a global audience at the International Blood Safety Forum during ABC’s 2013 Annual Meeting in March.

“We are very excited to see the materials and ideas that the FABC grant programs generate, and I know that ABC members will benefit immensely from these projects. We hope to see continued and growing interest in our member grants program,” said Ms. Décarý. ♦

### **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 Betty Klinck at [newsletter@americasblood.org](mailto:newsletter@americasblood.org). You will be sent a writer’s guide that provides information on style conventions, story structure, deadlines, etc.

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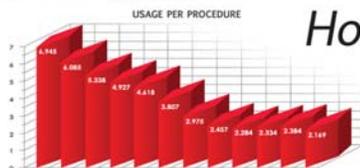


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## RESEARCH IN BRIEF

**An abstract presented at the December American Society of Hematology's 54<sup>th</sup> Annual Meeting showed that an anticancer agent may reduce complications after stem-cell transplant.** The research, presented by Sung W. Choi, MD, of the University of Michigan, showed that vorinostat, a drug already approved by the Food and Drug Administration for the treatment of cutaneous T-cell lymphomas, has been found to reduce the risk of graft-versus-host disease (GVHD) in persons undergoing allogeneic hematopoietic stem-cell transplantation. GVHD occurs when the newly transplanted donor cells attack the transplant recipient's body. "This study has us cautiously excited that there may be a potential new way to prevent this condition," said Dr. Choi in a statement. The University of Michigan researchers found that vorinostat, a histone deacetylase inhibitor, also has anti-inflammatory properties, which could be useful in combating GVHD. After conducting studies in mice, the researchers enrolled 45 adults in a phase 1/2 trial that combined vorinostat with a standard GVHD prophylaxis regimen. At day 100, grade 2-4 acute GVHD was significantly lower among the 45 patients given vorinostat than among control patients receiving standard treatment. Severe grade 3-4 acute GVHD at day 100 was also reduced among vorinostat users, as was transplant-related mortality at one year. The abstract can be accessed at: <https://ash.confex.com/ash/2012/webprogram/Paper47682.html>. (Source: *OncologyNurseAdvisor*, 12/25/12; ASH Abstract: Targeting histone deacetylases as a new strategy for graft versus host disease prevention, 12/10/12)

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

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

**Results of a study by the UK NHS-BT suggest that red blood cell (RBC) prion filtration does not increase the risk for alloimmunization or transfusion reactions.** The study, by Modupe O. Elebute, MD et al, in the *British Journal of Haematology*, was conducted to evaluate concerns that prion (such as that causing vCJD) filtration might alter the immunologic profile of RBC membranes, increasing the risk for alloimmunization. The study included 299 patients given 917 prion-filtered red cell concentrates and 291 patients who received 1,336 untreated units. Patients given an RBC transfusion treated with the P-Capt prion removal filter (Macopharma) had an equal rate of development of anti-RBC antibodies compared with patients given unfiltered RBCs – 4.2 percent of patients given filtered blood products, compared with 4.5 percent of controls. No patients developed pan-reactive antibodies or antibodies against prion-filtered red cell concentrates. The alloimmunization rate was not influenced by the number of RBC transfusions that patients received, nor did the rate of transfusion reactions or other adverse events differ between treatment groups. The investigators followed up with the patients for eight weeks and six months after transfusion. However, “whether repeated transfusion of this product to transfusion-dependent patients would result in increased alloimmunization rates has not been addressed in this study.” The authors conclude that their “findings suggest that transfusion of red cells filtered through the P-Capt filter does not appear to reduce the overall safety of transfusion.” They call for confirmation of their data in larger patient populations, and in the multi-transfused. (Source: Reuters: 11/9/12)

**Citation:** Elebute MO, *et al.* Transfusion of prion-filtered red cells does not increase the rate of alloimmunization or transfusion reactions in patients: results of the UK trial of prion-filtered versus standard red cells in surgical patients (PRISM A). *Br J Haematol.* 2013 Jan 7.

**A noninvasive continuous hemoglobin monitoring technology from Masimo may help clinicians reduce intra-operative red blood cell (RBC) transfusions during high blood-loss surgery.** Masimo, which specializes in noninvasive monitoring technologies, presented the study results at the annual meeting of the Society for Technology in Anesthesia. The 106-patient study showed that a group of neurosurgery patients monitored using Masimo’s noninvasive continuous hemoglobin measuring technology had a 56 percent reduction in multi-unit red blood cell transfusions (from 73 percent to 32 percent of patients receiving three or more units) and a 47 percent reduction in the average number of RBC units used, compared with patients monitored without the Masimo technology. The technology also helped the surgical team initiate transfusions more quickly, as a result of real-time hemoglobin monitoring. The abstract is available at: <http://bit.ly/V8Fs9h>.

**Citation:** Awada WFN, *et al.* Reduction in red blood cell transfusions during neurosurgery with noninvasive and continuous hemoglobin monitoring. *Proc. Soc. Tech. Anesth. Annual Meeting.* 2013. ♦

**ISBT Seeks Host for ISBT International Congress 2016**

ISBT is looking for expressions of interest by letter for hosting its International Congress in 2016. Expressions of interest should be mailed by a national blood transfusion society or a national blood institute. One of ISBT’s objectives is to hold its congresses in different countries around the globe. More information is available at <http://bit.ly/Xhj9ZQ>.



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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 Urges Members to Make Legislative Day Capitol Hill Appointments

America's Blood Centers' Legislative Day, to take place during the Annual Meeting in March, is just around the corner. On the heels of an election year that saw Democrats slightly increase their numbers in both chambers of Congress, with Republicans maintaining control of the House, there are new faces on Capitol Hill and thus new voices that ABC must enlist to help reach the blood community's public policy objectives.

ABC urges all member representatives and their assistants to begin making appointments with specific senators and House representatives and/or their staffers for late morning or afternoon on Tuesday, March 19, Legislative Day, at the end of the ABC Annual Meeting in Washington, DC. During the week of March 19, both Houses of Congress are scheduled to be in session. ABC asks that members try to schedule meetings, if possible, for 10:30 a.m. or later, because there will be a breakfast with two speakers that morning.

More details about scheduling appointments with representatives and Legislative Day are available in MCN 13-008 at <http://members.americasblood.org/go.cfm?do=FileCenter.View&fid=4140>. Please contact ABC's director of Government Relations with any questions at [rkapler@americasblood.org](mailto:rkapler@americasblood.org).

### Inspirational Heart Transplant Recipient Joins ABC's Speakers Bureau

Kelly Perkins, of Laguna Beach Calif., received a heart transplant in 1995 during her early 30s, and after her transplant began reclaiming her life – one mountain at a time. Although no heart transplant recipient had ever climbed the peaks of some of the world's most recognized mountains, Ms. Perkins was determined to become the first. Ms. Perkins has recently joined ABC's *Conversations About Life* speaker's bureau, stepping forward to share her story through ABC's member blood centers.



After receiving a heart transplant, Kelly Perkins sought to climb some of the world's most recognized mountains, while advocating for organ, tissue, and blood donation.

Through *Conversations About Life*, ABC members can request an appearance from one of the inspiring blood donation advocates in the line-up of national speakers. More information about *Conversations About Life* is available at [http://bit.ly/Conversations\\_About\\_Life](http://bit.ly/Conversations_About_Life).

At the age of 30, Ms. Perkins, an avid outdoors enthusiast, was diagnosed with viral cardiomyopathy, a condition that slowly destroyed her heart muscle. For more than three years she lived in and out of the hospital, but in 1995 she received a life-saving heart transplant. After the transplant, Ms. Perkins set out

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to become the first heart transplant recipient to ascend many of the world's most recognized mountains while inspiring others and serving as a positive example for blood, tissue, and organ donation.

Ms. Perkins says that the transplant gave her not only a second chance at life, but also a new perspective on the plight facing the millions of people worldwide that are in need of blood, tissue, and organ donors. Ms. Perkins' story is one of personal triumph that she hopes will be replicated by transplant recipients worldwide as she now fights to honor those donors and recipients that have gone on to have successful lives.

Ms. Perkins is the author of *The Climb of My Life, Scaling Mountains with a Borrowed Heart*, and she and her husband, Craig, are leading crusaders for organ, blood, and tissue donation. They have been featured in media outlets, including NPR, *The New York Times*, *Los Angeles Times*, The Associated Press, NBC News' *Today Show*, and many more. More information about Ms. Perkins is available at [www.theclimbofmylife.com/](http://www.theclimbofmylife.com/). 

**BRIEFLY NOTED**

**A report from the National Research Council and Institute of Medicine says that Americans have worse health than people in other high-income countries, the National Academies announced in a press release.** On average, Americans die sooner and experience higher rates of disease and injury than people in other high-income countries, said a press release from the National Academies. The report finds that this health disadvantage exists at all ages from birth to age 75 and that even advantaged Americans – those who have health insurance, college educations, higher incomes, and healthy behaviors – appear to be sicker than their peers in other rich nations. “We were struck by the gravity of these findings,” said Steven H. Woolf, professor of family medicine at Virginia Commonwealth University in Richmond and chair of the panel that wrote the report. “Americans are dying and suffering at rates that we know are unnecessary because people in other high-income countries are living longer lives and enjoying better health. What concerns our panel is why, for decades, we have been slipping behind.” The report offers a comprehensive look at multiple diseases, injuries, and behaviors across the entire life span, comparing the US with 16 peer nations – affluent democracies, such as Australia, Canada, Japan, and many western European countries. Among these countries, the US is at or near the bottom of the nine key areas of health: infant mortality and low birth weight; injuries and homicides; teenage pregnancies and sexually transmitted diseases; prevalence of HIV and AIDS; drug-related deaths; obesity and diabetes; heart disease; chronic lung disease; and disability. The authors suggested that several factors are responsible for the nation's health disadvantage, such as the role of underlying social values and public policies that affect health. More information about the report is available at <http://bit.ly/102004A>. (Source: National Academies news release, 1/9/13)

**The Centers for Disease Control and Prevention reported in the Jan. 11 *Morbidity and Mortality Weekly Report* a summary of several cases of thrombotic thrombocytopenic purpura (TTP) that appear to have been associated with intravenous opiana ER abuse.** On Aug. 13, 2012, a physician reported to the Tennessee Department of Health (TDH) three cases of unexplained TTP, a rare but serious blood disorder characterized by microangiopathic hemolytic anemia and thrombocytopenia. Since the early 1990s, plasmapheresis has been the treatment of choice for TTP. The three patients were intravenous (IV) drug users who resided in a rural county in northeast Tennessee. To identify other cases of TTP-like illness that might be associated with injection-drug use, the TDH conducted a statewide investigation. By the end of October 2012, a total of 15 such cases had been reported; none were fatal. The

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**BRIEFLY NOTED** (continued from page 10)

investigators determined through a case-control study that the cases of TTP-like illness were associated with dissolving and injecting tablets of Opana ER, a recently reformulated extended-release form of oxycodone intended for oral administration. Fourteen of the 15 patients reported injecting reformulated Opana ER. Seven of the 15 were treated for sepsis in addition to TTP-like illness. Twelve patients reported chronic hepatitis C or had positive test results for anti-HCV antibody. CDC recommends that healthcare providers who prescribe Opana ER and pharmacists who dispense it should inform patients of the risks from the drug when used other than as prescribed. CDC also suggests that healthcare providers ask patients with TTP-like illness of unknown etiology about any IV drug abuse, and should report any suspected cases to public health officials. The report can be viewed at <http://1.usa.gov/VM3HFK>. (Source: CDC MMWR, 1/11/13)

**Medicare nearly doubled the size of one accountable care program as of Jan. 1 with 106 new accountable care organization (ACO) contracts that offer hospitals and doctors financial incentives to improve quality and slow health spending, reported ModernHealthcare.com.** The Centers for Medicare and Medicaid Services (CMS) announced its latest and largest round of ACOs under the Medicare shared-savings program, which launched in April last year with 27 ACOs. Another 89 ACOs were named to the program last July. The Center for Medicare and Medicaid Innovation separately launched 32 Medicare ACOs known as the Pioneers roughly a year ago. CMS said half of ACOs are physician-led and care for less than 10,000 Medicare enrollees. Accountable care, an experimental payment model that has also emerged among commercial insurers, was among a few policies in the health reform law that seek to more closely tie payment to performance, though critics contend that incentives in such programs are too modest. More information is available at <http://bit.ly/WEYaiz>. (Source: ModernHealthcare.com, 1/10/13) ◆

**REGULATORY NEWS**

**On Jan. 11, America's Blood Centers, AABB, and the American Red Cross sent a letter to the Food and Drug Administration's Center for Drug Evaluation and Research (CDER) in response to a class-wide label change required by FDA to skin disinfectants widely used by member blood centers.** This letter was sent in advance of a Jan. 22 meeting where CDER officials will discuss ABC's, AABB's, and ARC's concerns regarding this label change. FDA issued a class-wide labeling change for specific classes of skin antiseptic products, including Chloraprep skin antiseptic solution, which would alter the drying time from 30 seconds to 3 minutes. FDA required these changes to mitigate risks in surgical settings for patient injury associated with ignition sources, such as electrocautery equipment and open lasers. The letter explains that these skin disinfectants are used in the setting of blood collection, which does not include the use of ignition sources near the phlebotomy site. Also, the additional time that this would add to the blood collection process would add a burden on the phlebotomist and may deter blood donors. The organizations requested CDER to: support a label change allowing use of the previous drying times specified for dry surgical sites (about 30 seconds) for certain uses, namely when an ignition source is not in use; and provide a communication acknowledging the label change is to reduce risk of fire and was not made to address disinfection practice. The letter can be accessed at <http://members.americasblood.org/go.cfm?do=FileCenter.View&fid=4129>. (Source: AABB, ABC, ARC letter to CDER, 1/11/13) ◆

## INFECTIOUS DISEASE UPDATES

### INFLUENZA

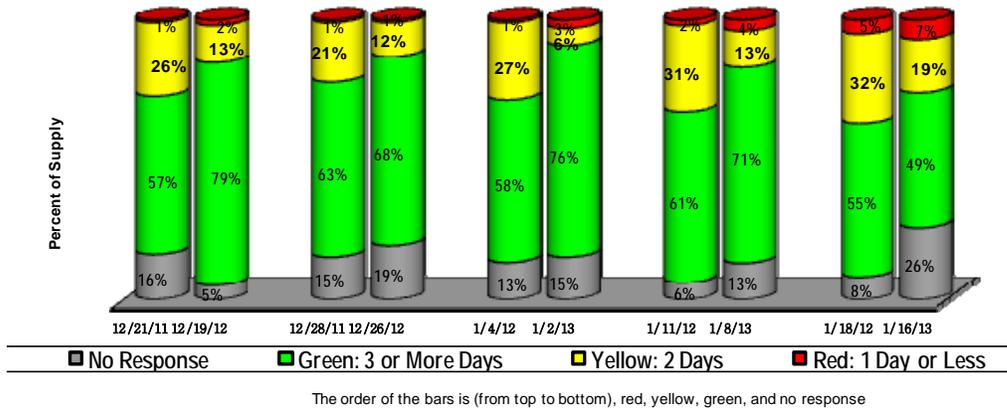
The Centers for Disease Control and Prevention reported last week that the flu is widespread in 47 states, up from 41 just the week before, according to *HealthDay*. However, CDC noted that the flu has begun to subside in some areas, especially in the Southeast, where it showed up first. The CDC also reported that the current vaccine was found to be about 60 percent effective in warding off illness, meaning it offers “moderate” protection from the flu, which is particularly severe this season. Flu activity is worsening as peak flu season – usually late January – nears, CDC officials said in a news conference last week. “Most of the country has seen, or is seeing, a lot of flu, and this may continue for a number of weeks,” said CDC Director Thomas Frieden, MD. Two more young children died from flu complications last week, bringing the total to 20 youngsters this season. Although flu remains at epidemic levels, the rate of doctor’s visits for flu have dropped, Dr. Frieden said. “That’s the trend,” he noted, adding that “the next week or two will show whether we have, in fact, crossed the peak or whether we’ll see a resumption of increase.” Twenty-four states and New York City are reporting a high level of flu, down from 29 states last week. Sixteen states are reporting moderate levels, up from nine a week ago, Dr. Frieden said. CDC emphasized that it’s not too late to get a flu shot, and that 60 percent protection with the vaccine is better than no protection at all. More information about the flu is available at <http://www.cdc.gov/flu/>. (Source: *HealthDay*, 1/11/13)

### HIV/AIDS

**A recent study shows that HIV-infected individuals are now more likely to die of non-AIDS-related conditions than of AIDS-related conditions, a major milestone in the management of HIV.** The study, led by Nikolas Wada, MD, of Johns Hopkins Bloomberg School of Public Health, was published on Jan. 3 in the *American Journal of Epidemiology*. The development of highly active antiretroviral therapy (HAART) in the mid-1990s dramatically improved the prognosis for HIV-positive individuals. As the risk of AIDS has declined and survival times have increased, death from non-AIDS causes have become more common in persons with the disease. The analysis included patients in the Multicenter AIDS Cohort Study (MACS) and Women’s Interagency HIV Study (WIHS) from 1984-2009 and 1996-2008, respectively. Among HIV-positive MACS participants, the proportion of deaths unrelated to AIDS increased from 6 percent before the introduction of HAART to 53 percent in the HAART era. The median age of persons who died from non-AIDS-related causes after age 35 increased from 49 to 66 years. In both cohorts during the HAART era, median ages at time of non-AIDS-related death were younger for HIV-positive individuals than for comparable HIV-negative individuals (8.7 years younger in MACS and 7.6 years younger in WIHS). The researchers found that unemployment, depression, and hepatitis B or C infection were associated with higher risks of both non-AIDS and AIDS mortality among HIV-positive individuals in the HAART era. “The results illuminate the changing face of mortality among the growing population infected with HIV ... On the basis of interpretations from the mixture models, the primary achievement of the HAART era in these cohorts has been a wholesale switch to non-AIDS mortality since the mid-1990s,” wrote the authors. They speculate that persistently low ages at AIDS death may reflect late HAART initiation, drug resistance from prior antiretroviral therapy exposure, or poor adherence to the treatment regimen. The study results “highlight the importance of comprehensive clinical care for HIV-infected patients in lengthening lifespans,” write the authors. They also note that screening and treatment for hepatitis, as well as social support for HIV-infected patients are vital to reducing AIDS-mortality.

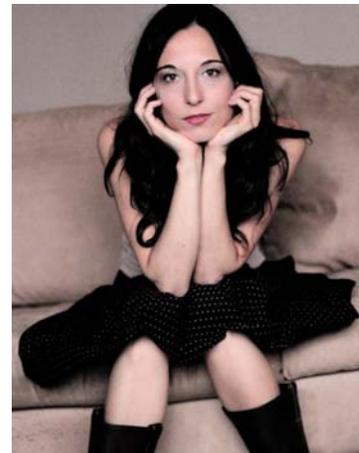
**Citation:** Wada N, *et al.* Cause-specific life expectancies after 35 years of age for human immunodeficiency syndrome-infected individuals followed simultaneously in long-term cohort studies, 1984-2008. *Am J Epidemiol.* 2013 Jan 15; 177(2):116-25. ♦

**STOPLIGHT®: Status of the ABC Blood Supply, 2012 vs. 2013**



**MEMBER NEWS**

**This month, many America’s Blood Centers’ members are celebrating National Blood Donor Month with various events and promotions to thank those who donate blood.** This year, ABC teamed up with singer/songwriter Jenni Alpert to celebrate National Blood Donor Month with the “Listen to Your Heart – Donate Blood” campaign. Throughout the month of January, Ms. Alpert has been providing blood centers and their donors access to a free download of her new hit song “Listen to Your Heart,” as a thank-you to blood donors. Lane Blood Center took advantage of the “Listen to Your Heart – Donate Blood” campaign by conducting a radio interview with Jenni Alpert and Kristi McElhinney to tell listeners about National Blood Donor Month and to encourage listeners to give blood. Ms. McElhinney spoke about the blood donation process and the special need for blood following the holiday season, as many donors break from their regular donation habits during the holidays. Ms. Alpert talked about her “Blood Driven” tour, when she visited blood centers and hospitals across the US to advocate for blood donation, and about the free music download available to donors throughout January. Blood Bank of Delmarva also recognized National Blood Donor Month, sending out a statement about the importance of becoming a regular blood donor. “Blood donors make a habit out of saving lives, and for that we are very grateful,” said Michael Waite, Blood Bank of Delmarva’s director of Marketing and Communications. “National Blood Donor Month allows us to more formally thank those who give blood and save lives.” South Bend Medical Foundation is celebrating National Blood Donor month with several promotions, such as giving away t-shirts, coupon books, and raffle tickets to win prizes. Similarly, Blood Bank of Alaska is giving away free pedometers to anyone who registers to donate blood during January, since blood centers “count on blood donors to take the steps to save a life.” Community Blood Center, Kansas City, (CBC KC) kicked off National Blood Donor Month on Jan. 3 with a Recipient Meet & Greet event, where a young sickle cell disease patient met some of the blood donors that have helped save her life by donating blood. CBC KC is also giving away bags of coffee and vouchers for frozen yogurt to thank blood donors this month. Miller-Keystone Blood Center is honoring donors throughout January with give-a-aways held every Monday, free T-shirts for donors on Fridays, and entering all donors in a raffle to win a \$500 Visa gift



Singer/songwriter Jenni Alpert (above) teamed up with ABC this year for the “Listen to Your Heart – Donate Blood” campaign during National Blood Donor Month.

**MEMBER NEWS** (continued from page 13)

card. Blood Center of Central Texas is celebrating National Blood Donor Month by giving T-shirts to everyone who presents to donate at any of its fixed sites. ABC would like to thank these blood centers and all of its other member centers that worked to recognize blood donors throughout the month of January. (Sources: Blood Bank of Delmarva press release 1/4/13; South Bend Medical Foundation press release, 1/3/13; Miller-Keystone Blood Center press release, 1/9/13; Blood Center of Central Texas press release 1/5/13)

**St. David's South Austin Medical Center recently joined the Texas Cord Blood Bank's (TCBB) cord blood collection program.** TCBB, a division of the South Texas Blood & Tissue Center (STBTC), is a non-profit program established by the Texas Legislature in 2001 to collect umbilical cord blood, which can benefit patients – usually children – suffering from a number of serious diseases. “This program has the potential to save the lives of patients in central Texas and beyond,” said Todd Stewart, CEO of St. David's South Austin Medical Center. “We are pleased to be able to collect this life-saving resource at no cost to our patients.” Umbilical cord blood, which is typically discarded after the birth of a baby, is rich in stem cells that can be used to treat certain cancers, blood disorders, and immune system disorders. There is no cost to parents at St. David's South Austin Medical Center who wish to bank their baby's cord blood through this public cord blood program. “As a public cord blood bank, our goal is to collect as many cord blood units as possible to ensure a diverse, quality supply for families in need,” Ray Adams, director of TCBB, said. “Adding this new facility provides another great resource for this life-saving program.” (Source: St. David's South Austin Medical Center/Texas Cord Blood Bank joint press release, 1/14/13)



**South Texas  
Blood & Tissue Center**

**Blood Bank of Delmarva recently held its 15<sup>th</sup> Annual Beach Blanket Blood Drive, OC Cares in Ocean City, Md.** The blood drive was held on this Monday and Tuesday and is the largest blood drive on the eastern shore. About 560 donors came out to the drive this week to save lives. Blood Bank of Delmarva holds this event to make up for the decrease in blood donors that typically occurs during the winter months, as many donors change their plans for the holidays or are inconvenienced by inclement weather. (Source: Blood Bank of Delmarva press release, 1/11/13)



**Hoxworth Blood Center is hosting two special blood drives this month – The Martin Luther King Jr. Day Blood Drive on Jan. 21 and the Cincinnati Cyclones Blood Drive on Jan. 22.** The MLK Day Community Blood Drive is hosted by the Alpha Phi Alpha Fraternity, Inc., Delta Gamma Lambda Chapter and will be held at the National Underground Railroad Freedom Center. All of those who come out to donate get free admission to the National Underground Railroad Freedom Center, along with a T-shirt or baseball cap. The MLK Day Blood Drive is a previous America's Blood Centers *Awards of Excellence* winner in the Most Creative Blood Drive category. The Cincinnati Cyclones Blood drive will be held at the US Bank Arena, home of the Cincinnati Cyclones hockey team. Each donor will receive two tickets to a regular Cyclones hockey game, a tour of the Cyclones locker room, and a free Cyclones T-shirt. (Source: Hoxworth Blood Drive website announcements, 1/15/13) ♦



## PEOPLE

**David Fuller** was recently named South Texas Blood & Tissue Center's (STBTC) vice president of Quality Systems. He will be responsible for managing quality systems for STBTC and its affiliates, including QualTex Laboratories, the Texas Cord Blood Bank, and GenCure. Mr. Fuller will assist with the development of the strategic plan for all business units and monitor the continued progress of the organization. Mr. Fuller joins STBTC following 20 years in quality management and human resources positions with the US Air Force, most recently with the Quality Management Office at the US Army Medical Research Materiel Command at Fort Detrick, Md. He also previously served in the Innovative Division of the US Air Force Manpower Agency and in other positions at Randolph Air Force Base in San Antonio, Texas. "David brings proven expertise in project planning and quality management, including extensive experience in leading Six Sigma process improvement programs, at an important time for our organization," said STBTC CEO Dennis Fallen. "He will help us move forward in completing and implementing our new strategic plan, especially as we develop processes to realize new opportunities to reach our goals for continued growth." Mr. Fuller holds a Master of Science in computer information systems from St. Mary's University in San Antonio and a Bachelor of Arts in managerial leadership from Northwest Christian University in Eugene, Ore. (Source: STBTC press release, 1/16/13) ♦



## COMPANY NEWS

**Terumo BCT announced recently that it is seeking expressions of interest for the Plasma Exchange Innovation Award.** This award is designed to fund science and research that furthers greater understanding of the use of plasma exchange, or plasmapheresis. Work may be in the areas of neurology, nephrology, immunology, hematology, or other fields of medicine. Terumo BCT will award \$100,000 to one recipient or smaller grants (totaling up to \$100,000) to multiple recipients. Expressions of interest will be accepted until April 29. More information is available at <http://bit.ly/W3dZDX>. (Source: Terumo BCT press release, 1/2/13) ♦

## CLASSIFIED ADVERTISING

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

## POSITIONS AVAILABLE:

**Clinical Lab Specialist II.** Under direct supervision, this position is responsible for performing routine testing of biological specimens. Works with other team members to ensure timely and quality test results. Education: Bachelor's degree required. Must satisfy CLIA requirements for High Complexity Testing required. California testing requirements must be met within one year, where applicable, required. Experience: None. License/Certifications: Appropriate state licensure and/or certificate, for Florida is required. Send your resume to: Creative Testing Solutions, ATTN: [jtueler@mycts.org](mailto:jtueler@mycts.org), Job Code: Clinical Lab Specialist.

**Closing Date: 2/1/2013.** Employee Drug Testing Required. EOE M/F/D/V. Fax: (602) 343-7125

**QA Specialist.** This position reports to the Director, QA & Compliance. Coordinate quality assurance activities with management and front-line staff. Develop and conduct internal audits for all areas of the SDBB. Complete and review Post Donation Information reports

**POSITIONS** (continued on page 16)

**POSITIONS** (continued from page 15)

including consignee notification. Perform review and approval of Quality Incident Reports. Review and approve Standard Operating Procedures and Validations. Complete documentation and submit license amendments. Knowledge, Skills, Abilities: Education: Bachelor's degree required. Advanced degree preferred. Experience: Minimum five years of experience in Quality Assurance in Blood Banking or in a related area such as cord blood. Certifications/Licenses: RN, CLS, SBB, ASQ certification preferred. To apply online, please visit <http://www.sandiegobloodbank.org/find-a-career-AA/EEO/V/D/M/F>

**Lead Medical Technologist.** BloodCenter of Wisconsin seeks experienced Medical Technologist to join our Transfusion Services team. This position is based with Children's Hospital of Wisconsin, in Milwaukee, Wis. Lead Tech provides leadership and technical expertise, coordinates workflow, training, and quality activities. Successful candidate will have strong leadership skills, effective communication skills, and strong technical skills. Position requires bachelor's degree, ASCP certification, and experience working in a transfusion service. SBB preferred. We offer a competitive salary and excellent benefits. Apply online at [www.bcw.edu/careers](http://www.bcw.edu/careers). We embrace and encourage diversity in our workforce. EEO/AAP

**Cellular Therapy Collection Nurse/Blood Collections.** Kentucky Blood Center, located in Lexington, Ky., is seeking a reliable Registered Nurse to collect mononuclear cells/stem cells while providing the best possible care, safety, and outcomes for donors/patients undergoing cellular therapy procedures. Job duties include, but are not limited to: performing apheresis procedures on automated cell separators; performing venous assessments on donors/patients; monitoring donors/patients during apheresis/phlebotomy procedures; administering medications to donors/patients; providing education to patients, donors, families and providers; developing and revising procedures, policies and training materials; and ensuring donor/patient records are complete. Requirements for this position include RN certification; experience in blood banking, apheresis, dialysis, ICU or equivalent experience; proficient in Microsoft Office; and excellent written and verbal communication skills. Competitive salary, comprehensive benefits including health/dental/life, LTD, paid sick/vacations/holidays, EAP, 403(b) retirement savings plan, and pension plan. For more information or

to apply online, please visit [www.kybloodcenter.org/](http://www.kybloodcenter.org/). Drug-free and EOE/AAP

**Director of Quality Systems (Rock River Valley Blood Center, Rockford, Ill.).** RRVBC's successful candidate is a self-motivated professional who will lead and champion all quality initiatives from start to finish in an influential, collaborative, and business-friendly manner. This position is accountable for overseeing the strategic planning, development and execution of all quality systems and process improvement initiatives center-wide. This includes business operations relating to blood collection, testing, manufacturing, distribution, document control, customer service, safety, risk management, training, internal and external audits/inspections. This position will take an inquisitive and systematic approach in the identification of potential areas of quality systems vulnerability and risk and will ensure the organization is in full compliance with all applicable federal and state regulations and professional contract requirements, including but not limited to FDA, CLIA, HIPAA, AABB, OSHA and NMDP. Five plus years QA management experience in a highly regulated work environment required. Certification such as CMQ/OE or CQA with FDA exp. preferred. Please visit us online at [www.rrvbc.org](http://www.rrvbc.org) to apply online. Email resume to [jobs@rrvbc.org](mailto:jobs@rrvbc.org). EOE M/F/D/V

**Laboratory Operations Supervisor.** Cascade Regional Blood Services in Tacoma, Wash., has a full-time position available for a Laboratory Operations Supervisor. This position assures laboratory operations are efficient and all quality and regulatory standards are met. Qualifications: Baccalaureate degree in medical technology or biological science, with five plus years experience in blood center, transfusion medicine, cellular therapy, clinical laboratory or related field. MT/MLS/SBB (ASCP) preferred. MLT may be considered with relevant experience. Demonstrated familiarity with quality assurance requirements, blood banking, cell processing and cryopreservation, sterile technique and safe handling of potentially infectious human blood/tissues. Demonstrated knowledge of cGMPs, CGTPs and principles of QA/QC. Working knowledge of AABB and related FDA regulations. Minimum of three years of relevant supervisor experience. Excellent benefits including employer paid pension plan and four weeks vacation per year. To apply, please visit the Careers section of our website [www.crbs.net](http://www.crbs.net). ♦