



ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

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Study: Hydroxyurea is Cost-Effective Sickle Cell Treatment

Research published Sept. 2 in *Pediatrics* shows that treating young children with sickle cell disease (SCD) with hydroxyurea may lead to lower medical care costs, including those related to blood transfusion, compared to those not receiving the drug. Hydroxyurea decreases the frequency of painful crises, acute chest syndrome, and transfusions both in adults and children with SCD, and this study suggests that it is a cost-effective treatment for young children with SCD.

SCD is a hereditary blood-related disorder that affects 8 to 10 percent of African-Americans, and some people from South and Central America, the Caribbean, and the Middle East. It is caused by an abnormal type hemoglobin that makes red blood cells (RBCs) assume abnormal sickle shapes and become more “sticky.” The misshapen RBCs get stuck in small blood vessels and interrupt blood flow, causing organ and tissue damage, pain, stroke, and sometimes death. Frequent RBC transfusion is the most common therapy for these patients because it raises the hemoglobin levels, reducing the proportion of abnormal hemoglobin. Hydroxyurea is used in the treatment of patients with SCD because it increases healthy, fetal hemoglobin, which is not subject to “sickling.”

The BABY HUG randomized clinical trial, published in November 2012 in *Blood*, demonstrated the clinical benefits of hydroxyurea for infants and toddlers with SCD, who had less frequent episodes of pain, dactylitis, and acute chest syndrome, and fewer hospitalizations and transfusions, compared with those receiving the placebo. Studies analyzing hydroxyurea's effect on medical care costs have produced conflicting results. The researchers, led by Winfred C. Wang, MD, of St. Jude Children's Research Hospital in Tennessee, used data from the BABY HUG trial to estimate medical costs of care in hydroxyurea-treated children vs. children receiving the placebo.

They conducted a retrospective economic evaluation, comparing inpatient events in subjects receiving hydroxyurea with those receiving the placebo. Unit costs were estimated from the 2009 MarketScan Multistate Medicaid Database for children with SCD, ages 1 to 3. Inpatient costs were based on length of hospital stay, modified by the occurrence of acute chest syndrome, splenic sequestration, or transfusion. Outpatient expenses were based on the schedule required for BABY HUG and a “standard” schedule for 1- to 3-year-olds with SCD.

(continued on page 3)



OUR SPACE

ABC Board Member Chris Staub, MT(ASCP) SBB, vice president of Blood Services, Unyts

Jason and the Algorithms

I distinctly recall my aunt and uncle taking my cousins and me to a drive-in theater back in 1963 to see that year's big special-effects film, "Jason and the Argonauts." Based on Greek mythology, the hero Jason stood before Zeus and Hera in the heavenly Olympus and received direct guidance about how he might find and steal the Golden Fleece, which reminds me now of how I attend ABC meetings to derive enlightenment from conversations with my mythic colleagues at ABC. The gods offered Jason some support, but ultimately, he had to overcome many obstacles himself. There were two images from that film that remain vivid in my mind to this day. The first was when Jason battled the Hydra. Jason had to kill the many-headed monster in order to make off with the Golden Fleece. The other was the frightening moment when the skeletons broke out from the rocky earth with their swords and began battling Jason and his men.

Recently at my center, we reviewed our blood testing algorithms. What does this have to do with Greek mythology, you ask? Well, the comparison dawned on me when I marveled at how complex our infectious disease testing algorithms have become. They are comprised of more than 40 if/then scenarios in all, and along with each one, there's cost and the possibility of screwing up. On top of all this, our industry is now weighing adding Babesia and point-of-care bacterial testing, as well as the appropriate response to autochthonous dengue. Each algorithm is based on Food and Drug Administration requirements and guidances regarding the approved testing methodologies. Some laboratories adapt additional scenarios to account for local or state regulation, or to apply an augmenting safeguard. Some algorithms have more than one acceptable option and it's left up to each institution to choose. The algorithms need frequent review so that they reflect the ever-changing realities of reagent availability, new or revised standards, and emerging epidemiology. So while I was wrestling with my algorithm charts, the Hydra came to mind and how each of its serpentine heads pose as much mortal danger as the next.

Whenever I think of blood donor testing these days, I invariably imagine the potential positive impact of pathogen inactivation. Since my June "Our Space" column went into more detail on pathogen inactivation, this one will not. But like Jason, we need to fight our way through today's perilous journey to achieve blood safety and cost sustainability. Along the way to pathogen inactivation, (or some other novel blood safety approach) old ideas and methodologies will rise up from the dirt, shaking their swords at us, but let's be brave and battle on until we have that Golden Fleece.

cstaub@unyts.org ♦

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ABC is an association of not-for-profit, independent community blood centers that helps its members provide excellence in transfusion medicine and related health services. ABC provides leadership in donor advocacy, education, national policy, quality, and safety; and in finding efficiencies for the benefit of donors, patients, and healthcare facilities by encouraging collaboration among blood organizations and by acting as a forum for sharing information and best practices.

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Hydroxyurea in Young Children (continued from page 1)

The BABY HUG trial included 193 patients, of which 96 were randomized to receive hydroxyurea and 97 received the placebo. There were 232 hospitalizations in the subjects receiving hydroxyurea and 324 in those on placebo. The length of hospital stay was similar in the two groups. Estimated outpatient expenses were greater in those receiving hydroxyurea, but these were overshadowed by inpatient costs. The total estimated annual cost for those on hydroxyurea was \$11,072 – 21 percent less than the cost for those on the placebo, \$13,962.

The authors write that their results mirror findings in the Multicenter Study of Hydroxyurea in Patients with Sick Cell Anemia (MSH), in which the annual total mean expenditure was 30 percent lower for those assigned to hydroxyurea than for those in the placebo group. Although not directly addressed in this study, research results showing clinical and cost benefits of hydroxyurea in SCD patients may lead to increased hydroxyurea use and thus less RBC transfusions in treating these patients.

The study has several limitations and a full cost-effectiveness analysis of hydroxyurea still needs to be conducted from the broader societal, as opposed to narrower medical, perspective, said the authors. The observed “reduction in costs in the hydroxyurea group compared with the placebo group was dampened by the fact that all hospitalizations were counted, even though many were unrelated to hydroxyurea,” said the authors. They added that emergency department data were not analyzed separately, and that the analysis lacked data for the specific expenses of the subjects participating in the BABY HUG study.

“In addition to the beneficial clinical and hematologic effects of hydroxyurea, its limited acute toxicity, and its relative ease of administration, we believe that the economic benefits from this treatment support the case for offering hydroxyurea to all children with SCD, commencing at a young age,” conclude the authors.

Citation: Wang WC, *et al.* Hydroxyurea is associated with lower costs of care of young children with sickle cell anemia. *Pediatrics*. 2013 Sep 2. [Epub ahead of print]

Wang WC, *et al.* Impact of hydroxyurea on clinical events in the BABY HUG trial. *Blood*. 2012 Nov22;120(22):4304-10. ♠

Support the FABC with Auction Items or Sponsorships!

The Foundation for America’s Blood Centers is partnering with the World Federation of Hemophilia-USA to hold a joint gala on Nov. 14 at the Arizona Biltmore Hotel in Phoenix, Ariz. The gala will raise money and awareness to support the life-saving work that the FABC and the WFH-USA do on behalf of those with bleeding disorders who rely on blood transfusions (see *ABC Newsletter*, 5/3/13). The FABC reminds those seeking to support these two organizations that sponsorship opportunities are still available. The FABC is also seeking auction items for the gala’s silent auction. Those interested in becoming sponsors or providing auction items may contact Jodi Zand at jzand@americasblood.org. More information about the gala is available at www.annualgala.com.

The FABC Working for You – Spotlight on LifeStream’s ‘Heart of Chairing a Blood Drive’ Program

The Foundation for America’s Blood Centers (FABC) funds initiatives that improve the availability, quality, and safety of blood to save, extend, or enhance the lives of patients. The FABC works through funding projects spearheaded by America’s Blood Centers’ members, as well as ABC initiatives that benefit its member blood centers.

Blood drive chairpersons play an important role for community blood centers by coordinating blood drives and encouraging their peers to give blood. LifeStream, headquartered in San Bernardino, Calif., found that blood drive chairpersons can also help blood centers in their constant quest to decrease donor deferrals and increase donor diversity. With a grant from the Foundation for America’s Blood Centers, LifeStream developed educational materials to better inform and train blood drive chairpersons.

With the FABC grant, LifeStream was able to pursue the dual goal of further educating veteran blood drive chairs, while also outlining the ease, self-satisfaction, and importance of chairing community blood drives to potential new chairpersons. LifeStream developed “The Heart of Chairing a Blood Drive” manual and video aimed at providing blood drive chairpersons with the training that they need to bridge the generational gap, dispel blood donation myths, and increase donor diversity. Another goal of the project was to create materials that can be easily adapted to blood center, in order to benefit all of America’s Blood Centers’ members.

“As a member of the FABC Board, I compliment the staff for their continued work in identifying and supporting projects that provide benefits to ABC members,” said FABC Board Member Roy Roper, president and CEO of Blood Bank of Delmarva. “Every ABC center depends on productive blood drives for its success, and the ‘Heart of Chairing a Blood Drive’ program represents a great set of tools to help all of us be more efficient and effective with our recruiting efforts.”

The materials were developed by LifeStream’s area representatives, who interact directly with blood drive chairpersons, and the center’s medical professionals. The final product was a blood drive chairperson manual that is thorough, yet simple and user-friendly. The text of the manual mixes fun, educational blood facts with the suggested timeline and a series of tips to chair a successful blood drive. The video, which was filmed during actual blood drives, is divided into two chapters – the first capturing the specifics of chairing a high school blood drive, and the second covering all other community drives.

“LifeStream is grateful for the FABC grant, as our goal was to produce a lasting tool that will be useful for all ABC members,” said Piper Close, LifeStream’s vice president of Marketing and Public Relations. “Through generic branding and addressing concerns commonly expressed in blood banking, we hope and believe that objective has been met. Since distribution of the materials, we are encouraged by the results and look forward to receiving additional feedback at our second annual blood drive chairperson event this month.”

Shortly after the materials were completed and ready to distribute, LifeStream hosted a blood drive chair appreciation event, at which attendees received copies of the booklet, viewed one of the videos, and were encouraged to ask questions of Diane Eklund, MD, LifeStream’s vice president of Medical Affairs. The Q&A session, made available as a webinar for those unable to attend, allowed the chairpersons to share strategies and experiences and to discuss the new materials.

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FABC WORKING FOR YOU (continued from page 4)

Over the ensuing months, LifeStream representatives found that experienced chairpersons “turned up their game,” while becoming more self-sufficient and confident, said Ms. Close. It has become apparent that increased education is leading to increasing collections, she added. New blood drive chairs are also reporting that the manual helps make this new role less intimidating, ensuring that they remain long-time chairpersons.

“Judging by the response of our chairpersons and even our recruiting staff, I feel these materials made great strides in blood banking education,” said Dr. Eklund. “The more you know, the better you are at recruiting donors; in turn, donors can be better informed regarding industry regulations – for example, reasons for deferral – making them better ambassadors for donation.”

Since the distribution of materials in conjunction with other organizational measures, LifeStream has seen a 15 percent decrease in deferral rates at mobile blood drives and an 8.8 percent overall increase in donor diversity, including an increase of 33.6 percent among Latino donors, 22.1 percent among Asian donors, and 9.4 percent among African-American donors. Reaction rates on mobile drives have decreased 4.3 percent.

“LifeStream feels that the materials produced thanks to the FABC grant have created a domino effect that will continue with others coming forward, eager to try their hand at something they before may have felt too complicated and/or time-consuming,” said Ms. Close.

After a presentation about the “Heart of Chairing a Blood Drive” materials at ABC’s Fund Development, Communications, and Donor Management Workshop in June, several ABC members expressed interest in this program. Elizabeth Giles, marketing and communications officer at Inland Northwest Blood Center, recently obtained the materials and is working on incorporating them into the blood center’s existing program. “We are very excited about these resources! The workbook and YouTube videos offer a professional and informative approach for training one of our most valuable assets, our blood drive volunteers,” she said.

ABC members can obtain copies of the materials by visiting <http://members.americasblood.org/go.cfm?do=Page.View&pid=195> or by contacting Don Escalante at descalante@Lstream.org or (909) 386-6818. To learn more about other grant projects funded by the FABC, please visit <http://members.americasblood.org/go.cfm?do=Page.View&pid=29>. ♦

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. You will be sent a writer’s guide that provides information on style conventions, story structure, deadlines, etc.

Letters from ABC Specialty Workshop Scholarship Recipients

Earlier this year, America's Blood Centers launched the ABC Specialty Workshop Scholarships Program, made possible by a grant from the Foundation for America's Blood Centers. This program provides 28 scholarships to professionals from ABC's member blood centers to supplement the costs for attendance at an ABC Specialty Workshop this fiscal year.

ABC held the Medical Directors (MD) Workshop in Milwaukee, Wis. on Aug. 3, prior to the ABC Summer Meeting (formerly the Interim Meeting). Below are excerpts from letters to the editor from ABC members who received an ABC Specialty Workshop Scholarship to attend the MD Workshop.

"I would like to thank the Foundation for America's Blood Centers for funding scholarships that allowed medical directors from ABC member centers to attend the recent Medical Directors Workshop in Milwaukee. These workshops provide an opportunity for participants to hear about the most recent advances and practices in the field of transfusion medicine and blood banking ... Although the educational content was superb, one of the best outcomes of attending a specialty workshop is the ability to connect with old friends and to network and make new contacts. Although this was not my first workshop, I made several new contacts this year, who I look forward to seeing at upcoming meetings and workshops, and possibly collaborating with in the future.

Attendees are able to pass on important information to their respective blood centers. In this period of increased competition and decreased blood product demand, it is more important than ever to attend workshops and to act upon information and data provided at meetings and through industry contacts. I appreciate receiving the scholarships that allowed me to attend and to help support my blood center." – David Oh, MD, chief medical officer/medical director, San Diego Blood Bank

"I write to express my appreciation for the generous scholarship opportunity awarded by the FABC to attend the recent ABC Medical Directors Workshop. Looking back at the presentations, I see an excellent balance of topics that enhance my effectiveness in day-to-day tasks – donor management, transfusion service, customer needs, and patient care. As just one example, I have been asked to serve on a committee to update one hospital's emergency transfusion policy that dates back to 2006. Dr. Walsh's presentation, along with conversations with him over lunch, has helped me to provide suggestions that maintain patient safety and our ability to provide the needed products ... Thanks again for the support of ABC and the Foundation!" – Marsha F. Bertholf, MD, medical director, The Blood Alliance

"I am honored and very grateful to have been selected for an ABC Specialty Workshop Scholarship to attend the Medical Directors Workshop in Milwaukee in August ... Kudos to the ABC staff for putting together such a useful and practical agenda for the MD Workshop. I was able to bring back something from every session that will affect my practice. I particularly appreciate that many of the sessions are available online so that I can refer back to them from home, and that they were all annotated with useful articles to look up and read ... I look forward to other medical director networking opportunities provided by ABC." – Sara M. Shunkwiler, MD, medical director, LifeServe Blood Center

"The ABC meetings are important for three reasons: education, networking, and representation of your blood center. The Summer Meeting offers the MD Workshop and SMT Forum, which are important to my practice at the blood center ... The small group feel of the ABC meetings allows for face-to-face networking with other physicians, administrators, technologists, and professionals in blood banking and transfusion medicine. Since our operations are often located in different cities, having the opportunity to

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LETTERS FROM ABC SCHOLARSHIP RECIPIENTS (continued from page 8)

meet allows for a more extensive discussion on both professional and personal topics. As the workforce is constantly changing, the meetings allow for the opportunity to meet new contacts of ABC member blood centers ...

In conclusion, the ABC meetings are an excellent opportunity to place your best foot forward as a representative of your blood center or transfusion service, as well as to bring back industry best-practices – definitely a ‘must’ for the busy blood banking professional.” – Richard R. Gammon, MD, medical director, OneBlood. ♦

RESEARCH IN BRIEF

Researchers at Canadian Blood Services (CBS) recently published results of a study echoing previous findings in US studies that young age, female gender, and low estimated blood volume (EBV) are risk-factors for blood donor reactions. Adverse donor reactions result in injury and decrease the likelihood that a blood donor will return, but assessing these reactions can be difficult because some occur after the donor has left the donation site. Researchers, led by Mindy Goldman, MD, of CBS, have estimated the frequency and risk factors for adverse donor reactions with an anonymous survey mailed in 2008 to 40,000 successful whole blood donors several weeks after donation. Reaction rates were compared to those recorded in the CBS database. Possible risk factors were assessed for various reactions. The response rate was 45.5 percent, with 32 percent of first-time donors and 14 percent of repeat donors reporting having any adverse reaction, most frequently bruising or feeling faint or weak. Most critically, syncopal reactions were 2 to 8 times higher than reported in the blood service’s database, although making a direct comparison was difficult. Younger age, female gender, and first-time donation status were risk factors for both systemic symptoms and arm bruising. Among females, low EBV was a risk factor for systemic symptoms. Ten percent of first-time donors with reactions found the adverse effects information provided at the donation site to be inadequate. “Our study confirms the results of large US studies demonstrating that younger donor age, female gender, and first-time donation status are independent risk factors for vasovagal reactions,” conclude the authors. Based on the results of this study, CBS will be implementing more stringent height and weight criteria for first-time donors, aged 17 to 22. “Hopefully, postponing donations in smaller blood donors in this group will result in fewer faint reactions with injuries and also in better first-time donation experience and ultimately in a long-term donation career,” write the authors. CBS will also provide donors with an information sheet about post-donation reactions to take home. The blood service will be enhancing the reporting of donor reactions in its database, to include donor height and weight and adopt definitions that are similar to those in the US Biovigilance Network.

Citation: Goldman M, *et al.* Frequency and risk factors for donor reactions in an anonymous blood donor survey. *Transfusion* 2013 Sep; 53(9): 1979-84. ♦

BRIEFLY NOTED

The Centers for Disease Control and Prevention has released a laboratory quality improvement tutorial, available online, CDC announced Sept. 6 in its *Morbidity and Mortality Weekly Report*. This one-hour tutorial provides a model for the stepwise design and implementation of quality improvement studies, including how these studies can advance evidence-based laboratory medicine. The format presents access to published journal articles, project planning templates, and informative websites. The course is available at: www.futurelabmedicine.org/tutorials/. (Source: CDC *Morbidity and Mortality Weekly Report*, 9/6/13) ♦

REGULATORY NEWS

The Food and Drug Administration granted 510(k) clearance to Terumo BCT for single-needle therapeutic plasma exchange on the Spectra Optia apheresis system, Terumo BCT announced in a Sept. 4 press release. This option gives therapeutic apheresis operators the ability to convert to single-needle therapeutic exchange procedure at the beginning or at any time during the procedure, depending on the patient's needs. The single-needle therapeutic exchange has been available in Europe since 2012 and in Canada since early 2013. "With this additional capability and versatility for therapeutic apheresis on the Spectra Optia system, Terumo BCT continues to advance apheresis in the US and worldwide – with patient care at the heart of everything we do," said Bob Sullivan, Terumo BCT's vice president of Therapeutic Systems Worldwide Sales and Marketing. "The option to perform therapeutic plasma exchange with single needle access is the very latest example of our commitment to innovation and our customers, as they provide exceptional care to the patients we all serve." More information can be found at <http://bit.ly/17Zcf27>. (Source: Terumo BCT press release, 9/4/13) ♦

GLOBAL NEWS

Global Healing is seeking an apheresis collection specialist to volunteer for a training trip to work with local blood bankers in Tbilisi, Georgia. The trip is tentatively scheduled for the first half of October, and Global Healing will cover all program-related expenses. All training can be conducted in English, though it is helpful if the volunteer candidate is fluent in Russian. The apheresis collection specialist would train staff at the Jo Ann Medical Center Blood Bank and Georgian Central Blood Bank on how to operate an apheresis instrument for collection of blood components. The candidate must have at least five years of experience with apheresis collection and donors. A nursing background is preferred, and teaching/training experience is a plus. The volunteer must have the ability to travel internationally for up to 10 days, plus curriculum, trip preparation, and other responsibilities before and after the trip. All individuals interested in this volunteer opportunity are encouraged to contact vince@globalhealing.org. (Source: Global Healing e-mail, 9/11/13) ♦

INFECTIOUS DISEASE UPDATE

DENGUE FEVER

Dengue fever cases continue to rise in Florida, with four more confirmed cases reported last week, bringing the count to 15 locally acquired cases in the Rio and Jensen Beach areas, reported the Florida Department of Health on Sept. 5. Of these cases, nine are Martin County residents and six are St. Lucie County residents. Dengue is transmitted to humans by the bite of infected *Aedes aegypti* mosquitoes, and occasionally *Aedes albopictus* (the Asian Tiger mosquito). Both of these mosquitoes are found in large numbers in Martin and St. Lucie Counties. Dengue is endemic in certain tropical areas of the Caribbean, Central and South America, and Asia, where it causes often large annual epidemics. There were no reports of dengue acquired in Florida from 1934 until 2009, when an outbreak was identified in Key West, Fla. Sporadic cases have been recognized subsequently in Florida. Autochthonous transmission has been observed in recent years in Texas and Hawaii as well. The virus was designated as an emerging transfusion transmissible agent of high priority for consideration of an intervention by AABB's Transfusion Transmitted Diseases and Emerging Infectious Disease group in its 2009 *Transfusion* supplement. (AABB's dengue virus fact-sheet can be viewed at www.aabb.org/resources/bct/eid/Documents/67s.pdf.) Symptoms generally appear three to 14 days after the bite of an infected mosquito and include sudden

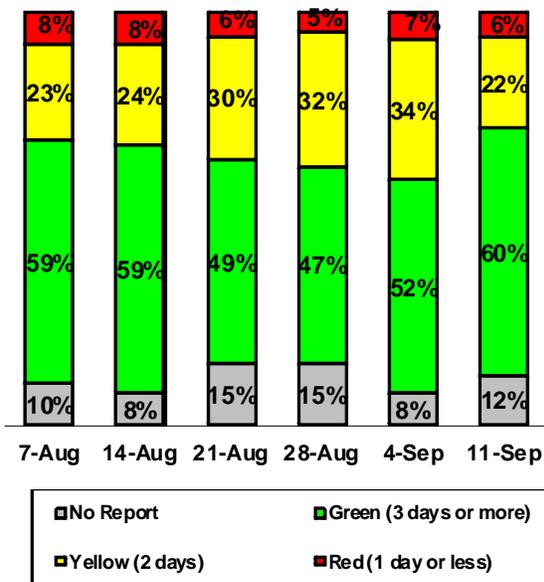
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INFECTIOUS DISEASE UPDATES (continued from page 8)

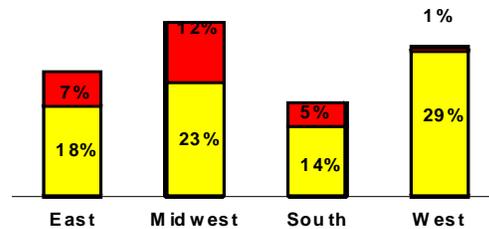
onset of fever, severe headache, eye pain, muscle and joint pain, and bleeding. Gastrointestinal symptoms like vomiting and diarrhea may also be present. Dengue hemorrhagic fever is a rare but more severe form of dengue infection that can be fatal if not recognized and treated with supportive care. Dengue can be transmitted through blood transfusions, although few cases have been reported worldwide and no cases have been reported in Florida. As a precautionary measure, OneBlood, headquartered in Orlando, Fla., is suspending blood collection operations in Martin and St. Lucie counties until further notice, the center reported in a press release on Wednesday. “Safety of the blood supply is our number one priority,” said Rita Reik, MD, chief medical officer of OneBlood. “We will resume blood collections in Martin and St. Lucie counties once it is determined the threat of dengue fever has been minimized.” Blood collections in OneBlood’s other service areas remain operational, and the blood center urges people not impacted by dengue fever to donate blood. “The actions taken by OneBlood in the face of local mosquito-borne transmission of dengue virus are absolutely appropriate,” said ABC Executive Vice President of SMT Louis Katz, MD. “While transfusion transmission is rarely recognized, it can occur, and the most rapid, effective approach to preventing that will be their temporary suspension of collections in the affected area. OneBlood’s action is in the best interest of transfusion safety, and if it has a significant impact on the blood supply in Florida, their ABC colleagues around the country stand ready to support them.” The Florida Department of Health continues to provide dengue updates at <http://bit.ly/p5x6R>. (Sources: Florida Department of Health, 9/5/13; OneBlood press release, 9/11/13) ♦

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

Total ABC Red Cell Inventory



Percent of Regional Inventory at 2 Days Supply or Less, September 11, 2013



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

Daily Updates are available at:
www.AmericasBlood.org

MEMBER NEWS

Several members of America's Blood Centers paid tribute to those who lost their lives during the 9/11 terrorist attacks in 2001. Michigan International Speedway teamed up with Michigan Blood to hold the Spirit of America Blood Drive on Sept. 11. The event serves as a special day of activities to honor and remember the victims and heroes of 9/11. The annual blood drive at the racetrack began as a tribute in 2002, and since then has collected more than 8,876 pints of blood, potentially affecting more than 26,688 lives. Those who presented to donate had the opportunity to travel by Michigan International Speedway tram around the track, through the tunnel to the pit, and into the racetrack's Home of the Brave, a 4,000-sq. ft. multimedia exhibit featuring videos, presidential letters, magazine and newspaper clippings, and additional 9/11 tributes. "Michigan Blood is honored to partner with the Michigan International Speedway for the 2013 Spirit of America Blood Drive. This is an incredible event which reinforces and demonstrates a spirit of selflessness, compassion, and patriotism while paying tribute to the victims and heroes of the September 11, 2001 terrorist attacks. We respect the history of this event and are excited to continue the blood drive," said Bill Rietscha, president and CEO of Michigan Blood. South Bend Medical Foundation, headquartered in South Bend, Ind., honored the victims and heroes of the 9/11 attacks by hosting blood drives on Sept. 11, and by giving each donor a small blue spruce seedling with the name of a 9/11 victim attached. "Blood donors were able to 'remember Sept. 11 and plant seeds of hope' by donating blood on Sept. 11, said the center in a press release. "We are honored to host a blood drive at our central fire station in memory of the victims of September 11," said Chief Stephan Cox of the South Bend Fire Department." Mr. Cox said that his firefighters "see first-hand the importance of blood donation, which is why donating blood comes so naturally." Also this week, New York Blood Center (NYBC) was mentioned in a *USA Today* article about how people across the country observe 9/11. The article noted that Sept. 11 is a popular day for people to give blood, as many feel it is a personal way to honor those lost. "Sept. 11 is a special day," Harvey Schaffler, NYBC executive director for donor marketing, told *USA Today*. "People like to pay tribute through a personal tradition." The *USA Today* article can be viewed at <http://usat.ly/1fQuiue>. (Sources: Michigan Blood Center/Michigan International Speedway press release, 9/3/13; South Bend Medical Foundation press release, 9/9/11; USA Today, 9/11/13) ♦



The Michigan International Speedway teamed up with Michigan Blood to hold the Spirit of America Blood Drive on Sept. 11.

PEOPLE

Bill and Melinda Gates were named on Sept. 9 by The Albert and Mary Lasker Foundation the recipients of the 2013 Lasker-Bloomberg Award for Public Service. The Lasker Awards – among the most respected science prizes in the world – honor visionaries whose insight and perseverance have led to dramatic advances that will prevent disease, reduce disability, and diminish suffering. This award recognizes the extraordinary impact made by Mr. and Mrs. Gates toward improving global public health through the work of their foundation. Mr. Gates made his fortune as one of the giants of the modern computer industry, and today he and his wife Melinda may be equally well-known for their worldwide work in philanthropy. Founded in 2000, the Bill & Melinda Gates Foundation is now the largest private foundation in the US, according to *The Journal of Clinical Investigation*. The foundation has provided more than \$26 billion in grant funding for all of its programs since its inception and in recent years has invested nearly \$2 billion annually for global health projects alone. Guided by the belief that all people deserve a chance to live a healthy, productive life, Mr. and Mrs. Gates have helped make global health a top priority. The Bill & Melinda Gates Foundation focuses on several strategic areas, including HIV/AIDS, malaria, diarrheal diseases, and other infectious diseases. Early on, the foundation committed

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PEOPLE (continued from page 10)

huge resources to its HIV program, and to-date, more than \$3.5 billion in grants has been pledged for HIV/AIDS projects alone. Although the foundation does not have a formal strategy for blood safety projects, it has funded a variety of projects focusing on infections that impact blood safety directly, including HIV, malaria, and Chagas disease. “Their [Bill and Melinda Gates’] focus on building a sustainable capacity for the mitigation of infectious diseases will inevitably bear fruit in blood safety,” said Louis Katz, America’s Blood Centers’ executive vice president, SMT. “Certainly the scope of the work they have been and continue supporting is magnificent, and I think we should all appreciate that with further understanding of infectious diseases, there will inevitably be important benefits within the blood community niche.” The Lasker Foundation press release can be viewed at <http://on.mktw.net/1d8A2A5>. (Source: Lasker Foundation press release, 9/9/13; *Journal of Clinical Investigation*, 9/9/13)

Safet R. Ibisevic recently joined Rock River Valley Blood Center (RRVBC) as director of Quality Systems and **Leslie Johns**, MT(ASCP) SBB, has been promoted to the position of technical services director, RRVBC announced last week. Mr. Ibisevic will be responsible for overall RRVBC compliance to federal and state requirements, AABB standards, and company- and customer-specific requirements. Additionally, Mr. Ibisevic will oversee all quality systems and process improvement initiatives including business operations relating to blood collection, testing, manufacturing, distribution, document control, customer service, safety, risk management, training, and internal and external audits/inspections. Before joining the blood center, Mr. Ibisevic held management positions in blood banking, healthcare, and pharmaceutical organizations. Most recently, he was the director of quality management at ACL Laboratories/Advocate Healthcare in Chicago and prior to that, he was the director of quality assurance at ITxM/LifeSource. Mr. Ibisevic received his Bachelor of Science in chemistry from the University of Science and Mathematics in Novi Sad, Serbia, former Yugoslavia. In her new position, Ms. Johns will oversee business operations relating to patient reference testing, specialized testing, product acceptability testing, and quality control. She will also work to maximize blood utilization through business partnerships with hospitals and other service partners. Prior to taking this position, Ms. Johns was the senior medical technologist at RRVBC. Before joining RRVBC, Ms. Johns served as lead hematology technologist/generalist at Kishwaukee Community Hospital in Dekalb, Ill. and clinical education coordinator/medical technologist at Provena Mercy Medical Center in Aurora, Ill. She received her Bachelor of Science degree in clinical laboratory sciences from Northern Illinois University in Dekalb, Ill. and received her Specialist in Blood Banking degree from the University of Texas.



Leslie Johns



Safet R. Ibisevic

Eric Langevin, assistant division director of Donor Recruitment & Community Relations at Hoxworth Blood Center, was recently recognized as one of the *Cincinnati Business Courier's* 2013 Forty Under 40 winners. “Forty Under 40 recognizes Greater Cincinnati’s next generation of young leaders and innovators – people who have already made a mark professionally and in the community,” according to the *Cincinnati Business Courier*. Competition for this year’s list was intense, with more than 500 nominations. A 15-member panel consisting of Forty Under 40 alumni made the selections. All winners will be honored at a luncheon event on Sept. 19 at Cincinnati’s Music Hall. The full list of winners can be viewed at <http://bit.ly/1e7mpnK>. (Source: *Cincinnati Business Courier*, 8/1/13) ♦



COMPANY NEWS

Hemo bioscience (HBS) announced on Sept. 3 that it has recently partnered with Ortho Clinical Diagnostics (OCD) to deliver new products. HBS, a developer and manufacturer of reagents, and OCD, which provides the blood banking community with a range of products and services, have developed an exclusive distribution arrangement. “We anticipate that this agreement will provide you [the blood industry] with additional products, superior service, and enhanced delivery,” said HBS in the release. HBS’s ELUclear, a glycine elution kit for the recovery of red blood cell-bound antibodies, and HBS C3 Control Cells, reagent red cells, will be exclusively available through OCD beginning October 2013. The press release can be viewed at www.hemobioscience.com/PDFs/Hemo_Ortho_Press_Release.pdf. (Source: Hemo bioscience press release, 9/3/13)

After months of working with regulators, Baxter announced on Sept. 6 that it has completed its \$3.9 billion acquisition of Swedish dialysis giant Gambro AB. Just last week, Australian regulators said that they would not block the merger, approving Baxter’s concessions to appease anti-trust concerns, reported MassDevice.com. “The combination of these two respected renal leaders – Baxter and Gambro – will enable Baxter to better serve healthcare providers and patients through a collective offering of innovative renal products and therapies,” Baxter Chairman and CEO Robert Parkinson, Jr. said in a statement. “Together, we will advance the state of dialysis care for patients with kidney disease worldwide.” Baxter had earlier offered to ditch its renal division in efforts to appease EuroZone regulators, who approved the merger last month. The Gambro AB buyout has also won approval from regulators in China, the Ukraine, Brazil, Canada, South Korea, Turkey, and the US. Baxter’s press release can be viewed at <http://bit.ly/1e2cJvE>. (Source: MassDevice.com, 9/9/13; Baxter press release, 9/6/13)

HemaTerra announced in a recent press release that the Alliance for Community Transfusion Services (ACTS) has decided to employ the company’s HemaControl blood inventory management software. ACTS is a group of nine blood centers, all members of America’s Blood Centers, including Carter BloodCare, Central Texas Blood and Tissue Center, Coastal Bend Blood Center, Coffee Memorial Blood Center, Community Blood Center of Greater Kansas City, Community Blood Center of the Ozarks, LifeShare Blood Centers, Oklahoma Blood Institute, and South Texas Blood and Tissue Center. HemaControl Enterprise Edition aligns multiple blood centers for real-time inventory management and provides demand-planning tools that integrate other systems, such as demand-based donor recruitment. The software will give the blood centers the ability to look at their individual inventory and demand needs, as well as that of their member network as a whole. “HemaControl is the integrated solution that our industry has been yearning for,” said Michelle Stefan, Carter BloodCare vice president of Corporate Services. “Healthcare changes and economic challenges make it more important than ever to gain efficiencies in operations and workflow. Enterprise planning and resource allocation are critical for sustaining both large and small blood centers. Technology that automates processes and aligns people creates the stable footing that blood centers need to face the changes to come. HemaTerra has embraced the needs of blood centers in this system and the ACTS group looks forward to advancing the industry with our adopted standard.” The HemaTerra press release is available at <http://on.mktw.net/14K5W5E>. (Source: HemaTerra press release, 8/26/13) ♦

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.

POSITIONS AVAILABLE:

Executive Director. The community Blood Center of the Ozarks (CBCO) is a successful, independent, not-for-profit organization serving 38 hospitals in Springfield, Mo. and surrounding counties. Focusing on quality, the blood bank prides itself on the ability to offer its products and services at competitive prices. CBCO has five fixed sites and multiple mobile operations daily. The incumbent will provide overall leadership, direction, and general management and will work closely with the organizations' Board of Directors and its senior leadership to advance the organization's mission and to design and implement strategies to achieve those goals. Responsibilities include delivery of the blood bank's mission while maintaining the organization's financial viability. Requirements for this position include a bachelor's degree with five years' experience in a leadership position in blood banking, health care, life science, or related field. Candidates with an MBA or MHA are preferred. Candidates must possess exceptional strategic planning abilities coupled with strong interpersonal, financial, and human resource skills. To be considered for this opportunity, e-mail a resume with cover letter, a five-year salary history, and three professional references to norrij@cbco.org. **Resumes will be accepted through November 30, 2013.** CBCO is an equal opportunity employer.

Healthcare Regulatory & Quality Standards Coordinator. The candidate will provide comprehensive monitoring/analysis of current and impending regulations and standards for all clinical departments; facilitate compliance with applicable regulatory agencies; promote an environment of continuous quality improvement; monitor/analyze changes in legislation and accreditation standards affecting Unyts' operations; perform gap analysis of regulatory and accreditation standards with organizational SOPs; assist with inspections conducted by outside agencies; and review, analyze, determine applicability and changes to SOPs that allow the organization to achieve/maintain compliance. Associate's degree in healthcare field or business required, bachelor's preferred. Three to five years experience in quality environment within healthcare industry, including experience managing audits strongly desired. Experience with FDA strongly preferred. Experience in organ, eye, and/or tissue screening and procurement, blood banking, quality/regulatory affairs and/or process auditing desired. Strong well-developed interpersonal,

verbal and written communication skills, computer proficiency required. Must have valid driver's license and reliable transportation. Please visit www.unyts.org/about/careers.

Chief Medical Officer/Medical Director. MEDIC Regional Blood Center located in the heart Knoxville, Tenn. has an opening for Chief Medical Officer/ Medical Director. The medical director shall have responsibility and authority for all medical and technical policies, processes and procedures, including those that pertain to laboratory personnel and test performance, and for the consultative and support services that relate to the care and safety of donors or transfusion recipients. Performs related job duties and other duties as may be assigned. More information and full job description regarding this position may be found on www.medicblood.org. Interested candidates please forward your resume and cover letter to jbeason@medicblood.org. For questions please contact Jody Beason, Human Resource Manager Phone: (865) 521-2667.

Regulatory Training and Field Compliance Manager (RTFC Manager). Mississippi Valley Regional Blood Center (MVRBC) has an exciting opportunity in our Davenport, Iowa location for a Regulatory Training and Field Compliance Manager (RTFC Manager). This position is primarily responsible for the development, implementation, and evaluation of our regulated training program as well as ensuring regulatory field compliance. This individual will utilize practices of process improvement (Lean/Six Sigma preferred), problem solving, and trend analysis. The RTFC Manager is also responsible for the management and oversight of our established safety program. This position reports directly to the Chief Quality Officer and will provide leadership to designated support teams and work closely with all MVRBC internal and external customers. The ideal candidate will possess a bachelor's degree in Adult Education or Instructional Systems, Master prepared preferred. A minimum of five years demonstrated training program management experience to include needs assessment, curriculum and module design, and organizational development in a regulated environment is

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POSITIONS (continued from page 13)

preferred. Minimum of seven years equivalent work experience and education will be considered. Interested candidates may visit <http://bit.ly/Q4V4mV> to apply.

Medical Director. Blood Systems is searching for a full-time clinically-focused Medical Director, who will be located its affiliate office at Inland Northwest Blood Center (INBC) in Spokane, Wash. The ideal candidate will have broad expertise in Clinical Transfusion Medicine, Transfusion/Quality Committee activities and Transfusion Service Management. The position will be part of the INBC leadership and will work directly with Blood Systems' Medical Affairs to ensure that patients in hospitals served by INBC receive state-of-the-art transfusion medicine and therapeutic apheresis/cellular therapy support. Responsibilities include the provision of routine and specialized transfusion medicine services, medical direction for centralized cross-match laboratory and hospital transfusion services, patient blood management, consultation, blood collection and therapeutic apheresis activities. The candidate should have experience with hospital transfusion service management. Candidates should be board certified or eligible in Transfusion Medicine, and board certified or eligible in AP/CP, hematology and/or oncology. Three years in the field of transfusion medicine preferred. **This position will be open until filled.** For consideration, please submit resume to: jobs@bloodsystems.org ATTN: HR/2013/84. Blood Systems offers a competitive benefits package, including: affordable medical/dental insurance, education assistance, matched 401(k), relocation, and much more! Pre-employment background check and drug screen is required. Visit our website at: www.bloodsystems.org. EOE M/F/D/V.

Region Recruitment Manager. Puget Sound Blood Center is seeking a strategic leader to manage the departments responsible for donor group and volunteer recruitment goals. Responsibilities include: providing leadership and motivation to staff teams; developing systems and program analysis tools; improving communications enhancing community relationships to encourage donor and volunteer participation; positioning the blood program as a volunteer supported organization. Ideal candidates will have over eight years' experience direct recruiting, marketing, relationship-building, or volunteer management experience and five years in a supervisory capacity. Requirements also include demonstrated familiarity with marketing and planning systems; strong data analysis skills, demonstrated written, verbal and interpersonal communication skills; proficiency with PC software. Bachelor's degree in a related field or equivalent work experience. Blood recruitment industry experience a plus. This exempt, full-time position is based in Bellevue, Wash. Submit resume to Puget Sound Blood Center via email at humanresources@psbc.org; fax: (866) 286-8495; USPS: Human Resources, Puget Sound Blood Center, 921 Terry Avenue, Seattle, WA 98104-1256. Reference Job

#7032. **Closes September 20.** For disability/accommodation assistance with the application process contact HR at humanresources@psbc.org, or at (206) 292-6500, or at 921 Terry Avenue, Seattle, WA. 98104. AA.EOE.

Vice President of Business Development. LifeServe Blood Center is seeking candidates with senior-level experience for the position of Vice President of Business Development. Ideal candidates will increase customer value, and drive operational excellence. Objective: Responsibility for the formulation of business strategies. This includes working with teams to identify new business opportunities and to expand LifeServe's customer base in specific markets. This position is responsible for management of a team focused on business development while providing service to our customers and overall support to build a qualified pipeline of new business opportunities. Responsibilities: Solidify and grow customer relationships, develop growth strategies through identification of new customers and markets, strategic planning and marketing to meet growth objectives, manage third-party relationships that support the organization's long-term goals and develop contracts, pricing, and risk-sharing proposals for hospitals and blood center partners. Experience: BA in Business Administration, Healthcare or related field, master's degree preferred, five- to seven-years Healthcare Management experience, experience in hospital supply chain, purchasing, laboratory or administration preferred. Offers of employment are contingent on the successful completion of drug testing and background checks. Applications should be submitted online at www.lifeservebloodcenter.org. EOE

Night Manager, Laboratory Services. LifeStream, a \$53M healthcare organization providing blood services to more than 80 hospitals in Southern California, is searching for a Night Manager, Laboratory Services. Among other duties, this position will participate in the performance of daily Quality Control for manual and automated testing, provide historical CMV negative, antigen screened, and hemoglobin S screened donor units, evaluate hematology, bacteriology, and product quality control test results being performed. They will also perform review of daily Quality Control for tests reported in our Quality Control Laboratory. This position will have program oversight (managing specific programs) with no direct reports. Requirements: Four-year Bachelors of Science Degree (BS) in Clinical Laboratory Science or related field (e.g. Medical Technology). Minimum two years as a Generalist required. Five years' experience preferable focused in areas of hematology and transfusion medicine. Must possess a high level of competence and understanding of laboratory best practices and sciences, and the ability

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POSITIONS (continued from page 14)

to problem solve. Must demonstrate proficiency, competency and understanding of fundamental principles of the Immunohematology, Hematology and Microbiology Laboratory procedures. Current California Clinical

Laboratory Scientist License. Compensation up to \$100,000 per year, DOE. Must pass pre-employment background check, drug screen and physical exam. Apply online: www.LStream.org. LifeStream is an Equal Opportunity Employer, M/F/D/V. ♦