



ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

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September 27, 2013

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BloodSource's Blood Management Program Associated with Lower Transfusion Rate and Hospital Cost Savings

An increasing number of blood centers are offering patient blood management expertise to their hospital customers in an effort to encourage appropriate use of blood products, improve patient care, and cut hospital costs. BloodSource, an America's Blood Centers member headquartered in Mather, Calif., presented their experience at the Society for the Advancement of Blood Management (SABM) Annual Meeting in Los Angeles last week, suggesting that the center's program is associated with a low regional transfusion rate or 31 red blood cell (RBC) transfusions per 1,000 population – compared with the national rate of 44 RBC transfusions per 1,000 population.

Through offering extensive patient blood management resources, including educational opportunities, informational resources, and transfusion medicine consultations, BloodSource has helped its hospitals to use blood more appropriately, decrease unnecessary transfusions, and reduce costs.

“Working with us [BloodSource] and having the transfusion guidelines and the expertise available has resulted in better patient outcomes because ... health practitioners are able to manage and treat patients in a more appropriate manner as it relates to transfusion medicine,” said Wendy Knowles, BSN, MHA, vice president and transfusion safety officer at BloodSource.

One abstract that BloodSource presented, “A Formalized Blood Management Program Results in Better Patient Care and More Efficient Utilization of Resources,” described the resources offered by the center's successful BloodSmart program. BloodSource has been providing blood management resources to healthcare practitioners in its service region for nearly 20 years, offering the expertise of blood center physicians and other licensed clinicians through transfusion medicine consultations. BloodSource physicians are also invited to sit on the hospital transfusion review committees.

Due to increased requests for blood management services from hospital staff who often did not realize that BloodSource was already providing these resources, the center convened a taskforce to formalize its blood management program, leading to the creation of BloodSmart. Launched in December 2012, BloodSmart offers a range of readily accessible online blood management resources, including transfusion guidelines, background documents that provide analyses of complex issues, alerts that notify practitioners of new information, and informative PowerPoint presentations.

(continued on page 3)



OUR SPACE

ABC President Dave Green

Value-Added Services

I dislike the term “value-added.” I realize why the term exists and the importance of differentiating between delivering blood products and providing a comprehensive service approach to support hospitals. I just think the phrase somehow minimizes the very essence of the vital services that are often called “value-added.”

You will find an article in this week’s *Newsletter* about BloodSource’s extremely effective blood management program for their hospitals. This is just one example of the extensive array of excellent services that ABC member blood centers deliver to their hospitals every day, helping to define their centers as partners in delivering superior patient care. In an era of cutbacks, strained bottom lines, and tough choices, one might argue now is not the time to advance value-added services to hospitals; I would vehemently disagree.

Providing blood products to hospitals for patient care is a critical role we all play, but our value proposition to hospitals goes well beyond simply providing blood products. Blood centers have the expertise and resources to deliver optimum blood therapy support, including effective blood utilization strategies, transfusion service support, physician consultation, and world-class reference services. This is an area where creative partnerships can readily extend valuable services to our hospitals. In fact, I would argue that we may be well served by reversing our viewpoint, such that our primary role becomes what we call “value-added services” and that our “value added” is that we also provide blood products.

Although such a claim is certainly an extreme way to make the case for the need to integrate more closely with our hospitals, I believe we can articulate a compelling case for this perspective. Just by observing the success of our members’ many partnerships with their hospital customers, one can easily see the financial merits, as well as the resulting improvement in overall hospital support gained through increased integration with hospitals. Admittedly, it is easier to measure our success by tracking how many products we distribute than to monitor the much more elusive “value-added” services. However, closer integration with our hospitals and the ability to clearly define our value in those relationships is crucial to thriving, rather than simply surviving, in our current environment.

ABC is hosting a Quality Education Webinar this coming Monday on providing value-added services to hospitals. I encourage ABC members to participate, share ideas, and leverage our network to expand the role that these services play in our work. Perhaps someone will even come up with a phrase other than “value-added.”

dgreen@mvrbc.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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BloodSource's Blood Management Program (continued from page 1)

BloodSource continues to offer individual consultations and educational presentations when requested on a range of topics, such as transfusion triggers and massive transfusion protocols. The center also holds an annual symposium and quarterly workshops, which all hospital personnel in the center's service area are welcome to attend. The center is currently working on the launch of a series of educational webinars for hospital staff.

Since the launch of BloodSmart, "favorable feedback from customers has been received regarding the positive effects of materials and continued one-on-one consultations have had on the quality of patient care," according to the abstract. Visits to the website have continued to increase since its launch, indicating higher use of these resources. Several hospitals have successfully implemented evidenced-based transfusion guidelines. Some hospitals measure this success through monitoring appropriate blood use based on transfusion triggers and patient monitoring, while others have reported decreased lengths of stay at the hospital, said Ms. Knowles.

The abstract also notes that "numerous internal efficiencies have been achieved by the blood center, including improved utilization of physician resources, more timely responses to hospital queries, and less duplication of efforts among blood center physicians, transfusion safety officers, and client service managers." A number of hospitals have reported a decrease in blood product costs, an important metric when making the pitch for blood management to hospital executives. Mercy General Hospital in Sacramento, Calif. reported to BloodSource that it has seen a \$1 million decrease over the past two years in total blood product spending through collaborating with BloodSource.

Aside from offering a highly valued resource to hospital customers, what might intrigue the blood banking professional about BloodSource's program is that it appears to have shaped regional blood use trends in northern California, as suggested by the center's abstract, "An Active Blood Management Program is Associated with a Very Low Regional Transfusion Rate of 31 RBC Transfusions per 1,000 Population." The 2011 National Blood Collection and Utilization Survey Report showed a transfusion rate of 44 RBC transfusions per every 1,000 individuals in the general population. To compare its transfusion rate to the national rate, BloodSource calculated the annual number of RBC transfusions in the blood center's service area (essentially exclusively served by the blood center) compared to the area's estimated population.

From January 1 to December 31, 2012, BloodSource provided 119,974 RBCs for service-area hospitals. During this interval, the estimated service area population was 3,878,000 – which leads to the calculated RBC transfusion rate of 31 per 1,000 population. Ms. Knowles adds that the rate reported in this abstract represents a trend that BloodSource has observed over the years of declining RBC transfusions as more hospitals take advantage of the center's blood management resources.

"This success has really come from people-to-people contact; it's the blood center collaborating with the hospital that leads to these results. What we have found is that being available and being in the hospital gives us the opportunity to understand what the needs are in terms of transfusion resources, and as transfusion medicine experts, allows us to share that information," said Ms. Knowles. "It is having access to these resources and ongoing educational opportunities that brings about change in practice."

More information about the BloodSmart program can be found at www.bloodsmart.org. 💧

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Find out more today about how our team of specialists can help by visiting www.fenwalinc.com or calling 1-800-3-Fenwal.

RESEARCH IN BRIEF

A study published last month in *Pediatric Anesthesia* suggests that certain pediatric surgeries have such a low risk of blood loss that clinicians should forego blood type and screen or crossmatch tests. This research, led by Allison M. Fernández, MD, and colleagues of Johns Hopkins University, confirms previous findings in adults that certain procedures with a low bleeding risk do not necessitate testing for ordering blood products, which can generate unnecessary costs. To determine intraoperative red blood cell (RBC) utilization for pediatric procedures and costs associated with perioperative testing and ordering, the researchers conducted a retrospective chart review. They collected perioperative blood testing and intraoperative transfusion data for patients less than 19 years old who underwent surgery over a 13-month period at Johns Hopkins Children Center. The intraoperative transfusion rate for 8,620 non-cardiac pediatric procedures was 7.78 percent. Of the 8,380 non-transfused patients, 707 (8.4 percent) had type and screen, and of those, 420 (5 percent) were crossmatched for RBC products in preparation for surgery. The 10 surgical procedures that had the highest perioperative blood testing but no instances of transfusion were colostomy or ileostomy takedown, spinal cord untethering, tunneled catheter placement, laparoscopic Nissen fundoplication, elbow reduction and fixation, lumbar puncture, suboccipital craniectomy, hip arthrogram, percutaneous intravascular central line, and tonsillectomy and adenoidectomy. Procedures with low transfusion probability and high crossmatch testing were ventriculoperitoneal shunt revision and growing rod distraction. For all non-transfused patients, the cost of obtaining type and screen was \$31,815 and the cost for crossmatch was \$25,200. The authors conclude that “hospitals that use an electronic medical record can easily audit blood utilization practices and potentially reduce unnecessary preoperative blood product testing,” leading to a “more judicious decision-making process” that could produce cost savings by eliminating unnecessary tests.

Citation: Fernández AM, *et al.* Pediatric preoperative blood ordering: when is a type and screen or crossmatch really needed? *Pediatr Anaesth.* 2013 Aug 919. [Epub ahead of print] ♦

BRIEFLY NOTED

The Advanced Medical Technology Association (AdvaMed), the trade association of the medical technology industry, held its 2013 Annual Meeting in Washington, D.C. this week, with presentations ranging from medical device regulation to *in vitro* diagnostics. One session featured a panel discussion regarding consolidation in the healthcare industry, which has also been a hot topic within hospitals and blood centers. The panel provided perspectives from the payer (health insurance) and life-sciences industry. Ashraf Shehata, a partner at the Global Healthcare Center for Excellence, KPMG LLP, moderated the session, beginning with an overview of forces causing consolidation and the risks posed by these changes to the medical device industry. He noted that several signs also indicate increased convergence in the healthcare industry, in which all of the players – payers, providers, life sciences companies, etc. – will come together to focus on improving quality and patient care. Jeanne De Sa, senior vice president of Public Policy & Strategy at United Health Group's UnitedHealth Center for Health Reform and Modernization, spoke about changes related to payers and how they may affect the medical device industry. She began by reviewing the consolidation occurring among hospitals, predicting that about another 20 percent of hospitals will seek mergers in the next five to seven years. She explained that with the formation of accountable care organizations (ACOs) and Medicare implementing bundled payment, there will be an increased focus on quality and thus could lead to new markets for the device industry. She suggests that the medical device industry could assist health providers with improving outcomes and reaching quality of care goals. Ms. De Sa noted that it is uncertain how the emphasis on value will impact innovation, as new products that have not been proven to improve patient outcomes will likely not gain investment. Marc Berg, a partner at KPMG's Healthcare Global Center of Excellence, discussed some of the concrete changes that the life sciences industry can expect to see in the near future. He explained that Medicare's bundled payment plan essentially rewards practitioners for reducing the overall cost of various healthcare bundles, which potentially creates new incentives for the medical device industry to provide products that reduce costs for providers. Following the presentations, the audience participated in a robust Q&A session, with much discussion surrounding concerns that quality assessments made by insurance providers based upon short-term outcomes may undermine long-term outcomes that are not being measured. For instance, perhaps a particular hip replacement both reduces costs and produces positive outcomes in a given patient 90-days after surgery, but that patient then requires another hip replacement in five years; a system that rewards practitioners for cost savings and short-term quality outcomes would fail to consider this potential long-term complication. Mr. Shehata then wrapped up the session thanking the panel and all of the audience participants.

Philip Spinella, MD, recently received a \$7.8 million grant from the National Institutes of Health to study whether the age of transfused red blood cells (RBCs) in critically ill children affects the risk of new or progressive multiple organ failure. Dr. Spinella is conducting the study with Marisa Tucci, MD, at the Sainte-Justine Hospital in Montreal, Canada, reported the *St. Louis Beacon*. Dr. Spinella served 12 years in the US military, including a year treating traumatic injuries in the 31st Combat Support Hospital in Baghdad, Iraq. During his deployment, he was part of a small group of physicians evaluating transfusion practices in treating hemorrhagic shock resulting from battlefield injuries. Dr. Spinella co-authored multiple studies with others from his group suggesting that RBCs stored for longer periods may be associated with an increase in complications and mortality. Dr. Spinella, an associate professor of pediatrics at Washington University Medical School and director of the pediatric Blood Research Program, remains interested in the clinical effects of transfusing stored RBCs, particularly in critically ill children. In his new five-year study, 1,538 critically ill children, from 3 to 16 years old, will be randomly assigned to receive either fresher RBCs (stored less than one week) or will be treated with the standard transfusion protocol. About 30 medical centers in the US and Canada will participate in the study. (Source: *St. Louis Beacon*, 9/24/13) ♦



SAVE THE DATE

America's Blood Centers'
52nd Annual Meeting
March 22-25*, 2014 – Palm Springs, CA
Omni Rancho Las Palmas Resort & Spa

2014 Annual Meeting Schedule

- Saturday, March 22: FABC Links for Life Golf Tournament
GSABC Member/Vendor Reception
Hospitality/Networking
- Sunday, March 23: Scientific, Medical and Technical Forum
ABC Members Meeting
Reception co-hosted by LifeStream and
Blood Systems
Hospitality/Networking
- Monday, March 24: Blood Center Leadership Forum
ABC 17th Annual Awards of Excellence
Banquet
Hospitality/Networking

*March 25 meetings are by additional invitation only.

“The ABC Annual Meeting offers us the chance to discuss emerging issues in our field, exchange ideas and celebrate the excellent work of the membership throughout the year. The greater the attendance – the greater the value to all involved. Your engagement in ABC matters!”

– Dave Green, MSA
ABC President

Registration Fees

ABC Annual Meeting: \$725
Non-members (non-vendor), contact Lori Beaston at lbeaston@americasblood.org for invitation and registration fees and information.

Sponsorship opportunities available.
Contact Abbey Nunes at anunes@americasblood.org for details.



Palm Springs International Airport (PSP) is served by most major airlines. Additional nearby airport options include: Los Angeles International Airport (LAX) - 140 miles; Ontario Airport (ONT) - 80 miles; and John Wayne Airport, Orange County (SNA) - 110 miles.

REGULATORY NEWS

The Food and Drug Administration issued on Tuesday its final rule regarding the “Unique Device Identification System” for medical devices. With this rule, medical device manufacturers will now have to add unique identification codes to their packaging by next year to help US regulators accurately track adverse health events. The plan takes effect in about 90 days and will be phased in over seven years with a focus on high-risk devices. The rule, which finalizes the proposed rule published last year, will cost \$86 million a year to comply with domestically, reported Bloomberg. The unique identifier will include a number and product information such as a lot number and expiration date. The agency proposed the rule in 2012 and the final version no longer requires implantable devices to carry the identifier on the devices as well as on the label and package. Only certain reusable devices must have an identifier directly on the product. “It will allow FDA, healthcare providers, and industry to more rapidly extract useful information from adverse event reports, pinpoint the particular device at issue and thereby gain a better understanding of the underlying problems, and take appropriate, better-focused, corrective action,” stated the final FDA rule. FDA received 270 comments totaling 1,700 pages of feedback from 225 manufacturers, consumer groups, doctors, hospitals, and others on the proposed rule. “While we are still reviewing all the details of the final rule, AdvaMed commends FDA for addressing many of the concerns industry raised in the proposed rule,” Janet Trunzo, AdvaMed’s senior executive vice president of Technology and Regulatory Affairs, told Bloomberg. The rule can be accessed through the Federal Register announcement at www.gpo.gov/fdsys/pkg/FR-2013-09-24/html/2013-23059.htm. (Sources: Bloomberg, 9/20/13; Federal Register, 9/24/13)

REGULATORY NEWS (continued on page 7)

REGULATORY NEWS (continued from page 6)

The Food and Drug Administration’s Center for Biologics Evaluation and Review (CBER) posted an update in August to the list “Exceptions and Alternative Procedures Approved Under 21 CFR 640.120.” This list includes an alternative procedure for blood donation allowing “individuals on prescription testosterone to donate blood and blood components more frequently than every eight weeks without examination or certification of health by physician at the time of donation and to be exempt from placing special labeling about the donor’s disorder on the blood components.” Licensed and unlicensed blood establishments may now submit requests for this alternative procedure. The updated list of exemptions can be viewed at <http://1.usa.gov/28b0Dy>. Blood Assurance, Chattanooga, Tenn., became the first to be granted this particular variance from FDA in August (see *ABC Newsletter*, 8/23/13). (Sources: *AABB Weekly Report*, 9/20/13; FDA CBER website, 9/20/13)

The Food and Drug Administration published last week a guidance for industry titled “Electronic Source Data in Clinical Investigations.” The guidance provides recommendations to sponsors, contract research organizations, clinical investigators, and others involved in the capture, review, and retention of electronic source data in FDA-regulated clinical investigations. “In an effort to streamline and modernize clinical investigations this guidance promotes capturing source data in electronic form, and it is intended to assist in ensuring the reliability, quality, integrity, and traceability of data from electronic source to electronic regulatory submission,” FDA wrote in the guidance. This document addresses source data in clinical investigations used to fill the predefined fields in the electronic case reports, according to the protocol. It is intended to be used together with the FDA guidance for industry on “Computerized Systems Used in Clinical Investigations.” The guidance can be accessed at <http://1.usa.gov/28b0Dy>. (Source: FDA guidance, 9/20/13)

The Food and Drug Administration published last week a draft guidance for industry titled “Patient Counseling Information Section of Labeling for Human Prescription Drug and Biological Products – Content and Format.” This guidance is intended to help applicants with developing the Patient Counseling Information section of labeling required under section 201.57(c)(18)(21 CFR 201.57(c)(18)). The recommendations in the guidance are intended to help ensure that this section of labeling is clear, useful, informative, and to the extent possible, consistent in content and format, said the FDA guidance. The guidance focuses on assisting applicants with the following:

- How to decide what topics to include in the Patient Counseling Information section;
- How to present information in the Patient Counseling Information section; and
- How to organize the Patient Counseling Information section.

Comments on this guidance must be received by Nov. 18 and can be submitted electronically at www.regulations.gov. Written comments can be sent to the Division of Dockets Management (HFA-305), Food and Drug Administration, 5630 Fishers Lane, Rm. 1061, Rockville, MD, 20852. The draft guidance can be viewed at <http://1.usa.gov/15xdY2m>. (Source:s FDA draft guidance, 9/20/13; Federal Register, 9/20/13) ♦

GLOBAL NEWS

Danish insulin maker Novo Nordisk received a recommendation for marketing approval from a European Medicines Agency committee for its hemophilia treatment, turoctocog alfa, reported Reuters on Sept. 20. The company announced on Sept. 20 that the Committee for Medical Products for Human Use recommended approval of the drug, also known as NovoEight, which is a factor VIII-derived drug. “We are very happy to now have treatment in this mainstream hemophilia market, which we have never had before,” Novo’s Chief Science Officer Mads Krosgaard Thomsen, DVM, PhD, told Reuters. Dr. Thomsen said the total market for factor VIII hemophilia drugs is about \$6.36 to 7.26 billion in terms of sales. He said the company expects to receive final marketing authorization from the European Commission in two to three months. The company said in a statement that it expects to launch the drug in Europe early next year. NovoEight has also been filed for marketing authorization in the US, Japan, Australia, and Switzerland. (Source: Reuters, 9/20/13) ♦

INFECTIOUS DISEASE UPDATES

WEST NILE VIRUS

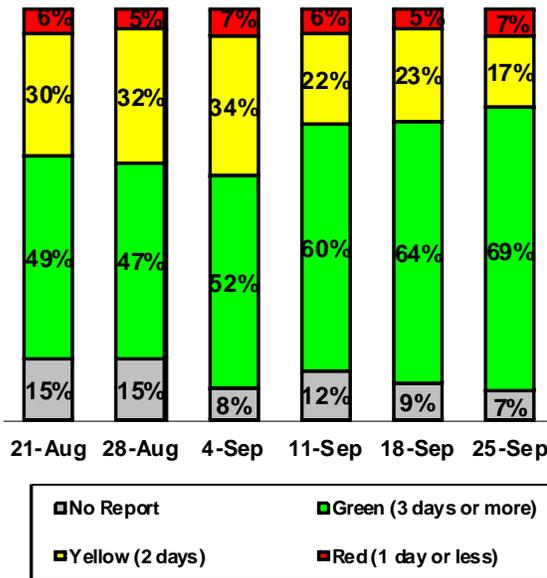
The North Dakota Department of Health reported last week that human West Nile virus (WNV) cases in the state have increased 105 percent over the last two weeks. As of Sept. 21, North Dakota reported 88 human cases of WNV, 31 more than Sept. 7. There have also been 13 WNV positive asymptomatic blood donors and one horse, eight birds, and 20 mosquito pools that tested positive for WNV. Minnesota reported 49 human cases and 13 asymptomatic infected blood donors. With fall activities such as football and hunting beginning, the North Dakota Department of Health warned residents that the virus continues to pose a threat until the first hard freeze occurs. More information about WNV in North Dakota can be found at www.ndhealth.gov/WNV/. (Sources: Associated Press, 9/19/13; North Dakota Department of Health, 9/26/13)

HIV/AIDS

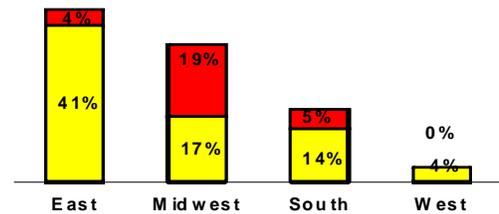
The Joint United Nations Program on HIV/AIDS (UNAIDS) reported on Sept. 23 that there has been a 52 percent reduction in new HIV infections among children and a combined 33 percent reduction among adults and children since 2001. As the UN General Assembly prepared last week to review progress towards the UN’s Millennium Development Goals (www.un.org/millenniumgoals/), a new report from UNAIDS shows dramatic acceleration toward reaching 2015 global targets on HIV. The 2013 “Report on the Global AIDS Epidemic” showed that new infections among adults and children were estimated at 2.3 million in 2012, a 33 percent reduction since 2001. New HIV infections among children have been reduced to 260,000 in 2012, a reduction of 52 percent since 2001. AIDS-related deaths have also dropped by 30 percent since the peak in 2005 as access to antiretroviral treatment expands. By the end of 2012, some 9.7 million people in low- and middle-income countries were accessing antiretroviral therapy, an increase of nearly 20 percent in just one year, reported UNAIDS. “Not only can we meet the 2015 target of 15 million people on HIV treatment – we must also go beyond and have the vision and commitment to ensure no one is left behind,” said Michel Sidibé, executive director of UNAIDS. The report also provides progress on 10 specific targets set by the UN Member States in the 2011 UN Political Declaration on HIV and AIDS. The UNAIDS press release and report can be accessed at <http://bit.ly/16sR9qv>. (Source: UNAIDS press release, 9/23/13) ♦

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 25, 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

OneBlood reported on Sept. 23 that it resumed collections in St. Lucie County, Fla. after temporarily halting collections due to an outbreak of dengue fever (see *ABC Newsletter*, 8/23/13). “Based on the findings from the Florida Department of Health, the recent cases of dengue fever appear to be confirmed from the Rio and Jensen Beach areas of Martin County. Safety of the blood supply is our top priority. With the threat of dengue fever minimized in St. Lucie County, OneBlood has determined it is safe to resume collections,” OneBlood Chief Medical Officer Rita Reik, MD, said in a statement. Blood collections remain temporarily suspended in Martin County until further notice. Celeste Philip, MD, of the Martin County Health Department said that the department is not seeing a large number of cases every week, but rather a few here and there. The OneBlood press release can be found at <http://bit.ly/1eBYvkk>. OneBlood also announced on Sept. 19 that the center is focusing on education surrounding sickle cell disease during September in recognition of Sickle Cell Awareness Month. OneBlood released to the media a series of videos with information about sickle cell, as well as stories about patients with sickle cell disease who rely on blood transfusions. (Sources: OneBlood press releases, 9/19/13, 9/23/13) ♦



PEOPLE

Ellen DiSalvo, MBA, MT(ASCP), SBB, Kristine Belanger, MT(ASCP), and Mark Janzen, PhD, were appointed to new senior leadership positions, Innovative Blood Resources announced in a Sept. 17 press release. Ms. DiSalvo, previously vice president of Laboratory Services, now oversees all operations of Innovative Blood Resources’ Nebraska Division as president of Nebraska Community Blood Bank (NCBB). Upon the recent retirement of Phyllis Ericson, long-standing community leader and NCBB senior executive, Ms. DiSalvo’s expanded responsibilities include oversight of all services provided to the organization’s Nebraska-based hospital partners and leadership for Nebraska operations, including the Nebraska Community Advisory Board. She has served as a key member of the organization’s Nebraska Division for nine years, Innovative Blood Resources said in a press release. Ms.



Ellen DiSalvo



Kristine Belanger

Belanger, an eight-year veteran of the organization’s Minnesota Division, Memorial Blood Centers, has been promoted to vice president of Donor Services. In her new role, she will provide leadership for all donor recruitment, collections, and production planning operations with a focus on meeting the needs of patients and ensuring that donors and blood drive sponsors are provided exceptional service. Also promoted to a senior leadership position with Innovative Blood Resources is Mark Janzen, PhD, now vice president of Laboratory Services. A member of Innovative Blood Resources’ Minnesota Division since 2003, Dr. Janzen will now be responsible for donor testing, manufacturing, and the Immunohematology Reference Laboratory. Over his 10-year tenure, Dr. Janzen has overseen the redesign and relocation of the organization’s advanced testing labs, the transition of automated testing equipment, and the upgrade of laboratory information systems. “All of these highly talented and richly experienced colleagues – Ellen, Kris, and Mark – have proven leadership to help us continue to move our organization forward. Each in his or her way also has made significant contributions to ensuring a safe and ample blood supply is readily available to all who need it. I am extremely grateful for the opportunity to work even more closely with them in pursuit of our shared vision of becoming the best blood center in America,” CEO Don Berglund said in the statement. (Source: Innovative Blood Resources press release, 9/17/13) ♦



Mark Janzen

Ronald Ribaric and Frank “Bud” Melvin joined OneBlood’s Century Donor Club this week, both donating their 100th gallon of blood. Mr. Ribaric, of Orange County, Fla., was recognized with a celebratory cake on Sept. 25 when he donated his 100th gallon of blood. He began his avid donation career during his college days in the 1970s and now primarily donates platelets in an effort to help patients with cancer. The retired Martin Marietta (now Lockheed Martin) employee served the local blood center for many years as a board member and blood drive chairperson at Martin Marietta. During the Gulf War, he also led a blood drive at the defense contractor that collected about 100 units of blood. He is now committed to continue his life-saving mission as he joins OneBlood’s elite club of 100-gallon donors. Mr. Melvin, of Palmetto, Fla., gave his 100th gallon of blood on Sept. 26 at the Bradenton Donor Center, where he was recognized with a banner and a cake. Mr. Melvin has worked at the Port of Manatee in



Ronald Ribaric is recognized with a cake as he donates his 100th gallon of blood.

(continued on page 11)

PEOPLE (continued from page 10)

construction for 28 years, and in his time off donates blood and platelets. Mr. Melvin was excited to see a surprise guest at his 100th gallon donation celebration, Daphne Morris, who was a phlebotomist at that donation location for 20 years before retiring in 2010. She drew many life-saving units of blood from Mr. Melvin over the years. A video about the 100-gallon donors is available on OneBlood's website at www.oneblood.org/stories/#vidID2652. (Sources: OneBlood press releases, 9/19/13, 9/25/13) ♡



Frank "Bud" Melvin receives his Century Club plaque from OneBlood, joined by four other 100-gallon donors.

MEETINGS

Nov. 19 **NYBC "Advancing the Future of Transfusion Medicine" Symposium, New York, N.Y.**

Experts from Harvard Medical School, Children's Hospital of Philadelphia, University of Pittsburgh School of Medicine, and New York Medical College will join colleagues from New York Blood Center (NYBC) for a day-long symposium on Nov. 19 at NYBC headquarters in New York City's Upper East Side. "Advancing the Future of Transfusion Medicine" is an event for the professional community aligned with NYBC's 50th anniversary. There is no charge to attend the event, but advanced registration is required, as space is limited. Some discussion topics include Rh genotyping in sickle cell disease, regenerative medicine, DNA in blood banking, generation of platelets from stem cells, and the role of recovery in patient blood management. The agenda and online registration can be accessed at <http://bit.ly/190UQui>. ♡

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.

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: lnorwood@americasblood.org.

POSITIONS AVAILABLE:

Business Intelligence Developer. Blood Systems is searching for a Business Intelligence Developer to join its talented IT team at its corporate office in Scottsdale, Ariz. This position is responsible for assisting in the discovery, development, implementation, and support of end-to-end Business Intelligence (BI)/Enterprise Data Warehouse (EDW) solutions. Knowledge/Education: Bachelor's degree in related area required. Knowledge in database design as it relates to extraction of business data required. Knowledge in Structured Query Language (SQL), Stored Procedures, and OLAP concepts required. Knowledge in report, software, and system life cycles required. Understanding of Data Warehouse methodologies preferred. Healthcare experience preferred. Licenses/Certifications: Microsoft SQL Server Certified preferred. Oracle EBS Certification preferred. Microstrategy Certification preferred. Experience: Three years of IT experience required. To include: One year experience with Data Integration technologies and tools. One year Informatica experience preferred. Experience developing reports, analytics, scorecards, and dashboards using various BI technologies. One year Microstrategy and data modeling experience preferred. Blood Systems offers an extensive benefits package. **For consideration, please email your resume by 10/04/2013 to jobs@bloodsystems.org.** ATTN: HR/2013/112. Please visit our website at www.bloodsystems.org. Pre-employment drug testing required. EOE M/F/D/V

Medical Lab Technicians/Medical Lab Technician Team Lead (Omaha, NE). Join our team! LifeServe Blood Center is seeking part-time Medical Lab Technicians and a full-time Medical Lab Technician Team Lead. These positions will perform critical functions to test blood components and manage inventory to meet needs of our hospital patients. Candidates will perform quality control, equipment maintenance and calibration as required. Bachelor's degree in medical technology or science required. Applicants should meet CLIA or AABB requirements and have MT or MLT or equivalent. Applications should be submitted online at www.lifeservebloodcenter.org.

Manufacturing Processes Specialist. Blood Systems is searching for a Manufacturing Processes Specialist to join its team in Phoenix, Ariz. Knowledge /Education: Bachelor's degree in related area required. Bachelor's

degree with a major in a field of science preferred. Current understanding of federal and AABB standards governing blood industry manufacturing activities preferred. Licenses/Certifications: MT (ASCP), RN, SBB or equivalent certification/licensure required. Experience: Five years related experience required. Additional Skills Preferred: Experience developing system-wide procedures, process validations, and training materials in assigned manufacturing areas. Current understanding of FDA, CLIA, and other applicable regulations governing blood center collections/manufacturing/processes and broad knowledge base of blood center functions. Minimum three years blood center/blood bank experience. Minimum three years specific experience in the area of Whole Blood (WB) and apheresis collections. Mainframe and/or personal computer experience. Strong project management and communications skills. Blood Systems offers a comprehensive benefits package that includes: affordable health coverage, matched 401(k), relocation and much more! For consideration please submit resume by **10/4/2013** to: jobs@bloodsystems.org ATTN: HR/2013/110. Visit our website at: www.bloodsystems.org. Pre-employment background check and drug testing is required. EOE M/F/D/V.

Registered Nurse II (Full-time). Desert Blood Services is searching for a full-time RN II to assist its busy blood bank in La Quinta, Calif. Under direct supervision, this position conducts donor and patient interviews, physical assessments, and phlebotomies while overseeing the donation and recovery process. The ideal candidate must also be able to perform manual collections, special services, and multiple component collections in order to provide excellent customer service while producing safe quality blood products for patients. Excellent interpersonal, customer service skills and good leadership skills are a must! Schedule: Varies. Education/Knowledge: Associate's degree in Nursing required. Licenses/Certifications: Current valid in-state driver's license required. Current in-state Registered Nurse (RN) license required. Current CPR certification

POSITIONS (continued on page 13)

POSITIONS (continued from page 12)

required. Experience: Minimum three months of generalized nursing and/or clinical experience required. For consideration, **please submit resume via e-mail by 10/04/2013 to: jobs@bloodsystems.org** ATTN: HR/2013/113. We offer a competitive benefits package and much more! Pre-employment drug testing is required. Visit our website at: www.bloodsystems.org. EOE M/F/D/V.

Manager of Medical Advocacy. Michigan Blood is looking for a dynamic person to join its Medical Services team. This position will lead the statewide risk management program to ensure a safe, healthy and injury free environment for donors, staff, volunteers and visitors. This role is responsible for management of adverse donor events, creating and maintaining standard operating procedures (SOPs) and an exposure control plan, leading investigations of incidents with injury at all Michigan Blood locations, regulation compliance, risk management education, and developing and maintaining relationships with donors and health care professionals. The ideal candidate will demonstrate remarkable service, engaging presentations, and professional communication (written and verbal) skills. A bachelor's degree in a medical or health-related field required with a minimum of three to five years management experience. Prior risk management experience desirable. We offer a competitive salary and an exceptional benefit plan. If you want to be part of a growing organization and make a life-saving difference, please apply via our website: www.miblood.org. EOE

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. ♦

CALENDAR

Note to subscribers: Submissions for a free listing in this calendar (published in the last issue of each month) are welcome. Send information to Leslie Norwood by e-mail (lnorwood@americasblood.org) or by fax to (202) 393-5527. (For a more detailed announcement in the weekly "Meetings" section of the Newsletter, please include program information.)

2013

Oct. 7. **FDA Public Workshop: "Synergizing Efforts in Standards Development for Cellular Therapies and Regenerative Medicine Products," Silver Spring, Md.** Registration information (including name, title, firm name, address, telephone, and fax numbers) must be sent to CBERPublicEvents@fda.hhs.gov. More information is available at <http://1.usa.gov/15EYdE2>.

Oct. 12-15. **AABB Annual Meeting and CTTXPO, Denver, Colo.** For more information: <http://bit.ly/ZRPM2b>.

Oct. 21-22. **AdvaMed Workshop: 501(K) Submissions, Arlington, Va.** More information and registration details are available at <http://bit.ly/128X2rF> Contact: skinchen@advamed.org (for group discounts).

Oct. 22-23. **FDA Cellular, Tissue, and Gene Therapies Advisory Committee Meeting, Silver Spring, Md.** More information is available at <http://1.usa.gov/15qddkV>.

Oct. 23. **AdvaMed Workshop: IDE Submissions, Arlington, Va.** More information and registration details can be found at <http://bit.ly/12rkjs7>.

Nov. 1. **FDA Blood Products Advisory Committee Meeting, Rockville, Md.** For persons unable to attend this meeting, a webcast will be made available at <http://bit.ly/16ci0hh>. More information can be found at <http://1.usa.gov/17MF4Qx>.

Nov. 14. **FABC Joint Gala with WFH-USA at Biltmore Hotel, Phoenix, Ariz.** Contact: Jodi Zand. Phone: (202) 654-2994; e-mail: jzand@americasblood.org.

2014

Jan. 15-16. **Medical Device Data Systems (MDDS) Workshop, America's Blood Centers, Washington, DC.** Contact: ABC Meetings Dept. Phone: (202) 654-2901; fax: (202) 393-1282; e-mail: meetings@americasblood.org.

Mar. 22. **4th Annual Links for Life Golf Tournament, Desert Willow Golf Course, Palm Springs, Calif.** Contact: Jodi Zand. Phone: (202) 654-2994; e-mail: jzand@americasblood.org.

Mar. 22-25. **Annual Meeting, America's Blood Centers, Palm Springs, Calif.** Contact: ABC Meetings Dept. Phone: (202) 654-2901; fax: (202) 393-1282; e-mail: meetings@americasblood.org.

Apr. April 29-May 1. **Human Resources/Training & Development Workshop, America's Blood Centers, Houston, Texas.** Contact: ABC Meetings Dept. Phone (202) 654-2901; e-mail: meetings@americasblood.org.

May 11-15. **WFH 2014 World Congress, Melbourne, Australia.** For more information and to register, visit <http://bit.ly/1227maC>.

May 21-22. **IPFA/PEI 21st International Workshop on Surveillance and Screening of Blood Borne Pathogens, Rome, Italy.** More information can be found at www.ipfa.nl.

June 5-8. **5th International Monoclonal Antibody Workshop, New York, N.Y.** Contact: Gregory Halverson, New York Blood Center. Phone: (212) 570-3026; e-mail: ghalverson@nybloodcenter.org.

June 17-20. **Fund Development, Communications, and Donor Management Workshop, America's Blood Centers, Sacramento, Calif.** Contact: ABC Meetings Dept. Phone (202) 654-2901; e-mail: meetings@americasblood.org.

Aug. 5 Tuesday (note: new date and day) **Medical Directors Workshop, America's Blood Centers, Seattle, Wash.** Contact: ABC Meetings Dept. Phone: (202) 654-2901; e-mail: meetings@americasblood.org.

Aug. 6-7 Wednesday-Thursday (note: new dates and days) **Summer Meeting, America's Blood Centers, Seattle, Wash.** Contact: ABC Meetings Dept. Phone: (202) 654-2901; e-mail: meetings@americasblood.org.

Sept. 16-17. **IT Workshop, America's Blood Centers, Indianapolis, Ind.** Contact: ABC Meetings Dept. Phone: (202) 654-2901; e-mail: meetings@americasblood.org.

Oct. 25-28. **AABB Annual Meeting and CTTXPO, Philadelphia, Pa.** For more information: <http://bit.ly/ZRPM2b>.

Dec 9-10. **Supply Chain Optimization Workshop, America's Blood Centers, Austin, Texas.** Contact: ABC Meetings Dept. Phone: (202) 654-2901; e-mail: meetings@americasblood.org. ♦