



A B C N E W S L E T T E R

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

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Blood Centers That are Getting the Most Out of Social Media

Tweeting, sharing, liking, reblogging, tagging – all of these new ways to connect with blood donors and the community through social media have some blood centers wondering what it all means and how they can benefit from these tools. Whether it's Facebook, Twitter, or YouTube, a number of America's Blood Centers member centers are now using social media to develop and strengthen relationships within the blood donation community.

Social media websites began as a way for friends to stay in touch, but as they gained popularity, they have evolved into a medium for sharing all types of information, from news events to the brands and products we buy. Now, many non-profits and companies use these websites to instantaneously connect with thousands of donors or customers at once. Blood centers are no exception, with numerous centers gaining thousands of Facebook "likes" and comments, and working to measure the value gained from these interactions.

Why Get Involved and What's the Goal? A number of ABC member blood centers recognize that truly benefiting from social media requires strategy and dedication. Blood Bank of Hawaii, for example, has recently hired a full-time employee to focus on digital media and design, including managing social media profiles. Other blood centers have created similar positions. So why commit time and resources to managing these social media profiles?

"So many people think, 'Oh social media, it's free – let's do it!' But, in order to be effective you have to keep content fresh, you have to be responsive, and you have to be real in your responses. And all of that takes time," said Maura Dolormente, Blood Bank of Hawaii's director of Marketing & Recruitment. "If you're going to commit to social media, you need to really commit. Once you put it out there, you need to be responsive, and that doesn't mean responding to a comment one or two days later. Social media thrives on real-time responsiveness."

Blood Bank of Hawaii got involved in social media to reach out to the "next generation of loyal donors," as young people are frequent social media users, said Ms. Dolormente. "In order to reach your market, you have to be where they are and using the mediums of communication that they use," she added. The blood center generally uses Facebook and other social media to connect with donors, have two-way conversations with more donors, and as a recruitment tool to get the word out if there is a critical need.

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OUR SPACE

ABC CEO Jim MacPherson

Questions

I mentioned last month that the recent SEQuaLS customer satisfaction survey we completed with members yielded valuable data that we are assessing to assure that ABC focuses its energies on the programs and services that members value most. The ABC Membership Committee has completed its analysis of the survey and is making a number of recommendations to the ABC Board of Directors, which held its annual retreat last weekend to review ABC's successes and whether its current strategic plan needs adjustment. (More about that in the weeks ahead.)

In addition to gleaning insights from the answers members provided, members asked ABC staff literally hundreds of questions that we will address in the *ABC Newsletter* over the coming months in a column called "Q&A with ABC" (see page 9). I alone received scores of questions that I will try to address in Our Space.

Many of the questions were along the theme of the future of the blood supply, blood centers, competition, the growing gap between large and small blood centers, mergers, cooperation, etc. The future is not easy to predict when we don't know what we don't know. What we do know is that our healthcare system is restructuring rapidly to meet the needs of our aging and underserved populations at the lowest cost and highest quality possible. If a blood center focuses its energies like a laser on trying to help its hospitals meet patient blood therapy needs at the highest quality and lowest cost, then that blood center should grow and thrive whatever its size and location. And if successful, the center need not worry about competition or merging. Indeed, others will beat a path to its door.

This may sound simplistic, but it is pretty basic to any successful business model. When you understand how and when products and services are used, then look for the biggest opportunities to help your customer gain more value from what you provide. For some centers, that means increasing the level of medical and/or lab services. For others it may involve inventory and/or patient blood management. The key is integration; look around at the dozens of blood centers that are doing just that. Blood centers that currently don't have an integration strategy or expertise should look for partners to get it. The days of just being a reliable blood supplier are over. If blood centers aren't about transfusion medicine and cell therapy, then maybe they are in the wrong business.

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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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Social Media in Blood Centers (continued from page 1)

Community Blood Center in Appleton, Wis., has a staff member who is a Be the Match Recruiter, as well as the “Facebook lead,” spending about two to 15 hours weekly on Facebook, said Angela Brumm, Marketing & Public Relations coordinator at Community Blood Center. The blood center spent about six months developing a social media strategy and decided to focus on building relationships with donors and raising awareness about blood donation.

Community Blood Center created a Facebook mission statement that reads “The purpose of the Community Blood Center’s Facebook page is to develop relationships with people. The Facebook page enables the blood center to provide customer services, build trust, and increase awareness of the Community Blood Center and blood donation.” Rather than just posting appeals to come donate blood, the center often focuses on sharing inspirational quotes, stories, or photos that will instill passion about blood donation in those who follow the Facebook page, said Ms. Brumm.

“Social media offers blood centers opportunities to discuss blood donation and educate audiences. The public forum gives Carter BloodCare the chance to address questions from donors, and to ask questions to improve customer service. It allows blood centers to get to know the donor base, as well as volunteers, hospitals, blood drive coordinators, and local partners,” said Jennifer Maul, director of Marketing at Carter BloodCare. From a marketing standpoint, she explains that social media offers another way for blood donors and other community members to engage with the brand, whether it’s through “liking” a blood center’s page on Facebook, retweeting a blood center tweet, or sharing a blog post with friends to increase awareness.

Blood centers can also use social media to connect with local media outlets through following reporters or media outlets on Twitter or Facebook for potential news segments. These websites can also be ways to reach out to partners in the community, like-minded non-profits, and blood drive coordinators.

What Should Blood Centers be Posting and How Much is Enough? Just opening up a Facebook or Twitter account is not enough to truly engage blood donors. It takes strategy to decide what websites to use, how often to post, and what types of post work best, according to blood center marketing professionals.

The marketing and communications team at Carter BloodCare works together to create an editorial calendar for its social media profiles, taking into account the general ebb and flow of donors during the year, seasonal messaging, and various promotions and media/advertising campaigns throughout the year. The center follows this roadmap, but also remains prepared for the unexpected. Many other blood centers follow similar scheduling tactics.

For Carter BloodCare, developing the social media strategy also involves working with a digital agency. Mrs. Maul emphasizes that in the ever-changing and fast-paced world of social media, it is vital to have subject-matter experts that can guide the blood center’s approach to social media. For example, the blood center and the digital agency look at factors such as, the times of day when their blogs and other social media websites receive the most traffic; what types of posts gain the most comments, shares, and “likes;” and the types of posts that are most likely to appear on a person’s Facebook newsfeed. All of this data helps the blood center to shape what it posts online, how often, and at what times of the day.

Since Twitter is a constantly scrolling dashboard of 140-character posts, the blood center posts or “tweets” about three to five times a day, while they generally post to Facebook once daily. Recent

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Social Media in Blood Centers (continued from page 3)

statistics have shown that the highest Twitter engagement is during the weekends, and Facebook users tend to be very active on Sunday evenings – making these good times for blood centers to tweet or post, said Mrs. Maul.

As far as what to post, Mrs. Maul says it is important to “put the right message on the right medium,” meaning that blood centers should monitor the types of posts that get the most engagement on the various websites – Facebook, Twitter, YouTube, etc. When the blood center asked their social media followers to send in or post stories about why they donate blood, it became apparent that people will often respond to social media posts asking donors to share a personal story.

Along those lines, Ms. Brumm recommends making posts on Facebook that directly ask users to interact in some way, whether it is “liking” a status update, sharing a photo, or answering a question. Ms. Dolormente recommends posting something inspirational and visual, such a comic strip, photo, or link to a video, in order to keep the Facebook content fresh and interesting. For example, the Faces of Heroes campaign at Blood Bank of Hawaii allowed donors to share tagged photos of themselves that the blood center posted after college students gave blood, as a way of thanking the donors. The center received very positive feedback and found that many of the students shared the photo with their Facebook friends, said Ms. Dolormente.

While most blood centers create original Facebook posts only a couple of times a week, many blood center marketing professionals agree that it is vital to respond quickly to comments or questions from donors and other users to keep the digital conversation flowing and to ensure that donors remain engaged.

Measuring Social Media’s Value. The big question when addressing social media in blood centers tends to be “What value does social media bring to my blood center and what are we gaining?” It is difficult to quantify the value of social media in terms of getting donors through the door. Instead, most blood centers use marketing metrics to measure the effectiveness of these tools.

“In any organization, it’s the marketing team’s responsibility to provide engagement with the brand,” explained Mrs. Maul. “So, we look at engagement and return on investment in terms of ‘likes,’ shares, followers, bloggers, commenters, etc. – all of that is considered engagement with the brand.” Since many blood centers use social media to build better relationships with donors, these metrics are vital to understanding what types of posts generate the most activity.

Ms. Dolormente said that Blood Bank of Hawaii uses Google analytics to gauge how viral a post goes (how much it was shared) and how much activity the post gained. “We measure our social media efforts in the way that you would measure public relations initiatives. If you’re creating a buzz and getting the word out there – any of that activity is positive for the blood center.”

Many other benefits of social media can be seen through anecdotes, rather than specific statistics. Carola Enriquez, director of Community Development at Houchin Community Blood Bank in Bakersfield, Calif., for example, remembers an instance when a TV news network aired a brief segment about a group of Facebook users who created a group to start a blood drive with Houchin Community Blood Bank in honor of a friend who was hospitalized. The blood center never reached out to the TV network to share this story – rather, the network found it just by scrolling through Facebook.

Other marketing professionals often talk about the ability to quickly and directly answer questions from blood donors in an open forum that allows others to learn from these questions as well.

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Social Media in Blood Centers (continued from page 4)

Some Pointers on Social Media. While some blood centers have jumped right on the social media bandwagon, others remain skeptical or unsure of how to get started. Ms. Enriquez recommends taking social media courses, which she found gave her more confidence in using these websites professionally and in deciding what and when to post.

“I think that the biggest thing [about social media] is to be strategic about it,” said Ms. Brumm. “It can be easy to see any new technology as an answer to many things, which it can be, but often times, technology has a niche where it works best.” For example, she has found that Facebook is best used for developing relationships with donors and other community members.

“The critical thing is that you need to keep the material fresh and be responsive. If you’re not, you may get the initial Facebook “like,” but the users will disengage if there’s nothing new happening,” said Ms. Dolormente. It is important to remember that while social media profiles are free, blood centers must dedicate resources and personnel time to fully reap the benefits of these tools, added Ms. Dolormente. ♦

ABC Kicks Off First BOOTS Workshop in Orlando, Attendees Call it ‘Invaluable’

The following commentary was submitted to the ABC Newsletter by Patrick E. Hogle, senior partner of ProGuide Management Resources.

BOOTS (Blood bank Operations Optimization Training Sessions) 2013 kicked off this past week in Orlando, Fla. The subject of this first session was “Ensuring Optimal Bottom Line Performance: Managing Costs to Guarantee Improved Financial Health,” and focused intensively on managing the cost of goods sold (COGS) for profitability within the blood banking environment. Executive leadership from nine different blood centers and myriad roles (CEO, chief financial officer [CFO], LEAN management, lab supervision, etc.) participated in the workshop, as did key staff members from America’s Blood Centers and Blood Centers of America (BCA). ABC and BCA partnered up to put on the BOOTS workshops.

The principle aim of the session was to stress the need to better understand and manage expenses in order to respond to the ever-growing cost pressures in the industry. The course was divided into four sections over the three-day workshop:

- Cost Modeling in the Blood Center – Understanding fixed and variable costs as well as value added, non-value added, and non-value added but required activity;
- A Primer on Activity-Based Costing and Modeling (ABC/M) – How to assign value to the principle resources of “Time, Talent, and Treasury” by determining all the activities related to each process;
- Converting activity-based costing into COGS – Calculating product profitability and utilizing data when making critical decisions; and
- Seeking Opportunities for Improvement.

Plenty of related examples were provided and case studies discussed among the attendees, while helpful tools were shared.

“I found the BOOTS training to be an invaluable opportunity with its level of education and expertise in instructional and training presentations,” Central Pennsylvania Blood Bank CFO Diane Roush told the *ABC Newsletter*. “The better/best practice discussions occurring in the roundtable work groups added

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First BOOTS Workshop (continued from page 5)

value to the course topics, enabling us to apply course knowledge actively and directly to our blood centers.”

As part of the workshop, Incept, an Ohio-based firm that serves American blood centers with their telerecruitment needs, was invited to delve deeply into one aspect of calculating the cost-per-unit telerecruited. This in-depth discussion revealed the complexity and value of attempting to determine detailed costs in order to make “buy vs. make” decisions. Incept provided a comprehensive worksheet that attendees can use at their blood centers in order to ascertain whether in-house donor telerecruitment is as economically sound as potentially outsourcing this function. The discussion was interesting given all the ancillary costs that are often overlooked when making this determination, such as space requirements, training, coaching, performance management, quality control of calls, hiring, etc.

“I had the privilege of attending the BOOTS Workshop in Orlando this year, and was pleasantly surprised at the wealth of knowledge from the course, peer collaboration, and useful tools of the trade,” Donyah Perine, director of Financial Services for LifeShare Community Blood Services, told the *ABC Newsletter*. “By week’s end, I was armed with new ideas and solutions, and even a couple of good business associates. This course, coupled with the exercises and group collaboration, was by far the best educational workshop I’ve ever taken ... In the grand scheme of things, blood banking is a small group with a unique set of standards. This course provides a new flavor for us to apply what we’ve learned and share it with each other.”

As is standard for the BOOTS program, all the participants agreed to take a relevant project back to their blood center to complete, including the following:

- Determine the cost of rotating blood products to ascertain the true cost to the organization and whether this is reflected in pricing policies;
- Calculate the cost of mobile drives to determine “breakeven” point;
- Determine cost of pooled cryo products to help determine manufacturing regimen;
- Review in-house printing with an eye to standardize, streamline, and reduce costs;
- Determine “true” cost per unit for all products to help when making proposals for new/re-bid business;
- Ascertain the “breakeven” points for both mobile and fixed operations to help with “Go/No-Go” decisions; and
- Develop a total costing model to help determine whether to open a pending new fixed site.

Post-course surveys indicated that 100 percent of the participants were satisfied with the curriculum, and all saw it as worth a week of their time as well as worth the cost to attend.

“BOOTS is a must for blood center executives,” Kevin Belanger, president and CEO of Sheppard Community Blood Center, told the *ABC Newsletter*. “The session provides tools and insights for data based analysis. As our industry morphs I am better prepared to meet future challenges.”

There is still space available in the remaining BOOTS courses for February, March, April, and May and ABC hopes that other blood center executives will take advantage of this opportunity. The BOOTS agenda is available at http://bit.ly/BOOTS_Agenda. Registration can be accessed online at <http://www.cvent.com/d/1cqxb5/1Q>. ♦

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2013 Quality Workshop Poster Contest

The poster contest is a wonderful opportunity to share your experiences with other quality professionals. Workshop attendees will vote for their favorite posters. Prizes will be awarded.

You do not need to attend the workshop to submit a poster! E-mail your poster to Leslie Norwood at mnorwood@americasblood.org. ABC will display all submitted posters at the workshop.

Please contact Galen Kline at gkline@bloodsystems.org if you have additional questions. All posters will be available for viewing on the ABC Members' Only Website after the workshop.

Submission Deadline: April 10, 2013

Atlanta is the #1 City in the US for FUN according to the Trident Fun Index. Let your artistic side shine when designing your poster!!!

Basic Guidelines:

- Any topic relating to quality management or blood center operations that reflects process improvement successes
- Format: PDF or PowerPoint
- Size: 36X48 (portrait or landscape)
- Do not identify your center on the poster
- Submit a three to five sentence summary
- For examples, visit the ABC Members' Only Website

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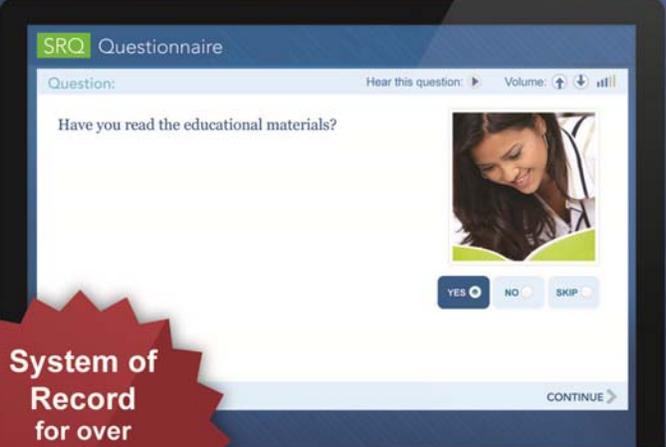
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Blood Bank of Hawaii Names Kim-Anh T. Nguyen, MD, PhD, President and CEO

Blood Bank of Hawaii recently announced that its board of trustees has selected Kim-Anh T. Nguyen, MD, PhD, as the center's new president and CEO. Dr. Nguyen is set to assume her new role on Feb. 1, focusing her efforts on innovations that meet the changing needs of patients and hospitals in Hawaii, said the press release.

“Dr. Nguyen brings a wealth of knowledge and experience in the healthcare industry to Blood Bank of Hawaii, and we are thrilled to have her as the next leader of the organization,” said Lori McCarney, chair of the center's board of trustees. “The board and senior management team are confident that Dr. Nguyen is the right person to carry out the long-term strategic plan that serves as the guiderail for the organization to continue to benefit patients in need.”

As a board certified clinical pathologist, and blood banking and transfusion professional, Dr. Nguyen brings in-depth expertise and passion to the blood banking field in Hawaii, said the press release. She will oversee all aspects of Blood Bank of Hawaii's operations.



Prior to joining Blood Bank of Hawaii, Dr. Nguyen spent the past eight years as a medical director at Blood Centers of the Pacific in San Francisco, while she also served as chief medical officer of the Western Region for United Blood Services.

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Kim-Anh Nguyen Named BBH CEO/President

Dr. Nguyen has also served as an associate clinical professor for the Department of Laboratory Medicine at the University of California, San Francisco, and as the program director of Blood Center of the Pacific/UCSF's Transfusion Medicine Fellowship. She graduated with a bachelor's degree in biochemical sciences from Harvard University and received her doctorate degrees in medicine and immunology from the University of Pennsylvania.

Dr. Nguyen is active in numerous blood related associations, including AABB, the College of American Pathology, American Society of Clinical Pathology, and the American Society of Hematology. ♦

San Diego Blood Bank Announces CEO Ramona Walker to Retire in July

San Diego Blood Bank announced in a press release this week that Ramona Walker plans to retire from her position as CEO of the blood bank in July. Ms. Walker, who has held various San Diego Blood Bank Positions for the past 33 years, has been CEO since 2001. The blood bank's board of directors has begun a search for her replacement.

"Ramona has successfully led the San Diego Blood Bank during a very challenging time in healthcare, while always maintaining a safe and adequate blood supply for our community. Her forward-thinking style has also enabled the blood bank and its staff to stay at the forefront of transfusion medicine," said board President Shawn Hagerty. "We will miss Ramona and her leadership, but she leaves us in a very strong position and with a new CEO, we will build on her legacy as we move into the future."



Over the past three decades, Ms. Walker has served on national committees dedicated to ensuring a reliable blood supply and supporting innovations in blood banking, said the release. She has served on the National Blood Foundation Board of Directors and AABB's board of directors, and has been a board member of America's Blood Centers, a member of the board of directors of Blood Centers of California, and a member of the California Blood Bank Society.

"I've had the pleasure of knowing Ramona for many years. Through thick and thin, she remains a rock solid leader," said ABC CEO Jim MacPherson. "The people of San Diego can be grateful for her leadership that has helped save untold lives."

Under Ms. Walker's leadership, the San Diego Blood Bank has grown from collecting 100,000 units of blood each year to more than 130,000. In 2011, Ms. Walker led the move from the blood bank's former location of nearly 40 years to its current, state-of-the-art facility. That move allowed for more than double the organization's capacity and provided the configuration needed today and the flexibility to change and expand as blood services and technology evolve, said the press release.

"It's been a wonderful 33 years," said Ms. Walker. "I feel so fortunate to have had a job where I've looked forward to going to work every day, motivated by the knowledge that patients' lives depend on the work of the San Diego Blood Bank." ♦

Q&A with ABC's *Communications & Member Services Department* America's Blood Centers' Staff Answers your Questions

America's Blood Centers recently conducted its SEQualS assessment, a customer service survey that solicits feedback from member blood centers on ABC's activities. Through this assessment, members were able to pose questions to the ABC staff. Each ABC department will respond to these questions through this weekly Q&A column in the Newsletter.

Q: Is there a marketing/communication forum?

A: America's Blood Centers' Marketing/Communication Forum currently exists in the form of the ABC Communications & Donor Recruitment e-mail distribution list, the Communications & Donor Recruitment Forum Webinar Series, and the Communications & Donor Recruitment Listserv, respectively. Each resource is available to all members of ABC. If you would like to be added or to ensure that you are currently on the Communications & Donor Recruitment e-mail distribution list, please e-mail Abbey Nunes at anunes@americasblood.org. (*Please note these resources are ONLY available to ABC members.)

The e-mail distribution list allows ABC to disseminate company/industry news, information, and member communications (MCNs). Additionally, members will receive e-mails from ABC staff alerting them of upcoming Communications & Donor Recruitment Forum webinars, which occur quarterly, and include presentations on key issues affecting donor recruitment and communications staff. For more information and to access archives of previous webinars, please visit: <http://members.americasblood.org/go.cfm?do=Page.View&pid=24>

The Communications & Donor Recruitment Listserv is a fast and easy way to begin a discussion thread, ask questions, share best practices, and find out the latest information on the issues that affect your daily work directly from industry peers. Additional information regarding the Listserv is available at: <http://members.americasblood.org/go.cfm?do=Page.View&pid=42> ♦



REGISTRATION NOW OPEN

America's Blood Centers'
51st Annual Meeting
March 15-19, 2013 - Washington, DC
Ritz Carlton (Pentagon City)

2013 Annual Meeting Schedule

Friday, March 15:

International Blood Safety Forum

Saturday, March 16:

GSABC Members Meeting (members only)
GSABC Member/Vendor Reception
Hospitality/Networking

Sunday, March 17:

ABC Members Meeting (members only)
Scientific, Medical and Technical Forum
The Foundation for America's Blood Centers' Reception
Hospitality/Networking

Monday, March 18:

Blood Center Leadership Forum
ABC Awards of Excellence Reception and Banquet
Hospitality/Networking

Tuesday, March 19:

Legislative Session and Capitol Hill Visits

“ABC's Annual Meeting is a time when blood center leaders from North America and other parts of the world gather together. We not only discuss what challenges and opportunities we face today and in the future, but reflect on our collective accomplishments in the last year. Register now, and don't miss the opportunity to be a part of the discussions and this exceptional annual event.”

– Dan Waxman, President
America's Blood Centers

Register and reserve hotel by February 22.

Meeting Fees

International Blood Safety Forum: \$250

ABC Annual Meeting: \$695

For ABC member registration information, go to http://bit.ly/ABC_AM_13.

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.



Study on TACO Risk Factors May Help Predict or Prevent TACO

Transfusion-associated circulatory overload (TACO), a serious pulmonary complication of transfusion, is the second most common cause of transfusion-related death reported to the Food and Drug Administration. However, there has been little research investigating the risk factors for developing TACO, and the condition is likely underreported because of failure to recognize that transfusion may contribute to an episode of heart failure.

The TRALI Study Group, comprised of researchers from the University of California, San Francisco and the Mayo Clinic, recently reported the results of a study that sheds some light on TACO risk factors and outcomes in terms of mortality and length of hospital stay. They note that these risk-factors could be used to create a predictive algorithm for TACO, leading to changes of transfusion practice that might prevent morbidity and mortality associated with this complication.

Edward L. Murphy, MD, of the University of California, San Francisco, and Blood Systems Research Institute led the study, published online this month in *The American Journal of Medicine*. Dr. Murphy and Pearl Toy, MD, presented some of the data reported in this study during the 2011 AABB Annual Meeting in San Diego (see *ABC Newsletter*, 11/4/11)

Background and Study Methods. The true incidence of TACO is unknown – active surveillance studies have estimated the incidence to range from 1 to 8 percent. There is no consensus definition of TACO, but the Centers for Disease Control and Prevention created surveillance criteria for TACO as part of its biovigilance program. The diagnosis of TACO is based upon the occurrence of symptoms and signs of acute pulmonary edema within six hours after blood transfusion.

Using this definition, and active surveillance, the researchers conducted a case-control study to define risk factors associated with the development of TACO and to characterize its morbidity and mortality. Cases were identified using a real-time electronic method that screened arterial blood gas results in patients older than 6 months who received blood products. Nurses screened all alerts for potential pulmonary edema and an expert panel of physicians diagnosed either TACO, transfusion-associated acute lung injury (TRALI), or acute lung injury.

Results. During the term of the study, 47,783 patients who received blood products were monitored for abnormal arterial blood gas results. Of 14,472 hypoxemia alerts, 561 were passed to the expert physicians, who diagnosed 166 cases of TACO, 94 cases of TRALI, 153 cases of acute lung injury or possible TRALI, 47 cases of TACO/TRALI overlap syndrome, and 101 cases of miscellaneous causes of bilateral pulmonary opacities. Of 166 TACO cases, relevant clinical information was available for the last 83 consecutive cases, from February 2008 to August 2009. The researchers included 163 controls, selected from 36,171 patients who received blood products from May 2006 to August 2009 and did not have hypoxemia.

TACO was associated with chronic renal failure, a past history of heart failure, hemorrhagic shock, number of blood products transfused, and fluid balance per hour. Female gender, current therapy with amiodarone and aspirin, surgery within the previous 48 hours, and mechanical ventilation before the onset of TACO were also associated with developing TACO.

In-hospital mortality was significantly associated with TACO. Among TACO cases, in-hospital mortality was significantly increased (hazard ratio 3.20 [95 percent CI, 1.23-8.10]). Both ICU length of stay (7.03

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TACO Risk Factors (continued from page 10)

days in TACO cases vs. 2.62 among controls) and hospital length of stay (10.5 days in TACO cases vs. 6.8 days among controls) were increased in the TACO group compared with controls. Increased hospital length of stay was found to be significantly associated with TACO.

Discussion. Many of these findings are consistent with clinical experience and past research on TACO, including the association between TACO and the number of blood products transfused. Their data also supports clinical observations that TACO is associated with pre-existing congestive heart failure and chronic kidney disease.

The relationship between TACO and the number of blood products transfused and positive fluid balance are physiologically plausible, because blood product transfusion and infusion of other fluids increase intravascular volume and cardiac filling pressures, leading to pulmonary edema in patients with limited cardiovascular reserve. The association of cardiovascular and kidney disease risk factors of TACO are also plausible since patients with cardiac dysfunction may not tolerate the increased fluid associated with transfusion and would be more likely to experience hydrostatic pulmonary edema. Also, patients with renal failure would be unable to mount an appropriate diuresis in the face of increased blood volume and would be more susceptible to hydrostatic pulmonary edema.

The finding of increased in-hospital mortality following TACO, as well as prolonged ICU and hospital length of stay, confirm previous research and “argue strongly for better predictive and prevention measures for TACO,” say the authors.

Strengths of the study include use of an automated surveillance system to identify all transfused patients with abnormal arterial blood gas measurements and the assessment of clinically relevant outcomes. Limitations include missing clinical information, such as blood product infusion rates. Also, the parent study did not collect extended clinical information from the first 50 percent of cases identified. The use of hypoxemia on arterial blood gases likely biased the study to detect more severe cases of TACO, since clinicians might manage less severely ill patients using noninvasive oximetry and empirical treatment.

The authors suggest that physicians “consider reduction in transfusion dose and infusion rate” in patients with the risk factors reported in this study and “monitor them closely for the development of TACO post-transfusion ...” They conclude that these risk factors could “lend themselves to the creation of a predictive algorithm for the risk of development of TACO.” Future studies should include more patients with TACO and better measures of comorbidity, as well as assess both in-hospital and long-term mortality.

Citation: Murphy EL, *et al.* Risk factors and outcomes in transfusion-associated circulatory overload. *Am J Med.* 2013 Jan 28. [Epub ahead of print]. 

Last Chance to Contribute to the FABC's Annual Appeal Campaign

The Foundation for America's Blood Centers would like to remind its supporters that that its annual appeal campaign is coming to a close on **Friday, Feb. 8**. The FABC began seeking contributions toward the campaign in November 2012, with a goal of raising \$15,000. The FABC funds initiatives and programs that improve the availability, quality, and safety of blood to save, extend, or enhance the lives of patients through grants to America's Blood Centers member centers. In 2012, the FABC gave more than \$100,000 in grants to ABC member centers to continue this mission. If you would like to support these FABC-funded initiatives by making a contribution to the foundation's annual appeal campaign, please visit: <http://bit.ly/fabc2012>.

LEGISLATIVE NEWS

A coalition of medical device manufacturers reported this week that their members have together submitted a semimonthly payment of about \$97 million to the Internal Revenue Service (IRS) to pay the 2.3 percent medical device excise tax contained in the healthcare reform act. The Advanced Medical Technology Association (AdvaMed), Medical Imaging and Technology Alliance (MITA), and the Medical Device Manufacturers Association (MDMA) said that the money “would have otherwise been available to invest in research and development and American job growth,” according to a press release issued on Tuesday. “In this difficult economic climate, the medical device tax threatens hundreds of thousands of American jobs as well as life-saving innovation,” said Gail Rodriguez, executive director of MITA. She said the tax left “medical device manufacturers with little choice but to reduce their workforce and cut funding for research and development (R&D).” Her comments were echoed by Stephen J. Ubl, president and CEO of AdvaMed. The medical device industry employs more than 400,000 workers, generates approximately \$25 billion in payroll, pays salaries that are 40 percent higher than the national average (\$58,000 vs. \$42,000), and invests nearly \$10 billion in R&D annually, the release said. Under the 2.3 percent tax, device manufacturers are now required to pay an estimated average of \$194 million per month in medical device taxes. “Instead of investing in new medical technologies or creating new jobs, innovators across the United States wrote a check to the IRS this month,” said Mark Leahey, president and CEO of MDMA. He added that “MDMA and our members remain committed to repealing the medical device tax, but it shouldn’t take more job losses and forgone therapeutic advancements to highlight just how damaging this policy is to a unique American success story.” (Source: AdvaMed, MITA and MDMA Joint press release, 1/29/13) ♦

BRIEFLY NOTED

Two papers describing four studies were published on Jan. 24 in the *New England Journal of Medicine* (NEJM) suggesting that peginesatide was as effective as an erythropoietin analogue for increasing and maintaining hemoglobin levels in patients with anemia caused by chronic kidney disease. However, cardiovascular events and mortality were increased in peginesatide treated patients who were *not* undergoing dialysis. Many patients with progressive kidney disease develop anemia, and require treatment with erythropoiesis-stimulating agents (ESAs), which have historically been erythropoietin analogues made using recombinant DNA technology. Before their introduction 30 years ago, many chronic kidney disease patients were transfusion-dependent. Peginesatide is a unique synthetic peptide-based ESA that also stimulates the erythropoietin receptor. The four event-driven, randomized, controlled, open-label trials compared the efficacy and safety of peginesatide with standard ESA therapy. In one pair of studies, PEARL 1 and 2 (Peginesatide for the Correction of Anemia in Patients with Chronic Renal Failure Not on Dialysis and Not Receiving Treatment with Erythropoiesis-Stimulating Agents), anemic patients with chronic kidney disease who were not yet receiving hemodialysis were treated with peginesatide once per month or darbepoetin alfa once every two weeks. In the other studies, EMERALD 1 and 2, (Efficacy and Safety of Peginesatide for the Maintenance Treatment of Anemia in Patients with Chronic Renal Failure Who Were Receiving Hemodialysis and Were Previously Treated with Epoetin), patients with anemia who had been undergoing hemodialysis received either peginesatide once per month or epoetin alfa one to three times per week. In both articles, peginesatide is shown to be non-inferior to standard ESAs in increasing and maintaining hemoglobin levels within a target range of 11 to 12 g/dL (PEARL studies) or 10 to 12 g/dL (EMERALD studies). However, among patients not undergoing hemodialysis a composite cardiovascular safety endpoint was significantly increased, and rates of death, unstable angina, and arrhythmia were elevated. There is no clear explanation for these adverse events, writes Tilman B. Drüeke, MD, in an accompanying editorial. “Clearly, the underlying cause for the observed increase in composite safety end-point events requires further study, including

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BRIEFLY NOTED (continued from page 12)

examination of the potential for cardiovascular or systemic peginesatide toxicity in experimental models of chronic kidney failure,” he writes. He concludes that peginesatide can be used for anemia correction in patients undergoing hemodialysis, but concerns remain about its safety in patients not receiving hemodialysis. Peginesatide has recently been approved in the US for patients undergoing hemodialysis.

Citations: Drüeke TB. Anemia treatment in patients with chronic kidney disease. *N Engl J Med.* 2013 Jan 24;368(4): 387-9.

Fishbane S, *et al.* Peginesatide in patients with anemia undergoing hemodialysis. *N Engl J Med.* 2013 Jan 24;368(4): 307-19.

Macdougall IC, *et al.* Peginesatide for anemia in patients with chronic kidney disease not receiving dialysis. *N Engl J Med.* 2013 Jan 24;368(3): 320-32.

Global Healing, a charity dedicated to promoting healthcare reform in areas of the world where modern healthcare is not available, recently published its 2012 Annual Report. America’s Blood Centers is partnering with Global Healing to co-host the International Blood Safety Forum on March 15 during ABC’s 2013 Annual Meeting in Washington, D.C. In its annual report, Global Healing discusses several of its initiatives and projects, including blood safety reform in the countries Moldova and Georgia. Since 1994, Global Healing has been working to improve blood safety in Georgia, and later partnered with ABC member BloodSource to begin a multi-year process to establish the necessary infrastructure for a national blood safety program in the country. Global Healing’s annual report can be accessed at www.globalhealing.org/media/2012_GHAR.pdf. The International Blood Safety Forum will discuss effective ways for blood centers to globally collaborate with one another and with other organizations to assist developing countries in reforming outdated blood systems and improving clinical outcomes. Interested participants can register through the registration link included in the ABC Annual Meeting invitations sent by e-mail. Those who did not receive an e-mail invitation to the annual meeting and wish to attend this forum should contact contact@globalhealing.org. (Source: Global Healing Annual Report 2012; 1/30/13) ♦

REGULATORY NEWS

Last week, the Food and Drug Administration approved exjade (deferasirox) to remove excess iron in the blood among people with a genetic blood disorder called non-transfusion-dependent thalassemia (NTDT). NTDT is a milder form of thalassemia that does not require individuals to get frequent red blood cell transfusions. However, over time, some patients with NTDT are still at risk for iron overload that can lead to damage to vital organs. Exjade was previously approved for treatment of chronic iron overload due to blood transfusions in patients ages 2 years and older, and this approval extends it to use to treat serious or life-threatening illnesses while the company conducts additional studies to confirm the drug’s clinical benefit. More information is available at <http://1.usa.gov/UVDi9x>. (Source: FDA press announcement, 1/23/13)

America’s Blood Centers has received additional information regarding the Food and Drug Administration’s class-wide label change to skin disinfectants widely used by member blood centers. On Dec. 20, ABC became aware FDA issued a labeling change for specific classes of skin antiseptic products, including ChlorPrep skin antiseptic solution, which would alter the drying time from 30

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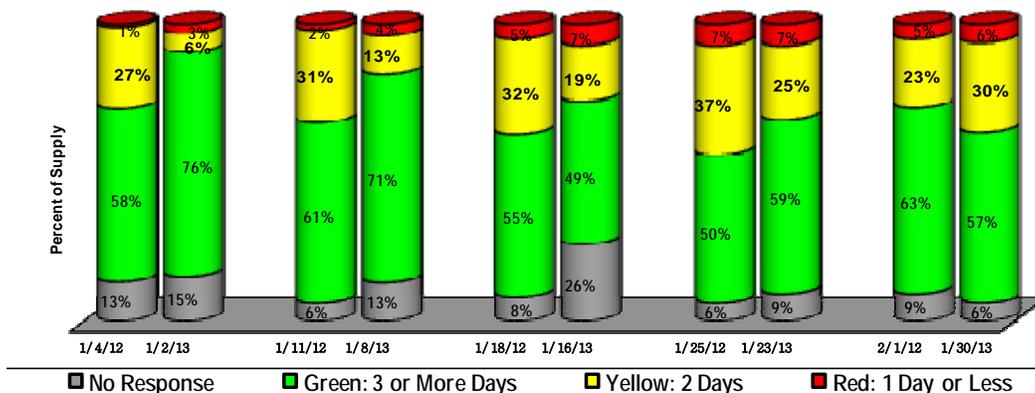
REGULATORY NEWS (continued from page 13)

seconds to three minutes due to episodes of patient burns in surgical applications where sources ignition like electrocautery are present (see *ABC Newsletter*, 1/11/13). On Jan. 11, ABC, AABB, and the American Red Cross contacted FDA’s Center for Drug Evaluation and Research (CDER), explaining that this new dry-time requirement should not apply to the blood center setting, as there are no ignition sources used at the phlebotomy site (see *ABC Newsletter*, 1/18/13). Representatives of CDER and FDA’s Center for Biologics Evaluation and Research (CBER) met and discussed the blood community’s concerns regarding the label changes. It is ABC’s understanding that the path forward is being developed to appropriately address this issue. Until a response is received from FDA, the agency advises that blood collection establishments continue to use their current, approved standard operating procedures for arm scrubs. ABC will provide updates when possible.

The Food and Drug Administration recently approved CSL Behring’s request to supplement its biologics license application for Factor XIII concentrate (Human). This approval expands the indication for use of Factor XIII concentrate to include peri-operative management of surgical bleeding in adult and pediatric patients with congenital Factor XIII deficiency. More information is available in FDA’s approval letter at <http://1.usa.gov/Xp6HIE>. (Source: FDA approval letter, 1/24/13)

The Food and Drug Administration announced on Jan. 29 that it approved Kynamro (mipomersen sodium) injection as an addition to lipid-lowering medications and diet to treat patients with a rare type of high cholesterol. This inherited condition is called homozygous familial hypercholesterolemia (HoFH), and occurs when the body is unable to remove low density lipoprotein cholesterol (LDL-C), often called the “bad cholesterol, from the blood. Some blood centers perform lipid apheresis to help manage this condition; this new drug may provide an alternative to this procedure. “Kynamro, an injection given once a week, works with other lipid-lowering medications and diet to impair the creation of lipid particles that ultimately give rise to LDL-C,” said Eric Colman, MD, deputy director of the Division of Metabolism and Endocrinology at the FDA’s Center for Drug Evaluation and research. FDA approved the drug with a risk evaluation mitigation strategy with elements to assure safe use, and is requiring four post-marketing studies for Kynamro. More information is available at <http://1.usa.gov/T79wQI>. (Source: FDA press announcement, 1/29/13) ♦

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



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

MEMBER NEWS

South Texas Blood and Tissue Center (STBTC) announced on Monday that Dennis Fallen has resigned as CEO of the STBTC and its affiliated organizations. Mr. Fallen has served as CEO of the organization since April 2012, and said that he will be pursuing other business opportunities. Linda Myers, president and chief operating officer of QualTex Laboratories, a sister affiliate of STBTC, will step in as interim CEO of the enterprise, said the press release. Since 2011, Ms. Myers has been president and COO of QualTex, the nation's largest independent non-profit testing lab for whole blood and plasma donations, headquartered in San Antonio, Texas. She joined QualTex in 2007 after spending 16 years at STBTC, where she had risen to the position of vice president of Technical Services. In 2012, the STBTC board created a holding company to oversee its two operation units, STBTC and QualTex. While the holding company has not yet been named, the board's intent is that the holding company will serve as a means to grow the enterprise, said STBTC Board Chair Dennis Stahl. "We wish Dennis Fallen well as he moves on and appreciate his contributions to the organizations," said Mr. Stahl. "Linda Myers is a very strong executive who understands all aspects of the enterprise and has achieved great success in growing the national presence of QualTex Laboratories. She will provide a steady hand as we begin the search for a new chief executive officer." (Source: STBTC press release, 1/28/13)



**South Texas
Blood & Tissue Center**

COMPANY NEWS

CSL Behring announced that it has enrolled its first patient in a global pediatric Phase III study of recombinant fusion protein linking coagulation factor IX with albumin (rIX-FP) to treat hemophilia B. The study site for this first enrollment is the Czech Republic. CSL Behring, in collaboration with its parent company, CSL Limited, is developing rIX-FP through the PROLONG-9FP clinical trial program for the prophylaxis and treatment of bleeding episodes, including control and prevention of bleeding in surgical settings in patients with factor IX deficiency. CSL Behring is currently recruiting patients for its adult phase II/III and pediatric phase III trials, the final phase of the PROLONG-9FP clinical trial program. More information is available at <http://bit.ly/11lIQRd>. (Source: CSL Behring press release, 1/21/13)

Johnson & Johnson said that it may sell or spin off Ortho Clinical Diagnostics, which provides equipment for laboratory diagnostics and blood transfusion screening, reported Reuters on Jan. 22. The decision comes as drug makers are shedding businesses and cutting costs due to overseas price controls and pressure on payments from insurers and the government. Debbie Wang, an analyst with Morningstar, told Reuters that Ortho Clinical Diagnostics "is a slower grower, and if you're not one of the leaders, it's very difficult to compete in that area." Ortho Clinical Diagnostics is No. 5 in the clinical diagnostics market, as measured in sales, reported Reuters. Johnson & Johnson's businesses generally rank first or second in their respective markets. More information is available in the Reuters article at <http://reut.rs/1400qsf>. (Source: Reuters, 1/22/13) ♦

We Welcome Your Letters

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

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:

Laboratory Technologist. Oklahoma Blood Institute, an organization that values high standards and rewards loyalty and excellent work is looking for a conscientious, detail oriented person to become a member of our Oklahoma City team as a full-time Lab Technologist to work evenings Monday through Friday with rotating weekends. Candidates should have a Bachelors of Science Degree with completion of a Medical Technology training program; ASCP and NCA registration preferred. This position is responsible for performing compatibility testing and consultation services for resolution of complex serological problems. OBI provides a competitive salary and benefits package including Health, Dental, Vision, Life, LTD, Flex Plan, PTO, Tuition Reimbursement and 401k Plan. We are located at 1001 N. Lincoln Blvd., OKC, OK 73104. Please apply on our website only at <http://obi.org/careers/>. Online applications/resumes will be accepted through **2/28/2013**. EOE M/F/D/V Drug Free Work Environment

Director, Reference and Transfusion Services. Carter BloodCare is currently seeking a Director of Reference and Transfusion services. The position is responsible for all technical activities in the R&T Service Laboratory and satellite locations. The Director will oversee the operation of all laboratory activities, explore opportunities to diversify services and/or expand service areas, and manage compliance. By working with and mentoring department managers, the Director ensures that daily operations meet and follow all established guidelines, operate within budget and provide excellence in service. Carter BloodCare is the largest blood center in the state of Texas. We are more than 1,000 employees strong and we offer a variety of great benefits! We have competitive salary and pay for skills and experience! Education: Bachelor's degree in Biology/Laboratory Sciences. MT (ASCP) or equivalent (HEW, NCA, AMT, etc.) required. Specialty in Blood Banking, SBB. Experience: Minimum 10 years of general laboratory experience. Minimum seven years of blood banking. Minimum four years reference laboratory experience. Minimum three years of supervisory experience. Apply online at www.carterbloodcare.org or email

cmcfadden@carterbloodcare.org. We are proud to be an EEO/AA employer M/F/D/V.

Reference Technologist. LifeStream, a \$53M healthcare organization providing blood service to more than 70 hospitals in Southern California, is searching for a Clinical Laboratory Scientist to resolve serologic problems and provides technical advice to hospital transfusion service personnel. Performs compatibility testing; provides CMV screened, antigen screened, and hemoglobin screened donor units. Performs platelet antibody screens and cross match studies and selects potential platelet donors for a given patient. Requirements: Four-year Bachelors of Science Degree (BS) in Clinical Laboratory Science or related field (e.g. Medical Technology). Current California Clinical Laboratory Scientist License. One to two years experience in antibody identification and transfusion service to grasp the more complex testing procedures. LifeStream is an Equal Opportunity Employer, M/F/D/V. Bonus Opportunity and Excellent Benefit Package! Apply online: www.LStream.org.

QA Specialist. This position reports to the Director, QA & Compliance. Coordinate quality assurance activities with management and front-line staff. Develop and conduct internal audits for all areas of the SDBB. Complete and review Post Donation Information reports including consignee notification. Perform review and approval of Quality Incident Reports. Review and approve Standard Operating Procedures and Validations. Complete documentation and submit license amendments. Knowledge, Skills, Abilities: Education: Bachelor's degree required. Advanced degree preferred. Experience: Minimum five years of experience in Quality Assurance in Blood Banking or in a related area such as cord blood. Certifications/Licenses: RN, CLS, SBB, ASQ certification preferred. To apply online, please visit <http://www.sandiegobloodbank.org/find-a-career>. AA/EEO/V/D/M/F