



# ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

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**ABC Blood Centers: Delivering More Than Just Blood Products**

As the healthcare environment continues to evolve with hospital mergers, increasing competition, and efforts to keep costs down while improving quality, blood centers feel increasing pressure to prove their value to their hospital customers. To continue fulfilling their hospital customers’ and patient needs, many blood centers have turned to “value-added services” – the myriad of services that blood centers offer beyond providing blood, including patient blood management, transfusion medicine expertise, clinician education, regulatory consultation, and more.

“We know that supply chain management will take more of a role in hospitals choosing blood providers, but what’s really important is for the customer to already recognize you [the blood center] as a valuable partner and not just as a vendor relationship,” said Nancy Kelting, chief development officer at Mississippi Valley Regional Blood Center (MVRBC), headquartered in Davenport, Iowa, who oversees the many services that MVRBC offers to its hospitals. Over the last 15 years, MVRBC has ramped up its value-added service efforts – expanding existing services and creating new ones to meet hospital needs.

While the number of services that blood centers offer to hospitals have increased over the years, many centers have cultivated a long-standing culture of going above and beyond providing blood, such as Puget Sound Blood Center, headquartered in Seattle. “Providing services in addition to blood components has been an integral part of our organization since our founding 70 years ago,” said Jim AuBuchon, MD, PSBC president and CEO. “We continue to evolve the types of services that we offer across all of our business lines,” which include blood services, donor testing services, transfusion medicine, specialty diagnostic laboratories supporting organ transplantation, in-hospital apheresis therapy for patients with blood disorders, hemophilia care, a multidisciplinary research institute, cord blood collection, and services in support of the National Marrow Donor Program.

“We have always felt that patients who might need a blood transfusion need more than just a unit of blood. They need the expertise to ensure that clinicians use that resource [blood] most appropriately. That was in the mindset of the founders of this institution in 1944 and that continues today,” said Dr. AuBuchon.

**Patient-Focused Transfusion Medicine Services.** A number of other ABC centers, like PSBC, provide value-added services to hospitals in the form of patient-focused services that improve transfusion care for patients. For example, PSBC is

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## OUR SPACE

ABC Executive Vice President Louis Katz, MD

### File Under the Heading of “No Good Deed Goes Unpunished”

AABB recently published *Standards* and an Association Bulletin describing its expectations for transfusion-related acute lung injury (TRALI) mitigation. They require whole blood and plasma for transfusion to come from donors who are unlikely to be alloimmunized to human leukocyte antigens (HLA), which have been associated with the risk of this transfusion reaction. It is a good bet that in the future, these expectations will expand to include apheresis platelet donors. A common approach to meet the *Standards* is screening donors at risk for alloimmunization for HLA antibodies using any of a variety of test kits. During recent Clinical Laboratory Improvement Amendments (CLIA) inspections of blood establishments, certain laboratories have been cited when testing for HLA antibodies because they are not CLIA-certified in the specialty of histocompatibility. At AABB's request, CLIA has reviewed the issue and is maintaining this interpretation; so it is reasonable to expect more such citations. In response to AABB's inquiry, CLIA representatives said:

*“We believe the rationale for testing blood donors is consistent with other CLIA determinations; that is, it is performed to avoid incompatibilities between blood donors and blood recipients. In the case of suspected TRALI reactions, it is performed as part of a work-up to diagnose transfusion reactions caused by TRALI. Laboratories performing such HLA testing must be CLIA certified in the specialty of histocompatibility.”* (see *AABB Weekly Report*, 3/7/14)

Let's ignore whether or not this sort of product safety testing, as opposed to clinical diagnosis, should be under the purview of CLIA (different fight) – just assume they have jurisdiction. Then we *almost* agree with the statement, except in this context, the testing is more appropriately called “immunohematology” than “histocompatibility.” The former is what we do thousands daily, often using methods of greater complexity than HLA antibody testing, to solve vexing donor and patient problems with unexpected antibodies. The latter is the domain of transplantation, not transfusion medicine. The fact that two disciplines may test for the same analyte for different indications is not a rationale, in and of itself, to “over-regulate” one of them.

A requirement for further certification in blood centers is medically unneeded, can delay the implementation of a very straightforward patient safety initiative, and will consume time and money we can use better elsewhere in our laboratories. ABC, AABB, and the American Red Cross are working to identify an approach that will be acceptable to the Centers for Medicare & Medicaid Services and Food and Drug Administration to allow facilities to test for HLA without a need for certification by another accrediting body.

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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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able to better serve both patients and hospital customers by providing red cell genomic testing, which allows the center to provide more fully matched blood for patients who require rare or complex blood types. In 2010, PSBC also began implementing HemoSafe automated blood dispensing refrigerator units within its hospitals to allow clinicians to get transfusion-ready blood more quickly to patients who need it.

BloodCenter of Wisconsin (BCW), headquartered in Milwaukee, has a long history of building strong relationships with its hospitals through advancing patient care, with about 18 of the 50 physicians and scientists it employs actively involved in patient care at area hospitals. “We have always had a strong focus on advancing patient care through life-saving solutions; we never accept the status-quo,” said BCW President and CEO Jacquelyn Fredrick. BCW focuses on three areas – transfusion medicine, blood-related diseases, and transplantation – and provides lifesaving solutions across the entire continuum of care from discovery, to diagnosis, to finding treatment and cures for blood-related illnesses and conditions.

BCW has led a powerful patient-focused initiative to improve care for adult sickle cell disease patients. While pediatric care has improved greatly for this chronic blood-related disease, many adult sickle cell patients are often treated in emergency rooms, leading to little continuity of care and frequent hospital readmissions. To help hospitals in its service area address concerns about high readmission rates among adult sickle cell patients, BCW worked with a teaching hospital that treats adults to establish a comprehensive adult sickle cell disease care unit. Three years after its foundation, the clinic serves nearly 90 percent of sickle cell patients in the area, and during its first year, helped reduce hospital costs by \$2 million and decreased hospital readmission rates by 40 percent. Using red cell genotyping, about 35 percent of BCW’s blood units are extensively typed for red cell antigens, ensuring that sickle cell patients receive the rare blood types they need. BCW researchers are also investigating the causes and potential treatment options for sickle cell disease.

Northern California Community Blood Bank (NCCBB), headquartered in Eureka, Calif., acts as a reminder that small blood centers can also provide valuable patient-focused services to hospitals. The center provides therapeutic plasma exchange services at its hospitals, which is particularly helpful for the rural hospitals it serves because patients can avoid traveling nearly three hours to the nearest metropolitan area, said Tom Schallert, NCCBB’s administrator. NCCBB’s medical director is also available to its hospitals to consult on matters of patient care and transfusion medicine whenever necessary, added Mr. Schallert.

These are just a few examples of value-added services that blood centers can offer hospitals in terms of better serving patients. Many have also taken on specialty diagnostic testing, organ procurement, stem cell, and cord blood banking services.

**Patient Blood Management.** As more hospitals focus on cutting costs while improving patient care, patient blood management has become another valuable service that blood centers can provide – that is ensuring blood is used judiciously and only when appropriate. In December 2012, SunCoast Blood Bank (SCBB), headquartered in Sarasota, Fla., began a comprehensive patient blood management program at Sarasota Memorial Hospital (SMH), including implementation of transfusion guidelines and AIM-II software, which tracks hospital blood utilization and patient outcomes, explained Jason Carney, SCBB’s chief operation and transfusion safety officer. SCBB used data collected through AIM-II to track the

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Value-Added Services (continued from page 3)

hospital's blood use, benchmark physicians against one another and their peers at other hospitals, and to identify physicians and disciplines that transfuse outside of the guidelines.

Since the implementation of the program, total transfusions in the hospital have dropped from around 1,200 per month to about 1,000 per month or less. Due to reducing unnecessary blood use in cardiothoracic surgery, SMH saw blood costs drop from \$95,948 during the first quarter of 2012 to \$74,585 for the third quarter of 2013. Due to the success of SMH's patient blood management program, two local hospitals that are part of UHS, a large national health network, are currently exploring implementing AIM-II, said Mr. Carney.

BloodSource has been providing blood management resources to its hospitals for nearly 20 years through transfusion medicine consultations and sitting on numerous hospital transfusion review committees, said Chris Gresens, MD, BloodSource's senior medical director and vice president of Global Medicine. In 2012, the center gathered its resources to create a formalized blood management program called BloodSmart, which offers a range of readily accessible online blood management resources, including transfusing guidelines, background documents on complex issues, alerts to notify practitioners of new information, and various PowerPoint presentations. BloodSource also works directly with certain hospitals to facilitate more intensive patient blood management programs that focus on appropriate blood use, examining and reducing wastage, and attaining cost savings, explained Matt Phillips, vice president of business development at BloodSource.

Since BloodSmart's official launch in December 2012, the center has seen traffic on the website increase and has received positive feedback from clinicians who find the centralized resources user-friendly and convenient, said Dr. Gresens. Clinicians can simply visit the BloodSmart website, attend a webinar, or read the newsletters to gain information on a wide variety of subjects from transfusion triggers, to transfusion reactions, rather than making individual requests each time an issue arises, he added.

**Education.** A cornerstone of BloodSource's BloodSmart program is education including a quarterly newsletter, webinars every other month, workshops, and in-hospital training for clinicians, nurses, and lab techs. The blood center also offers a transfusion symposium for hospital clinicians and lab techs that has grown in attendance over the last eight years. Through its educational offerings, BloodSource also offers continuing medical education (CME) credits, a certain number of which physicians, nurses, and other clinicians are required to maintain each year.

Ms. Kelting, chief development officer at MVRBC, notes that offering online or on-site educational opportunities for hospital clinicians, particularly those that satisfy CME requirements, is yet another way for blood centers to provide value-added services to hospitals. MVRBC offers several online courses in conjunction with annual nursing accreditation programs, as well as live on-site presentations. The center also offers quarterly lab tech education and numerous workshops on relevant subjects and hot topics. "If we can provide this type of education at no cost to the hospitals, that helps them keep the bill down," said Ms. Kelting. "Whatever the hospitals need, we will offer it. We say to them, 'tell us what you need and we'll help you get there.'"

**Quality and Regulatory Consultation.** Because blood centers must adhere to strict regulatory and quality requirements, they are well-positioned to offer regulatory and quality consultation services to hospitals. Blood Systems, headquartered in Scottsdale, Ariz., has taken an intensive quality-focused approach to offering value-added services to hospitals, which has been led over the last 10 years by its Quality Source team. About 10 years ago, Blood Systems established Quality Source Consulting, which

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Value-Added Services (continued from page 4)

provides a wide array of services to ensure that hospitals are in compliance with regulatory and quality standards and achieving the best possible results in these areas, said Mary Lieb, MT(ASCP) SBB, director of Quality Source at Blood Systems, who was hired about 10 years ago as a consultant in this area and later became director in 2011.

While Blood Systems offers services in many areas, such as education and transfusion medicine, many of its services were developed through a quality lens, always keeping the focus on patient care, said Ms. Lieb. The Quality Source team at Blood Systems is part of a larger clinical services team partnered with Medical Affairs that together “basically act as a virtual clinical services department,” explained Ms. Lieb, providing blood centers with consultation services, training and education, and on-site assessments of clinical, technical, quality, and regulatory systems. She added that being flexible, predicting what issues may impact hospitals, and gaining feedback are key to providing services that hospitals value.

“We hear the voice of our customers and identify the core element that’s really important to them, and our efforts are then really individualized to their specific needs. We have to be very flexible and knowledgeable for our hospitals,” said Ms. Lieb.

**Hearing and Responding to Customers.** As Ms. Lieb noted, gaining and responding to feedback from hospital customers is vital to providing services that hospitals will value. Over the past year, BloodSource has increased its efforts to stay connected with its hospitals through founding a Customer Advisory Panel, which includes representation from about seven of BloodSource’s current hospital customers. BloodSource regularly meets with the panel to gain feedback and to bounce new ideas off the panel, helping to ensure that the programs or services provided are helpful to hospitals.

“It’s a more competitive environment today and being able to get direct feedback and have an open forum like this is very important,” said Mr. Phillips. “It’s easy for your [hospital] customers to tell you good news, but it’s not always so easy to tell you that you’re not doing so great in a given area. We’re just trying to open up that dialogue,” said Mr. Phillips, the center’s vice president of business development. Mr. Phillips joined BloodSource about a year ago as the center ramped up its customer service efforts.

MVRBC also provides opportunities for hospitals to provide feedback to help shape the services provided by the center, said Ms. Kelting. Hospitals can provide feedback at any time through an online form and also complete an annual survey that helps the center evaluate its services. About 12 years ago, MVRBC also implemented client service coordinators to provide face-to-face interaction with the hospitals and to keep tabs on their hospitals.

“We just really want to make sure we understand what is of value to our hospitals and then head in that direction and not waste any time trying to ‘boil the ocean,’” said Ms. Kelting.

More and more blood centers are taking after BloodSource and MVRBC by adding new positions or departments that focus specifically on value-added services, customer service, and ensuring that the blood center makes the best use of its resources to meet hospital needs.

“I don’t see this focus on value-added services going away. I think it will be even more important for blood centers to focus on what hospitals value from blood centers as a partner, especially as hospitals become even more price-driven,” said Ms. Kelting. 💧

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### LifeStream President, CEO Frederick Axelrod, MD, Gains Media Coverage Leading up to ABC Annual Meeting

A local California newspaper, *The Desert Sun*, recently featured ABC Board Member Frederick Axelrod, MD, president and CEO of LifeStream, as his center prepares to host the upcoming ABC Annual Meeting in Palm Springs, Calif. later this month. The Q&A article with Dr. Axelrod, published as part of the newspaper's recurring "Newsmakers" column, highlights the positive impact that the ABC Annual Meeting will have on the community – the event will bring about \$800,000 to the area.

The interview, which was published online along with a video, was conducted by *The Desert Sun's* Community Conversation's Editor James Folmer, who discussed with Dr. Axelrod the role of LifeStream and Desert Blood Services in supporting the economy of the Coachella Valley community in Southern California (read interview at: <http://mydesert.co/1fnNazZ>). Dr. Axelrod is also president and medical director of Desert Blood Services, a collaboration between LifeStream and United Blood Services to serve the Coachella Valley communities.

Dr. Axelrod explains that Desert Blood Services has joined the Coachella Valley Economic Partnership (CVEP) to ensure that the local blood center is an active participant in the area's economic development,

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LifeStream Media Attention (continued from page 6)

which recently included becoming the host of ABC's upcoming Annual Meeting. "As part of our commitment to CVEP and economic development in the Coachella Valley we fought hard to win the bid to host the event," said Dr. Axelrod in the article. "It brings a lot of economic development to the region; the group spends about \$800,000 while they're here and there will be more than 200 members coming," he added in the video interview.

During the interview, Dr. Axelrod also discussed his blood banking career, explaining that he was initially attracted to blood banking by the HIV/AIDS crisis and the revelation that the virus was being spread through transfusion.

"This medical and emotional journey led me to commit my career to blood banking and transfusion medicine with a passion to educate about the benefits and risks for blood transfusion, while working with my colleagues to help improve the safety of the blood supply and reduce 'as close to zero as possible' the risk of HIV infection through blood transfusion," said Dr. Axelrod.

He also described his previous role serving on the Department of Health and Human Service's Advisory Committee for Blood Safety and Availability, noting that one of the most challenging issues the committee discussed during his tenure was reconsidering the current lifetime deferral for blood donation of men who have sex with men (MSM). Dr. Axelrod wraps up the interview noting that "The future [of blood banking] is bright with improved treatment of disease through collection of stem cells."

ABC members interested in hosting an ABC event in their communities, such as the annual or summer meeting or a specialty workshop, should contact Lori Beaston at [lbeaston@americasblood.org](mailto:lbeaston@americasblood.org). 



# SAVE THE DATE

## America's Blood Centers' Fund Development, Communications & Donor Management Workshop

Sacramento, CA – June 17-20, 2014

Hosted by:  BloodSource

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Fund Development & Communications topics: June 18

Communications & Donor Management topics: June 19

Donor Management topics: June 20

### 2014 WORKSHOP FEES (early bird/regular)

2-day registration: \$390/\$445

3-day registration: \$460/\$515

4-day registration: \$515/\$565

*Scholarship opportunities available to ABC members to cover the cost of registration fees and help with travel expenses. Application form and details will be made available once registration opens.*

*"BloodSource looks forward to hosting the annual FDCDM workshop in Sacramento. We anticipate dynamic speakers, informative workshops, and invaluable networking opportunities. We hope to see you in June!"*

*– Mitzy P. Edgecomb  
Senior Vice President  
BloodSource*

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## INSIDE ABC

*The programs and services described in the Inside ABC section are available to ABC member blood centers and their staff only, unless otherwise specified. ♦*

### **The FABC Working for You: Spotlight on Puget Sound Blood Center and New York Blood Center's Uncommon Donors in the Cloud Project**

Puget Sound Blood Center (PSBC) and New York Blood Center (NYBC) are currently testing a cloud-based online system that will make it easier for hospitals to locate and request blood units from blood centers for patients with uncommon blood types. The project to develop this system is being supported by a grant from the Foundation for America's Blood Centers (FABC) and seeks to launch the cloud-based system by 2015.

All red blood cell (RBC) transfusions are matched to the recipient's ABO and RhD blood type, but there are more than 300 RBC antigens, some of which can cause patients to experience an adverse immune response following transfusion. This reaction – alloimmunization – occurs in about 3 to 5 percent of transfused patients and is more common among women who have been pregnant and the chronically transfused, such as sickle cell disease patients. Alloimmunized patients require antigen-negative RBCs and while some hospitals phenotype the blood on their shelves for common antigens, it can be difficult to find blood that is negative for multiple combinations of antigens (uncommon antigens).

The American Rare Donor Program (ARDP), managed by the American Red Cross with support from AABB, was established decades ago to address the unmet need for rare blood donors. This program requires hospitals to request rare blood types by phone or fax from blood centers. The reliance on manual processes may cause a delay in getting the needed blood to the patient. Moreover, some requests for uncommon blood types can go unanswered, explained Meghan Delaney, DO, MPH, medical director of Red Cell Genomics at PSBC, who leads the FABC grant project along with Connie Westhoff, PhD, director of Immunohematology at NYBC. She added that the ARDP system focuses more on the very rarest blood types, leaving a bit of a gap when it comes to obtaining the uncommon blood types.

PSBC and NYBC hope to fill some of the gaps in the current system with their Uncommon Donors in the Cloud project by creating an electronic online ordering system that is easily accessible to hospitals and helps more patients receive the blood types that they may need, said Dr. Delaney. "The goal is to have more typed units available to more patients who need them throughout the country, particularly in smaller hospital blood banks," said Dr. Delaney.

The centers have built an online system that allows the requesting hospital to post an RBC need that is broadcasted to potential suppliers. The system will eventually allow donor centers from all over the country to post the inventory of available phenotyped blood products in their inventory. They are currently conducting pilot tests of the system within NYBC and PSBC and in the spring will begin a larger, national pilot study at seven different sites throughout the US, including blood centers and hospitals.

To build the online system, NYBC and PSBC has been working with the Aidmatrix Foundation, a non-profit software developer that engineers software platforms to manage information collection about

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product needs for humanitarian causes, facilitating matches between needed items and available supplies. Aidmatrix has worked with thousands of non-governmental and government organizations, as well as businesses, to provide web-based platforms where needed items and available resources can be posted. For example, Aidmatrix helped various organizations to track needs and facilitate donation of food, medical supplies, and other resources following Hurricane Katrina in 2005.

“Aidmatrix brings a ton of experience in the area of end-users interacting with the system,” said Dr. Delaney. “We’re taking the software they have developed and making it work for ordering blood products.”

Once the national pilot program is completed, NYBC and PSBC hope to launch the rare and uncommon donor system in 2015, making it available not only to America’s Blood Centers’ members, but to all blood centers and hospitals around the US. The FABC is committed to funding programs such as this that benefit all ABC centers.

“We are very grateful for the Foundation’s support, because we really couldn’t do this project without their support,” said Dr. Delaney. “Everyone I have talked to is really excited about this project and is anxious for us to share the final product.”

To learn more about the projects supported by the FABC, visit <http://members.americasblood.org/go.cfm?do=Page.View&pid=29>.

### **Hot on the Listservs: Get Involved in the CEO Listserv!**

*“Hot on the Listservs” is a series that appears in the Newsletter once a month, exploring a different topic that has generated discussion via America’s Blood Centers’ e-mail Listservs. These Listservs allow ABC blood center professionals to discuss issues, ask questions, and gain feedback from colleagues. This particular piece was contributed by ABC CEO Christine Zambricki, DNAP, CRNA, FAAN.*

In talking with America’s Blood Centers CEOs across the country, it is apparent that you are in a unique position to understand the challenges and the opportunities in the blood community today. Many CEOs have lamented the loss of “collegiality” to “competition” when compared to the previous years of this organization. Yet, there are many industries, such as the hospital industry, in which leaders and peers collaborate on common issues such as quality, safety, and benchmarking, to solve common problems such as cost containment and over-regulation, while competing in local markets.

ABC should be viewed as “Switzerland,” as collegiality is the historical backbone of our organization. ABC’s CEO Listserv, a private e-mail network for ABC CEOs only, provides a virtual community to connect with your peers. A recent review of the ABC CEO Listserv archives reveals that the content is primarily informational. Recent topics include notices of interest by ABC staff, queries by ABC on behalf of industry, or conveyance of calls for appointment to regulatory volunteer positions.

It is time to repurpose the CEO Listserv. CEOs should drive the discussion, ask and answer key questions unique to the blood banking community, and start or join any conversation. The CEO Listserv can be the “Cheers” of blood banking, where everyone knows your name and checks in at the end of the day to have a virtual, electronic beer.

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**INSIDE ABC** (continued from page 9)

To access the CEO listserv, ABC member CEOs and executives may go to the following link: <http://listserv.americasblood.org/SCRIPTS/WA-BLOOD.EXE?INDEX>. Click log in on the right side of the page to log in, or if you do not have a password, click “Get Password.” You can even add the link to your desktop for easy access. Get started. Post a question. Make an observation. See what happens.

– Christine Zambricki, DNAP, CRNA, FAAN ♦

**RESEARCH IN BRIEF**

**An analysis of 15 years of Medicare data on anemia patients published recently in the *Journal of the American Medical Association (JAMA)* shows a trend toward more aggressive transfusion treatment of anemia in older patients approaching end-stage renal disease (ESRD).** Relatively little is known about patterns and trends in anemia care received by patients as they approach ESRD – before starting maintenance dialysis or undergoing preemptive kidney transplantation. In 1989, the Food and Drug Administration approved epoetin alfa, the first erythropoiesis-stimulating agent (ESA) for the treatment of anemia in patients with chronic kidney disease (CKD), including ESRD patients receiving dialysis and patients not receiving dialysis. ESAs were endorsed by the National Kidney Foundation’s Kidney Disease Outcomes Quality Initiative in 1997 and their use continued to increase through 2005. However, clinical trials demonstrating increased risk of death, thrombosis, and stroke in patients with CKD led to label changes and reduced use of ESAs in patients with CKD requiring dialysis. Wolfgang C. Winkelmayr, MD, and colleagues of Stanford University School of Medicine, conducted an analysis in the US using ESRD registry data of Medicare patients 67 years or older who initiated maintenance dialysis or underwent preemptive kidney transplantation between 1995 and 2010. They examined the trends in the use of several types of anemia treatments before the initiation of dialysis, including receipt of ESA, intravenous iron supplements, and blood transfusions, as well as hemoglobin concentration at the time of ESRD. They analyzed 466,803 patients and found that the proportion of patients with ESRD receiving any ESA in the previous two years increased from 3.2 percent in 1995 to a peak of 40.8 percent in 2007. Among patients who received an ESA, median time from first recorded ESA use to ESRD increased from 120 days in 1995 to 337 days in 2010. Intravenous (IV) iron administration increased from 1.2 percent in 1995 to 12.3 percent in 2010. The proportion of patients receiving any blood transfusions increased from 20.6 percent in 1995 to 40.3 percent in 2010. The mean hemoglobin concentrations were 9.5 g/dL in 1995, increased to a peak of 10.3 g/dL in 2006, and then decreased moderately to 9.9 g/dL in 2010. The authors conclude that they found a trend toward more aggressive treatment of anemia in older patients approaching ESRD, which included ESA use, IV iron supplementation, and broad-based use of red blood cell transfusions. These interventions were weakly reflected in an increase in hemoglobin concentration at the time of onset of EDRS, add the authors. They note that while ESA use leveled out and ensuing hemoglobin concentrations decreased after 2007, following safety concerns about ESA use in patients with CKD, transfusion use seemed to increase even more rapidly. “In light of the costs of anemia treatments and the safety concerns of currently available anemia treatments, safe, effective, and economical anemia treatment strategies in patients with CKD and anemia need to be identified,” write the authors.

**Citation:** Winkelmayr WC, *et al.* Trends in Anemia Care in Older Patients Approaching End-Stage Renal Disease in the US (1995-2010). *JAMA Intern Med.* 2014 Mar 3.

**RESEARCH IN BRIEF** (continued on page 11)

**RESEARCH IN BRIEF** (continued from page 10)

**Following the Jan. 30 publication of a study in *Nature* reporting that Japanese researchers had found a way to reprogram mature mice cells into embryonic state, a group of Japanese researchers, including one of the original study's co-authors, has called for the paper to be retracted.** In the study, covered in the Feb. 7 *ABC Newsletter*, Haruko Obokata, PhD, and colleagues reported that they could reprogram mature mice cells into an embryonic state by applying stress, such as exposure to acid or physician pressure on the membranes. The study's methods – called the “acid-bath stem cell method” – came into question due to allegations of irregularities. The RIKEN Center announced on Feb. 14 that it is looking into irregularities alleged through blog sites about the use of images in Dr. Obokata's papers and failed attempts to replicate her results (see *ABC Newsletter*, 2/21/14). Now, Teruhiko Wakayama, of Yamanashi University, a corresponding author on one of the papers in question, joins a group of researchers calling for the acid-bath stem cell paper's retraction, reported *Nature News Blog* on March 10. RIKEN is currently investigating the case. More details can be found at <http://bit.ly/1nBOANO>. (Source: Nature News Blog, 3/10/14) ♦

**BRIEFLY NOTED**

**The Armed Services Blood Program (ASBP) announced that its website and *Focal Point* e-Newsletter have taken home top honors in their respective categories of the preliminary 2013 Keith L. Ware Public Affairs Competition.** The first part of the competition is a US Army Medical Command-level competition and consists of submissions from all around the Army medicine community, said a March 4 ASBP press release. All winners of the Medical Command-level Keith L. Ware Public Affairs Competition will be entered into the next level of the competition that encompasses the entire Department of the Army. The winners at that level will be announced in mid-March. The competition seeks to recognize soldiers and the Department of the Army civilian employees for excellence in achieving the objectives of the Army Public Affairs Program, according to the competition website. The competition is conducted annually to recognize, cultivate, and inspire excellence within all the Army public affairs community. The ASBP website ([www.militaryblood.dod.mil/](http://www.militaryblood.dod.mil/)) was selected in the website/blog category, and the July 2013 edition of *Focal Point* (<http://conta.cc/NaHtt>) was selected in the digital publication category. “My team and I are so proud of this recognition, and ever mindful of the sobering nature of our mission,” said Julie Oliveri, ASBP director of communications and marketing. “For when we tell the story of the military blood program, we are telling the story of how blood, voluntarily gifted, brings our troops home, saves the lives of military family members who are ill, or helps service members fighting chronic conditions.” She adds that there is still work to be done. “Many in the military community do not know that the ASBP is the official military blood program. We partner with civilian agencies, including the Red Cross, but are not affiliated with these agencies. Indeed, the Armed Services Blood Program has been saving the lives of its brothers and sisters in uniform for over 60 years. And that story is the central message we will continue to tell in as many ways as we can. It is a great story, and our privilege to share,” Ms. Oliveri said. The ASBP website and newsletter has performed well in the Medical Command level of the competition in past years, winning first place in 2012 in their respective categories. The ASBP press release can be found at <http://1.usa.gov/1fAtZHG>. (Source: ASBP press release, 3/4/14) ♦

## REGULATORY NEWS

**The Food and Drug Administration announced on March 5 the availability of two related guidance documents dealing with biologics license applications (BLA) and investigational new drug (IND) applications for cord blood.** The document titled Guidance for Industry: “Biologics License Applications for Minimally Manipulated, Unrelated Allogeneic Placental/Umbilical Cord Blood Intended for Hematopoietic and Immunologic Reconstitution in Patients with Disorders Affecting the Hematopoietic System” can be accessed at <http://1.usa.gov/1fAC6Eq>. This follows a draft guidance from June 2013 and supersedes a guidance from 2009. The other document, titled Guidance for Industry and FDA Staff: “Investigational New Drug Applications for Minimally Manipulated, Unrelated Allogeneic Placental/Umbilical Cord Blood Intended for Hematopoietic and Immunologic Reconstitution in Patients with Disorders Affecting the Hematopoietic System,” can be accessed at <http://1.usa.gov/1iG34xq>. This supersedes draft guidance from June 2013 and a guidance from 2011. These documents provide recommendations to assist establishments in obtaining BLAs and INDs for hematopoietic progenitor cells obtained from cord blood. The guidance documents add minor updates from the draft guidance but make no substantial changes. (Source: Federal Register, 3/5/14)

**The Food and Drug Administration recently updated information regarding the recent shortage of intravenous (IV) saline.** FDA notes on its drug shortages webpage that it is aware of the shortage of IV solutions, particularly 0.9 percent sodium chloride (i.e., saline) and is working with the three manufacturers of these products – Baxter Healthcare Corp., B. Braun Medical Inc., and Hospira Inc. – to recover the supply. The shortage has been triggered by a wide range of factors including an increased demand by hospitals, possibly linked to the harsh flu season. More information can be found at <http://1.usa.gov/1kPpJHA>. The AABB Interorganizational Task Force on Domestic Disasters and Acts of Terrorism said in a statement that it is aware of the saline shortages and has been in contact with their respective blood center groups. “The shortage mainly affects double-red cell and platelet apheresis collections and those using certain automated collection instruments. On-hand supplies and inventories are adequate and the Task Force has not received any information indicating a problem meeting needs,” stated the task force. A handful of America’s Blood Centers members have published statements about the saline shortage, proactively recruiting donors to mitigate the potential impact of the saline shortage upon automated collections. (Sources: FDA drug shortages page, 3/13/14; AABB Task Force statement, 3/12/14)

**The Centers for Medicare & Medicaid Services’ (CMS) Advisory Panel on Hospital Outpatient Payment this week recommended reducing the supervision level for 18 outpatient services from direct to general supervision, reported the American Hospital Association in its March 12 AHA News Now newsletter.** This change means that the designated service could be performed under the overall direction of a physician or an appropriate non-physician practitioner without requiring their presence. The proposed services include blood transfusions; declotting vascular devices; withdrawal of arterial blood; chest wall manipulation; subcutaneous infusion; and certain chemotherapy services. CMS soon will post on its Hospital Outpatient Payment webpage (<http://go.cms.gov/O89Ga7>) its preliminary decision about whether to adopt the recommendations, which will be followed by a 30-day public comment period before the agency issues a final decision, reported AHA. The final decision should be effective July 1. (Source: AHA News Now, 3/12/14) ♦

## THE WORD IN WASHINGTON

**On Thursday, America's Blood Centers CEO Christine Zambricki, DNAP, CRNA, FAAN, had the opportunity to educate US Rep. John Barrow (D-GA) about ABC and its members.** The discussion included an explanation of the issues important to ABC members. Rep. Barrow expressed a keen interest in the need for the Food and Drug Administration to move more quickly on certain issues and was particularly interested in the delays associated with pathogen reduction technology. ABC will follow up with the Congressman's staff to determine ways that ABC can collaborate with the subcommittee to support FDA in making more timely approvals. Rep. Barrow is a member of the House Energy and Commerce Committee, a powerful committee of interest to ABC. Most importantly, he is a member of the Health Subcommittee which has a strong influence on healthcare legislation and policy. This Subcommittee has a history of promoting innovation to benefit patients and spur the economy, and has continuously urged the FDA regulatory process to keep pace.



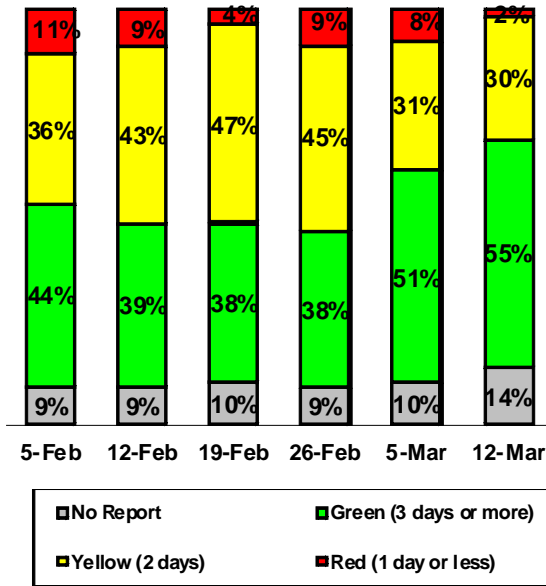
**With at least a dozen physicians who are Members of Congress or candidates for office, one may wonder when a transfusion medicine, pathology, or infectious disease specialist from America's Blood Centers will appear on the roster of physicians in Congress.** How about an ABC blood center CEO? Having physicians in Congress bodes well for an increased understanding of the complex issues facing the blood banking industry today. Most came to Washington with the intent of reversing the course of government inefficiency and improving the health care of patients and populations. The most visible, Sen. Rand Paul (R-KY), an ophthalmologist, has set his sights on his party's presidential nomination in 2016. Additional candidates for the Senate this year include a pediatric neurosurgeon from Oregon, an obstetrician in North Carolina, a radiologist in Kansas, a liver disease specialist in Louisiana, and two other doctors in Georgia. So far, at least 26 more physicians are running for the House, some for reelection. In all, 20 people with medical degrees serve in Congress today, 17 in the House, and three in the Senate, a number that has doubled over the last decade, according to the American Medical Association. As ABC member involvement in blood center advocacy grows, they may be inspired to become more deeply involved in the political life. The 2014 national elections are just around the corner. ABC CEO Christine Zambricki, DNAP, CRNA, FAAN, reminds ABC members that volunteering during a candidate's election or reelection campaign is an effective way to advocate for blood banking interests. It is also an excellent preparation if you may be interested in running for office someday, she added. 💧

### We Welcome Your Articles

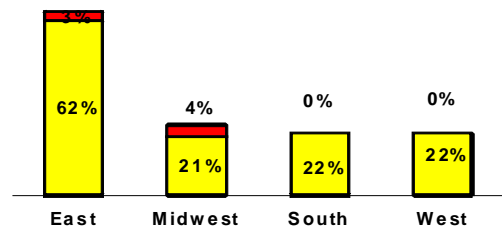
We at the *ABC Newsletter* welcome freelance articles on any subject relevant to the blood banking community. Writers are encouraged to submit short proposals or unsolicited manuscripts of no more than 1,000 words. While ABC cannot pay for freelance pieces, the writer's name and title will be included at the end of the story, brief news item, or commentary. If proposing a story, please write a few paragraphs describing the idea and sources of information you will use, your present job and background, and your qualifications for writing on the topic. ABC staff cannot guarantee all stories will be published, and all outside writing will be subject to editing for style, clarity, brevity, and good taste. Please submit ideas and manuscripts to ABC Publications Editor Betty Klinck at [newsletter@americasblood.org](mailto:newsletter@americasblood.org). You will be sent a writer's guide that provides information on style conventions, story structure, deadlines, etc.

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

**Total ABC Red Cell Inventory**



**Percent of Regional Inventory at 2 Days Supply or Less, March 12, 2014**



**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](http://www.AmericasBlood.org)

**INFECTIOUS DISEASE UPDATES**

The number of US individuals living with chronic hepatitis C virus (HCV) is about 500,000 fewer than previously estimated, according to an analysis of data from the US National Health and Nutrition Examination Survey (NHANES) from 2003 to 2010 conducted by the Centers for Disease Control and Prevention. This new analysis, published in the *Annals of Internal Medicine*, shows that despite the change in prevalence, there is still a substantial population of individuals with chronic HCV in the US. Concern about the epidemic of undiagnosed chronic HCV infections among the baby boomer generation has prompted CDC to urge more aggressive screening of this population to identify infected individuals and begin treatment earlier. Of the roughly 30,000 tested who were represented in the NHANES survey, 273 (about 1 percent) tested positive for chronic HCV infection. If extrapolated to the wider US population, this would suggest that there are 2.7 million US individuals currently living with HCV, compared with 3.2 million predicted based on NHANES data from 1999 to 2002. The authors write that the reason for this apparent decrease is unclear, with one suggestion being a statistical artifact. Another possibility is that deaths among those with HCV over the past decade may have reduced the overall population living with the disorder, said Scott D. Holmberg, MD, MPH, chief of Epidemiology and Surveillance for viral hepatitis at CDC, one of the study’s authors. It is unlikely to be the result of more successful treatment because only about half of HCV-infected individuals are ever tested, and many of those who are diagnosed with the infection never receive medical care for it, according to the authors.

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**INFECTIOUS DISEASE UPDATES** (continued from page 14)

“Whether this decline in numbers of infected people is real or not, there are still millions of people infected with hepatitis C,” Dr. Holmberg told news@JAMA, the news blog of the *Journal of the American Medical Association*. “This emphasizes the urgency of getting people tested, into care, and treated.” The authors note that both the old and new estimates likely underestimate the total prevalence of chronic HCV infection in the US. NHANES does not include homeless people or those in prison, who are known to have high rates of HCV infection. (Source: news@JAMA, 3/3/14)

**Citation:** Holmberg SD, *et al.* Chronic hepatitis c virus infection in the US, National Health and Nutrition Examination Survey, 2003-2010. *Ann Intern Med.* 2014 March 4. 160(5)293-9. ♦

**MEMBER NEWS**

**The Community Blood Center of the Carolinas (CBCC) is supporting the Ronald McDonald House of Charlotte (RMH of Charlotte) through its 3<sup>rd</sup> Annual “Pint for a Night” campaign, CBCC announced in a March 10 press release.** For each blood donation from now through April 30, CBCC will make a financial contribution to RMH of Charlotte. “We appreciate the support from the Community Blood Center of the Carolinas and its donors for giving blood and participating in ‘Pint for a Night’,” said Mona Johnson-Gibson, executive director of RMH of Charlotte. “It’s a win-win for patients in our local hospitals and for our families.” CBCC President and CEO Martin Grable added, “Community Blood Center of the Carolinas is not just a place to give blood – it is a blood center built on the bonds of community. We are proud to help support Ronald McDonald House of Charlotte and we thank all of our blood donors for making ‘Pint for a Night’ possible. Doing so allows us to provide the blood products that children need while giving their families a home-away-from-home.” (Source: CBCC press release, 3/10/14) ♦

**PEOPLE**

**Anthony Watkins** was recently named the senior vice president at the Centers for Transfusion and Transplant Medicine (CTTM), announced CTTM in a March 5 press release. Mr. Watkins will provide financial leadership across CTTM and its three affiliate blood centers: BloodCenter of Wisconsin, Heartland Blood Centers, and Michigan Blood. “Tony has a proven history of developing strategies that drive business growth,” said Jackie Fredrick, president and CEO of CTTM. “I am confident he will provide the visionary financial leadership needed for CTTM to continue to grow in our changing healthcare environment.” Mr. Watkins brings more than 20 years of experience leading corporate finance, business development, and strategic financial planning in the pharmaceutical industry. His most recent experience was at Baxter Healthcare Corp. in Deerfield, Ill., serving as a vice president in both finance and global purchasing. Mr. Watkins earned his bachelor’s and master’s degrees at the University of Wisconsin-Madison, and holds an MBA from the University of Chicago Graduate School of Business. “I believe CTTM’s depth and breadth of services, as well as its geographic diversity, provide opportunities to advance patient care on a larger scale,” Mr. Watkins said. “I’m excited to be a part of that effort.” CTTM is an alliance of independent blood centers founded in early 2012. BloodCenter of Wisconsin and Heartland Blood Centers, which operates in Illinois and Indiana, were the first affiliates of CTTM. Michigan Blood, headquartered in Grand Rapids, joined CTTM in January 2014. (Source: CTTM press release, 3/5/14) ♦




## MEETINGS

### March 18 **AHA Town Hall Webcast.**

The American Hospital Association (AHA) will host a Town Hall Webcast on March 18 at 4 p.m. ET, featuring Deborah Feinsein, director of the Federal Trade Commission Bureau of Competition. The Bureau seeks to prevent anticompetitive mergers and other anticompetitive business practices in the marketplace. Ms. Feinsein will speak to key issues for the field surrounding the FTC's competition enforcement efforts, antitrust laws and mergers and acquisitions focusing on healthcare and hospitals. More details and registration information is available at <http://bit.ly/1fuZ0Ik>.

### Sept. 3-5 **European Conference on Donor Health and Management, the Netherlands.**

Sanquin Blood Supply will host the 1<sup>st</sup> European Conference on Donor Health & Management from Sept. 3-5 in The Hague, the Netherlands. This is a brand new conference on donors of blood, cells, tissues, and organs. It focuses on: donor base management, donor recruitment, donor retention, donor collection, and donor health. The conference will bring together leading researchers, experienced management professionals, medical experts, recruitment professionals, and professionals from government organizations in the field of donor health and donor management. The main focus is on the blood donors. More information and registration details can be found at [www.ecdhm.org/](http://www.ecdhm.org/). 

## CLASSIFIED ADVERTISING

Classified advertisements, including notices of positions available and wanted, are published free of charge for a maximum of three weeks per position per calendar year for ABC institutional members. There are charges for non-members: \$139 per placement for ABC Newsletter subscribers and \$279 for non-subscribers. A six (6) percent processing fee will be applied to all credit card payments. Notices ordinarily are limited to 150 words. To place an ad, contact Leslie Norwood at the ABC office. Phone: (202) 654-2917; fax: (202) 393-5527; e-mail: [lnorwood@americasblood.org](mailto:lnorwood@americasblood.org).

## POSITIONS AVAILABLE:

**Quality Control Technologist.** LifeStream, a blood center located in Southern California, serving 80 hospitals with 200,000 blood products annually, is searching for a Quality Control Technologist. The Quality Control Technologist performs quality control, maintenance, and calibration of laboratory equipment used in component quality control testing and production. The QC Tech also performs a variety of hematological, microbiological testing on apheresis and whole blood products including pre-platelet counts on donor samples. The candidate must have a BS degree in Medical Technology or related field, California Clinical Laboratory Scientist License. One to two years' experience in a laboratory and hematology laboratory is preferred. Please visit [www.LStream.org](http://www.LStream.org) to view the full job description and position responsibilities. LifeStream has an excellent compensation & benefits plan. For further information and to apply online please visit: [www.LStream.org](http://www.LStream.org). Or fax cover letter, resume, and

salary history to (909) 386-6813. Must pass pre-employment background check, drug screen, and physical exam. LifeStream is an Equal Opportunity Employer, M/F/D/V.

**VP/Chief Medical Officer.** Reporting to the President/CEO, and serving as a member of the executive team, excellent opportunity for experienced professional to provide leadership, direction and implementation for medical programs needed to support hospital relations, product management, donor and stem cell collections, manufacturing and laboratories, quality assurance, donor counseling and the national marrow program. LifeStream has an AABB accredited immunohematology laboratory, successful NMDP program, provides

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**POSITIONS** (continued from page 16)

therapeutic apheresis and outpatient transfusion services and has partnered with many of its hospital clients to implement successful blood utilization management programs. Candidates should have a strong transfusion medicine background including experience with both hospital transfusion service and blood center support and be comfortable serving on client hospital transfusion committees. Candidates should be board certified in a primary medical specialty and board certified/eligible in Transfusion Medicine. The candidate must possess an active or be eligible for a California Medical License. We require a minimum of five years medical director experience in blood centers and/or hospital transfusion services. We serve 80 hospitals with 200,000 blood products annually. LifeStream has an excellent compensation & benefits plan. Apply online @ [www.Lstream.org](http://www.Lstream.org) or fax cover letter, resume and salary history to (909) 386-6813. LifeStream is an Equal Opportunity Employer, M/F/D/V.

**Director of Operations.** Immunohematology and Genomics, New York Blood Center has a unique opportunity for a strong tactical/strategic leader in their Immunohematology and Genomics laboratory. This position will work closely with the Technical Director to ensure that best practices in the laboratory are being developed and followed. Responsibilities include directing and developing all aspects of operations including administrative, fiscal responsibility along with implementation of short- and long-term organizational goals and objectives while monitoring effectiveness. She/he will oversee quality systems in the department as well as assure regulatory compliance with NYSDOH, CLIA and FDA while assuring compliance with AABB Immunohematology Reference Laboratory (IRL) and Molecular Testing (MT) standards. This position will develop metrics to improve productivity while ensuring exceptional customer service to our internal and external customers. A successful candidate must have BS, MT (ASCP), a SBB certification in addition to 10 plus years of progressive supervisory experience in Reference lab or an equivalent and a NYS Clinical Laboratory Technologist license. For more job details, applicants are encouraged to apply at <http://bit.ly/1qDxAJm>.

**Manufacturing and Hospital Services Manager.** Kentucky Blood Center, located in Lexington, KY is seeking a dependable self-starter to oversee the day-to-day operations and management of staff for Manufacturing and Hospital Services. Job duties include, but are not limited to: hiring, staff scheduling, performance reviews, ensure training is completed, production planning, problem investigations, and SOP revisions. Must have a Bachelor of Arts or Science, Medical Technologist MT(ASCP) or Clinical Laboratory Sciences, or experience deemed equivalent required. Three years of management experience in an organization regulated by good manufacturing practices, FDA, AABB, or equivalent. Previous experience in blood

bank with understanding of component production preferred. Competitive salary, comprehensive benefits including health/dental/life, LTD, paid sick/vacations/holidays, EAP, 403(b) retirement savings plan, and pension plan. For more information or to apply online, please visit [www.kybloodcenter.org](http://www.kybloodcenter.org). Drug-free and EOE/AAP.

**Clinical Education Consultant (LZR00037).** Fenwal, Inc., a Fresenius Kabi company, is a global blood technology company dedicated to supporting transfusion medicine and cell therapies. We help ensure the availability, safety, and effectiveness of treatments that depend on blood – medicine's most vital natural resource. We have an opportunity for a Clinical Consultant based out of Dallas or Houston, Texas to work collaboratively with the sales team in the Southwest Region, providing clinical support for Fenwal product's, supporting the region and accomplishing sales objectives. Requirements include: RN, LVN, MT or related work experience; three to five years experience in a clinical environment; transfusion experience a plus; experience in training medical staff and the ability to drive sales; strong presentation and facilitation skills to effectively deliver training; ability to travel 75% in Southwest Region by Air and Personal Car (Reimbursement for business use of your personal car is at the standard IRS mileage rate). For more information about this position and to apply, please visit our website: [www.fenwalinc.com/Pages/Careers.aspx](http://www.fenwalinc.com/Pages/Careers.aspx) and search keyword: LZR00037. We offer an excellent salary and benefits package including medical, dental and vision coverage, life insurance, disability, and 401K. Fresenius Kabi is an Equal Opportunity Employer. We encourage and support a diverse workforce.

**Project Manager-Transfusion Medicine (Rockville, MD).** The American Red Cross is a visionary humanitarian organization that fulfills the needs of the American people for the safest, most reliable and cost effective blood services through voluntary donations. If you share our passion for helping people, join us in this excellent career opportunity. The American Red Cross is seeking a Project Manager, Transfusion Medicine, in Rockville, MD. The Project Manager supervises laboratory staff to carry out studies evaluating the quality of laboratory equipment, leukoreduction filters, apheresis devices, and more. This position will manage scientific licensing studies with external clients, develop laboratory protocols, IRB protocols, external service agreements, and prepare budgets. The Project Manager will also orally present results to staff, external clients and colleagues at national meetings. Qualified candidates possess a B.S. in Medical Technology and 10-plus years of experience in scientific project management, which includes collaborating with laboratory staff and other stakeholders, designing studies, analyzing data and

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**POSITIONS** (continued from page 17)

reporting results. One plus year of supervisory experience is also required. To apply, visit: <http://bit.ly/1eB1NjH>. We offer a competitive salary as well as excellent employee benefits and working conditions. Relocation assistance will be provided. The American Red Cross is an Equal Opportunity/ Affirmative Action Employer

**Laboratory Technician.** We are seeking an experienced laboratory technician who likes to work in a specialized environment paying close attention to detail, problem solving and exercising sound judgment to produce accurate quality work. Position handles specimen processing, test performance, reporting results, handling equipment and instrumentation along with maintaining quality control standards. Hours are Monday - Thursday 1-9 p.m., Friday 9-5 p.m. rotating weekends and holidays. MLT/MT required with BS degree and one plus years clinical laboratory experience. To be considered apply online at [www.rrvbc.org](http://www.rrvbc.org). EOE, M/F/D/V

**Quality Assurance Specialist.** Come join our dynamic Quality Assurance Department and become part of a team that supports Blood Bank of Hawaii's critical mission and helps ensure blood safety. Quality Assurance participates in managing change throughout the organization by supporting operations in investigations, root cause analysis, validation, process development, and improvement and internal audits. The Quality Assurance staff partners with all areas of the organization to guide processes toward excellent outcomes. Under the direction of the Director of Quality Assurance, the Quality Assurance Specialist (QAS) is responsible for coordinating, monitoring, and facilitating activities within the QA department. The QAS is responsible for managing routine activities of the Quality System and providing quality consultation to Operations to help build and refine processes that are both efficient and compliant. QA also represents the organization during external regulatory inspections and participates in new hire orientation and other training events throughout the year. You will need to have a Bachelor's degree in a science-related field or four years equivalent experience in FDA regulated industry; knowledge of FDA, HIOSH and OSHA regulations; valid SOH driver's license. New challenges always lie ahead. Come help make great things happen. Visit our website at [www.BBH.org](http://www.BBH.org) to complete an online application.

**Manager, Product Management Distribution.** Mississippi Valley Regional Blood Center (MVRBC) is currently searching for a Manager of Product Management Distribution in our Springfield, Ill. location. This role plays a vital part in MVRBC's mission of delivering life saving blood products to local hospital for patient care. The manager is directly responsible for the oversight and leadership of teams located in Springfield, Ill.; Maryville, Ill., and St. Louis, Miss. In addition to

successfully managing the daily functions of the department, the manager will be responsible for the constant evaluation of adherence to regulated and non-regulated practices. The manager will also provide input and suggestions regarding operational efficiencies while supporting the integrity of MVRBC. The ideal candidate will be able to demonstrate a work history in a supervisory or management role, preferably of multi-site locations. Travel will be expected up to 50 percent of the time between locations. Experience in inventory management, distribution, or processing environment is essential; blood center environment is preferred. Candidate must be highly organized and be able to work under stressful conditions providing guidance and support to all internal and external customers. Please visit [www.illinoisdiversity.com/apply.asp?jid=6274681](http://www.illinoisdiversity.com/apply.asp?jid=6274681) to apply.

**Director, Donor Recruitment.** LifeStream, a \$53M healthcare organization providing blood services for more than 70 hospitals in Southern California, is searching for a Director, Donor Recruitment to function as a member of the Donor Recruitment Management Team. The Director, Donor Recruitment will be responsible for managing and developing systems and internal resources necessary to retain current active blood donors, increase the number of first time donors, increase the number of career donors, and increase donation frequency. They will be responsible for directing the tactical aspects of both mobile and telephone recruitment, including the utilization strategy and selection process of new Area Representatives and Tele-recruiters. Please visit [www.LStream.org](http://www.LStream.org) to view the full job description and position responsibilities. LifeStream has an excellent compensation & benefits plan. For further information and to apply online please visit: [www.LStream.org](http://www.LStream.org). Or send cover letter, resume and salary history to: LifeStream, Attn: HR, 384 W. Orange Show Rd., San Bernardino, CA 92408. MUST PASS PRE-EMPLOYMENT BACKGROUND CHECK, DRUG SCREEN AND PHYSICAL EXAM. LifeStream is an Equal Opportunity Employer, M/F/D/V.

**Associate Medical Directors.** BioBridge Global (BBG) and its subsidiaries (South Texas Blood & Tissue Center, Gencure, and QualTex) are seeking two associate medical directors for locations in San Antonio, Texas and Norcross, Ga. Reporting to the Medical Directors, responsible for establishing medical procedures to ensure optimal medical care and regulatory compliance. This includes medical oversight of research, clinical consultation, medical client support, autologous/directed donations, cord blood collections, and counseling. Will

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**POSITIONS** (continued from page 18)

provide medical support to blood/components, laboratory testing, product management, clinical diagnostics, and QA. Medical Doctor (MD) or Doctor of Osteopathic Medicine (DO) required. Must be licensed or license eligible to practice medicine in the State of Texas, Georgia, & New York. Board certified in clinical pathology or hematology required. Blood banking/transfusion medicine board certification or board eligible. For more information, please visit our website at [www.biobridgeglobal.org](http://www.biobridgeglobal.org) or contact Maria Garcia-Andrade, HR Generalist @ (800) 292-5534, Ext. 1852. Email resume to: [maria.garcia-andrade@biobridgeglobal.org](mailto:maria.garcia-andrade@biobridgeglobal.org). EOE-AA.

**Reference Lab Medical Technologist (St. Petersburg, FL).** Hours: 3rd Shift; 11 p.m. - 7:30 a.m.; Sunday-Thursday; rotating weekends and holidays as needed. SBB experience preferred, but not required. Red Cell/White Cell genotyping preferred, but not required. Performs basic through advanced testing procedures on patient and/or donor samples and interprets results in accordance with regulatory guidelines and organizational policies and procedures. Applicant must have a bachelor's degree in a biological science or related scientific field from an accredited college or university or an equivalent combination of education, certification, training and/or experience. Applicant also must have a valid and current Florida Clinical Laboratory Technologist license in Immunohematology or Blood Banking. In certain specialty laboratories performing HLA, molecular testing or patient testing, other Florida licenses may be required. To apply and to view a complete job description of this position, go to [www.oneblood.org](http://www.oneblood.org) and click on the "Careers/Volunteer" link at the bottom of the page. Then click on "Career Opportunities." OneBlood, Inc. is an Equal Opportunity Employer. In compliance with United States Equal Employment Op-

portunity guidelines and the Americans with Disabilities Act, OneBlood, Inc. provides reasonable accommodation to qualified individuals with disabilities and encourages both prospective and current employees to discuss potential accommodations with the employer.

**Region Recruitment Manager.** Puget Sound Blood Center is seeking a strategic leader to manage the departments responsible for donor group and volunteer recruitment goals. Responsibilities include: providing leadership and motivation to staff teams; developing systems and program analysis tools; improving communications enhancing community relationships to encourage donor and volunteer participation; positioning the Blood Program as a volunteer supported organization. Ideal candidates will have over eight years' direct experience in recruitment, marketing, customer relationship management, or volunteer management experience, and five years in a supervisory capacity. Requirements also include demonstrated familiarity with marketing and planning systems; strong data analysis skills; demonstrated written, verbal and interpersonal communication skills; and proficiency with Windows PC software. Bachelor's degree in a related field or equivalent work experience. Blood recruitment industry experience preferred. This exempt, full-time position is based in Bellevue, WA. Submit resume to Puget Sound Blood Center via email at [humanresources@psbc.org](mailto:humanresources@psbc.org); fax: 1-866-286-8495; USPS: Human Resources, Puget Sound Blood Center, 921 Terry Ave., Seattle, WA 98104-1256. Reference Job #7032. Open until filled. For disability/accommodation assistance with the application process contact HR at [humanresources@psbc.org](mailto:humanresources@psbc.org), or at (206) 292-6500, or at 921 Terry Ave., Seattle, WA 98104. AA.EOE. ♠