

2017 #37

October 20, 2017

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Our View of the "Crisis in the Sustainability of the U.S. Blood System"

Ed. Note: This opinion piece has been submitted to the Newsletter to encourage discussion and critique of the points raised in this recent New England Journal of Medicine Sounding Board.¹ Opinions expressed herein are those of the authors, and cannot be construed as those of any organizations for which they work or volunteer. We encourage readers of the Newsletter to submit responses and alternative views as letters to the editor.

The *New England Journal of Medicine (NEJM)* Sounding Board by Klein *et al.* is a serious warning. We thank the authors for clearly articulating that the blood system is a public trust and strategic resource and for alerting the *NEJM's* audience that the "U.S. blood pipeline is now in danger of disruption."

Treating blood for transfusion as a commodity threatens the day-to-day operation of the health care enterprise while compromising our preparedness for the unprecedented disasters for which we must craft responses. About the former, they note that 16 percent of hospitalized Medicare beneficiaries are transfused, but not that, depending on size, 22 to 37 percent of hospital revenue coming from the Centers for Medicare and Medicaid Services (CMS) requires the immediate availability of blood², whether it is used or not. The latter are not like 9/11, the Pulse night club or Mandalay Bay shootings. Blood already on the shelves in blood centers and hospital transfusion services, collected in the days and weeks *before* a tragedy, is what saved lives then.³ However, the scenarios for which we must now be prepared include bioterrorism, "dirty" nuclear devices and severe pandemic influenza. They are qualitatively distinct, may require large amounts of blood over an extended period, and may shut down blood donation and processing over large areas for a sustained interval. Planning for the specific needs of the blood community in such catastrophes must have the same urgency as preparing for those incidents generally.

Sufficient options for the structural changes for which the authors ask are not offered in the Sounding Board.

A transparent safe harbor from antitrust violations would permit frank discussions in the blood community on minimum professional standards for the quality, safety, and adequacy of the blood supply. It will not guarantee mitigation of the destructive competitive forces operating today—which might be seen as self-imposed.

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OUR SPACE

The Power of Our Collective Strength and Commonality

Kathye Brammann; Director, Finance & Supply Management, Mississippi Valley Regional Blood Center

April Cleaver; Controller, We Are Blood

With the 2017 ABC Financial Management Workshop wrapped up, we can reflect on what an exciting time it was! Houston is such a wonderful and vibrant city and even on the heels of Hurricane Harvey, you could feel the pulse of the city, whose residents won't be deterred from their recovery. Through attending, we were able to assist in some small way by adding dollars to their economy. For that, we are grateful.

One of the unique elements about this year's workshop was were the joint sessions that allowed information technology (IT) and finance professionals to hear shared challenges and collaborate on solutions. At times, we lose sight of the interdependence we have on each other and this conference served as a pleasant reminder.

We learned: it is possible to be better negotiators, better ways exist to plan for the future, information security is everyone's business, not just IT professionals, and that much can be learned from individuals like Kathye Brammann and Jim Tompkins who have excelled at the fast close and done some amazing things in automating manual processes. Many takeaways exist as we strive to be more effective for our organizations moving forward.

We have a number of reasons to be grateful post-conference, from the knowledge that we all struggle with similar things – needing more time, resources, and dollars to make our organizations thrive, to the reassurance that we are part of a larger collective striving to serve our employees, management, boards and communities. The opportunity to learn from others who have strengths in areas that we do not and the chance to share our knowledge, experience, and expertise is one of the many benefits that a workshop like this has. However, the ultimate benefit is the chance to meet some amazing people and network with our peers who share similar goals. This reinforces that we are all stronger together than any single one of us is individually.

As another workshop has drawn to a close and another year not too far behind, we know that the one constant for all of us is change, but we can learn to adapt from each other, seeing past our differences, focusing on our commonality, as we share and learn and grow together. ♦

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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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CRISIS IN SUSTAINABILITY (continued from page 1)

The well-established trend toward mergers, acquisitions, and consolidation of centers, laboratories and their supply chains are a natural result of our current financial conditions and the resulting search for economies of scale. However, ABC margin data do not yet demonstrate that the larger organizations that result from this trend do better (Pers. Comm. Katz LM). This may take time or, instead, might reflect that the complex and expensive characteristics of a current Good Manufacturing Practices environment do not provide those “expected” economies after growth. There is no doubt that larger blood organizations will have more leverage in negotiations with hospital systems.

However, at the end of the day, touching the donors in their communities, one at a time, is a defining characteristic of blood donation, and it remains to be seen the degree to which this can or should be relegated to a contracting number of large, remote corporate entities. In addition, preserving a level of diversity among blood collection organizations can promote innovation.

The blood given by volunteers to our not-for-profit centers is a public good. An appropriate parallel is to the electric grid, public water supplies or other utilities. In return for assured sustainability, competition is managed to a greater or lesser degree. The rest of the world has recognized this for years, and high-income countries have adopted largely public means, although not without issues of their own, to assure both sustainability and accountability for their blood systems. We have not. An appropriate public-private partnership should not be hard to devise, even within the private enterprise business model favored by the blood community. To that end, we offer the following specific suggestions to start the process:

- CMS must validate the hospital charge data used to establish reimbursement for blood. That will assure that hospitals are capturing costs accurately and completely;
- Price adjustments must reflect much more than the base cost to find a donor, draw the blood, process, store, and then distribute it to the point-of-care. They must explicitly account for the costs of maintaining the physical and human infrastructure sufficient for support of urgent surge capacity (i.e., structural “insurance” capacity sufficient for any anticipated need). For example, they must account for the donor losses and replacement costs that come with precautionary safety measures e.g., deferrals for variant Creutzfeldt-Jakob disease. In an era when declining red blood cell use has resulted in lean staffing levels, we need to understand how to support adequate capacity for sustained surges in demand, where hiring and qualifying new personnel takes months, not weeks;
- Unanticipated safety interventions like the unprecedented 2016 emergency requirement to test the entire blood supply for Zika virus must be fully reimbursed. We live in a world where the rain forests of Africa, South America and South Asia and their microbiomes are less than 24 hours from our donor rooms; Zika will not be the last such threat. Reimbursement adjustments must be timely. They cannot continue to take three to four years to reflect new regulatory mandates and voluntary advances in safety and quality; and
- Finally, CMS must assure that adjustments to reimbursement, now made to end users, not blood centers, find their way to the blood community. Those end users need to bear their appropriate share of the cost of a safe, pure, potent blood supply, while being appropriately reimbursed for transfusions in both inpatient and outpatient settings. This can mitigate the downward competitive spiral that has eroded our margins, is limiting the services we provide, compromises our ability to invest in continuous improvement, and be engines of innovation. Blood collection facilities can then compete on service, not in a destructive race to the lowest price for a unit of blood. Our upstream suppliers might then see adequate return on investment within time horizons that will encourage, not deter, the research and development needed to maintain innovation and engagement in the U.S. market.

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CRISIS IN SUSTAINABILITY (continued from page 3)

The blood community, with society, must agree whether “some type of significant public or private intervention” is required. We, two of us members of the Advisory Committee on Blood and Tissue Safety and Availability and its Sustainability Working Group, are engaged in “accessing stressors and potential solutions.” As such, it is vitally important that all involved in the blood system provide the data critical to stress-testing the system, remain engaged in the discussions, sustain a sense of urgency, and maintain laser-like focus peering into the future to guarantee the unimpeded delivery of a public resource of incalculable value.

Opinions expressed herein are those of the authors, and cannot be construed as those of any organizations for which they work or volunteer.

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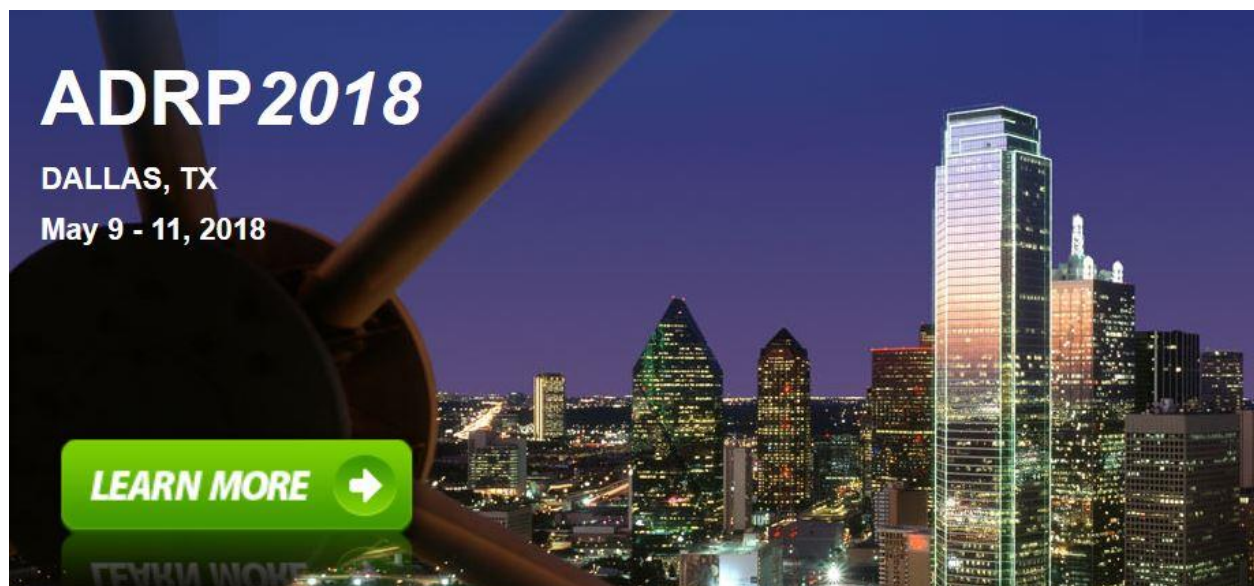
Citations:

¹ Klein H.G., Hrouda J.C., Epstein J.S. Crisis in the sustainability of the US blood system. *N. Engl. J. Med.* 2017. 377:1485-8.

² MacPherson J., Mahoney C.B., Katz, L. *et al.* Contribution of blood to hospital revenue in the U.S. *Transfusion.* 2007. 47:114S-6S.

³ Schmidt P.J. Blood and disaster—supply and demand. *N. Engl. J. Med.* 2002. 346:617-20.

⁴ [United States Food and Drug Administration Revised recommendations for reducing the risk of Zika Virus transmission by blood and blood components: guidance for industry.](#) Accessed 12 Oct. 2017. 💧





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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.

Houston Hosts ABC Workshops

The ABC Financial Management and Information Technology (IT) Workshops recently concluded in Houston, Texas hosted by Gulf Coast Regional Blood Center. More than 85 attendees and speakers took part in the two-day workshops with IT and finance professionals getting to experience joint sessions in addition to hearing presentations related to their specific disciplines. The IT Workshop sessions followed a new format based on overwhelming feedback gathered from attendees of last year's workshop. Each topic included a presentation followed by roundtable discussions, ending with moderator summaries. The workshop featured industry leaders sharing their expertise in cybersecurity, metrics, and business intelligence.

Cybersecurity was a hot topic as Brian Reithel, PhD chief information officer, of IT Synergistics, LLC shared with attendees the importance of a good cybersecurity program highlighting the newest attack methods and sophisticated techniques being used in recent cyberattacks. John Holder of OneBlood further discussed the implementation and usage of various security tools and technologies that can help in protecting organizations including email filtering and vulnerability management. Also, business intelligence (BI) figured prominently into the IT workshop. Paul Ruddy, MBA from Central Jersey Blood Center and Jennifer White from Mississippi Valley Regional Blood Center discussed the benefit, role, and various analytics organizations utilize in terms of BI, along with the pitfalls or challenges of integrating Blood Establishment Computer Systems with surrounding systems respectively.

ABC Supports CALIF. Blood Centers' Push to Amend Physician and Registered Nurse On-site Requirement

ABC sent a [letter of support](#) to the California Department of Public Health on behalf of blood centers in California regarding an upcoming petition hearing calling for an amendment to the requirement that either a physician or registered nurse be physically present when blood is donated. California is currently the only state in the U.S. with this requirement. ABC endorsed changing the requirement to "the employee placed in charge, in the absence of a qualified physician, must be a registered nurse. The registered nurse shall be available for consultation via telephone, audio/video-real time chat (synchronous) or other electronic means." A copy of the letter is available to ABC members on the [member website](#).

ADRP Announces Call for Speaker Abstracts

ADRP opened the call for abstracts for its [2018 Conference and Expo](#) in Dallas, Texas. All marketing innovators, recruitment visionaries, and collections experts are invited to [submit](#) abstracts on topics including donor collections staffing, managing productivity, fixed site recruitment, customer service marketing programs, reducing turnover, and emerging medical issues. Speakers that are chosen will receive a 30 percent discount off conference registration and a free one year subscription to ADRP. Interested individuals can submit their abstracts [here](#).

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INSIDE ABC (continued from page 5)

ADRP Award Nominations Open

Recognize a peer or outstanding donor group by nominating them for an [ADRP Award](#). Submissions are being accepted until November 15th via the online [nomination form](#). This year's categories include: Donor Recruiter of the Year, Donor Collections Team Member of the Year, Leader of the Year (Recruitment & Collections), Franzmeier Lifetime Achievement Award, Gilcher MD/CEO Award, Media Partner Award, Blood Drive Award (Creative & Most Productive), School Blood Drive Award, and the Humanitarian Service Award. 💧

RECENT REVIEWS

Acute care surgeons at the University of Texas in Houston have published a review of balanced resuscitation in the management of trauma. This survey of the history of trauma treatment particularly emphasizes the adverse effects of crystalloid resuscitation, recognition of the role of trauma-induced coagulopathy, the use of permissive hypotension and recent evidence in support of high ratios of platelets and plasma to red blood cells. The value of consistently triggered, explicit massive transfusion protocols to achieve balanced resuscitation without a need of complex processes to track component use is a key point. A final section discusses recent trends toward the use of whole blood for trauma victims.

Citation: Cattle, P.M. and Cotton, B.A. Balanced resuscitation in trauma management. *Surgical Clinics of North America*, 2017. 97:999-1014.

A systematic review and meta-analysis of nine randomized, controlled trials comparing liberal and restrictive transfusion in three geriatric surgical populations (five orthopedic, three cardiovascular, and one cancer) found higher 30- and 90-day mortality with restrictive transfusion. The respective risk ratios (95 percent confidence intervals) were 1.36 (1.05-1.74) and 1.45 (1.05-1.98). This “contradicts current restrictive transfusion approaches” and requires further study and analysis of the potential operational impacts if the observation is confirmed.

Citation: Simon, G.I., Craswell A, Thom, O. *et al.* Outcomes of restrictive versus liberal transfusion strategies in older adults from nine randomised controlled trials: a systematic review and meta-analysis. *Lancet Haematology*. 2017. 4 (10), e465-e474. 💧

BRIEFLY NOTED

An association of mortality among males transfused with blood from previously pregnant females alleged. *JAMA* has published a retrospective cohort study by authors from the Netherlands that found 101 all cause deaths/1000 person years among males who received red blood cell (RBC) transfusion from an ever-pregnant female donor compared to 80/1000 patient years among males receiving RBC units from male donors (Hazard ratio 1.13 [95 percent confidence interval 1.01-1.26]). For males transfused from a never-pregnant female donor vs. male donor the rates were 78 vs. 80 deaths/1000 patient years (HR 0.93 [0.81-1.06]). Rates for female recipients were statistically identical regardless of donor gender and parity. The study was retrospective and observational and therefore subject to unrecognized confounding. No clear biological hypothesis for the observation was offered. In light of both contradictory and supportive prior studies, the investigators called for more work to “replicate these findings, determine their clinical significance, and identify the underlying mechanism.” Editorialists agreed and stated as well that “(I)n light of the

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**BRIEFLY NOTED** (continued from page 6)

limitations of the study by Caram-Deelder *et al.*, current criteria for blood donor selection should not change. However, additional investigation is needed.” ABC members can find additional information including talking points in [MCN 17-072](#).

Citations: Caram-Deelder, C., Kreuger, A.L., Evers, D, *et al.* Association of blood transfusion from female donors with and without a history of pregnancy with mortality among male and female transfusion recipients. *JAMA*. 2017. 318:1471-78.

Cable, R.G., Edgren, G. Blood transfusions from previously pregnant women and mortality interpreting the evidence. *JAMA*. 2017. 318:1445-8.

While red blood cell (RBC) transfusions decrease overall, the distribution of antigen negative is increasing. The BEST Collaborative has surveyed trends at six large U.S. blood collectors to describe trends in the distributions of RBCs vs. antigen-negative RBCs over time. Total RBC distributions fell 27.2 percent from 2009 through 2016, while antigen-negative RBC distributions increased by 39.5 percent. The antigen-negative units came predominantly from Caucasian donors, but antigen negative donations from African American donors were overrepresented compared to their proportion among all donations, and were they were the predominant donors of RBCs matched to be negative for ≥ 5 antigens. For the purposes of planning and recruitment, “(B)lood collectors will need to be aware of the trend of increasing antigen-negative distributions despite decreased overall distributions.”

Citations: Yazer, M.H., Anani, W.Q., Denomme, G.A. *et al.* Trends in antigen-negative red blood cell distributions by racial or ethnic groups in the United States. *Transfusion*. doi:10.1111/trf.14376.

California Governor Jerry Brown signed a bill this month that removes the felony designation for knowingly exposing a sexual partner to HIV without disclosure. The distinction also applies to HIV-positive individuals that deliberately donate blood. The bill, passed by the California legislature in September, goes into effect on January 1st.

(Source: *Los Angeles Times*, [Knowingly exposing others to HIV will no longer be a felony in California](#), 10/6/17)

RAND Corp. announced in a news release the findings of their [study](#) examining the 19 U.S. public cord blood banks. The study entitled Challenges to the Sustainability of the U.S. Public Cord Blood System found that “the nation’s public umbilical cord blood banks provide benefits that far outweigh their costs and should continue to receive federal support, even though use of cord blood stem cells from the banks has been declining,” according to the release. The federal government’s public cord blood program dates back to 2005.

(Source: Rand Corp. [News Release](#), 9/29/17) ♦

ABC Calendar of Events

ABC offers a variety of meetings, workshops and virtual opportunities for education and networking as well as participation in ABC business. The [calendar of events](#) includes annual and summer meetings, board meetings, workshops, and webinars, and details will be updated as confirmed. We look forward to your support and participation!



REGULATORY NEWS

The Food and Drug Administration (FDA) announced approval of Yescarta this week. According to the release, “Yescarta is the second gene therapy approved by the FDA and the first for certain types of non-Hodgkin lymphoma.” It is a chimeric antigen receptor T-cell (CAR-T) developed by Kite Pharma, Inc. to fight blood cancers. The release added that the use of Yescarta is permitted “in adult patients with large B-cell lymphoma after at least two other kinds of treatment failed.”

(Source: Food and Drug Administration [News Release](#), 10/18/17)

The International Council for Commonality in Blood Banking Automation (ICCBBA) announced updates to ISBT 128, the international identification, labeling, and information processing system for products of human origin. Version 7.8.0 of the ISBT 128 Product Description Code Database is now available to licensed facilities. Download the new database and revisions to the Version Control Sheet [here](#). Access the corresponding update to the Product Lookup Program [here](#). The Standard Terminology for Medical Products of Human Origin v7.8, which provides definitions to all ISBT 128 terminology, has also been [released](#). ICCBBA has also released [Version 3.2.0 of the ISBT 128 Standard Global Registration Identifier for Donors ION Database and GRID Rules \(ST-015\)](#) and a new cellular therapy ISBT 128 [compliance audit tool](#).

(Source: ICCBBA announcement, 10/10/17) ◆

WORD IN WASHINGTON

Eric Hargan, JD is now the Acting Secretary of the Department of Health and Human Services (HHS) following his appointment on October 10. He assumes the role from Don Wright, MD, who temporarily took over following the resignation of Tom Price, MD. Mr. Hargan previously worked for HHS from 2003 to 2007 and holds degrees from Harvard University and Columbia University Law School. “Eric Hargan brings a wealth of knowledge, expertise, and leadership experience to HHS,” said Dr. Wright in statement issued by the HHS Press Office. “His commitment to public service and vast experience in the healthcare field will help guide the department as we advance President Trump’s agenda on behalf of the American people. We look forward to working with Deputy Secretary Hargan to enhance and protect the health and well-being of all Americans.”

(Source: HHS News [Statement](#), 10/5/17) ◆

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 the Editor 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.



Learn ♦ Grow ♦ Lead Shed Light on Your Future



This Month's Featured API Resources

1. **Jerry Haarmann Leadership Program**
Six courses on leading teams

"This course gave me many ideas on how to work with the team in my department as well as working with other teams outside my department."

- API pilot participant

2. **Strategic Leadership Program**
Six courses on change management and communication challenges

Effective Leadership: How Do You Rate?

Check your leadership effectiveness by answering yes or no to the following questions:

- Do you know exactly what you want employees to understand, think, and do in response to your communications?
- Are trust and commitment part of your team's DNA?
- Do you know what motivates your employees?



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PEOPLE

MEDIC Regional Blood Center CEO Jim Decker, DHA, MBA was recently honored as a 2017 Health Care Hero by the Greater Knoxville Business Journal. This distinction recognized Dr. Decker for decades of service to improving health care in the category of administrative excellence. "I get gratification from the fact that I know what we're doing is helping people on a daily basis," said Dr. Decker. "We're an integral part of the health care system here locally because of the nature of what we do to make sure we have a sufficient blood supply. It's important that we continue to operate and continue to be here to support the hospitals' needs." Prior to joining MEDIC, Dr. Decker served as a CEO and Administrator of several Tennessee



Jim Decker, DHA, MBA accepting award at 2017 Health Care Heroes Luncheon in Knoxville, Tenn.

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PEOPLE (continued from page 9)

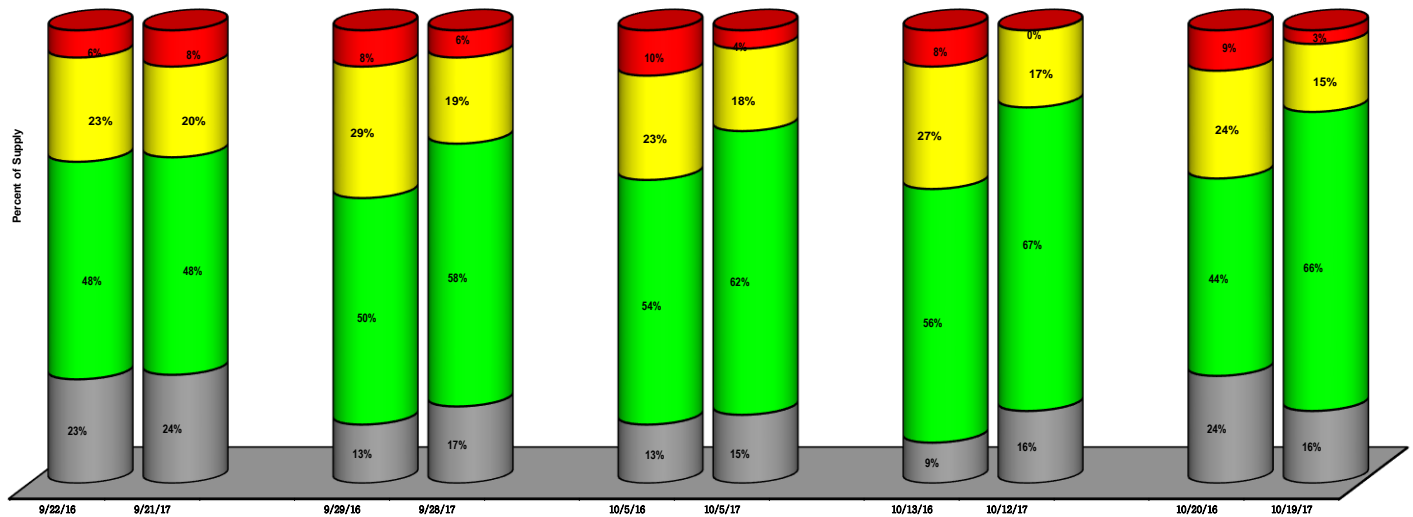
hospitals. He earned his master’s of business administration from the University of Tennessee and his doctor of health administration from the Medical University of South Carolina. He is currently on the board of directors for the Community Blood Centers Exchange and is a former board member of ABC.

(Source: MEDIC Regional Blood Center announcement, 10/9/17)

AABB announced the installment of Mary Beth Bassett, MT(ASCP) as president of AABB during the 2017 Annual Meeting in San Diego, Calif. She is the Executive Vice President and Chief Quality Officer at Blood Systems, Inc. and has been a member of the AABB board since 2008. “It is my honor and privilege to serve as president of AABB,” said Mary Beth Bassett in an AABB News Release. “Along with that honor comes a deep responsibility. I will work tirelessly to live up to the expectations of our members, to respect the legacy of this organization and to embrace the accomplishments of those who have gone before me. Working together, we will fulfill AABB’s renewed Vision of making transfusion medicine and cellular therapies safe, available and effective worldwide.” Ms. Bassett follows Zbigniew M. Szczepiorowski, MD, PhD, FCAP as President and will serve a one-year term.

(Source: AABB [News Release](#), 10/11/17) ♦

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



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

www.AmericasBlood.org



CALENDAR

Note to subscribers: Submissions for a free listing in this calendar (published in the last issue of each month) are welcome. Send information to Leslie Maundy by e-mail (lmaundy@americasblood.org) or by fax to (202) 393-1282. (For a more detailed announcement in the weekly "Meetings" section of the newsletter, please include program information.)

2017

Oct. 25-28. **National Sickle Cell Disease Association Convention, Atlanta, Ga.** Register [here](#).

Oct. 25-26. **MedTech Coverage, Coding, & Reimbursement Workshop, San Diego, Calif.** Find out more [here](#).

Nov. 2. **AdvaMed Cybersecurity Summit, Washington, D.C.** For more information and to register, click [here](#).

Nov. 8-10. **10th World Federation of Hemophilia Global Forum, Montreal, Canada.** For more information and to register, click [here](#).

Dec. 9-12. **American Society of Hematology Annual Meeting & Expo., Atlanta, Ga.** Register [here](#).

2018

Feb. 5-7. **14th Annual FDA and the Changing Paradigm for HCT/P Regulation., Alexandria, Va.** Register [here](#).

Mar. 17-19. **ABC Annual Meeting, America's Blood Centers, Scottsdale, Ariz.** More details available [here](#).

May 8-10. **ABC Human Resources and Technical Directors Workshop, Dallas, Texas.** More details [here](#).

May 9-11. **ADRP Conference & Expo., Dallas, Texas.** More details [here](#). 💧

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 Maundy at the ABC office. Phone: (202) 654-2917; fax: (202) 393-1282; e-mail: lmaundy@americasblood.org.

POSITIONS

Medical Director, Clinical Services (Stanford Blood Center). The Department of Pathology seeks full-time physician clinician educator to serve as Medical Director, Clinical Services at Stanford Blood Center (SBC). Position is in the Clinician Educator line, rank based on years of relevant experience. You will: Provide medical oversight for SBC policies and procedures, maintaining compliance with regulations and standards, share responsibilities for medical consultations at SBC and for training in blood banking and transfusion medicine, provide medical cross coverage for Transfusion Service at Stanford Health Care, and participate in clinical research projects in blood banking and transfusion medicine. SBC collects 50,000 red cell and 14,000 plateletpheresis components annually, performs infectious disease testing, and provides support for clinical, translational research activities. It is primary supplier for hospitals including Stanford Health Care and the Lucile Packard Children's Hospital. Requirements: MD or DO with California

Medical License, board certified in Clinical Pathology, Internal Medicine or Pediatrics, board eligible/certified in Transfusion Medicine, minimum one year experience in Transfusion Medicine. Stanford is an equal employment opportunity and affirmative action employer. Please send cover letter, CV and names of three to five references (**in one pdf document**) to: Thomas Montine, MD, PhD, Chair, Department of Pathology, c/o Cynthia Llanes at cllanes@stanford.edu.

Chief Executive Officer. The Northern California Community Blood Bank in Eureka, California is a successful not for profit blood center located on the far north coast of California in the heart of the coastal Redwoods. Our CEO will be retiring in 2018 and the Board of Directors has begun the search for his replacement. The blood bank serves five hospitals in the two county service area and

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POSITIONS (continued from page 11)

has a robust resource sharing program. The CEO provides overall leadership, direction and general management to the operations and reports directly to the

Board of Directors. The primary responsibility/mission is to provide a safe and adequate blood supply in a fiscally sound manner. Requirements for the position are five or more years senior management experience in health care with blood banking experience preferred. College degree required and master's degree in business, health care management or related field is helpful but not required. Equivalent experience will be considered. Leadership skills, knowledge of quality assurance, knowledge of scope and requirements of blood banking industry, effective communicator internally and externally, knowledge of FDA/AABB regulations and standards are required. If interested, please send Resume or CV to: Terry Raymer, MD, Board Chairman, Northern California Community Blood Bank, 2524 Harrison Avenue, Eureka, California 95501. If wishing to inquire, it is acceptable to contact Thomas Schallert, CEO at (707) 443-8004.

Operations Coordinator-Collections. This position is responsible for arranging collection activities to achieve operational goals and standards including production, compliance, cost, hiring/terminations, employee development, team spirit and customer service. Must be able to identify and resolve production concerns in order to ensure continued daily operations. This individual will consult with the manager, oversee the daily operations and assumes managerial responsibilities in the absence of the manager. This position requires regular full time attendance with regular office hours and on-call duties. Required: High school diploma or equivalent, two years of supervisory/management experience - Prefer background in highly regulated field. Carter BloodCare (CBC) is an EEO/Affirmative Action employer. CBC provides equal employment opportunities (EEO) to all employees and applicants and will not discriminate due to an employee's or applicant's race, color, religion, sex, sexual orientation, gender identity, age, national origin, genetic, and veteran or disability status. In addition to federal law requirements, Carter BloodCare complies with applicable state and local laws governing nondiscrimination in employment in every location in which the company has facilities. CBC is a Pro Disabled and Veteran Employer. We maintain a drug-free workplace and perform pre-employment substance abuse testing. Please click [here](#) to apply.

Manager, Immunohematology Reference Laboratory. Memorial Blood Centers in St. Paul, Minnesota, is looking for a Manager for our Immunohematology Reference Laboratory. This exempt, and full-time role oversees clinical laboratory testing procedures, management of rare blood inventory, and supervision of

laboratory staff. Benefits include: Medical, Dental, Vision, PTO/EST, 401K and more! To apply, click [here](#).

Medical Directors. As one of the nation's premier humanitarian organizations, the American Red Cross is dedicated to helping people in need throughout the United States and, in association with other Red Cross networks, throughout the world. If you're a physician with at least five years' experience in transfusion medicine or blood banking, then we have an opportunity for you! We are currently hiring Medical Directors to lead our blood banking regions in the Pacific Northwest (Portland, OR) and Southwest (may be located in Tulsa, OK; Wichita, KS; Dallas or Houston, TX). Relocation provided. Our physicians put themselves out there for internal talks and conferences, and meet with hospital clients and industry leaders. The Red Cross firmly believes in a performance-driven environment: Medical Directors have substantial opportunity to grow professionally and increase their scope of responsibility within the American Red Cross physician group. For more information, email Elizabeth.Reardon@redcross.org.

Assistant Director of Marketing, Communications, and Community Development. Central California Blood Center (CCBC) seeks qualified candidates for the Asst. Director of Marketing, Communications, and Community Development with near-term potential to grow into the Director position. Opportunity to champion the CCBC strategic plan; develop and execute marketing plans to achieve annual blood collection goals at fixed and automated locations and in mobile-field drives; promote a renewed brand to firmly establish the value of a plentiful our blood supply are included in this position. An effective and adaptive leadership style is vital in managing daily operations of a 12 person department with the support of the two supervisors as direct reports. A working knowledge/experience in and a grasp of: media and crisis management; marketing best practices including those of creative and production; community development and event management; CRM; staff development; verbal/written and interpersonal communication including public speaking/on camera appearances, computer technology; and the social media environment and engagement are required. Additional expectations will include the ability to assist the Director as needed to oversee the implementation of a branding campaign working with media and other stakeholders to accomplish our mission to serve our community and beyond. Bachelor's degree (BA/BS) in communications, marketing, public relations, business administration, healthcare administration, or relative degrees preferred. Progressive management experience in blood banking or health-related field a plus. Competitive salary and benefit package. To apply click [here](#). EOE/M/F/Vet/Disability.

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POSITIONS (continued from page 12)**Immunohematology Reference Laboratory Specialist.**

The Central California Blood Center, located in Fresno, is seeking an Immunohematology Reference Laboratory Clinical Laboratory expert. Full-time, Monday-Friday, day-shift and on call. This job includes but not limited to providing exceptional customer service to our hospitals by resolving intermediate to complex red cell antibody problems, finding compatible blood through local donor screening or networking with other blood centers IRBs and training and assessing other CLS to perform IRL testing. Additionally this job requires performance of other donor laboratory and component manufacturing tasks. The ideal candidate shall possess advanced IRL experience, great written and verbal communication skills, work expeditiously and utilize resources optimally to solve the complex patient cases. Strong working knowledge of pertinent safety, FDA regulations, and AABB standards is desired to insure regulatory compliance at all times. Qualified bachelor's degree and licensed in the state of California as a Clinical Lab Scientist, an SBB a plus. Competitive pay and Benefit package. EOE/M/F/VET/Disability. Please click [here](#) to apply.

Medical Technologist. LifeSouth Community Blood Centers is currently seeking a skilled individual for a Medical Technologist position in our Immunohematology Reference Laboratory (IRL) in Gainesville, FL. This position performs and interprets clinical laboratory tests in a highly regulated environment. Bachelor's degree required. National certification such as MT/CLS, MLS (ASCP) or equivalent required. Current Florida Medical Technologist license required. Must be able to work the overnight and weekend shift. This is a full-time position. Starting salary range is \$25.00 - \$32.00 an hour based on years of relevant experience. Shift differential may apply. LifeSouth offers a competitive benefits package and great career development opportunities. Background check and drug test required. Equal Opportunity/Affirmative Action Employer/DFWP/Tobacco Free. Follow this link to apply: <https://lifesouth.careerplug.com/jobs/695857/apps/new>.

Vice President, Human Resources (Lexington, Kentucky). Kentucky Blood Center (KBC) is seeking a proactive professional responsible for the oversight and management of the Human Resources department. The role encompasses oversight of all HR functions, including compensation, benefits, employee relations, talent management, retention, performance management, budget preparation and monitoring, policy development, legal compliance, safety, training and development, wellness, and volunteer services. Reporting directly to the President and CEO, this position works with KBC's outside counsel and benefit administrators regularly. The position is becoming available due to an announced retirement guaranteeing a seamless transition. Qualified

applicants must have a bachelor's degree in Human Resources, Business, or related field and an HR Certification is strongly preferred. A minimum of eight years HR management experience required. Proof of education/certifications required during the interview process. Must be proficient with MS Office products; have a working knowledge of employment and labor law, compensation, and benefit administration; have proven data analysis skills; be highly organized, reliable, and have outstanding interpersonal skills. Strong communication skills, a do-what-it-takes work ethic, and a team player attitude are required. Competitive salary, comprehensive benefits including health, dental, vision, life, STD, LTD, paid time off/holidays, EAP, and 401(k) retirement savings plan. Relocation provided. For more information or to apply online, please visit www.ky-bloodcenter.org. Drug-free and EOE/AAP.

Medical Technologists. Medical Technologists opportunities available! If you've always wanted to live near the beautiful beaches in Florida, OneBlood is currently recruiting in Panama City, FL. OneBlood has a great benefits package that includes a Student Loan Repayment Program, a FREE medical insurance option, license reimbursement, competitive shift differentials, and much more. Our Medical Technologists perform basic through advanced testing procedures on patient and/or donor samples and interpret results in accordance with regulatory guidelines and organizational policies and procedures. Applicants must have a valid/current Florida Clinical Laboratory Technologist license, or eligible, in Immunohematology or Blood Banking. Apply [here](#) to join our team of dedicated professionals with a mission to save lives. OneBlood, Inc. is an Equal Opportunity Employer/Vet/Disability.

Associate Director. Mississippi Valley Regional Blood Center (MVRBC) is looking for a progressive and experienced leader to become an integral part of our team. Our Inventory Management Department (IMD) has a full time Associate Director opportunity available located at our corporate headquarters in Davenport, Iowa. IMD provides direct customer service to our hospital clients maintaining blood product inventory levels and fulfilling orders. As a part of the management team, the Associate Director will demonstrate effective and consistent leadership qualities in the pursuit of excellence. This position will also collaborate with internal departments and leaders to achieve goals and implement strategic initiatives. The ideal candidate will have a strong demonstrated history of progressive management/supervisory experience in a sales, customer service and/or logistics field. Strong problem solving and critical thinking skills regarding client product delivery, a strong understanding of standard operating procedures (SOP's) and following guidelines is expected. Experience in a medical or regulated field or

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POSITIONS (continued from page 13)

experience with routine inspections from regulated agencies, such as FDA, is preferred. The candidate should have previous sales/marketing experience or demonstrative customer service interactions (B2B). Bachelor's degree or equivalent in a related field is preferred. Equal Opportunity Employer: Minorities, Women, Veterans, Disabilities. To apply click [here](#). 💧