

2018 #4

February 2, 2018

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**Kate Fry Named Executive Director**

America's Blood Centers announced this week that it has named Kate Fry as the organization's new executive director. Ms. Fry will be responsible for ABC's operations and programs. Louis Katz, MD will remain chief medical officer after serving as both Interim CEO and chief medical officer respectively, since May 2017. "The Board is both excited to have Kate Fry take on this new role and deeply appreciative of Dr. Katz for his selfless service to ABC in filling dual roles over the past several months," said ABC President Martin Grable. "Having Kate and Dr. Katz continue to be a part of ABC's executive leadership team only strengthens the organization moving forward."



Ms. Fry joined ABC in 2016 as the chief administrative officer bringing more than a decade of government affairs and association experience with her to lead ABC's advocacy initiatives. Additionally, she was responsible for communications and publications, education and meetings, membership, and the Foundation for America's Blood Centers' activities as well as the integration of ADRP, and formation of the ABC Policy Council. "The opportunity to work collaboratively with ABC members and the health care community at-large to advocate for public policies that promote the life-saving mission of community blood centers is an honor," said Ms. Fry. "It is critical that lawmakers, regulators, and other stakeholders recognize the vital role that blood centers play in their communities and the overall health care system."

Ms. Fry brings to ABC expertise in representing the views of associations before Congress and regulatory agencies, including leading multi-faceted national advocacy campaigns to achieve significant legislative and regulatory victories. Having served in leadership positions at the American Association of Nurse Anesthetists, the American Speech-Language-Hearing Association, and the National Association of Chain Drug Stores, her responsibilities included building member value, coalition development, political program management, meeting and event planning, volunteer committee work, and public relations and communications activities.

She is a graduate of Dickinson College (Carlisle, Penn.) with a Bachelor of Arts in Political Science and History. Ms. Fry will complete her MBA this spring. In 2013, she received the prestigious Public Affairs Council "Volunteer of the Year" award. The Public Affairs Council includes nearly 700 organizations and Fortune 500 corporations, associations, and consulting firms, all at the forefront of the public affairs profession with more than 8,000 professionals as members. ♦

## Letter to the Editor – Risk-based Decision-making

Dear Editor,

In March 2017, AABB convened an ad hoc committee to identify optimal practices for blood donor iron management. AABB committed to using the Alliance of Blood Operators' (ABO's) risk-based decision-making (RBDM) framework to address this complex issue. The RBDM framework, devised by blood operators for blood operators, outlines a comprehensive six-step process to make sound evidence-based decisions about evolving risks to blood safety and availability. Its structured approach transcends often-incomplete scientific evidence by considering stakeholder opinions, ethical, societal and legal perspectives, and, operational/economic realities. The process results in an initial action plan to begin the iterative journey to resolution.

Recent studies have demonstrated the frequency of donation-related iron depletion and the long interval ( $\geq 6$  months) required for full dietary replacement of iron stores. Current donor educational efforts appear to be inadequate to prevent donor iron depletion. At U.S. Food and Drug Administration's (FDA's) Blood Products Advisory Committee (BPAC) meeting in [November 2016](#), BPAC members voiced support for a more interventional approach, particularly for 16 to 18 year-old donors (in light of the soon-to-be-published REDS (Recipient Epidemiology and Donor Evaluation Study)-CHILL (Comparison of the History of Donation and Iron Levels in Teen Blood Donors Study results)). The foundational ethical principle of donor non-maleficence also strongly favors an active precautionary approach, remaining mindful of the adequacy of the blood supply.

An expert panel, published in the donor iron literature, represented AABB, the American Academy of Pediatrics/American Society of Pediatric Hematology/Oncology, ABC, the American Red Cross, Blood Systems, Inc./The Institute for Transfusion Medicine, Carter BloodCare, Canadian Blood Services, FDA, the Department of Health and Human Services, and OneBlood, and included blood bank medical directors, community practitioners, REDS investigators, donor/recipient advocates, and an ethicist. The committee invited input from donors and young donor parents, a sickle cell consortium and other patient representatives, blood operator staff and volunteers, pediatric and adult physicians and nurses, transfusion service directors and staff, nutritionists, state blood bank and medical society representatives, and individuals from the Centers for Disease Control and Prevention and state departments of public health. It should be noted that the RBDM process does not seek a simple stakeholder majority vote, but seeks to weigh both fact and opinion to achieve a solution that allocates resources in proportion to the magnitude of potential risk and the effectiveness of interventions to reduce it. Consensus required consideration of all dimensions of the issue. These included not just published evidence on the potential harm of mild iron deficiency and its prevalence among donors, but operational/economic forecasts, opinions elicited through broad consultation, and regulatory considerations.

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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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## LETTER TO THE EDITOR RBDM (continued from page 2)

In March 2017, AABB issued [Association Bulletin #17-02](#), which updated and enhanced strategies that blood operators could consider to address donation-related iron deficiency. Recommendations from the ad hoc committee have been delivered to AABB's Board of Directors to inform the next, most appropriate steps the association should take. In the spirit of transparency, the committee has voiced its opinion that these recommendations be made widely available following deliberation by AABB, which funded the effort.

*Ralph Vassallo, MD, FACP, Executive Vice President, Chief Medical & Scientific Officer, Blood Systems, Inc., Chair, AABB Committee on Iron Management Among Blood Donors* 💧

### 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](mailto: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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## 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.*

### 56<sup>th</sup> ABC Annual Meeting Registration

[Registration](#) is open for America's Blood Centers (ABC) 56<sup>th</sup> Annual Meeting in Scottsdale, Ariz. March 17<sup>th</sup> – 19<sup>th</sup> at the Scottsdale Plaza Resort. Don't miss an exclusive opportunity for blood community leaders to experience peer-to-peer collaboration, while discussing the latest trends impacting community blood centers. The meeting will feature the Celso Bianco, MD Lectureship, the Scientific, Medical, Technical Forum, and the 21<sup>st</sup> Annual *Awards of Excellence*. Additionally, ABC member Blood Systems Inc. will host a networking event at the [Musical Instrument Museum](#). Please make your hotel reservations by February 23<sup>rd</sup> to ensure best availability and the group rate. Click [here](#) for additional details. Contact [Leslie Maundy](#) for available sponsorship opportunities.

### SAVE THE DATES

- **ABC Quality Education presents Process Improvement Test Cases—Best Bang for Your Bucks Webinar**

**February 20<sup>th</sup> at 3 PM ET**

- **ABC SMT Journal Club Webinar**

**March 29<sup>th</sup> at 2 PM EDT**

*Additional details coming soon!*



### 2017 Compensation and Benefits Survey Results Now Available

The results from ABC's 2017 Compensation and Benefits survey are available. Highlights include current trends in compensation and benefit programs of ABC member blood centers, with data effective as of October 1, 2017, along with salary data collected in an individualized manner, rather than organizational averages. This methodology allows the survey to present data that is more accurate, detailed, and far more

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INSIDE ABC (continued from page 4)

reflective of the actual market. Thirty-six ABC member blood centers participated in the benefit survey, while 37 member blood centers participated in the compensation survey, which includes data representative of more than 10,500 employees and 67 positions. Participants can purchase the results for \$450. Non-participant pricing is \$900. This second-tier management survey was designed by Gallagher Surveys, in collaboration with ABC’s Human Resources Committee. To place your order, please [e-mail](#) Annmarie Flaherty. For blood centers that have already ordered the survey, an e-mail with the results has been sent.

(Source: ABC [MCN 18-001](#)) 💧



AMERICA'S BLOOD CENTERS'

# 56<sup>TH</sup> ANNUAL MEETING

March 17-19, 2018 | Scottsdale, AZ

<u>2018 ANNUAL MEETING SCHEDULE</u>		 <p><b>Hotel Information</b> Scottsdale Plaza Resort Hotel room rate: \$219 Single/Double</p>
<p><b>Saturday, March 17</b></p>	<p>ABC Board Meeting Opening Session</p>	
<p><b>Sunday, March 18</b></p>	<p>ABC Members Meeting SMT Forum &amp; Celso Bianco Lectureship Host Event by Blood Systems</p>	 <p><b>For registration information, visit <a href="http://bit.ly/abc_annual_meeting">http://bit.ly/abc_annual_meeting</a>.</b></p>
<p><b>Monday, March 19</b></p>	<p>General Session 21st Annual Awards of Excellence</p>	
<p><b>Tuesday, March 20</b></p>	<p>NBF Leadership Forum</p>	

“ I look forward to welcoming America’s Blood Centers back to Scottsdale, where the organization began more than 55 years ago. Along with opportunities to discuss emerging issues in our field, the Annual Meeting is a great forum for exchanging ideas and developing collaborations. The more who attend – the greater the value to all involved! ”



**Blood Systems**

— Dave Green, MSA, President and CEO  
Blood Systems, Inc.



**America's Blood Centers**  
It's About *Life*.

**RESEARCH IN BRIEF**

**A scientific and epidemiologic consensus has emerged that Zika is causally associated with microcephaly and other congenital abnormalities.** The risk of fetal morbidity and mortality from Zika virus is the major driver of the blood community’s response to the virus’ spread. In the U.S. Zika Pregnancy and Infant Registry, the risk of central nervous system injury is around 20-fold higher than baseline rates among infants without evidence of infection. Investigators at the Centers for Disease Control and Prevention (CDC) have used three ongoing U.S. population-based birth defect surveillance systems, covering nearly one million live births, to quantify the contribution of Zika to the overall number of birth defects before and after its introduction into the Americas. During the pre-introduction period, rates of defects of “potentially

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RESEARCH IN BRIEF (continued from page 5)

related to Zika virus infection” was 2.9 per 1,000 live births. The rate after was 3.0 per 1,000 live births, but occurrence of such defects rose significantly in U.S. areas with local Zika transmission (with a total of 29 excess reports during the second half of 2016, when such transmission was occurring), and only in such areas. Most affected infants in the surveillance were not tested for Zika infection. Delayed ascertainment, typical of birth defects, increased awareness and more complete reporting in areas of local transmission, and, surveillance differences in the 15 participating jurisdictions may affect the final interpretation of these data.

**Citation:** Delaney, A., Mai, C., Smoots, A., *et al.* Population-based surveillance of birth defects potentially related to Zika virus infection — 15 states and U.S. territories, 2016. *Morbidity and Mortality Weekly Report*. 2018. [67:91-6](#).

**U.K. investigators have used “microcosting” to measure the cost of administering blood components.** Microcosting is described as a “bottom-up” method that assesses the cost of each individual component in a process. In the case of transfusion, these include inventory, laboratory, capital equipment, staff time per unit issued and per unit transfused, and the associated costs of waste. Mean staff costs included both the direct costs at the bench and bedside and the “nonbench” costs associated with training, validation, and other administrative responsibilities of senior personnel. The data in this study were collected in 2013, and are reported in both pounds and dollars. Red blood cells (RBC), platelets, plasma and cryoprecipitate, and costs of the first unit vs. subsequent in a transfusion episode were considered separately. Mean costs, excluding cost of the component per se, for the first unit of RBC, platelets, plasma and cryoprecipitate were \$83.13, \$89.20, \$78.87, and \$86.69 respectively. For subsequent units these were \$52.51, \$58.59, \$48.26, and \$56.28. Detailed supporting information is provided in six supplementary tables parsing the information needed to develop these estimates. ([trf14493-sup-0001-supinfo01.docx](#)).

**Citation:** Stokes, E.A., Wordsworth, S., Staves, J., *et al.* Accurate costs of blood transfusion: a microcosting of administering blood products in the United Kingdom National Health Service. *Transfusion*. 2018. doi: [10.1111/trf.14493](#).

**A plenary paper at The American Association for the Surgery of Trauma retrospectively analyzed more than 4,000 U.S. military casualties in Afghanistan to evaluate decreased mortality after a mandate from the Secretary of Defense requiring transport of injured service members within 60 minutes.** For the most seriously injured (Injury Severity Score  $\geq 25$ ), using multivariate logistic regression, the odds of killed in action mortality were 83 percent lower for those “who needed and received prehospital blood transfusion” ( $p=.002$ ). Other predictors of lower mortality included blunt force trauma, rapid transport, and injury to specific anatomic sites.

**Citation:** Howard, J.T., Kotwal, R.S., Santos-Lazada, A.R., *et al.* Reexamination of a battlefield trauma golden hour policy. *Journal of Trauma and Acute Care Surgery*. [2018. 84:11-18](#).

The American Association for the Surgery of Trauma, 2017 [Plenary Paper](#)

**Surveillance for nosocomial events critically informs benchmarking and prioritization of initiatives to protect patients, including from serious hazards of transfusion.** Uniform definitions are critical to that activity. An early online article in *Transfusion* examines the differences in transfusion-associated circulatory overload (TACO) incidence in 136 consecutive pediatric intensive care patients measured using three definitions. These were the consensus definitions accepted by the International Society of Blood Transfusion (ISBT) and AABB, applied using normal values from the Nelson Textbook of Pediatrics and a patient’s baseline vs either a 10 percent or 20 percent change from that baseline. The rates of TACO were

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## RESEARCH IN BRIEF (continued from page 6)

assessed at 6, 12, and 24 hours after a transfusion. Rates at these intervals were 46, 65, and 76 percent respectively using the textbook normals. With a 10 percent change from baseline they were 3, 11, and 20. With a 20 percent change from baseline they were 1.5, 4, and 12.5 percent. The authors appropriately conclude that the diagnosis of TACO is especially challenging in critically ill pediatric patients and that “a more operational definition of TACO is needed”. The ISBT and AABB have already recognized these issues and formed a joint working group to reexamine their current consensus TACO definition.

**Citation:** DeCloedt, L., Emeriaud, G., Lefebvre, E. *et al.* Transfusion-associated circulatory overload in a pediatric intensive care unit: different incidences with different diagnostic criteria. *Transfusion*. 2018. [doi:10.1111/trf.14504](https://doi.org/10.1111/trf.14504). ♦

## BRIEFLY NOTED

**The National Heart, Lung, and Blood Institute (NHLBI) is celebrating its 70<sup>th</sup> anniversary this year with a series of lectures throughout 2018 given by “thought leaders” with expertise in heart, lung, blood, and sleep disorders to highlight important moments throughout the history of scientific research.** The first lecture took entitled “Unraveling the Mysteries of Cardiovascular Disease: Lessons from NHLBI’s Framingham Heart Study” took place this week. Video [recordings](#) of all lectures will be available. Upcoming lectures include:

- April 25<sup>th</sup> – Dr. Christine Seidman, Harvard Medical School
- June 28<sup>th</sup> – Dr. Eugene Braunwald, Brigham and Women’s Hospital, Harvard Medical School
- September 12<sup>th</sup> – Dr. Jonathan Samet, Dean, Colorado School of Public Health
- November 1<sup>st</sup> – Dr. George Daley, Dean of the Faculty of Medicine, Harvard Medical School

(Source: National Heart, Lung, and Blood Institute [Announcement](#), 1/30/18)

**On April 12<sup>th</sup>, the European Blood Alliance (EBA) will hold a 20<sup>th</sup> anniversary celebration in Helsinki, Finland, the location of their initial board meeting in 1998.** The meeting will include presentations on the history of EBA and highlights of current activities, as well as a glimpse at future endeavors and the challenges of sustaining the blood supply. The evening will conclude with a celebratory dinner.

(Source: European Blood Alliance Newsletter, 1/26/18)

**The Alliance of Blood Operators (ABO) recently announced that the “Missing Type” international donor awareness campaign is planned for the week of June 11<sup>th</sup>.** This year’s campaign will be decentralized to allow for more flexibility and freedom locally and assist with timing and integration into preexisting campaigns that blood centers potentially have scheduled. Interested organizations have creative freedom to remove the letters “A, B, O” during that week from social media posts, signage, publications, etc. and are encouraged to have their community partners and donors follow suit. The [2016 campaign](#) took place in 19 countries based off the [2015 campaign](#) in England.

(Source: Alliance of Blood Operators Announcement)

**The Migrant Students Foundation is now accepting applications for 2018 National Cesar E. Chavez Blood Drive Challenge Student Organizers.** This annual blood drive challenge, founded in 2009, seeks to celebrate Cesar E. Chavez’s legacy by engaging college students to promote health education, health science careers, civic engagement, and saving lives through blood donation. Through this program, U.S.

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BRIEFLY NOTED (continued from page 7)

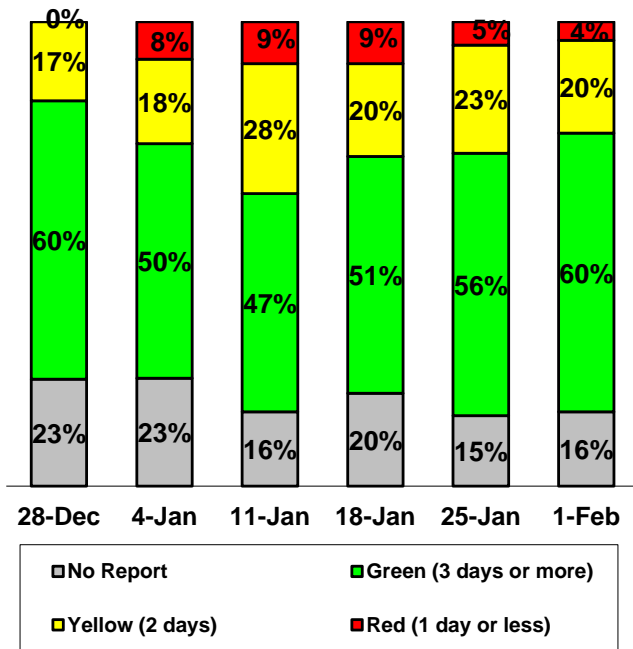
Latino/Hispanic college students are encouraged to organize a blood drive campaign on their campus, competing with other blood drives across the country to win the “Most Successful Blood Drive Award.” Each campus blood drive is led by one student organizer per campus, who is also then eligible to win a \$1,000 scholarship. More information and the application can be found [here](#).

**NHS Blood and Transplant (United Kingdom) Principal Investigator and member of the BrisSynBio team at the University of Bristol Ashley Toye, PhD is using clustered regularly interspaced short palindromic repeats (CRISPR) gene-editing in an attempt to create a universal red blood cell.** “If we want to change one blood group to another we need to change the proteins on the outside of the cell, as this is what determines the cell’s blood type” said Dr. Toye. “If we can stop a gene from being expressed by ‘knocking it out’ that will mean none of the problematic membrane protein or sugar residue is there, so the patient’s body would not reject the transfusion. Blood is beautifully designed by nature to travel the body for 120 days, so we are re-engineering them to try to make them last even longer, carry medicines or have enzymes which clear toxins. It’s an amazingly powerful technique.” Dr. Toye and the BrisSynBio team focus on biological engineering to meet modern global needs.

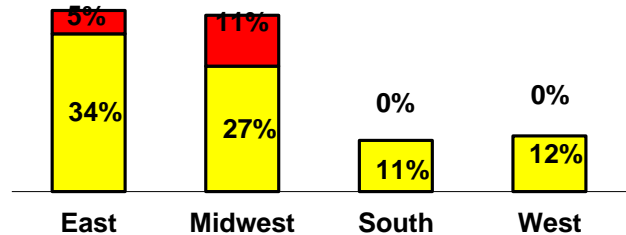
(Source: *TechSpark*, [New gene tech being used in Bristol to try to solve transfusion problems for rare blood types](#), 1/15/18) ♦

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

**Total ABC Red Cell Inventory**



**Percent of Regional Inventory at 2 Days Supply or Less, February 2, 2018**



**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

### YELLOW FEVER

A yellow fever outbreak is responsible for more than 70 deaths in Brazil and has led to the closure of parks throughout the country. The Brazilian Ministry of Health is in the midst of mass immunizations across the country. “Yellow Fever has not been described as a transfusion transmitted disease, but viremia with the attenuated vaccine virus has been demonstrated in the days following immunization,” said Louis Katz, MD, chief medical officer of America’s Blood Centers. The World Health Organization has issued an expanded list of areas where travelers should be vaccinated before departing that includes “all of Espirito Santo State, Rio de Janeiro State, São Paulo State, and a number of cities in Bahia State.”

(Sources: Centers for Disease Control and Prevention [Notice](#), 1/26/18; *Washington Post*, [Sao Paulo shuts parks as yellow fever outbreak kills 70](#), 1/23/18) ♦

## REGULATORY NEWS

**The U.S. Food and Drug Administration announced an [extension](#) of the comment period until March 15, 2018 for the [draft guidance](#) entitled “The Least Burdensome Provisions: Concept and Principles.”** Individuals are encouraged to submit comments [online](#) prior to the deadline. The draft guidance defines “least burdensome” and provides a framework for how FDA intends to implement a less burdensome approach.

(Sources: U.S. Food and Drug Administration [Announcement](#), 1/22/18; *Federal Register*, 1/23/18)

**A direct final rule effective June 11, 2018 was published last week by the FDA regarding the [“Removal of Certain Time of Inspection and Duties of Inspector Regulations for Biological Products.”](#)** Comments may be submitted [online](#) until April 11<sup>th</sup>. This rule eliminates “outdated requirements and accommodate new approaches, such as a risk-based inspection frequency for drug establishments, thereby providing flexibility without diminishing public health protections,” according to the agency.

(Source: *Federal Register*, 1/26/18)

**The FDA issued an announcement for the “Evaluating Inclusion and Exclusion Criteria in Clinical Trials” public meeting.** It will take place on April 16<sup>th</sup> from 8:30 a.m. to 5 p.m. at the National Press Club in Washington, D.C. The meeting will “bring the stakeholder community together to discuss a variety of topics related to eligibility criteria in clinical trials, their potential impact on patient access to investigational drugs, and how they might facilitate the enrollment of a diverse patient population. Other topics that will be addressed during the public meeting include alternative clinical trial designs that may increase enrollment of more diverse patient populations, as well as opportunities for using data from expanded access trials,” according to the meeting announcement. [Registration](#) is open. ♦

(Source: *Federal Register*, 1/30/18)

### 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!



## WORD IN WASHINGTON

Brenda Fitzgerald, MD resigned as director of the Centers for Disease Control and Prevention (CDC) this week amid conflict of interest questions concerning her investments in healthcare and tobacco companies. Anne Schuchat, MD has been named acting director. The Department of Health and Human Services issued a [statement](#) on behalf of Secretary Alex Azar shortly after he accepted Dr. Fitzgerald's resignation. "Dr. Fitzgerald owns certain complex financial interests that have imposed a broad recusal limiting her ability to complete all of her duties as the CDC Director. Due to the nature of these financial interests, Dr. Fitzgerald could not divest from them in a definitive time period. After advising Secretary Azar of both the status of the financial interests and the scope of her recusal, Dr. Fitzgerald tendered, and the Secretary accepted, her resignation. The Secretary thanks Dr. Brenda Fitzgerald for her service and wishes her the best in all her endeavors."

(Sources: Department of Health and Human Services [Statement](#), 1/31/18; *New York Times*, [Dr. Brenda Fitzgerald, CDC director resigns over tobacco and other investments](#), 1/31/18) ♦

## PEOPLE

Hoxworth Blood Center (Cincinnati, Ohio) recently announced that **Ronald Sacher, MD** stepped down as director at the end of January after 17 years. Under his leadership, Dr. Sacher led the development and growth of clinical trial programs and made investments in cellular therapies and regenerative medicine. "I'm really proud of our research division and our Cellular Therapy and Regenerative Medicine Division," said Dr. Sacher according to the announcement. "I'm proud of the fact that we've diversified and maintained our academic activities, rather than being solely a community blood bank. I feel comfortable that I'm leaving Hoxworth in a positive mode and I think that there really needs to be new blood taking over from me." He will continue his clinical practice in addition to teaching and serving as president of the American Clinical and Climatological Association. "I think this is the most exciting time in medicine ever because of the explosion of informatics and the ability to analyze big data," said Dr. Sacher. "Another fascinating area is mining of the human genome, particularly in cancer, where there are new and novel therapies that are emerging. Researchers are manipulating the immune system. I think that's an area that is just really exploding day by day." Prior to joining Hoxworth, Dr. Sacher was chair of the department of laboratory medicine at Georgetown University, (Washington, D.C.), where he began a stem cell engineering lab.



(Source: Hoxworth Announcement, 1/30/18)



**Pampee Young, MD, PhD** is the new chief medical officer at the American Red Cross. She most recently served as tenured professor and medical director of Transfusion Medicine at Vanderbilt University Medical Center (Nashville, Tenn.). Dr. Young has more than 15 years of experience in transfusion medicine, pathology, and immunology. She serves on national Grant Review Study Sections for the National Institutes of Health, Department of Veterans Affairs, Department of Defense, and the American Heart Association. Additionally, Dr. Young is an associate editor of the *Journal of Clinical and Laboratory Medicine* and *Journal of Stem Cell Biology, Research and Therapy*. She has contributed numerous articles to peer reviewed journals and her achievements at Vanderbilt include the development of an Academic Transfusion Medicine Program that oversees

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PEOPLE (continued from page 10)

the clinical operations of a team of 45 physicians, medical technologists, nurses, and provides comprehensive adult and pediatric services at a Level I trauma center. Dr. Young has been recognized nationally in clinical transfusion medicine, cellular therapies, and regenerative medicine. A graduate of Rice University (Houston, Texas) with an undergraduate degree in biochemistry, she also holds graduate degrees from the University of Texas Southwestern Medical School (Dallas, Texas).

(Source: American Red Cross Announcement, 1/29/18) ♦

**MEMBER NEWS**

**South Texas Blood & Tissue Center** (San Antonio, Texas) announced the “Brothers in Arms” program, which allows medics aboard hospital helicopters or air medical services to provide in-flight transfusions to accident victims and trauma patients. “Implementing this program for civilian use will truly transform how emergency care can be administered on medical helicopters and significantly improve survival rates for trauma victims,” said Elizabeth Waltman, chief operating officer of the South Texas Blood & Tissue Center in a press [release](#). “This is also the first step towards a longer-term solution for saving more lives in mass-casualty situations, especially if we are able to expand the program in the future to include emergency care provided by ambulance services.” “Brothers in Arms” is modeled after a military battlefield transfusion program and research of Donald Jenkins, MD, a former officer in the U.S. Air Force and a specialist in surgical critical care at University Hospital in San Antonio. “Our battlefield experience showed that providing earlier, pre-hospital transfusions of whole blood, rather than blood components or primarily red blood cells, brought mortality rates down as low as 20 percent,” said Dr. Jenkins in the release. Program collaborators include the Southwest Texas Regional Advisory Council, University Health System, the San Antonio Military Medical Center, The U.S. Army Institute of Surgical Research, the University of Texas Health Science Center, Air Evac Lifeteam, PHI Inc., and San Antonio AirLIFE, with financial support provided by a San Antonio Medical Foundation grant.

(Sources: South Texas Blood & Tissue Center Press [release](#), 1/26/18) ♦

**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](mailto: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.)*

**2018**

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

Feb. 21. **General Topics for Blood Bankers in Clinical Laboratory Medicine, Orlando, Fla.** For more information, contact [Nancy Benitez](#).

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

Mar. 20. **National Blood Foundation Leadership Forum, Scottsdale, Ariz.** More details available [here](#).

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## CALENDAR (continued from page 11)

Mar. 21-22. **IPFA 3rd Asia Workshop on Plasma Quality and Supply, Kuala Lumpur, Malaysia.** More details available [here](#).

Apr. 16. **FDA Public Meeting “Evaluating Inclusion and Exclusion Criteria in Clinical Trials,” Washington, DC.** More details available [here](#).

May 8-10. **ABC Human Resources & Training/Development Workshop, America’s Blood Centers, Dallas, Texas.** More details available [here](#).

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

May 15. **2018 NJABBP Spring Seminar & Annual Conference, Woodbridge, NJ.** [Join](#) NJABBP by March 15<sup>th</sup> to be eligible to receive benefits. More details available [here](#).

May 16-17. **IPFA/PEI 25th Workshop on “Surveillance and Screening of Blood-borne Pathogens,” Athens, Greece.** More details available [here](#). ♦

## CLASSIFIED ADVERTISING

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## POSITIONS

**Director of Client Services.** Blood Bank Computer Systems (BBCS) is seeking qualified candidates for a Director of Client Services in Auburn, WA. This position is responsible for all aspects of client related services and support as well as the implementation of all products and services. The role’s responsibilities include: implementation of BBCS products, training for clients, project management, technical support, marketing and demonstration materials, ensuring IT needs of the organization are met and managing all corporate and marketing events. The individual must demonstrate a high level of understanding of the technical aspects of BBCS products, services, training materials and documentation. Required skills include: strong customer service orientation, oral and written communication skills, analytical and problem solving, public speaking skills, ability to handle multiple projects concurrently, function in a fast-paced environment, and ability to understand new technologies quickly. Desired skills include: experience working in a software development environment, regulatory and/or medical device experience. A BA/BS or equivalent healthcare industry experience is required. Candidate must be located in WA or be willing to relocate. Click [here](#) to apply.

**Manager of Clinical Apheresis.** Responsible for departmental goals, objectives, and managing daily operations/business activities. Meet the needs of hospital and clinical accounts to ensure excellent customer service and quality patient care. Responsible for staffing field assignments, performing procedures in the field to assist in training or

as staffing indicates, and remaining competent in all procedures and equipment utilized. The manager is responsible for maintaining statistics, quality indicators of procedures and records of preventative or responsive maintenance, and quality control of supplies and equipment. Regular attendance during office hours. RN active licensure in the State of Texas, HP credentialing preferred. Five year’s apheresis experience - three year’s therapeutic/PBSC apheresis. 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. For more information or to apply, please visit [www.carterbloodcare.org](http://www.carterbloodcare.org). CBC is a Pro Disabled & Veteran Employer. We maintain a drug-free workplace and perform pre-employment substance abuse testing. ♦