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ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

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2018 #33 **September 28, 2018**

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AABB, ABC, ARC Joint Comments Regarding OPPS 2019

AABB, America's Blood Centers, and the American Red Cross submitted joint comments to the Centers for Medicare and Medicaid Services' (CMS) Hospital Outpatient Prospective Payment and Ambulatory Surgical Payment Systems and Quality Reporting Programs Proposed Rule (CMS-1695-P). The comments focused on five areas of importance to the blood community:

- the proposed reimbursement rate for pathogen reduced platelets;
- the applicability of recent changes to the "14-day rule" to certain services and tests performed by blood centers;
- payment policies related to stem cell transplants;
- policies for chimeric antigen receptor T– cell (CAR-T) therapy; and
- proposed policies for certain services furnished in off-campus provider-based hospital departments.

The three organizations stated that the proposed reimbursement rate for pathogen-reduced platelets (P9073) is "erroneous" and asked the agency to "crosswalk P9073 to P9037 (leukoreduced, irradiated apheresis platelets) for 2019 and 2020 to help ensure that pathogen reduced platelets remain accessible to Medicare beneficiaries." CMS based the 2019 rate on pathogen-reduced platelets claims data from 2017 that appears to include incorrect information from four high-volume hospitals resulting in a cost per unit of $100 below the cost for leukoreduced, irradiated, apheresis platelets.

The blood community also requested clarification of the application on the "14-day rule" to certain services and tests performed by blood centers. The three organizations noted that CMS should "confirm that blood-center testing is exempt from the revisions to 42 CFR 414.510 ('14-day rule'), and to clarify that hospitals are permitted to bill for these tests under the OPPS. We believe that excluding these tests from the 14-day rule would be in keeping with the intent of Section 100.2 of Chapter 16 the Medicare Claims Processing Manual, which states that 'tests primarily associated with the provision of blood products' are not considered by Medicare to be clinical laboratory services."

Additionally, CMS has been urged to implement policies that promote "accurate" and "appropriate" stem cell transplant payments, by using all claims associated with autologous stem cell transplant, "align[ing] [CMS] transplant policies, and reimburse acquisition costs outside of the MS-DRG and C-APC payments."

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Joint Comments 2019 OPPS (continued from page 1)

AABB, America's Blood Centers, and the American Red Cross also asked the agency to change the status indicators for the new codes established for CAR-T therapy. The organizations believe CMS should "assign" a payable indicator thereby "enabl[ing] hospitals to bill and be paid appropriately for the services they provide during each step of the CAR-T process, regardless of when or where the service is rendered." Finally, the organizations asked CMS to refrain from finalizing its proposals to expand the site-neutral payment policy to certain outpatient services in off-campus provider-based hospital departments, or reducing the reimbursement rate for clinic visits in the off-campus provider-based departments (PBDs). "[A]lthough most transfusion services are furnished at a hospital's main campuses due to the proximity to the blood bank and the needs of the patients, if services are furnished in an off-campus PBD, the cost of the services may be higher due to costs associated with transporting blood. Despite this increased cost, CMS' proposed policy would reduce payment for services furnished in off-campus PBDs.…CMS justified a payment reduction of 60 percent based on needing to control 'unnecessary volume increases.' However, CMS did not assess whether changes may be due to factors such as changing patient demographics, clinical needs, technological innovations or other variables. We believe this significant payment cut is premature." The full-version of the comments is available for download.

(Source: AABB, America's Blood Centers, American Red Cross OPPS Joint Comments, 9/24/18)

House Passes PAHPA

House Resolution 6378, the Pandemic and All Hazards Preparedness and Advancing Innovation Act of 2018 (PAHPA), passed in the House this week. "The Pandemic and All-Hazards Preparedness and Advancing Innovation Act that the House overwhelmingly passed today is critical to our national security," said Rep. Anna Eshoo (D-Calif.). "The legislation updates the original PAHPA by directing federal agencies to respond to new and emerging threats to strengthen our nation's existing preparedness and response programs…I look forward to the Senate swiftly considering PAHPA so that it can be signed into law before September 30th." The House bill included all ABC-endorsed blood-related provisions and now awaits Senate passage before being sent to President Trump. ABC, AABB, and the American Red Cross have been advocating throughout 2018 that PAHPA recognizes and includes the promotion of both the safety and availability of the nation's blood supply while acknowledging the blood community as a stakeholder through a requirement that the Assistant Secretary for Preparedness and response "consult with blood banks" and the blood community when developing policy and updating guidelines, while considering and acknowledging the financial implications for the blood community to implement guidelines as part of the National Response Framework.

(Source: Rep. Susan Brooks (R-Ind.) News Release, 9/25/18)

The *ABC Newsletter* (ISSN #1092-0412) is published by America's Blood Centers® and distributed by e-mail.

ABC advocates for and advances policies that promote the role of independent blood centers in providing life-saving blood products and recognize the continuous need for a safe and robust blood supply. ABC exists to advocate for laws and regulations recognizing the essential role that independent blood centers play in the healthcare system; promote partnerships, policies and programs that increase awareness about the need for blood donation; and serve as a thought-leader in the advancement of evidence-based medical and scientific solutions related to health and safety.

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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.

2018 Service Fee Survey Launched

All ABC member blood centers are asked to participate in the annual survey of member service fees. The survey can be completed online with additional details including the survey link available in MCN 18-042. The results from this survey play an integral role in helping ABC continue to advocate for better reimbursement of blood products for its member blood centers. Individual center data is confidential and not shared. The final report will be aggregate data. Please complete the survey by October 26, 2018 and contact Ruth Sylvester with any questions or concerns.

(Source: MCN 18-042)

2018 ABC Financial Ratio Survey

ABC has issued the 2018 Financial Ratio Survey. The results provide members with an important tool that can be used to assist with the management of blood programs, anonymously benchmark valuable operational data, and identify best practices. The deadline to complete the survey is October 12th. Only participating blood centers receive the final report. A link to the survey and the questions are available in MCN 18-037, which was distributed to the ABC Chief Financial Officers Forum on August 31st. Most of the financial information requested is public information that blood centers report on IRS Form 990 or their audited financial statements. Individual center data is confidential and not shared. ABC encourages all member blood centers to participate. Please contact Ruth Sylvester for additional information or questions.

Upcoming ABC Webinars – Don't Miss Out!

- **Development and Implementation of a Platelet Prediction Model** – October 25 at 3 p.m. EDT. Additional details forthcoming!
- **Quality Integration Part II –** November 29th at 3 pm. EST. Additional details forthcoming!

Blood Systems Becomes Vitalant

Blood Systems, Inc. and its various subsidiaries rebranded this week and will now be known as Vitalant (pronounced Vye-TAL-ent) moving forward. "Our organization has grown to encompass blood donation centers and specialty services from coast to coast," said Vitalant President and CEO Dave Green in a news release. "As transfusion medicine leaders, we embrace this opportunity to combine our innovative capabilities." The move unites 10 blood donor center brands that operate 127 donation sites nationwide into one and includes Blood Systems Laboratories and Blood Systems Research Institute:

- Blood Centers of the Pacific;
- BloodSource;
- Bonfils Blood Center;
- Central Blood Bank;
- Community Blood Services;
- Inland Northwest Blood Center;
- Lifeblood;
- LifeShare
- LifeSource; and
- United Blood Services.

More information is available on Vitalant's website.

(Vitalant News Release, 9/24/18)

RESEARCH IN BRIEF

Preemptive rituximab for thrombotic thrombocytopenic purpura (TTP). A registry study on 92 French patients with TTP and severe ADAMTS13 deficiency suggests that preemptive administration of an anti-B cell antibody (rituximab) during remission after initial treatment markedly reduces relapses. Before its use, relapse rates were 0.33 episodes (interquartile rate 0.23-0.66) per year. They were reduced to 0 afterwards (0-1.32) ($p<.001$). The rate changes were associated with maintenance of ADAMTS13 activity. Follow-up continued for a minimum of one year.

Citation: Jestin, M., Benhamou, Y., Schelpe, A-S. *et al*. Preemptive rituximab prevents long-term relapses in immune-mediated thrombotic thrombocytopenic purpura. *Blood*. 2018.

Red blood cell (RBC) production methods may influence their clinical effects. Perturbation of the immune system and effects of extracellular microparticles have been hypothesized to be contributors to adverse clinical outcomes after RBC transfusion. Investigators from Canada and the U.S, including the Vitalant Research Institute and ABC member, Vitalant, have reported on the impact of several methods for RBC production on hemolysis, residual platelet and white cell content, extracellular vesicle profiles and immunomodulatory effects on monocytes, all *in vitro*. They compared RBCs produced by whole blood leukofiltration, RBC leukofiltration, apheresis and whole blood-derived RBCs that have not been leukoreduced. They found that RBC leukofiltration produced the fewest extracellular vesicles, and that the manufacturing method was associated with differential immune effects. Apheresis RBCs were immunosuppressive and whole blood-derived RBCs were associated with inflammatory cytokine profiles. The

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RESEARCH IN BRIEF (continued from page 4)

observed effects were largely independent of storage duration and suggest that the differences may contribute to discordant results in studies of the clinical outcomes of RBC transfusion.

Citation: Almizraq, R.J., Norris, P.J., Inglis, H. *et al*. Blood manufacturing methods affect red blood cell product characteristics and immunomodulatory activity. *Blood Advances*. 2018.

A randomized, controlled trial suggests that reinfusion of autologous blood after total knee arthroplasty (TKA) is not beneficial when restrictive transfusion triggers are in use. This German study randomized 200 TKA patients undergoing an autologous transfusion drain or standard drain after surgery. It evaluated blood loss and blood transfusion postoperatively. The autologous drain was associated with increased postoperative blood loss in the drains by more than 100 mL, and allogeneic blood transfusion rates were identical (at 8 and 9 percent) with no difference in the number of allogeneic units used between the two groups when transfusion was required. The transfusion triggers in use at the time of the study were < 7 g/dL hemoglobin in the absence of coronary heart disease and of predefined anemia symptoms and < 9 g/dL with a history of coronary heart disease and no symptoms of anemia. The authors conclude "additional and unnecessary costs, associated with the use of [autologous blood transfusion] drains, may therefore be avoided. As a consequence, in our clinic the use of [autologous blood transfusion] drains after [TKA] was discontinued".

Citation: Schnurr, C., Gianakopoulos, I., Arbab, D. *et al*. No benefit of autologous transfusion drains in total knee arthroplasty. Knee Surg. Sports Traumatol. Arthrosc. 2018. doi: 0.1007/s00167-017-4585-8.

Health Insurance and Portability and Accountability Act (HIPPA) reportable health data breaches increasing rapidly. A research letter in *JAMA* quantifies the reporting of breaches captured by the breach database in the Office for Civil Rights of the U.S. Dept. of Health and Human Services (HHS) from January 2010 through December 2017. Of the aggregate 176.4 million records within the database, 2,149 reflect breaches that have ranged in size from 500 to 78.8 million records. The annual number of breaches has increased linearly in the interval from 199 to 344. The bulk of breached records came from health plans and were related to network servers. Hacking and unauthorized access and disclosure are increasing sources of the breaches.

This new research is linked to an editorial from 2015 asking for attention to good "data hygiene" by those with access to electronic health records. The editorial highlights the importance of good data hygiene and describes it as critical, with the authors defining the characteristics of good hygiene as "encrypting health data, prohibiting the storage of personal information on employees' personal electronic devices (which are vulnerable to loss and theft), and using sound practices for authenticating authorized users."

Policy implications seem no better addressed now than at the time of the editorial. HIPPA requirements were promulgated before the explosive growth of the internet and electronic health records. They do not cover "digital behemoths" like Apple and Google *et al*. that already have access to health-related data, but are restricted to health entities rather than health data per se, wherever it lives. Further, "beyond the adequacy of HIPAA, the security of the nation's health information systems is inextricably linked to the ability to fend off cyber threats more generally. National policy on this larger question remains nascent."

Citations: McCoy, T.H. and Perlis, R.S. Temporal trends and characteristics of reportable health data breaches, 2010-2017. *JAMA*. 2018.

Blumenthal, D. and McGraw, D. Keeping personal health information safe. The importance of good data hygiene. *JAMA*. 2018.

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RESEARCH IN BRIEF (continued from page 5)

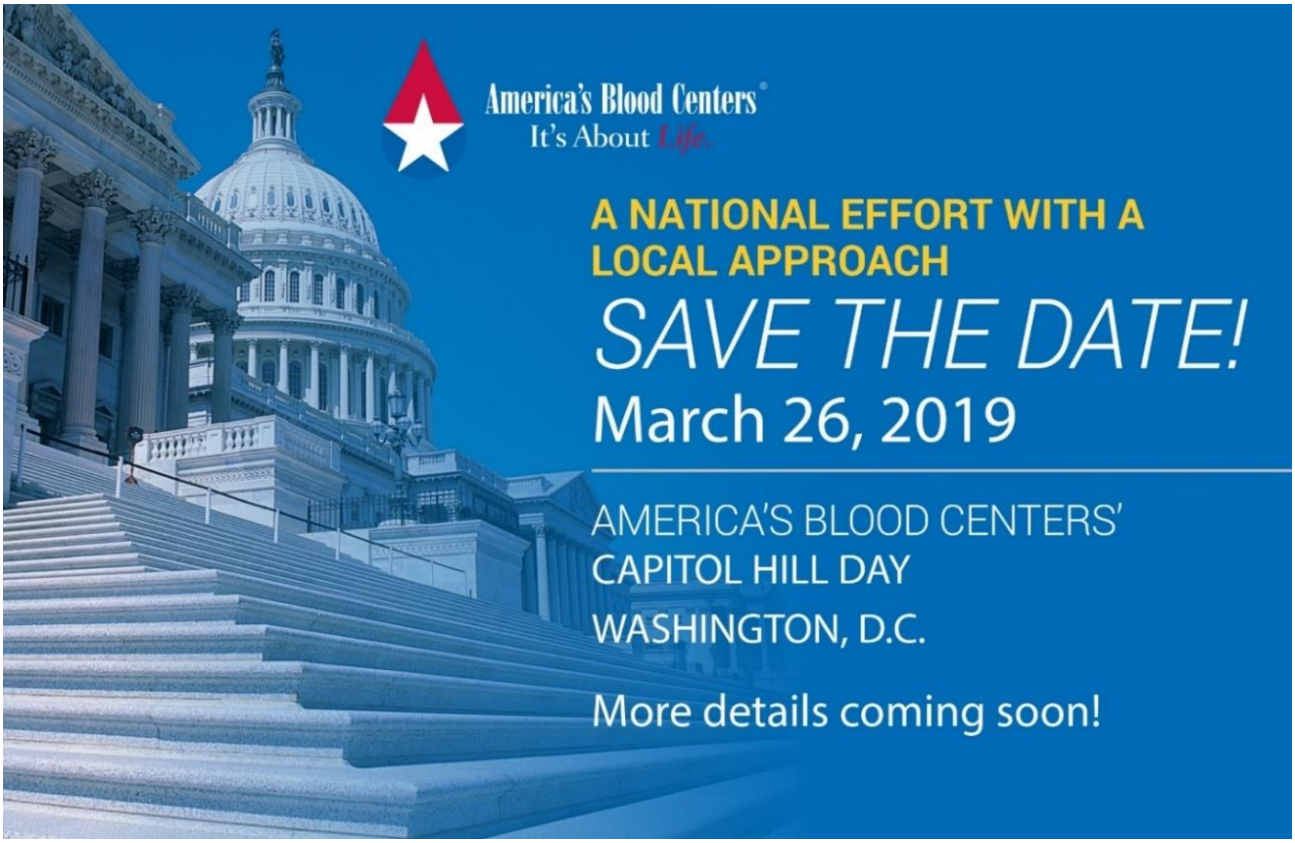
A further study of Zika persistence after infection. The *ABC Newsletter* previously reported on a study of Zika virus persistence after infection. Another study largely confirms its findings. The Centers for Disease Control and Prevention (CDC) and other investigators enrolled symptomatic patients presenting to participating emergency departments and their household contacts into the study. They used nucleic acid amplification (reverse transcription polymerase chain reaction) on serial specimens from 295 recently infected Puerto Rican study subjects. Serial serum, urine, saliva, semen, and vaginal fluid were tested.

Sample	Median RNA persistence (days)	95th percentile of RNA persistence (days)
Serum	**15**	**41**
Urine	**11**	**34**
Semen	**42**	**120**

**Less than 5 percent of participants had Zika RNA detected in saliva or vaginal secretions*

Zika isolation was attempted from specimens of serum and saliva with high RNA loads (≥ 5.5 $\log_{10}$ genome equivalents). Virus culture was successful from 2 of 36 serum and 8 of 78 serum specimens. A contact with no symptoms and a patient three days after symptom onset produced the serum specimens. The semen samples were culture positive from 15 – 38 days after symptom onset.

Citation: Paz-Bailey, G., Rosenberg, E.S., Doyle, K. *et al.* Persistence of Zika virus in body fluids—final report. *New. Engl. J. Med.* 2018.

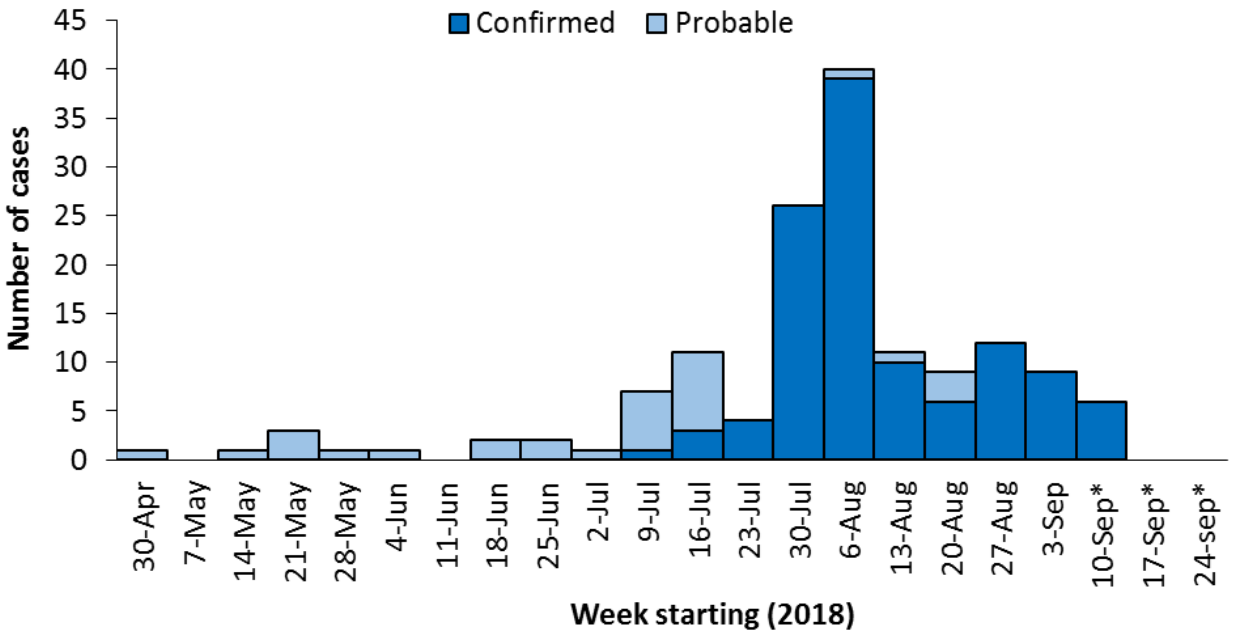


INFECTIOUS DISEASE UPDATES

EBOLA

While the Ebola outbreak continues in the Democratic Republic of Congo, the Centers for Disease Control and Prevention (CDC) has not classified the affected areas as having "widespread transmission of Ebola virus," which would trigger donor interventions in this country. The U.S. Food and Drug Administration (FDA) guidance requires that "in the event that one or more countries is classified by CDC as having widespread transmission of Ebola virus, your donor history questionnaire (DHQ), including your full-length and abbreviated DHQ, and accompanying materials, must incorporate elements to assess prospective donors for symptoms of recent or current illness with Ebola virus infection or disease, and travel to, or residence in, an area endemic for Ebola virus in accordance with 21 CFR 630.10(e)(2)." Persisting transmission in part reflects the occurrence of the outbreak in a region with substantial social and political instability making establishment of control procedures difficult.

Confirmed and probable Ebola virus disease cases by week of illness onset, data as of September 25th (n=147)



**Data in recent weeks are subject to delays in case confirmation and reporting, as well as ongoing data cleaning.*

(Source: World Health Organization, Ebola virus disease – Democratic Republic of the Congo, 9/27/18)

RECENT REVIEWS

Impact of red blood cell antigen matching on clinical outcomes in sickle cell disease. Extended phenotyping (beyond ABO and RhD) is frequently recommended to prevent alloimmunization and other complications of transfusion in chronically transfused patients with sickle cell disease. This systematic review covered studies between 1976 and July 2016, finding 19 studies that met the inclusion criteria with

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RECENT REVIEWS (continued from page 7)

none being prospective, randomized trials. The authors conclude that low quality evidence suggests that extended serological matching can reduce alloimmunization. They found no evidence for the value of genotyping, nor identified studies comparing genotype and serologic methods. Multicenter, prospective trials are required.

Citation: Fasano, R.M., Meyer, E.K., Branscomb, J. *et al*. Impact of red blood cell antigen matching on alloimmunization and transfusion complications in patients with sickle cell disease: a systematic review. *Trans. Med*. 2018.

Restrictive versus liberal red blood cell transfusion triggers in cardiac surgery. In a systematic review and meta-analysis of 13 randomized, controlled studies, restrictive hemoglobin triggers, 30-day mortality among 4,545 patients randomized to restrictive versus 4,547 to liberal transfusion was the same (risk ratio 0.96, 95 percent confidence interval 0.76-1.21). Secondary outcomes, those potentially resulting from anemia-induced hypoxia including myocardial infarction, stroke, renal failure and sepsis, were also statistically equivalent.

Citation: Shehata, N., Mistry, N., da Costa, B.R. *et al*. Restrictive compared with liberal red cell transfusion strategies in cardiac surgery: a meta-analysis. *European Heart J*. 2018.

REGULATORY NEWS

The U.S. Food and Drug Administration (FDA) has published two draft guidances on donor screening. The draft guidances detail requalification processes for blood donors previously deferred due to testing repeatedly reactive for Hepatitis C virus (HCV) and for human T-lymphotropic virus (HTLV)-I/II. Members of ABC are encouraged to comment to the docket. ABC is considering the submission of comments and asks its members to share their thoughts with Ruth Sylvester and/or Louis Katz, MD. The guidances largely reflect current practices in U.S blood centers.

(Source: FDA HCV and HTLV-I/II Guidances, 9/24/18)

WORD IN WASHINGTON

President Trump has signed a spending bill that provides funding for the U.S. Department of Health and Human services (HHS) in addition to several other agencies for all of 2019, while averting a federal government shutdown for other agencies until December 7, 2018. “The signing of this legislation marks a drastic turnaround in the way we have funded the government in recent years,” said Sen. Richard Shelby (R-Ala.) chair of the Senate Appropriations Committee in a statement according to the *Washington Times*. “As of today, 75 percent of the government is funded — on time and through an open, bipartisan process.”

(Source: *Washington Times*, Trump signs spending bill to keep government open,9/28/18)

GLOBAL NEWS

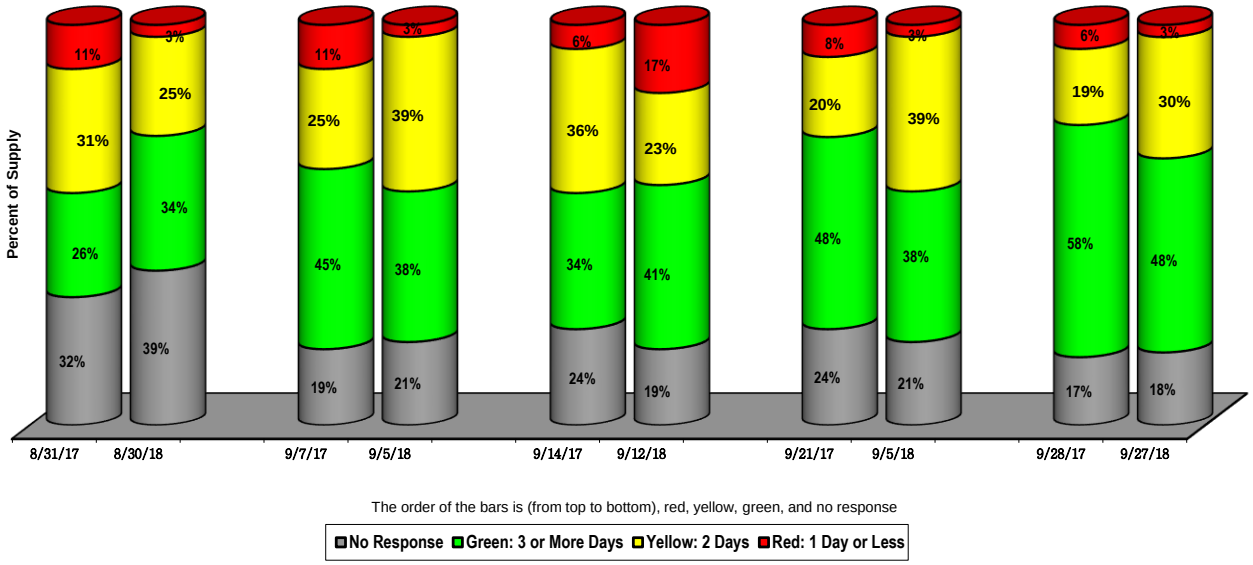
The government of the United Kingdom began its public inquiry into how thousands of individuals, many with clotting disorders, were continually treated with blood products containing hepatitis C virus and HIV. The inquiry follows years of scrutiny and requests from victims, their families, and patient advocacy groups for the responsible pharmaceutical organizations and regulatory entities to be formally held accountable. The BBC reports that the inquiry could take up to two and half years to complete.

(Source: BBC News, Contaminated blood scandal: We are sorry, says government, 9/26/18)

PEOPLE

Lori Beaston has joined the American Society of Hematology (ASH) as the administrative coordinator, Meetings. In this role, she will work with the ASH Chief Event Strategy Officer to support the educational and scientific meetings and workshops for hematology professionals worldwide. Prior to joining ASH, Ms. Beaston worked at ABC for 22 years in multiple roles, most recently as the manager of Conferences and Executive Services.

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



Daily updates are available at:
www.AmericasBlood.org

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 and published after editorial review. Please send letters to the Editor at newsletter@americasblood.org or fax them to (202) 899-2621. 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.

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) 899-2621. (For a more detailed announcement in the weekly "Meetings" section of the newsletter, please include program information.)*

2018

Oct 15-16. **510(k) Submissions Workshop, Washington, D.C.** More details available here.

Nov. 29-30. **FDA Pathogen Reduction Technologies for Blood Safety Public Workshop, Silver Spring, Md.** More details available here.

2019

Feb. 4-6. **15th Annual FDA and the Changing Paradigm for HCT/P Regulation, Washington, D.C.** More details available here.

March 22-26. **2019 ABC Annual Meeting, Washington, D.C.** More details coming soon.

May 14-16. **ADRP Annual Conference, Indianapolis, Ind.** More details available here.

May 22-23. **IPFA/PEI 26th International Workshop on "Surveillance and Screening of Blood-Borne Pathogens", Krakow, Poland.** More details available 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) 899-2621; e-mail: lmaundy@americasblood.org.

POSITIONS

Regional Director. LifeShare Blood Center is seeking a Regional Director for our Texarkana, Texas location. The Regional Director is responsible for the operation, performance, and safety of the region's recruitment, collection and support team members. Responsibilities include the strategical and tactical plans of their region. This includes direct oversight, adherence, compliance, and meeting of Goals, Key Performance Indicators (KPI), and Regulatory compliance. Directs the supervision of team members to adhere to all cGMP, SOP, FDA, AABB, and other regulatory bodies, as well as departmental policies and procedures. Acts as direct liaison for external inspections and onsite corporate leadership. Follows and ensures compliance of Quality, Payroll, Budgets and Fiscal responsibility of their operational site. Requirements include bachelor's degree in related field or equivalent experience in management or administration. Prior Blood Banking or healthcare management experience a plus. Must have demonstrated supervisory experience in the direction, control and planning of the activities of other personnel. A working knowledge and understanding of FDA regulations governing Blood Banking, AABB standards, OSHA regulations and current Good Manufacturing Practices for all center departments is preferred. Must have experience in the development and maintenance of an operating budget. For complete job description and to submit applications please go to www.lifeshare.org/careers.

Quality Assurance Coordinator - Blood Bank (UC San Diego Health) (Filing Deadline: Mon 10/1/2018; Salary Range: Commensurate with Experience). Provides oversight and leadership of all quality management activities carried out in all areas of transfusion medicine for two medical center facilities. Provides guidance to the department in regard to meeting the requirements of regulatory and accrediting agencies for patient testing and blood product manufacturing. Demonstrates a level of working knowledge of the following agencies (as appropriate): Food and Drug Administration (FDA); California Department of Public Health (CDPH); Center for Medicare and Medicaid Services (CMS); Joint Commission (JC); AABB (formerly American Association of Blood

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POSITIONS (continued from page 10)

Banks); and College of American Pathologists (CAP). Minimum Qualifications: Clinical Laboratory Scientist (CLS). Must have at least five (5) years' experience of applicable clinical laboratory experience. Apply Online: here. UC San Diego Health is an Equal Opportunity/Affirmative Action Employer. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability, age, protected veteran status, gender identity or sexual orientation. For the complete University of California nondiscrimination and affirmative action policy see: http://www-hr.ucsd.edu/saa/nondiscr.html.

Quality Assurance Associate. At Miller-Keystone Blood Center, our mission is to save lives by partnering with our community to provide a continuous supply of blood products and services. Founded in 1971, we serve as the sole blood provider for 22 hospitals in eastern PA and western NJ. Our main operating facility is located in Bethlehem, PA. The QA Associate is responsible for the ensuring compliance with the FDA regulations, AABB standards, State DOH standards and all other pertinent industry standards. Responsible for reviewing and writing SOPs and reviewing software and equipment validations. Perform and lead internal audits to ensure effectiveness of the system and compliance to the cGMPs and other regulatory requirements. Perform safety inspections and participate in the safety committee. Assist in the records management system. Qualified candidates will have a bachelor's degree or blood center experience in lieu of education. Apply online at www.giveapint.org.

PRN (FLEX) Flow Cytometry Specialist (Bedford, TX). The Flow Cytometry Specialist (FCS) will report to the Manager or designee of Reference & Transfusion – (R&T) Services in Bedford, Texas. The incumbent will participate in all activities in the R&T Services to include but not limited to: Support Carter BloodCare's (CBC) vision, mission and core values. Maintain compliance with the Carter BloodCare's (CBC) attendance policies and department schedules as outlined in the CBC Employee Handbook. Perform testing and services associated with assigned departmental duties. These duties are in the scope of complexity according to accrediting agencies. Participation in competency, proficiency, and educational opportunities. Participate in educational instruction of students/employees and competency evaluations of employees. Participate in critical document review and approval processes. THIS IS A PRN POSITION (HOURS CAN VARY). Education: Bachelor's degree required. Medical Technologist: MT (ASCP), BB (ASCP), MT (AMT) or equivalent certification required. Specialist in Blood Banking, SBB (ASCP) certificate preferred. Experience: Minimum two years of flow cytometry laboratory experience required. Minimum five years of HLA, transfusion and/or reference laboratory experience preferred. Carter BloodCare is an EEO/Affirmative Action employer. We maintain a drug-free workplace and perform pre-employment substance abuse testing. To apply go to http://www.carterblood-care.org/, click on Careers.
management system. Qualified candidates will have a bachelor's degree or blood center experience in lieu of education. Apply online at www.giveapint.org.

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Medical Director. Blood Bank of Hawaii (BBH) is seeking a dynamic, impactful leader to be its Medical Director. The successful candidate will have at least three years' experience in blood banking/transfusion medicine, preferably, two years' blood center experience. As a member of the blood center senior leadership team, the Medical Director oversees medical and technical aspects of blood center operations, is the CLIA laboratory director, and serves as the clinical and medical consultant. They direct transfusion medicine educational endeavors for pathology residents, students, blood center staff, and other trainees; provide transfusion medicine education to the local medical community; represent BBH regionally and nationally to promote transfusion medicine best practices, such as patient blood management. BBH, the sole provider of blood components and services to hospitals in Hawaii, is a diverse organization offering

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POSITIONS (continued from page 11)

professional development, a competitive salary, comprehensive benefits, relocation package, and a collaborative team environment. To apply, please submit a resume and cover letter to HR@bbh.org. BBH is an Equal Opportunity employer. All qualified applicants will receive consideration for employment without regard to sex, gender identity, sexual orientation, race, color, religion, national origin, disability, protected veteran status, age, or any other characteristic protected by law.