

2018 #33

October 5, 2018

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## FDA and MITRE Publish Framework for Cybersecurity Preparedness and Response

Cybersecurity is an important topic in the digital/information age for healthcare organizations. With new threats arising daily, the Food and Drug Administration (FDA) and MITRE Corp. have collaborated to provide the healthcare industry with both a planning and response mechanism for cyberattacks and breaches.

“Securing medical devices from cybersecurity threats cannot be achieved by one government agency alone, said FDA Commissioner Scott Gottlieb, MD in a [FDA statement](#). “Every stakeholder—manufacturers, hospitals, healthcare providers, cybersecurity researchers, and government entities – all have a unique role to play in addressing these modern challenges. That’s why the FDA has long been committed to working hard with various stakeholders to stay a step ahead of constantly evolving cybersecurity vulnerabilities. In this way, we can ensure the healthcare sector is well positioned to proactively respond when cyber vulnerabilities are identified in products that we regulate.”

The framework entitled “[The Medical Device Cybersecurity Regional Incident Preparedness and Response Playbook](#)” is designed to supplement existing emergency management and preparedness strategies and capabilities by helping organizations respond in “real-time” and also identify the steps that need to be taken to both prevent cyberattacks and mitigate risk(s). “Our lives are becoming more digital and interconnected every day, especially in healthcare,” said MITRE Vice President of Public Sector Programs, Center for Programs and Technology John Kreger in a news [release](#). “The FDA recognized the need to work with the [health delivery organizations] and hospital community to provide guidance on how to help minimize the cybersecurity risks associated with medical devices. When working with the FDA on this playbook, we leveraged MITRE’s expertise across multiple federally funded research and development centers and independent research in the areas of cyber and homeland security.”

The playbook encourages national and regional partners to work collaboratively with each other, regulators, and manufacturers to implement the recommendations to strengthen cybersecurity efforts throughout the healthcare industry. “There is now a customizable tool that healthcare delivery organizations may voluntarily use so that they are better positioned to respond to a cyberattack that may affect medical devices and that can potentially impact continuity of care and patient safety,” said Suzanne Schwartz, MD, MBA associate director for science and strategic partnerships at the FDA's Center for Devices and Radiological Health in the news release.

(continued on page 2)



## FDA & MITRE Cybersecurity Playbook (continued from page 1)

“We look forward to our ongoing work with MITRE to further advance medical device security and cyber safety within our nation’s healthcare and public health critical infrastructure, faced with an ever-evolving threat landscape.”

Earlier this year, the FDA unveiled the “[Medical Device Safety Action Plan: Protecting Patients and Promoting Public Health](#),” which focused on the cybersecurity of medical devices specifically.

“When we issued our Medical Device Safety Action Plan in April, we outlined our vision for how the FDA will continue to enhance our programs and processes to assure the safety of medical devices including advancing medical device cybersecurity,” said Commissioner Gottlieb. “Our actions today, and those we’ll take in the coming weeks, build on that effort. We’re committed to staying ahead of these risks and unscrupulous cybercriminals who may seek to use cybersecurity vulnerabilities in a way that puts patient lives in danger. In order to protect against these threats and mitigate them when they do emerge, we must be forward leading and nimble. Continuing to proactively address medical device cybersecurity is a key priority for the FDA. We remain fully committed to protecting American patients by fully addressing these emerging threats.”

(Sources: FDA [Statement](#), 10/1/18; MITRE Corp. News [Release](#), 10/1/18) ♦



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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.

### **America’s Blood Centers**

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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.*

### **ADRP Webinar: T.R.E.A.T. (Effective Management of Millennials by Millennials)**

[Register](#) for the upcoming October 16<sup>th</sup> ADRP Webinar: T.R.E.A.T. (Effective Management of Millennials by Millennials) scheduled to take place at 1:30 PM EDT presented by Vitalant (formerly Blood Systems, Inc.). The webinar will provide insights into maximizing the performance of millennials and will be conducted by millennials using the acronym T.R.E.A.T., while providing techniques to effectively manage them. To become an ADRP subscriber visit <https://www.adrp.org/Join-Now>.

### **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 12<sup>th</sup>. 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 31<sup>st</sup>. 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 29<sup>th</sup> at 3 pm. EST. Additional details forthcoming!



## All of Us Genome Centers Receive NIH Funding

The National Institutes of Health (NIH) announced that it has awarded more than \$28 million to establish three genome centers as part of the [All of Us](#) Research Program. The genome centers will be managed by:

- Baylor College of Medicine, Houston, with Johns Hopkins University, Baltimore, and The University of Texas Health Science Center at Houston (UTHealth);
- The Broad Institute, Cambridge, Massachusetts, with Color, Burlingame, California, and the Laboratory for Molecular Medicine at Partners HealthCare, Cambridge, Massachusetts; and
- Northwest Genomics Center at the University of Washington, Seattle.

The All of Us Research Program aims to recruit 1 million individuals for its study into disease prevention and treatment through precision medicine, which focuses on individualized care for patients incorporating their uniqueness (including genetic makeup and environmental factors impacting the health of individuals) into specifically tailored treatments.

“Fifteen years after the mapping of the human genome, this is a pivotal step toward realizing the promise of that historic achievement,” said NIH Director Francis Collins, MD, PhD in an agency news [release](#). “Including high quality genomic information along with many other data types collected in the All of Us program will speed up scientific breakthroughs and ultimately improve the health of future generations.”

ABC members BloodCenter of Wisconsin (a part of Versiti) and San Diego Blood Bank have been participants in the All of Us Research Program. David Wellis, PhD, CEO and president of San Diego Blood Bank coauthored a [commentary](#) earlier this year with Cinnamon Bloss, PhD, associate professor of psychiatry, family medicine, and public health at the University of California San Diego Health on the important role diversity plays in health research.

“Diversity is a hallmark of this effort,” said Eric Dishman, director of the All of Us Research Program according to the NIH news release. “We strive for diversity of people and also diversity of data types, so researchers can understand the many factors that influence health and health outcomes for each of us. Bringing on these new partners is an important milestone for our program as we look to add genotyping and whole genome sequencing data to the many other data types we’re already collecting.”

The Precision Medicine Initiative materialized in 2016 when former President Barack Obama allocated \$130 to NIH with the stated goal of bringing precision medicine to all in the U.S.

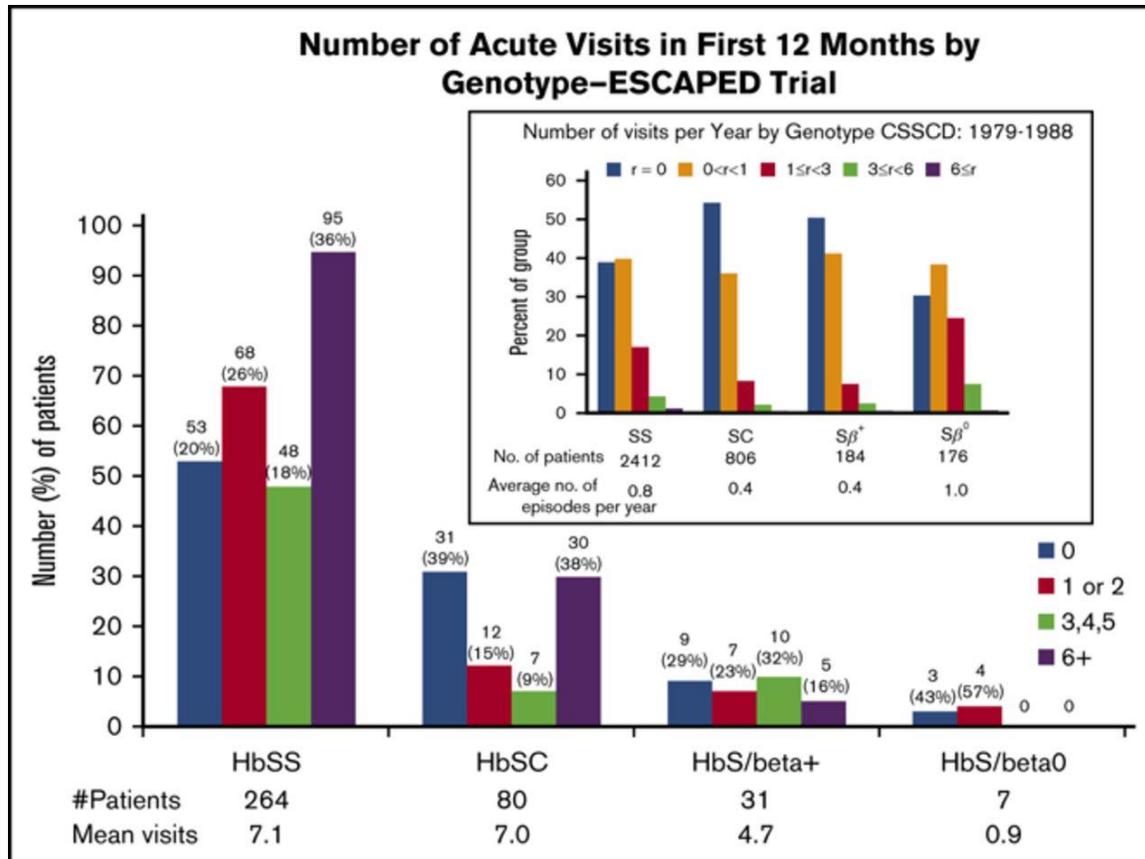
(Source: NIH News [Release](#), 9/25/18) ♦

### 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](mailto: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.

**RESEARCH IN BRIEF**

**Acute health care use in SS and SC sickle cell variants described.** Investigators in an ongoing observational study of pain in sickle hemoglobinopathies report predictors of acute care visits among 391 subjects with at least one year of follow-up. Approximately half of the cohort had three or more acute care visits during the interval. This group also had a 68 percent prevalence of chronic pain. In univariate analysis, unemployment, the presence of chronic pain and use of chronic transfusion, a history of stroke and being on disability or Medicaid predicted higher acute care use. These contemporary estimates are “much higher” than those from historical cohort data. The authors “fear that current approaches to both acute and chronic pain are suboptimal.”



Visual abstract courtesy of Blood Advances

**Citation:** Lanzkron, S., Little, J., Field, J. *et al.* [Increased acute care utilization in a prospective cohort of adults with sickle cell disease.](#) *Blood Adv.* 2018.

**Interventions for obstetric bleeding.** Bleeding associated with parturition can lead to massive transfusion. The authors, from the United Kingdom, have published a systematic review of endovascular approaches to its prevention and control. They retrieved 69 of 385 studies for review, which included 1,395 patients with a variety of conditions (42 percent, 18 percent and 22 percent placenta accreta, increta, and percreta respectively) of whom 1,132 patients underwent balloon occlusion of one or more arteries, and 263 received arterial embolization. These procedures were associated with reduced blood loss, and balloon occlusion of the abdominal aorta was associated with the lowest and with a lower rate of hysterectomy. Transfusion was

(continued on page 6)



## RESEARCH IN BRIEF (continued from page 5)

reduced by the interventions, mean -1.54 units of red blood cells (95 percent confidence interval -2.27–0.81 units) No adverse effects of these procedures was evident on operative time or length of stay.

**Citation:** Shahin, Y. and Pang, C.L. Endovascular interventional modalities for haemorrhage control in abnormal placental implantation deliveries: a systematic review and meta-analysis. *European Radiology*. doi: [10.1007/s00330-017-5222-0](https://doi.org/10.1007/s00330-017-5222-0) 2018.

**How bad is chikungunya infection?** Chikungunya has receded from the agenda of transfusion medicine with the waning of the epidemic, the absence of documented or alleged transfusion transmissions, and to a lesser extent because the infection, compared to other priorities, may be perceived as less morbid. Investigators in Latin America report on excess mortality associated with various causes “possibly attributable” to chikungunya. The study compared monthly expected deaths based on age-adjusted mortality from 2010–13, before the epidemic, with expected vs. observed deaths during the second half of 2014, at the peak of the epidemic. An excess 1,310 deaths were reported, during which other epidemics (dengue, flu, leptospirosis) were not apparent. They were distributed across multiple age cohorts, and lagged one month after the peak of the epidemic. A number of comorbidities appear to have contributed. The nature of the study does not allow causal inferences, but similar data from other regions are cited to corroborate the hypothesis of substantial mortality from chikungunya.

**Citation:** Freitas, A.R.R., Donalisio, M.R., Alarcón-Elbal, P.M. [Excess mortality and causes associated with chikungunya, Puerto Rico, 2014–2015](#). *Emerg. Infect. Dis.* 2018.

**Engineered factor VIII (FVIII) expressing T-cells kill B-cells specific for FVIII and may be able to prevent inhibitor formation in hemophilia A.** Up to 30 percent of patients with hemophilia A will develop antibodies that inhibit the function of FVIII and complicate therapy. Scientists have described a chimeric antigen receptor (B-cell antibody receptor or BAR) on human and mouse cytotoxic T-cells that kills FVIII reactive B-cells. The engineered cells also had the capacity to block specific antibody development and to reduce inhibitor formation after adoptive transfer to mice with hemophilia A. They consider this approach to be a potential prophylactic intervention for patients at high risk for inhibitor formation.

**Citation:** Parvathaneni, K. and Scott, D.W. [Engineered FVIII-expressing cytotoxic T cells target and kill FVIII-specific B cells in vitro and in vivo](#). *Blood Adv.* 2018. ♦

## RECENT REVIEWS

**Transfusion medicine in obstetric care.** The October [issue](#) of *Transfusion Medicine Reviews* evaluates important aspects of several topics regarding the role of transfusion medicine in obstetric care. These topics are wide-ranging and include history, immunohematologic aspects, support during pregnancy of women with sickle cell disease, thrombocytopenia, microangiopathic hemolytic anemias, inherited coagulopathies, placenta accreta, and the management of obstetric hemorrhage.

(Source: *Transfusion Medicine Reviews*, Vol. 32, [Issue 4](#), 10/18) ♦



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LOCAL APPROACH**

**SAVE THE DATE!**  
**March 26, 2019**

AMERICA'S BLOOD CENTERS'  
CAPITOL HILL DAY  
WASHINGTON, D.C.

More details coming soon!

## BRIEFLY NOTED

**The Joint Commission has issued a new advisory that provides recommendations to assist with identification of a patient when healthcare professionals are relying on human and/or technology factors.** “Technology alone cannot ensure accurate patient identification,” said Gerard M. Castro, PhD, MPH, project director, Patient Safety Initiatives at The Joint Commission in an [announcement](#). “We must consider not only the technology, but also the people involved and their processes. It is essential for health care professionals to receive adequate training and conduct reliable procedures. Accurate patient identification involves shared responsibility and involvement of all stakeholders.” The advisory is entitled “[Quick Safety, Issue 45: “People, processes, health IT and accurate patient identification.”](#)”

Recommendations in the advisory to ensure patients are accurately identified include:

- Utilizing an active confirmation process to help match the patient and documentation;
- Using a standardized process for patient identification and capturing patient information no matter where registration occurs;
- Ensuring information required to accurately identify the patient is clearly displayed on electronic displays, wristband and printouts;
- Implementing monitoring systems to readily detect identification errors, such as regular inspection for patient identification errors and potential duplicate patient records; and
- Including high-specificity alerts and notifications to facilitate proper identification, such as warning users when they attempt to create a record for a new patient (or look up a patient) whose first and last names are the same as those of another patient.

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BRIEFLY NOTED (continued from page 7)

More information including the advisory is available on The Joint Commission’s [website](#).

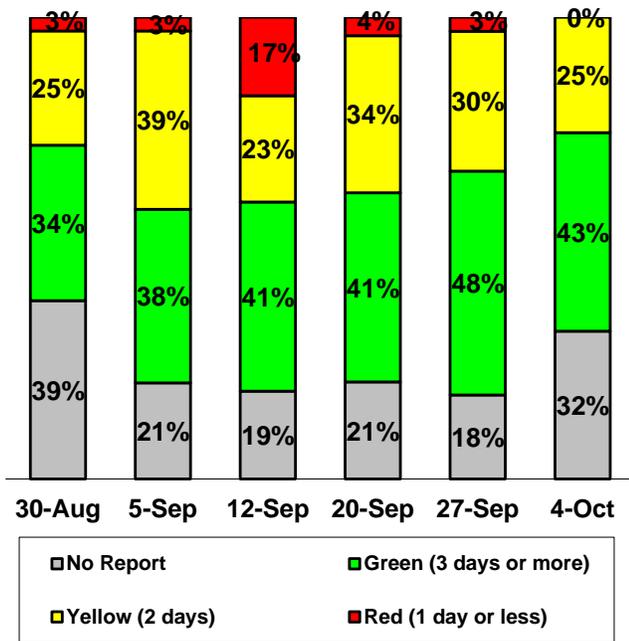
(Source: The Joint Commission [Announcement](#), 10/2/18)

**The 2018 National Cesar E. Chavez Blood Drive Challenge winner is California State University, Sacramento, which partnered with ABC member Vitalant (formerly BloodSource).** This year marked the tenth annual campaign and included 68 registered colleges/universities as participants. Since the program’s inception in 2009, more than 350 college/universities have taken part in the blood drive challenge.

(National Cesar E. Chavez Blood Drive Challenge Email Announcement, 10/1/18) ♦

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

Total ABC Red Cell Inventory



Percent of Regional Inventory at 2 Days Supply or Less, October 4, 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)

### 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

The House Energy and Commerce Committee has asked the Medicare Payment Advisory Commission (MedPAC) to examine the impact of hospital consolidation on increased Medicare costs, following conflicting information from experts during committee hearings on the rising costs of healthcare. According to a news [release](#) issued by the committee, “[s]ome have questioned the merit of concerns over consolidation and have instead highlighted the beneficial efficiencies and economies of scale that can be accomplished through consolidation...However, other witnesses have made data-driven arguments that much hospital consolidation can increase spending for the program and patients.” A [letter](#) from Reps. Greg Walden (R-Ore.), Michael Burgess, MD (R-Texas), and Gregg Harper (R-Miss.) to MedPAC, states “[t]he Committee believes that MedPAC should continue to review the trends of hospital mergers to help improve our understanding of the impact of consolidation in the hospital industry. The Committee wishes to determine the impact consolidation has on patients, and if patients end up paying higher prices due to consolidation for no identifiable benefit to the beneficiary.” The commission report is expected to examine several key areas including:

- A description of current trends in hospital consolidation and if federal regulations increased the rate of consolidations;
- The effects of hospital consolidations on both hospitals’ and patients’ costs; and
- Whether commercial prices are higher in areas with increased levels of hospital consolidation.

(Source: House Energy and Commerce News [Release](#), 8/30/18) ♦

## MEMBER NEWS



**The Blood Center (TBC)** located in New Orleans, La. recently opened a new donor center. This facility is the organization’s 11<sup>th</sup> donor center and is located on the University of New Orleans campus. Billy Weales, president and CEO of The Blood Center and Jim Donelon from the Louisiana Department of Insurance officially cut the ribbon signifying the opening of the donor center.

*Pictured (left to right): Cory Bergeron, vice president of Donor Resources, TBC; Ron Updegraff, TBC Board of Directors; Ashley Hilsman, director of events, New Orleans Chamber of Commerce; Jennifer Avegno, MD, director, New Orleans Health Department, Billy Weales, president and CEO, TBC, Steve Worley, TBC Board of Directors; Commissioner Jim Donelon, Louisiana Department of Insurance; Paul Bergeron, TBC Board of Directors, and Robert Treuting, MD, TBC Board of Directors*

(The Blood Center Announcement, 10/4/18) ♦



## 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) 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. 14. **2018 Cybersecurity Summit, 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. **15<sup>th</sup> 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](mailto: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](http://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

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**POSITIONS** (continued from page 10)

Department of Public Health (CDPH); Center for Medicare and Medicaid Services (CMS); Joint Commission (JC); AABB (formerly American Association of Blood 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](http://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](http://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.

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POSITIONS (continued from page 11)

BBH, the sole provider of blood components and services to hospitals in Hawaii, is a diverse organization offering 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](mailto: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.

**Reference Laboratory Technologist.** Kentucky Blood Center, located in Lexington, Ky. is seeking a medical technologist to perform and interpret serological procedures on specimens submitted for compatibility testing or problem resolution. Will resolve typing problems, antibody problems, and crossmatch problems; and communicate with hospitals as needed. MT, MLS, CLS (ASCP) with minimum two years recent blood bank experience, SBB preferred. Strong written and oral communication skills, a do-what-it-takes work ethic, and a team player attitude required. Proof of education/certifications required during the interview process. Benefits: Health/Dental/Vision/Life/Short Term Disability/Long Term Disability/Cancer Insurance/Accident Insurance/Flexible Spending Accounts/Health Savings Accounts/Paid Time Off/Paid Holidays/Employee Assistance Program/Retirement Savings Plan. For more information or to apply online, please visit [www.ky-bloodcenter.org](http://www.ky-bloodcenter.org). Drug-free and EOE/AAP. 💧