

2019 #15

May 3, 2019

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Blood Prioritization Letter Updated by Interorganizational Task Force & HHS

The AABB Interorganizational Task Force and the U.S. Department of Health and Human Services has revised the blood prioritization letter last updated in 2007. The letter signed by HHS Assistant Secretary for Health Admiral Brett Giroir, MD is a resource to be used by blood centers when working with state, territorial, tribal, and local emergency medical agencies to ensure the inclusion of blood in disaster emergency response planning efforts.

The letter states, “[b]lood and blood products are an essential treatment in trauma and are also needed to meet the needs of patients with chronic conditions. In the U.S., blood is typically collected, processed, and stored at regional non-profit blood centers and is distributed to hospitals on a daily or weekly basis...Our attention must be to maintain an adequate availability and accessibility of blood and blood products. I respectfully request your assistance in working with the community blood centers in your region to ensure that blood and blood products are available where and when they are needed in a disaster. This can be accomplished by integrating the community blood centers responsible for the collection and distribution of blood and blood products into your emergency management planning efforts, including the addition of blood-related scenarios in your drill and exercise programs.”

The complete letter can be viewed in MCN [19-035](#). The Task Force is also working on securing an updated letter from the Department of Homeland Security. During ABC's 57th Annual Meeting, Admiral Giroir recognized the availability of safe blood products as a crucial part of the nation's preparedness and response infrastructure and encouraged collaboration among all stakeholders. He also expressed his and HHS' view on the importance of assuring the sustainability and safety of the U.S. blood supply, while saying that the agency is committed to finding ways to reach the next generation of blood donors and educate the public on the integral role of the blood supply to the national healthcare system.

(Source: MCN [19-035](#), 5/1/19) ♦

Upcoming ABC Webinars – Don't Miss Out!

- **QA Education Webinar – Change Management** – July 16th. Additional details forthcoming!

REGULATORY NEWS

The Centers for Medicare and Medicaid Services (CMS) has [released](#) its fiscal year 2020 “Medicare Hospital Inpatient Prospective Payment System (IPPS) and Long Term Acute Care Hospital (LTCH) Prospective Payment System” proposed rule and request for information. The proposed rule includes new add-on payment pathways for devices designated as “breakthrough” from the U.S. Food and Drug Administration’s program. “Existing [FDA] programs can help expedite the development and review of transformative new drugs and devices that meet expedited program criteria (e.g. are intended to treat serious or life-threatening diseases or conditions for which there are unmet medical needs). CMS believes it is appropriate to similarly facilitate access to these transformative technologies for Medicare beneficiaries. Marketing authorization (e.g., approval or clearance) of a medical device subject to one of FDA’s expedited programs could lead to situations where the evidence base for demonstrating substantial clinical improvement in accordance with CMS’s current new technology add-on payment policy has not fully developed at the time of FDA market authorization...We are proposing that if a medical device subject to one of the FDA’s expedited programs has received marketing authorization from the FDA, CMS would consider that product new and not substantially similar to an existing technology for purposes of the IPPS new technology add-on payment. Under this proposal, the medical device would only need to meet the cost criterion to receive the add-on payment. This change would begin with applications received for new technology add-on payments for FY 2021.” It also includes add-on payments for chimeric antigen receptor (CAR) T-cell therapy. The rule can be viewed on the [Federal Register](#) with comments due June 24, 2019.

(Source: CMS News [Release](#), 4/23/19)

The U.S. Department of Health and Human Services (HHS) has updated the enforcement rules for HIPAA violations. All caps were previously \$1.5 million. The updates place reduced caps on violations based on culpability, as part of “a new interpretation of the existing fine structure in the Health Information Technology for Economic and Clinical Health (HITECH) Act, which amended HIPAA in 2009,” according to a [report](#) from *Becker’s Healthcare*. The updated enforcement penalties are below:

- \$25,000 in instances of “no knowledge” from \$1.5 million;
- \$100,000 in instances of “reasonable cause” from \$1.5 million;
- \$250,000 in instances of “willful neglect - corrected” from \$1.5 million;
- \$1.5 in instances of “willful neglect – not corrected” which is the same as the previous cap.

HHS collected more than \$28 million in fines for HIPAA violations in 2018.

(Source: *Becker’s Healthcare*, [HHS implements HIPAA fine caps based on level of culpability](#), 4/29/19)

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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.

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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.

2019 ADRP Annual Conference Registration

[Registration](#) for the 2019 ADRP Conference in Indianapolis, Ind. May 14th – 16th remains open with a discounted rate still available to ADRP [subscribers](#). This year's 41st conference features a theme of "Innovate. Collaborate. Motivate." It will take place at the Hyatt Regency Indianapolis with breakout sessions and roundtable discussions, for blood center leadership, directors, management, and front-line staff. Tracks include recruitment, leadership, collections, and marketing/communications P.A.C.E. continuing education credits are available. Come join hundreds of attendees worldwide to share best practices, learn, and network. The conference also features a tradeshow for attendees to hear about the latest products and services available to blood center staffs. More information and the schedule-at-a-glance can be found on the ADRP [website](#). ADRP is an international division of America's Blood Centers with more than 700 subscribers worldwide. 💧

ABC 2019 Meetings & Workshops				
Meeting/Workshop	Dates	Location	Hotel/Hotel Rate	Registration Dates & Fees
ADRP Annual Conference	May 14-16	Indianapolis, Indiana	Hyatt Regency, \$179/night	Register here now Subscribers \$575/\$695 non-subscribers
Medical Directors Workshop	July 30 (precedes Summer Mtg)	Denver, Colorado	Grand Hyatt, \$239/night	Late April - July 5 MD Workshop \$435 MD+Summer \$760
Summer Meeting	July 31-August 1	Denver, Colorado	Grand Hyatt, \$239/night	Late April - July 5 Summer \$655 Summer+MD \$760
Notes: For the most up-to-date information on all events, members of ABC may check the calendar on ABC's Member Site. Non-members may attend all events; information will be updated on ABC's Public Site .				

Results Available for Out of Hospital Transfusion Survey

ABC has distributed the [results](#) from the Out of Hospital Transfusion Survey to its member blood centers. Aggregate data from the survey is located on the ABC Member website. A special thanks to all participants. The survey assesses the out of hospital transfusions in the service areas of ABC membership. The results will also be featured during a session at the upcoming ABC Technical and Quality Workshop.

(Source: Out of Hospital Survey [Report](#), 4/22/19) 💧



RESEARCH IN BRIEF

Effects of Blood Storage on Cardiac Surgery Patients. Several large retrospective studies have suggested that storage of older red blood cells (RBCs) was associated with adverse inflammation and thromboembolism. One proposed mechanism was that blood becomes more procoagulant as it ages due to increasing phosphatidylserine exposure on the erythrocyte membrane and due to the production of various thrombin-generating extracellular vesicles (EVs). A primary aim of the current study was to determine if patients transfused with RBCs stored for 21 days or more showed differences in postoperative hemostatic parameters or systemic inflammation compared to patients transfused with RBCs stored for 10 days or less. The Red Cell Storage Duration Study (RECESS) was a randomized trial with participants undergoing complex cardiac surgery to receive fresh or aged RBCs and “no difference was seen in the primary outcome of change in multiple organ dysfunction score” (MODS).

For the current study, 90 subjects from the RECESS trial were included. Patients were randomized to receive RBCs stored for 10 days or less (fresh, median of seven days) versus 21 days or more (aged, median of 28 days). Investigators examined the effects of RBC storage age by studying immune and coagulation function and nitric oxide (NO) flux. Blood was collected before surgery and prior to any RBC transfusion (Day 0) and on Days 2, 6, 28, 180, and on Days 0 and 2 for nontransfused subjects.

Four of the 71 tested parameters demonstrated a significant difference posttransfusion between study arms: CD8+ T-cell interferon- γ secretion and the concentration of EVs bearing the B-cell marker CD19 were higher, and plasma endothelial growth factor levels were lower in recipients of fresh versus aged RBCs. Plasma interleukin-6 was higher at Day 2 and lower at Days 6 and 28 in recipients of fresh versus aged RBCs. “Multiple parameters showed significant modulation after surgery and transfusion. Most analytes that changed after surgery did not differ based on transfusion status. Several [EV] markers, including two associated with platelets (CD41a and CD62P), decreased in transfused patients more than in those who underwent surgery without transfusion.” This study found negligible differences among the groups across a wide range of analytes. In spite of the lack of difference of patients between study arms, the authors identified multiple coagulation, cytokine, and EV markers that changed significantly in the time after surgery and transfusion. In addition, in exploratory analyses, changes in several analytes were found to correlate with the change in MODS.

The authors concluded that they found no major differences in potential procoagulant, immunologic, or NO effects in patients transfused with aged RBCs compared to patients transfused with fresh RBCs. They also stated that the findings were consistent with the clinical data of the RECESS trial and offered further support of the functional equivalence of older versus fresher RBCs in cardiac surgical patients.

Citation: Spinella, P.C., Sniecinski, R.M., Trachtenberg, F., *et al.* Effects of blood storage age on immune, coagulation, and nitric oxide parameters in transfused patients undergoing cardiac surgery. *Transfusion*. 2019. Doi: [10.1111/trf.15228](https://doi.org/10.1111/trf.15228).

Contributed by Richard Gammon, MD, Medical Director at OneBlood 





INFECTIOUS DISEASE UPDATES

CHAGAS DISEASE

The Centers for Disease Control and Prevention (CDC) [confirmed](#) that an individual in Delaware was bitten by the “kissing bug” last summer according to a report from *USA TODAY*. Such bites can cause infection with *Trypanosoma cruzi* (T. cruzi) leading to Chagas disease, which is well-recognized as a public health concern in endemic areas of Latin America. The individual did not get sick, as CDC reports an estimated 300,000 people with Chagas disease currently in the U.S. with a majority being infected with T. cruzi prior to coming to the U.S.



Map of where the “kissing bug” has been reported in the U.S. Courtesy of *USA TODAY* from CDC

(Source: *USA TODAY*, [CDC confirms Delaware girl was bitten on the face by a treacherous 'kissing bug'](#), 4/23/19)

BRIEFLY NOTED

The Illinois Coalition of Community Blood Centers teamed up with legislators from the Illinois General Assembly to [spread](#) awareness of the importance and ongoing need for **minority donors**. “I know this may not be a mainstream issue affecting the African-American community,” said Rep. Maurice West (D-Rockford) during a news conference “but I’m learning that it’s one of the biggest issues that we face. We, as African-Americans, are putting each other at risk.” The event featured lawmakers from the Illinois General Assembly and representatives from the Illinois Coalition of Community Blood Centers. Though Rep. Tom Bennet (R-Gibson City) could not attend the news conference, he shared his personal



Rep. Maurice West speaking at the press conference. Photo courtesy of the Northwest Heald.

(continued on page 6)



BRIEFLY NOTED (continued from page 5)

connection to blood donation after being a blood recipient following an automobile accident. “I have great appreciation for how quickly your situation can change and how, when blood is needed, it has to be tested, on the shelf and ready to go at a moment’s notice.”

(Source: *Northwest Herald*, [Illinois minorities urged to donate more blood](#), 5/1/19) ♦

GLOBAL NEWS

A public inquiry in the United Kingdom (UK) is underway to address how tainted blood products from high risk populations in the 1970s and 1980s were continually given to patients without warning. It will include testimony from victims and their families, some of whom believe that the government has never fully accepted responsibility for its role in the epidemic that impacted the lives of many, in hopes of providing answers and closure. In the fall of 2017, a UK High Court ruled that victims and the families of individuals that received tainted blood products in the 1970s and 1980s may seek damages. A report issued by Parliament found close to 7,500 patients had been infected with hepatitis C or HIV, many of whom were relying on clotting factor treatments for hemophilia.

(Source: *BBC*, [Blood inquiry seeks answers at last](#), 4/30/19)

NHS Blood and Transplant (NHSBT) announced the “Pass it on” campaign aimed at spreading awareness and understanding of changing organ donation legislation within England. [Max and Keira’s Law](#) scheduled to effect in the spring of 2020 stipulates that all adults in England will be deemed to have given consent to donate their organs upon their death unless they opt-out or fall into one of the excluded groups. “Organ donation is, and always will be, a precious gift,” said NHSBT Director of Organ Donation and Transplantation Anthony Clarkson in a news release. “Although the law is changing it will still be the generosity of individual donors and their families who decide at the most difficult time to support organ donation, which will ensure more transplants can happen and more lives can be saved. We want everyone to know the law around organ donation is changing, to understand how it is changing and the choices available to them. We want them to make their organ donation decision and to share that decision with their family.” The “Pass it on” campaign will highlight that:

- Organ donation is a precious gift - you can save and transform up to nine lives by passing on your organs;
- Make and share your decision - it’s your choice whether or not you want to donate. Make your decision and pass it on to those closest to you; and
- Spread the word - help pass on the message about the change in the law around organ donation in England, and what it means to others.

A survey conducted this year by NHSBT of more than 2,000 participants revealed that 37 percent of individuals over the age of 16 knew of the changing legislation. “We hope that by increasing awareness and understanding of organ donation, we can inspire more individuals and families to agree to donation and allow many more lives to be saved,” added Mr. Clarkson.

(Source: NHSBT News [Release](#), 4/25/19)

(continued on page 7)



GLOBAL NEWS (continued from page 6)

Zipline has expanded its blood drone delivery services to Ghana. The California-based company that specializes in robotics has previously been delivering blood to clinics in remote areas of Rwanda since 2016. “No one in Ghana should die because they can’t access the medicine they need in an emergency,” said Ghana’s President Nana Akufo-Addo said in a [statement](#) according to *TechCrunch*. “That’s why Ghana is launching the world’s largest drone delivery service...a major step towards giving everyone in this country universal access to lifesaving medicine.” Zipline plans to use 30 drones with 4 distribution centers that will service 2,000 health facilities across Ghana providing them with blood and other medical supplies. When blood is needed, a message is sent by Zipline through WhatsApp by medical personnel. Upon confirmation of the order, a drone that can reach speeds of 60 mph is dispatched. The clinics are alerted via text message when the drone is one minute away. The drone makes the delivery via a parachute in the designated drop-zone. With the expansion, Zipline CEO Keller Rinaudo told *TechCrunch* “[w]e’ll do 600 flights a day...and serve 12 million people. This is going to be the largest drone delivery network on the planet.”



Courtesy of the TechCrunch

(Source: *TechCrunch*, [Drone delivery startup Zipline launches UAV medical program in Ghana](#), 4/24/19)



WORD IN WASHINGTON

America’s Blood Centers joined a coalition of 80 organizations in signing on to letters sent to the [House](#) and Senate Appropriations Committee urging the committees to provide \$1 billion in funding over 10 years to the Centers for Disease Control and Prevention (CDC) with \$100 million in fiscal year 2020 in support of modernizing data systems used for surveillance and collection of data. A draft version of the House [bill](#) includes “\$100 million for the first year of a multiyear effort to support modernization of public health data surveillance and analytics at CDC, state and local health departments, and the National Center for Health Statistics,” The coalition letters also stated that “[u]nfortunately, the nation’s public health data systems are antiquated, rely on obsolete surveillance methods, and are in dire need of security upgrades. Sluggish, manual processes—paper records, spreadsheets, faxes, and phone calls— are still in widespread use. Lack of interoperability, reporting consistency, and data standards leads to errors in quality, timeliness, and communication. In addition, public health professionals are faced with rapid advances in data science and evolving cybersecurity threats, and many do not yet have the necessary 21st century skills to understand and securely integrate health data.” Additionally, the letters specifically referenced five core data systems:

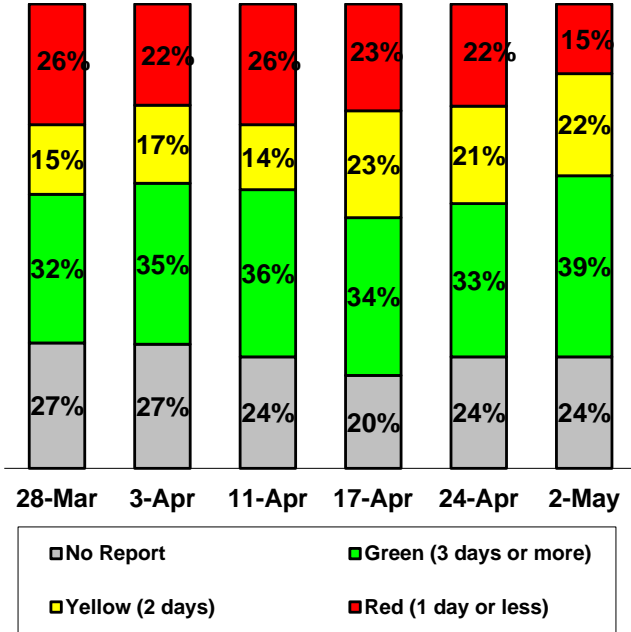
- National Notifiable Disease Surveillance System;
- Electronic case reporting;
- Syndromic surveillance;
- Electronic Vital Records System; and
- Laboratory Information Systems.

(Source: House [Letter](#) of Support, 3/25/19)

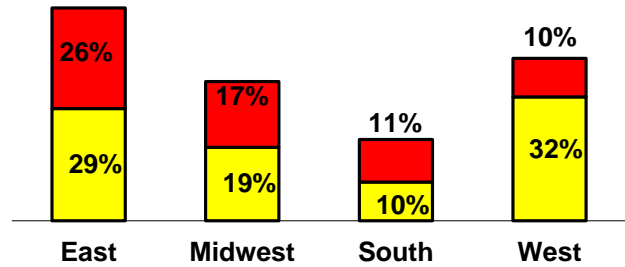


STOPLIGHT®: Status of America’s Blood Centers’ Blood Supply

Total ABC Red Cell Inventory



Percent of Regional Inventory at 2 Days Supply or Less, May 2, 2019



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

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!

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 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.)

2019

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](#).

July 30-Aug. 1. **2019 ABC Medical Directors Workshop & Summer Meeting, Denver, Colo.** More details coming soon.



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

Senior Clinical Lab Specialist (San Francisco, CA; Req: 190688). Vitalant exists to help people realize their life-transforming potential by offering convenient blood donation opportunities and sharing our expertise in transfusion medicine. Under minimal supervision, this position is responsible for performing routine testing of biological specimens and reviewing test results and quality assessment data and responsible for providing skilled technical support in the laboratory. Requirements: Bachelor's degree required. Must satisfy CLIA requirements for High Complexity Testing required. Certification as a CA Medical Technologist required. Specialist in Blood Banking (SBB) by a recognized certifying agency preferred. Five years clinical laboratory testing experience required. One-year IRL experience preferred. For more information or to apply, please visit [here](#). EOE

Executive Director. ADRP, an International Division of America's Blood Centers (ABC), is seeking a part-time Executive Director. The position is a senior management role and will provide oversight and leadership to all aspects of ADRP, including membership, communications and marketing, events, and education. The position will report directly to the ABC Chief Executive Officer, providing strategic guidance on emerging trends in the blood banking industry to help shape strategies that promote growth and drive value. Primary Responsibilities: Provide organizational oversight, including support for the ADRP Advisory Board and ADRP committees, management of ADRP in accordance with an annual budget, and alignment of ADRP with other ABC programs and services. Promote ADRP through a variety of communication platforms, including a monthly Newsletter, various

email communications, and the ADRP website. Educational Requirements: Bachelor's required. Experience, Knowledge, Skills and Abilities: Five plus years of related experience in program development and management, event planning, communications and/or marketing. Experience in the blood banking industry preferred, but not required. Strong written and oral communication and interpersonal skills. Strong planning and organizational skills, detailed oriented. This is a remote position. Click [here](#) to view the full job description. Interested applicants should send a cover letter and resume to careers@americasblood.org.

Assistant Director of Clinical Business Development. Stanford Blood Center (SBC), a subsidiary of Stanford Health Care, is focused on connecting our communities to provide hope for healing. We lead the fields of transfusion and transplantation medicine by advancing science and technology. For more information, visit <http://blood-center.stanford.edu/>. We are seeking an Assistant Director of Clinical Business Development to improve SBC's market position and achieve financial growth and service excellence for SBC's core business units. Core Duties: In coordination with operational departments, serve as a primary service relationship contact for customers, current and prospective. Develop a growth strategy focused both on financial gain and customer satisfaction. Set and manage customer expectations, communicate strategic plans and status. Screen and identify potential business deals by analyzing market

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POSITIONS (continued on page 10)

strategies, deal requirements, potential, and financials. Close new business deals by coordinating requirements; developing and negotiating contracts; integrating contract requirements with business operations. Manage customer relationships through regular meetings and maintaining a customer database. Capture customer feedback to identify areas for improvement and opportunities for revenue growth and ensure customer satisfaction and retention. Qualifications: Four-year college degree required; MBA or other advanced degree desired. For a complete job description and to apply, please visit <https://www.stanfordhealthcarecareers.com/>, and reference job #50676.

Supervisory Physician / Chief, Infectious Diseases Section (Department of Transfusion Medicine; Clinical Center, National Institutes of Health; Department of Health and Human Services). The Department of Transfusion Medicine at National Institutes of Health Clinical Center is recruiting a physician faculty member to oversee the Infectious Disease Section, provide medical support for Clinical Center patients and perform subspecialty consultation related to infection transmission through blood, blood components, and cellular therapies. The successful candidate will oversee a section of 14 staff including a CLIA-approved testing laboratory. Additional functions include research related to transfusion-transmitted infections and teaching in an ACGME-accredited training fellowship in Transfusion Medicine. The Department of Transfusion Medicine is a full-service collector and provider of blood, blood components and cellular therapies. The position requires detailed knowledge of molecular, genetic testing for transfusion-transmitted agents. Candidates must be board certified or eligible in Blood Banking / Transfusion Medicine, Hematology, Infectious Disease, appropriate subspecialty certification(s), must have an M.D. or equivalent degree and must possess an active, current, full, and unrestricted license or registration as a physician from a State, the District of Columbia, the Commonwealth of Puerto Rico, or a territory of the United States. Salary is commensurate with training and level of experience and a full federal benefits package will be included. A detailed vacancy announcement with the mandatory qualifications and application procedures can be obtained during the open and close dates listed below, at www.usajobs.opm.gov. Announcement Number NIH-CC-19-DH-10480377; Open date: May 13 2019; Close date: May 23, 2019. Applications must be received by 11:59 pm on May 23, 2019. Questions on application procedures may be addressed to Teresa Collins, the HR Specialist at (301) 594-9032 or collinst@mail.nih.gov. DHHS and NIH are equal opportunity employers.

Manager, Donor Center Operations. LifeStream (San Bernardino, CA) located 60 miles east of Los Angeles

and 50 miles west of Palm Springs seeks qualified applicants for its Manager, Donor Center Operations. This position reports to the Director, Donor Operations and oversees seven donor centers in the region. Responsibilities include ensuring strong customer service, efficient operations and compliance to cGMP Standards. Duties also include oversight of staff training, assignments and performance, equipment monitoring and Quality Control. Responsibilities also include monitoring and trending of donor center productivity and facility/equipment management. Bachelor's degree in Business Administration, Human Resources, Nursing or Medical Technology with relevant supervisory/management experience; or three to five years supervisory experience in a Blood Bank setting. Management experience highly preferred. Three to four years of supervisory experience required with a high level of problem-solving and organizational skills; computer literate; excellent written and oral communication skills; able to maintain confidential information; demonstrate ability to learn and apply new skills efficiently. Current CPR certification and current California driver's license required. Excellent benefits package with relocation reimbursement available for qualified candidates. LifeStream is an Equal Opportunity Employer, M/F/D/V. LifeStream participates in the Federal government E-verify program to determine employment eligibility. Apply online at <https://www.lstream.org/open-positions/>

Medical Director. Provide transfusion medicine (TM) clinical care at Heartland Blood Center (HBC) and its associated hospitals in the scope noted below, as well as effort in leadership of the Immunohematology Reference Laboratory (IRL) as Medical Director at HBC/Versiti. Key components of this position would comprise TM consultation and oversight of blood management at HBC and Versiti partner hospitals, as well as participation in educational initiatives and clinical/applied research within both Versiti blood centers and their affiliated health systems. Primary Responsibilities: Oversees blood donor center collections in the Chicago-land and various areas of Indiana. Provides medical direction, including compliance with local, state, and federal regulations and accreditation agencies, for blood center and transfusion services at Versiti affiliated hospitals in Illinois and Indiana. IRL Medical Director for HBC, providing oversight of IRL laboratory staff technical duties and working with Versiti and HBC laboratory management to provide education and skill advancement. Education and Licenses: M.D. or D.O. Degree. Board certified in pathology (AP/CP or CP only), internal medicine, or pediatrics (with subspecialty boards in hematology). Board certified/board eligible in Blood Banking/Transfusion Medicine (American Board of Pathology—ABP). Current or eligible for medical licenses in Illinois, Wisconsin, Indiana, Michigan and Ohio. Experience/Certifications: Demonstrated experience in both 1) pathology/laboratory medicine or hematology and 2) transfusion medicine.

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POSITIONS (continued on page 10)

Ability to write lectures and articles using original or innovative techniques or styles; excellent presentation skills with capacity to present to varied audiences. Click [here](#) to view the full job description and to apply. 💧