



# ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

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## INSIDE:

Our Space: Veterans Paved the Way for Our Modern Blood Banks	2
RESEARCH IN BRIEF	6
RECENT REVIEWS	6
BRIEFLY NOTED	7
REGULATORY NEWS	7
GLOBAL NEWS	7
STOPLIGHT®: Status of the ABC Blood Supply, 2014 vs. 2015	8
ABC's 19 <sup>th</sup> Awards of Excellence Deadline Extended to Dec. 11	9
MEMBER NEWS	9
PEOPLE	10
CLASSIFIED ADVERTISING	11
POSITIONS AVAILABLE	11

## HHS Advisory Committee Makes Recommendations to Ensure Future Stability of the U.S. Blood Supply

Blood community stakeholders painted a pessimistic picture of the current blood banking economic environment during a meeting of the Health and Human Services' Advisory Committee on Blood and Tissue Safety and Availability (ACBTSA) in Arlington, Va., on Monday and Tuesday. The committee went so far as to recognize “manifestations of a blood crisis,” and made several recommendations as to how the broader community might reevaluate the blood system and investigate new models to address economic stresses endangering the sustainability of the U.S. blood supply.

The committee heard perspectives from blood centers, hospitals, payers and purchasers, as well as budget analyses that outlined the challenges with which blood centers are quite familiar. There have been dramatic (largely clinically appropriate) reductions in blood use (about 25 percent since 2008) alongside increasing blood safety interventions that are not directly recognized through reimbursement, which have led to declining margins with many blood centers operating in deficit. The instability in blood centers threatens to exacerbate existing spot blood shortages, reduce the availability of specialty (i.e., value added) services, and surge capacity in case of emergency or disaster.

**Background and Blood Center Perspectives.** Picking up a discussion that began during a December 2013 ACBTSA meeting (see [ABC Newsletter 12/13/13](#)), Dave Green, president of Blood Systems, Inc.'s Blood Center Division, highlighted declining blood use that is expected to drop an additional 30 percent over the next two to three years. Further, many blood centers, including Blood Systems, are pursuing enhanced blood safety, such as mitigation of bacterial contamination of platelets, ferritin testing, and Babesia screening – with no cost recovery mechanism and with fixed costs for infrastructure spread over ever fewer units of blood.

Mr. Green noted that while mergers and acquisitions have helped marginally, most blood centers continue to struggle financially, consolidation is a long, tenuous process for blood centers, and there remains structural over-capacity in the blood industry. He explored several potential models that the U.S. blood system could investigate, such as a “mega center” model, in which there are only five to eight national blood programs, a public utility model, or a model in which laboratory companies integrate into blood operations. Anti-trust regulations prohibit

(continued on page 3)



## OUR SPACE

ABC Board Member Robert Scanlon, CEO, Blood Bank of Alaska

### Veterans Paved the Way for Our Modern Blood Banks

On today of all days, as I write this column on Veteran's Day, I am reminded of the enormous impact our veterans have made on this country. They put their lives on the line so that we may enjoy our freedoms and way of life. As members of the blood banking community we also realize that veterans paved the way for modern transfusion technologies. During World Wars I and II the critical need for blood on the battlefield progressed transfusion techniques and allowed for the organization of the blood banks we know today.

For many of us, our veterans are also loyal blood donors. We see them at our blood drives and in our blood centers. Despite the frequent deferrals due to travel restrictions, they know all too well the importance of having a robust local blood supply available in times of need. The reality is that non-profit local blood banks serve a significant purpose in their communities and provide more than just blood, but also the "insurance value" of blood. This term refers to the medical and economic benefit of having a local and robust blood supply available at any time and in the case of emergency for our hospital partners, as opposed to the value of transfusion in a given time frame.

Local blood banks are first responders and part of the emergency preparedness systems in their communities. A truly effective emergency response system must have a viable donor base on hand for potential disasters that could create significant increased blood usage instantaneously. This same dynamic holds true for our military when they are on active duty. They donate because they realize that you never know when someone will need blood due to injury in the field.

As stewards of the blood supply the conversation with local policy leaders and other first responders must continue to emphasize the importance of our local blood banks to keep our communities safe. The common goal of providing a safe and adequate blood supply that supports the communities in which we live, must not be overlooked despite our fiscally challenging environment and industry consolidation. Our veterans have served this country with pride and honor. Their service reminds us of the importance of community and keeping our local patients safe; as our veterans have kept our country safe. We thank them for their service and their many sacrifices on this Veteran's Day.

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ABC is an association of not-for-profit, independent community blood centers that helps its members provide excellence in transfusion medicine and related health services. ABC provides leadership in donor advocacy, education, national policy, quality, and safety; and in finding efficiencies for the benefit of donors, patients, and healthcare facilities by encouraging collaboration among blood organizations and by acting as a forum for sharing information and best practices.

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HHS ACBTSA Meeting (continued from page 1)

blood collection centers from having the types of open discussions that might allow them to select the right blood model in an orderly, business-like fashion, noted Mr. Green.

Chris Hrouda, executive vice president of Biomedical Services at the American Red Cross, provided a similar outlook in his update since the 2013 ACBTSA, at which time the red blood cell (RBC) demand has dropped 25 percent since 2009, and blood centers have reduced costs to hospitals by \$1.3 billion. He took a deep dive into the economics of declining blood utilization, concluding that even a variable (volume) cost reduction of nearly \$1 billion is insufficient to ensure blood centers can survive in the current environment; an additional \$1.2 billion of industry infrastructure (fixed) costs must come out.

A whopping 60 to 70 percent of the blood industry is operating at a deficit in the core blood center functions, and with inflation, the industry will experience a cumulative reduction in revenue over 10 years of more than \$15 to 20 billion, said Mr. Hrouda. He asked attendees to consider the impact of simply allowing the free market forces that drive the blood industry to “grind it out.” Going this route could be dangerous, warned Mr. Hrouda, as infrastructure cuts will accelerate, any activity that cannot be monetized will be discontinued, investment in research and development that cannot generate revenue will disappear, proactive surveillance for emerging threats to the blood supply would decrease, and innovation will likely cease without reimbursement. Importantly, reductions in capacity are already having an impact on the reliability of the blood supply and seasonal product shortages. Further, any serious disruption to the blood supply could be problematic, he added. Mr. Hrouda closed by encouraging the committee and the blood community to explore possible routes to address these issues.

“We have to accept that there’s a cost to maintaining an infrastructure greater than the current demand,” said committee member Jay Epstein, MD, of the Food and Drug Administration’s Office of Blood Research and Review (OBRR), in reference to the cost of maintaining surge capacity, infectious disease surveillance, and blood safety innovation. “We need to be able to maintain a system that pays for some excess capacity and that’s not going to happen spontaneously if we just let the system dwindle down to the bare bones. The answer is not simply pumping more money into the industry and it’s not just letting this ‘grind itself out’ – it’s a combination of both.”

Matthew J. Kuehnert, MD, of the Centers for Disease Control and Prevention’s Office of Blood, Organ, and Other Tissue Safety, presented the preliminary results of the HHS National Blood Collection and Utilization Survey 2013, confirming declining blood use and collection. There was an 8.2 percent decline in whole blood/RBC collections from 2011 to 2013 and a 4.4 percent decrease in transfusions. The survey also showed a 7.9 percent decrease in plateletpheresis collection despite an 8.5 percent increase in utilization between 2011 and 2013.

**Hospital Perspective.** Lynne Uhl, MD, of Beth Israel Deaconess Medical Center, Boston, Mass., discussed what the “assurance value of blood” means to a hospital transfusion service. She discussed the many expectations that her hospital has of its blood supplier, including providing blood for trauma, surgery, providing exchange transfusion support, massive hemorrhage support, solid organ transplant services, and much more. Dr. Uhl also explored challenges to service delivery such as new regulatory requirements, increasing patient complexity and requirement for rare blood products, and ensuring the capacity to respond to disasters.

Zbigniew “Ziggy” M. Szczepiorkowski, MD, PhD, FACP, of Dartmouth-Hitchcock Medical Center, explored the considerations for introducing new blood safety and quality measures in hospitals. With many

(continued on page 4)

HHS ACBTSA Meeting (continued from page 3)

competing priorities for fiscal resources within hospitals, securing the funding for new blood safety measures can be challenging, making risk-based decision-making all the more important, said Dr. Szczepiorkowski. He briefly touched on the [Alliance for Blood Operators Risk-Based Decision-Making Framework](#) for blood safety, as well as his institution's approach to conducting risk-benefit analyses.

**Budget Impact.** Brian Custer, PhD, MPH, provided an overview of the challenges for adopting new safety initiatives with current blood banking economics. He presented several cost-effectiveness analyses for agents for which blood centers currently screen donors, like HIV, and for blood safety interventions on the horizon, like babesiosis screening and pathogen reduction. These analyses highlighted that blood safety interventions under consideration continue to fall well outside of established thresholds for cost-effectiveness in other medical disciplines, further complicated by our lack of understanding surrounding society's willingness to pay for blood safety. Implementing tests that do not appear cost-effective in an already financially strained blood industry is challenging and could inhibit innovation and implementation of new technology. "The readiness to adopt new safety measures is present, but the current economic situation is a fundamental impediment," concluded Dr. Custer.

Another key financial issue for blood centers is inadequate reimbursement to hospitals for blood products. AABB CEO Miriam A. Markowitz, MSc, explored Medicare hospital reimbursement for transfusion services. She noted that 16.7 percent of Medicare inpatient claims used blood in 2013, but gaps in the Medicare reimbursement system assure that Medicare payments do not account for new blood safety costs in a timely manner. Further, Medicare outpatient payments are consistently below acquisition costs, said Ms. Markowitz. For example, a unit of leukoreduced RBC at \$218.87 probably represents about a 12 to 14 percent underpayment.

Ms. Markowitz made several suggestions to address these issues, especially advocating for enhanced hospital coding detail and accuracy for blood, since these are the data used to set payments by Medicare, and other insurers frequently base payments on CMS rates. She also noted that there is ample precedent for the U.S. government taking action when a "critical" market is failing.

**Purchasers and Payers Perspective.** Kelly Moore and Craig Kielbowicz, of Dignity Health, the fourth largest integrated delivery network in the U.S., discussed their institution's perspective on funding blood safety. They discussed their institution's success in patient blood management, emphasizing that these efforts focus not just on decreasing blood utilization, but rather focus on improving patient safety. In 2009, the health network decreased from nine to two blood suppliers, leading to significant cost savings. Ms. Moore emphasized that innovation in transfusion safety will likely not occur without something incentivizing it.

Marc Hartstein, of CMS, also discussed how Medicare payments are set, in a system that relies on analysis of accurate historical coding and billing data for blood from hospitals. Concerns were expressed that such data are frequently not available from many hospitals.

**Moving Forward.** The ACBTSA has long been working to address the challenges reviewed at this meeting, having established a Subcommittee on Sustainability of the U.S. Blood Supply in the spring of 2015. In early September, the subcommittee received approval from HHS to fund a study to describe the current U.S. blood system, explore gaps that threaten its sustainability, and suggest alternative models to secure its future stability (see [ABC Newsletter, 9/4/15](#)). Jay Menitove, MD, ACBTSA chair, presented

(continued on page 5)

HHS ACBTSA Meeting (continued from page 4)

the objectives of the study, to be conducted by RAND Corporation with advice from the committee and blood community stakeholders, over the next 12 to 18 months.

After listening to two days' worth of stakeholder input, the committee noted the following findings:

- Instability in the blood centers threatens to exacerbate existing spot blood shortages, reduce resilience in the face of public health emergencies through elimination of surge capacity, and reduce ability to provide the most appropriate routine and specialty products and services.
- The large gap in inpatient hospital reimbursement (accounting for 80 percent of blood utilization), relative to the production costs of blood components, contributes significantly to the economic stress experienced by blood centers.
- Anti-trust laws constrain the ability of the blood centers to engage in collective discussions of system-wide cost and supply management.

The committee made the following recommendations to the Secretary of Health.

- Request an interim report from the RAND Corporation at the next meeting of the ACBTSA.
- Facilitate a process for blood centers to collaborate and dialogue on innovative strategies to address their new economic realities (e.g., an anti-trust safe harbor).
- Provide advocacy to CMS and Congress on measures that could be taken to address the gap in reimbursement of blood components as a special need in the public health system potentially including:
  - A “carve-out” enabling direct “pass-through” CMS reimbursement of blood centers for the actual cost of the blood components including implementation of newer safety innovations based on the special role of transfusion as a public good in supporting modern health care; and
  - Immediate line-item additive congressional funding for hospital purchase of blood components.
- Assure that studies of the crisis in the blood system address the following issues:
  - Whether open competition among blood centers is the optimal model for the U.S. blood supply in the present environment;
  - Adverse effects of an unconstrained competitive environment in blood collection with avoidance of potentially adverse outcomes for public health (e.g., monopoly or oligopoly behaviors in the absence of suitable controls);
  - Need for preservation of surge capacity to address public health emergencies;
  - Need to maintain resources for research, product innovation and implementation of newer measures to assure and advance blood safety, efficacy, and availability; and
  - Structural causes of the gaps and misalignments between costs of blood production [including the cost of maintaining a reserve inventory in excess of predicted need (i.e., the “insurance value of blood”)] and charges to hospitals.

The committee meeting video recording should be available within the next five to seven business days on the [ACTBSA website](#). The committee's complete recommendations can be viewed [here](#). ♦

## RESEARCH IN BRIEF

**Research** presented by the American Red Cross on Oct. 26 at the AABB Annual Meeting in Anaheim, Calif., suggests that female donors may provide discrepant responses in the donor health history questionnaire (DHQ) regarding whether they have been pregnant due to a lapse in attention and the length of the DHQ. In recent years, blood centers have implemented a number of interventions to mitigate the risk of transfusion related acute lung injury (TRALI). Specifically, AABB standards require that plasma be collected from male donors or female donors who have never been pregnant or have been tested since their most recent pregnancy and are negative for antibodies to human leukocyte antigens (HLA). The American Red Cross found that about 2 percent of female whole blood donors are providing discrepant responses regarding pregnancy – answering “yes” to having been pregnant on one donation and “no” during a subsequent donation, explained Anne Eder, MD, PhD, of the American Red Cross. To understand why this issue is occurring, Red Cross randomly selected 50 women who had given discrepant answers on two donations, with 22 completing a phone interview. The most common reason cited for the discrepant response (16 out of 22) was that the donor was not paying attention. Some admitted that they overlooked the question in a long string of questions for which the response was “no.” In response to this issue, Red Cross initiated a daily report to identify donations with discrepant responses so that the collected blood product would not be distributed. The blood service is also exploring changing the question configuration so that donors cannot change to a “no” response if they answered “yes” to ever having been pregnant on a previous donation, said Dr. Eder.

**Citation:** Eder AF, *et al.* Discrepant answers by female blood donors about pregnancy. *Transfusion*. Sept;55(S3):21A. ♦

## RECENT REVIEWS

**A Cochrane Review of studies examining different doses of platelet transfusion for preventing bleeding in people with hematological disorders suggests that low-dose prophylaxis is as effective as high-dose transfusion.** The authors examined whether different doses of prophylactic platelet transfusion affect efficacy and safety during thrombocytopenia from myelosuppressive chemotherapy with or without hematopoietic stem cell transplantation (HSCT). They included seven randomized controlled trials representing 1,184 patients in their review. Overall, the quality of the studies was low, according to the authors’ analysis using the GRADE methodology. Low-dose platelet transfusions were as effective in controlling bleeding as high-dose transfusions. There was no clear increase in the number of platelet transfusion episodes in the low-dose group, compared with the standard-dose and high-dose groups. A high-dose transfusion strategy did not lead to a decrease in the number of transfusion episodes in the largest study. High doses may be associated with an increase in transfusion-related adverse events compared to standard and low-dose strategies. “Findings from this review would suggest a change from current practice, with low-dose platelet transfusions used for people receiving in-patient treatment for their hematological disorder and high-dose platelet transfusion strategies not being used routinely,” conclude the authors.

**Citation:** Estcourt LJ, *et al.* Different doses of prophylactic platelet transfusion for preventing bleeding in people with hematological disorders after myelosuppressive chemotherapy or stem cell transplantation. *Cochrane Database Syst Rev*. 2015 Oct 27;10. ♦

## BRIEFLY NOTED

**The Migrant Students Foundation is now accepting applications for 2016 National Cesar E. Chavez Blood Drive Challenge Student Organizers.** America's Blood Centers has partnered with this annual blood drive challenge since its founding in 2009, which seeks to celebrate Cesar E. Chavez's legacy by engaging college students to promote health education, health science careers, civic engagement, and saving lives through blood donation. Through this program, U.S. Latino/Hispanic college students are encouraged to organize a blood drive campaign on their campus, competing with other blood drives across the country to win the "Most Successful Blood Drive Award." Each campus blood drive is led by one student organizer per campus, who is also then eligible to win a \$1,000 scholarship. More information and the application can be found [here](#). ♦

## REGULATORY NEWS


**The International Coalition for Commonality in Blood Banking Automation (ICCBBA) recently published updates to ISBT 128, the international system for the identification and labeling of products of human origin.** ICCBBA published v5.4.0 of the ISBT 128 Standard Technical Specification, available [online here](#). Version 6.10.0 of the ISBT 129 Product Description Code Database is now available to all licensed facilities. The new database can be downloaded as a Microsoft Access database [here](#). An updated Product Lookup Program that is populated with the new codes can be downloaded [here](#). ICCBBA also released the v6.10 of the Standard Terminology document, which provides definitions to all ISBT 128 terminology. It can be viewed [here](#). (Source: ICCBBA e-mail update, 11/6/15) ♦

## GLOBAL NEWS

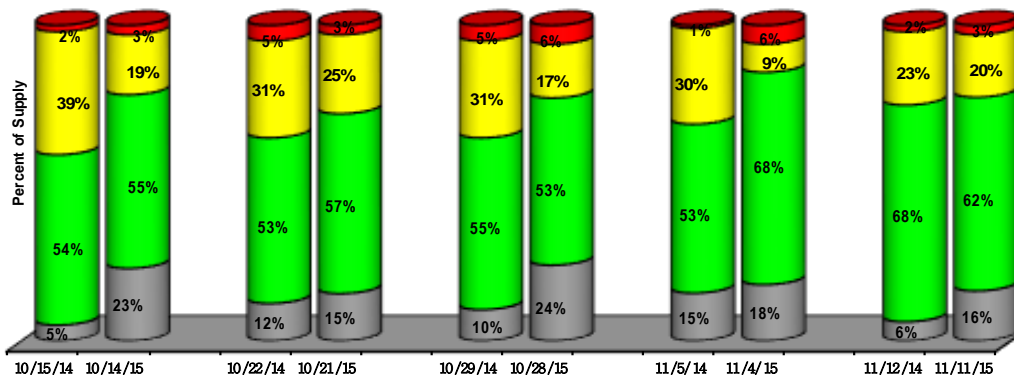
**[Global Healing](#), an international non-profit dedicated to improving health systems in resource-constrained parts of the world, announced in its [Fall 2015 Newsletter](#) the launching of two webinar series to assist blood safety programs around the world.** Global Healing launched a series of webinars covering topics in quality management for blood bankers in the Republic of Georgia. "Good manufacturing practices are the foundation of all blood bank operations," said Ruth Sylvester, MT(ASCP)SBB, director of Regulatory Services at America's Blood Centers, who is leading the nine-week training series. "A thorough understanding of these basics is critical to achieve the next level of safety and quality in a blood operation. The Georgian blood system has shown an intense interest in moving forward, and I'm honored to be of assistance to them as they implement quality management throughout their country." Just last year, Ms. Sylvester led training in good manufacturing practices at the Georgian National Center for Disease Control (NCDC) and Public Health. The webinars have reached over 100 participants representing regional blood banks across the nation. The series is part of National Blood Safety Reform efforts launched in 2011, headed by the Georgian NCDC with support from Global Healing. On-site inspections led by trainers skilled in EU standards are planned as a follow-up to the webinar series. Lectures are available [online here](#). Meanwhile, Erin Coyne, Global Healing program manager, will travel to Georgia mid-November to meet with leaders from the Jo Ann Medical Center (JAMC) and Georgian NCDC to discuss the national blood safety strategy plan they have been developing. In November, Global Healing is also sponsoring donor recruitment training for the Georgian NCDC and local blood banks, led by Ülo Lomp, Donorship Development director of the North Estonia Medical Center Blood Center. Additionally, Levan Avalishvili, MD, and Marina Abashidze, MD, of the JAMC Blood Bank will be traveling to Lithuania for training in blood bank management. Also announced in the Fall Newsletter, Global healing

(continued on page 8)

GLOBAL NEWS (continued from page 7)

launched its new Latin American Blood Safety webinar series Oct. 1, running through 2016. Global Healing, Grupo Cooperativo Iberoamericano de Medicina Transfusional (GCIAMT), and the Pan American Health Organization (PAHO) are facilitating the Spanish language webinars. The first set of webinars, through February 2016, covers topics in donor management. Other topics will include quality management, hemovigilance, transfusion medicine and immunohematology. To register or learn more, contact David Tenney at [tenneydav@paho.org](mailto:tenneydav@paho.org). (Source: Global Healing 2015 Fall newsletter, 11/11/15) 

**STOPLIGHT®: Status of the ABC Blood Supply, 2014 vs. 2015**



■ No Response    
 ■ Green: 3 or More Days    
 ■ Yellow: 2 Days    
 ■ Red: 1 Day or Less

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

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For More Information - Margie Boraz - T: 404.328.5148 - [margie@macopharmausa.com](mailto:margie@macopharmausa.com)



**ABC's 19<sup>th</sup> Awards of Excellence Deadline Extended to Dec. 11**

America's Blood Centers has extended its deadline to submit nominations for the 19<sup>th</sup> Annual *Awards of Excellence* and the 2015 FABC Awards to **Friday, Dec. 11**. ABC members can offer national recognition to local individuals, civic groups, media, and corporations for their commitment to community blood programs. Submit your nominations by **Friday, Dec. 11**. ABC members can find more information and nomination instructions in [MCN 15-088](#). Questions may be directed to Jodi Zand ([jjzand@americasblood.org](mailto:jjzand@americasblood.org)).

**MEMBER NEWS**

**Bloodworks Northwest and Héma-Québec are aiding Global Healing in aiding the Hôpital Universitaire de Mirebalais (HUM) Blood Bank in producing platelets for the first time.** Bloodworks Northwest is assisting through providing in-kind donations of collection sets to enable training sessions in platelet production, while Héma-Québec will provide online training in immunohematology for three blood bank staff members. With improvements to the cold-supply chain for blood products in Haiti and the production of reagents and plasma already underway at HUM, Global Healing volunteers Benjamin Rioux-Massé and Sharron Zimmerman were excited to report during their recent trip that the blood bank has taken this next step, having successfully produced platelets for the first time. During the seventh training trip to Haiti, made possible through the support of the Izumi Foundation, Ms. Zimmerman conducted workshops with blood bank staff on pre-phlebotomy arm preparation, platelet indications and dosage for the lab. Ms. Zimmerman said in the [Global Healing Fall 2015 Newsletter](#) that they are making "great strides," and that she has "great respect for how hard these women work while we're there, doing their own daily work and attending training classes at the same time!" Mr. Rioux-Massé delivered lectures for medical staff, and both volunteers participated in meetings with the Swiss and Haitian Red Cross to address testing and turnaround time for blood products. The Héma-Québec webinars will continue this momentum with their online training over the next six months. (Source: Global Healing Fall 2015 Newsletter, 11/11/15)

**For the 11<sup>th</sup> year in a row, Community Blood Center of the Carolinas (CBCC), with the help of local blood donors, will be bringing smiles to children in local hospitals during the holidays through its "Puppies for Patients" program, CBCC announced in a recent press release.** Donors who give blood during November and December will be able to sign a gift tag that will then be attached to a stuffed toy puppy and delivered by CBCC to children in area hospitals and care facilities during the holidays. Since 2005, CBCC has delivered thousands of stuffed toy puppies to children. "Puppies for Patients' is a very special and long-standing tradition for our donors, supporters and community partners," said Martin Grable, president and CEO of CBCC. "Our blood donors are critical to our community blood supply. Providing them the opportunity to bring joy to children in the hospital during the holiday season, in addition to saving lives through their donation, is a special gift for everyone." (Source: CBCC press release, 10/26/15) ◆



## PEOPLE

**Lydia Bourne, BSN, RN, MA, PHN**, president/CEO of Bourne & Associates Legislative Advocacy and the legislative advocate for Blood Centers of California, was recently presented with the Advocate of the Year Award at the California Black Health Network's 2015 Heroes in Health Awards Gala on Oct. 29 in Los Angeles. Through these awards, the California Black Health Network recognizes the many advocates, policymakers, community-based organizational leaders, and everyday citizens who work diligently to eliminate health disparities and to provide easier access to health services in the many African American communities throughout California. The organization notes that Heroes in Health is a key event that brings together leaders and citizens from a variety of backgrounds, ethnicities, and cultural experiences. Ms. Bourne's professional experiences are varied, with her primary experience being in healthcare – as a registered nurse, health educator, program developer, and administrator – providing her with perspective on a wide variety of healthcare settings. Beginning in August 1991, she was under contract to the California School Nurses Organization as the executive director and in 1994 became their legislative advocate. Her legislative experience since 1994 has not only included healthcare, but also K-12 educational issues, as well as higher education as it relates to licensed healthcare providers. She has been successful in navigating health and educational issues through legislative processes and in influencing legislative decision-makers. Additionally, Ms. Bourne has long been a volunteer and community activist in a variety of arenas relating to youth and maternal health. She was a long-time board member of California Kids and served as their chief financial officer. She has received numerous awards and recognitions and serves on the board of the California Immunization Coalition, as well as co-chair of the organization's Policy Committee. She also serves on the board of the Advocates for Health, Economics, and Development and as the board secretary. Ms. Bourne serves on the Advisory Council for the Area 4 Agency on Aging. (Sources: California Black Health Network website, 10/30/15)

**Jim Covert**, president and CEO of the Institute for Transfusion Medicine (ITxM), was honored at the Nov. 7 football game between the University of Pittsburgh (Pitt) and Notre Dame with the retirement of his No. 75 jersey, reported the [Pittsburgh Post-Gazette](#). A group of Mr. Covert's former Pitt teammates and coaches – including Dan Marino, Tony Dorsett, Bill Fralic, Mike Ditka, and Jackie Sherrill – were on hand at Heinz Field to honor their friend. Mr. Covert, a former Chicago Bears offensive tackle, was a two-time Pro Bowl and first-team All-Pro selection during his eight year career with the Bears. Mr. Covert, a first-team All-American for the Pitt Panthers in 1982, said he was humbled by the honor. Pitt was 31-5 during Mr. Covert's three years as a starter and finished in the top 10 each of those seasons. Mr. Covert was a vital part of the Bears' last title in Super Bowl XX, according to the [Chicago Tribune](#). He also helped the Bears lead the NFL in rushing yards from 1983 to 1986. A video of Mr. Covert's Jersey retirement ceremony is available [online here](#). (Sources: Pittsburgh Post-Gazette, 11/7/15; Chicago Tribune, 11/7/15) ♦



### Don't Miss Upcoming ABC Webinars!

- **Dec. 15, 3-4:30 p.m., ET:** "Business Decisions in Quality;" Contact: Toni Mattoch ([tmattoch@americasblood.org](mailto:tmattoch@americasblood.org)).

Stay tuned for more details!

## 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 Norwood at the ABC office. Phone: (202) 654-2917; fax: (202) 393-5527; e-mail: [lnorwood@americasblood.org](mailto:lnorwood@americasblood.org).

## POSITIONS AVAILABLE

**Recruitment (Sales) Manager.** Community Blood Center, Inc., a provider of high quality blood products and services, is searching for a Recruitment (Sales) Manager to provide leadership, focus to planning activities and vision for our Donor Recruitment Team. As an experienced sales leader, you will provide strategic direction to the Donor Recruitment Team responsible for managing blood drives and building relationships with area businesses, schools and communities. A proven track record in sales leadership, field sales, call center, and customer service is essential. Education: Bachelor's degree required with an emphasis in business/marketing preferred. Experience: Minimum five years sales management experience including experience in developing sales territories. Must have knowledge and supervisory, operations management, marketing and customer service experience. Additional Skills: Strong creative, strategic, analytical, organizational and personal sales skills. Ability to visualize opportunities in the short and long-term future. Computer literacy in word processing, database management and page layout. Commitment to working with shared leadership and in cross-functional teams. Strong oral and written communication skills. Ability to manage multiple projects at one time. Volunteer leadership experience preferred. To join our team, submit your resume to: <https://home.eease.adp.com/recruit/?id=6779911>. Community Blood Center, Inc. is an Equal Opportunity Employer M/F/Disability/Veteran.

**Field Representatives.** We are looking for Field Reps! This position educates and motivates new and existing donor groups, chairpersons and committees to meet Indian Blood Center (IBC) blood needs through sponsorship of successful blood drives. Responsible for the achievement of monthly/annual field recruitment collection goals in whole blood and other product lines. Ensures the adequacy of drive sites through the site inspection procedure. Complies with current donor incentive procedure and ensures all coordinators are trained and documentation is captured in Hemasphere. Plans/implements donor recognition and promotional activities as applicable. Builds relationships with coordinators/account leaders. Conducts strategy meetings with donor groups. Recruits donors at on-site drives as needed. Conducts training and promotes the use of DonorPoint and online schedules to maximize donor potential. Conducts cold calls on inactive/new territories

and performs territory blitzes. Performs account sweeps and resolves internal coordination issues. Performs account assessments to help identify territory strategies. Positions are located in Muncie, Northern Indiana and Southeastern Indiana. BS/BA degree; three to five years sales experience required, with proven success in business to business sales preferred. Must have a valid driver's license, acceptable driving record and reliable transportation to reach communities in assigned territory. Must be proficient in all Microsoft Office products as related to the position. Please apply at [www.indianablood.org](http://www.indianablood.org). EEO Employer/Vet/Disabled

**Director of Technical Services.** Blood Bank of Hawaii, a medium-size blood center (50,000 RBC distribution annually), is seeking a strong leader to oversee all technical operations in the component manufacturing, quality control, and immunohematology reference laboratories and the 16-member team. Headquartered in Honolulu, we are the sole provider of blood to the state's hospitals. If you are a CLS and/or SBB with at least five years' technical and management experience in a blood bank setting, come join a dynamic, cohesive team that is effecting positive change. We offer a competitive salary and excellent benefits. Apply online now at <http://www.bbh.org/about-bbh/employment.html>.

**Director of Hospital Services and Facilities.** The Director of Hospital Services and Facilities is responsible for ensuring alignment of teams with organizational goals and compliance with regulatory guidelines. This position is accountable for ensuring a dedicated focus on the distribution of quality products in a timely manner while providing the highest level of customer service. This position will participate as a member of the blood bank's senior management team in planning, program formulation and decision making with particular reference to the role, functions and technical support of distribution of blood products and facilities maintenance. This position will be responsible for fostering and enhancing customer hospital relations. The Director of Hospital Services and Facilities will coordinate Blood Bank of Alaska's (BBA) Emergency Planning. This

(continued on page 12)

**POSITIONS** (continued from page 11)

position is full-time exempt. BBA offers competitive wages and an exceptional benefits plan. We offer medical, dental, vision, life and short/long term disability programs to qualified employees. Educational assistance, paid annual leave and holidays, a health and wellness program, and a 401(k) program are also available. BBA is an equal opportunity employer. Qualified applicants are considered for employment without regard to race, color, religion, national origin, age, disability, marital/veteran status or any other legally protected status. Interested candidates please apply online at [www.bloodbankofalaska.org](http://www.bloodbankofalaska.org).

**Director of Laboratory Services.** The Blood Bank of Alaska (BBA) is looking for a Director of Laboratory Services. The Director of Laboratory Services is responsible for functions ensuring alignment with organization goals and compliance pertaining to regulatory guidelines within the laboratory environment. This position will participate as a member of the blood bank's management team in planning, program formulation and decision making with particular reference to the role, functions, and technical support of the blood collection and processing operations throughout BBA. This position will be responsible for compliance in regards to laboratory services. Position will serve on the executive group meetings. This position is full-time exempt. BBA offers competitive wages and an exceptional benefits plan. We

offer medical, dental, vision, life and short/long term disability programs to qualified employees. Educational assistance, paid annual leave and holidays, a health and wellness program, and a 401(k) program are also available. BBA is an equal opportunity employer. Qualified applicants are considered for employment without regard to race, color, religion, national origin, age, disability, marital/veteran status or any other legally protected status. Interested candidates please apply online at [www.bloodbankofalaska.org](http://www.bloodbankofalaska.org).

**Quality Assurance Specialist.** Community Blood Center, Inc., a provider of high quality blood products and services located in Appleton, Wis. is seeking a Quality Assurance Specialist to join our team. In this role, you will ensure compliance with regulatory, accreditation, certification and customer requirements. A bachelor's degree with experience working in a blood center, biologics, pharmaceutical or medical industry manufacturing environment with base familiarity of quality assurance practices, training, and federal regulatory practices is preferred. If you are detail-oriented with excellent organizational, oral and written skill and enjoy problem solving, consider this opportunity. For further information and to apply online please visit [www.communityblood.org](http://www.communityblood.org). Community Blood Center, Inc. is an Equal Opportunity Employer M/F/Disability/Veteran ♡