



ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

Visit ABC's Web site at: www.americasblood.org

2015 #32

August 28, 2015

INSIDE:

Our Space: Innovation Over Faster Horses and Great White Whales	2
Lifeblood Joins Blood Systems.....	3
FDA: TRALI Remains No. 1 Cause of Transfusion-Related Death	4
ABC Members Mobilize to Oppose Proposed CMS Cuts to Medicare Reimbursement for Blood Products	6
ABC Webinar to Cover Regulations Surrounding Electronic Signatures, Learning Management Systems.....	6
RESEARCH IN BRIEF	7
RECENT REVIEWS	8
REGULATORY NEWS.....	8
STOPLIGHT®: Status of America's Blood Centers' Blood Supply..	9
Upcoming ABC Webinars – Don't Miss Out!.....	9
MEMBER NEWS.....	10
COMPANY NEWS	10
MEETINGS	11
POSITIONS AVAILABLE	11
CALENDAR.....	14

Proposed Changes to Overtime Pay Regulations Could Affect Blood Centers

America's Blood Centers recently learned of a proposed US Department of Labor (DOL) rule that would change the Fair Labor Standards Act (FLSA) regulations defining who is eligible for overtime pay. While ABC supports the fair compensation of all employees, these regulations more than double the minimum salary threshold at which employees must be paid overtime for working more than 40 hours a week, which could have serious implications for ABC's member blood centers.

Under the current DOL regulations, last updated in 2004, employers are required to pay all exempt and non-exempt employees time-and-a-half for any hours they work in excess of 40 hours per week if they make less than \$23,660 annually, regardless of the employee's job responsibilities. The proposed rule would require overtime eligibility for anyone earning up to \$50,440 per year.

The implication of the proposed rule for ABC member blood centers appears to be that centers will be required to pay overtime to some employees who are currently exempt, or that some salaries would have to be increased to maintain their exempt status. Working for a small business, as are many ABC members, a large number of blood center employees are classified as exempt from overtime eligibility because they are paid on a salary basis at an annual rate of at least \$23,660.

While many blood center executives have expressed that they recognize the need to update these regulations, some blood centers have estimated that this significant increase in the minimum salary could cost their blood center anywhere from \$100,000 to \$1.5 million annually.

"The changes proposed by the DOL may be necessary in some higher cost cities, but an across-the-nation increase may negatively impact many of our members," said Lisa Clawson, CCP, SPHR/SHRM-SCP, vice president of Human Resources and Training & Development at BloodSource and chair of ABC's Human Resources Committee. "This possible increase, along with other government-imposed cost increases, makes it harder for blood centers to attract and retain talent, while it also increases the overall cost of our products – something many centers can ill afford."

(continued on page 3)



OUR SPACE

Linda Barnes, Chief Operating Officer & Chief Information Officer, Bloodworks Northwest

Innovation Over Faster Horses and Great White Whales

Economic pressures within the healthcare industry and, specifically the blood enterprise, have exposed a red ocean of competition replete with sharks attacking for the lowest price, mercenaries invading territories to acquire new market share, and a landscape ringed by beachheads strategically positioned to stave off conquest for a shrinking transaction base. Mergers and acquisitions in the supply chain and customer base have yielded market consolidation and blood has become commoditized as hospital administrators squeeze every cent from the supply chain. Long gone is the laissez-faire magnanimity, once the hallmark of the blood banker, replaced instead by fierce competition for the lowest possible price with the fervor of Captain Ahab's quest for the Moby Dick.

Given the competitive blood banking landscape, we need innovation now more than ever to explore blue oceans of uncontested market space. *Blue Ocean Strategy*, a strategy developed and described in a book by W. Chan Kim and Renée Mauborgne, align innovation with utility, price, and cost positions to reveal new potential within existing markets or entirely novel spaces, making competition irrelevant. A classic example of a blue ocean strategy was articulated by Henry Ford, "If I had asked people what they wanted, they would have said faster horses." Mr. Ford instead transformed customer needs to an outcome-driven innovation that forever changed the face of transportation.

Innovation is the cornerstone of today's successful companies. Think of Keurig K-cups, Tide detergent packets (Pods), Apple Music, or Waze connecting opportunities with valued product features. Keurig and Tide transformed an existing product to an underserved outcome of convenience. Apple Music and Waze offered a membership loyalty model and a personalized experience that captures and rewards consumer engagement while recouping member behavior data for future product development.

What innovative opportunities exist in blood banking? Even in our highly regulated industry, market boundaries and industry practices are not considered limitations, hence, the disruptive influence of pathogen reduction or the label expansion of microbial detection platforms enabling extended platelet shelf life. These are game changers generating value in the marketplace that challenges conventional thinking about pricing, reimbursement, and inventory management. Liquid plasma offers rapid delivery for emergencies by eliminating time to thaw the product, which would potentially be wasted if it cannot be used. Innovation for the blood donor includes value delivery through membership loyalty in an elite cadre of health-seekers, rewarding repeat behavior thus driving down acquisition costs.

Innovation requires a mental shift from the traditional paradigm of a blood center with a static menu of services to that of a multi-channel delivery system offering convenience, membership, and constant realization of value. As blood bankers, we have always recognized the importance of the life-saving gifts from blood donors. Going forward, innovation will be imperative to optimizing value offerings in the blue ocean lest we fascinate on faster horses or fixate on a great white whale in red waters.

LindaB@BloodWorksNW.org 

The ABC Newsletter (ISSN #1092-0412) is published 46 times a year by America's Blood Centers® and distributed by e-mail. Contents and views expressed are not official statements of ABC or its Board of Directors. Copyright 2015 by America's Blood Centers. Reproduction of the ABC Newsletter is forbidden unless permission is granted by the publisher. (ABC members need not obtain prior permission if proper credit is given.)

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.

America's Blood Centers

President: Susan Rossmann

CEO: Christine S. Zambricki

ABC Publications Editor: Betty Klink

Subscriptions Manager: Leslie Norwood

Annual Subscription Rate: \$390

Send subscription queries to lnorwood@americasblood.org.

America's Blood Centers

725 15th St. NW, Suite 700, Washington, DC 20005

Phone: (202) 393-5725

Send news tips to newsletter@americasblood.org.

Overtime Pay Regulations (continued from page 1)

ABC continues to investigate this rule and its potential impact on the blood community and encourages member blood centers to send their comments or concerns regarding the proposed rule to ABC CEO Christine Zambricki, DNAP, CRNA, FAAN at czambricki@americasblood.org. This will assist ABC in preparing formal comments to submit by the **Sept. 4** deadline to the DOL that best represent the interests of community blood centers.

Blood centers wishing to submit their own comments may submit them online by clicking [here](#). Please remember, the comment period closes **Sept. 4**. Blood centers that submit comments are encouraged to copy or forward them to Betty Klinck, ABC's publications editor and manager of grassroots advocacy, at bklinck@americasblood.org. ♦

Lifeblood Joins Blood Systems

Lifeblood (Mid-South Regional Blood Center), headquartered in Memphis, Tenn., will become part of Blood Systems, headquartered in Phoenix, Ariz., effective Oct. 1, the organizations announced in a joint press release on Aug. 25.

“This step forward is exciting for the Memphis community because it allows Lifeblood to continue delivering exceptional service to local hospitals, patients and donors, while also bringing the resources and research capabilities of Blood Systems to improve transfusion safety and patient care,” said Susan Berry-Buckley, Lifeblood president and CEO.



Blood Systems is based in the Phoenix area and operates community blood centers serving more than 700 hospitals in 22 states. It also operates biological products distribution services, a quality consulting group, a world-renowned transfusion medicine research institute, and is a partner in the operation of four high-volume donor testing laboratories. United Blood Services, with centers serving hospitals in 17 states, is the flagship of the Blood Systems Blood Centers Division. Other centers in the division include: Blood Centers of the Pacific and LifeStream (California); Inland Northwest Blood Center (Washington); Bonfils Blood Center (Colorado); LifeShare (Ohio); and Community Blood Services (New Jersey).



“Lifeblood is a natural fit for Blood Systems,” said Dan Connor, Blood Systems president and CEO. “For more than 50 years, Lifeblood has built strong ties to the local community and provided excellent service to the hospitals it serves. Our two organizations have already worked together for a number of years, and we are looking forward to continuing and expanding our relationship.”

During the past several years, blood centers across the country have been merging, affiliating, and looking for new ways to work together in an ever-changing healthcare environment.

“Our missions and values are parallel, as are our shared commitments to quality, teamwork, and excellence,” Ms. Berry-Buckley added. “As a Blood Systems center, Lifeblood will continue to pursue our lifesaving mission.” ♦

FDA: TRALI Remains No. 1 Cause of Transfusion-Related Death

The Food and Drug Administration's Center for Biologics Evaluation and Research (CBER) released its fiscal year 2014 [report](#) of fatalities reported to FDA following blood collection and transfusion. The report suggests that transfusion-related acute lung injury (TRALI) is the most common cause of transfusion-related death, accounting for 43 percent of reported deaths during the reporting interval.

What's New? As part of the agency's [harmonization efforts](#) to provide consistency between US government agencies, FDA will modify its review and classification standards in future reports to allow the data to be compared more easily among those from other agencies, both domestic and international. The fiscal year 2015 report will align the case definitions and imputability criteria with those used by the Centers for Disease Control and Prevention/National Health Safety Network and several international organizations.

"This should add greater clarity and comparability to the information we routinely share in this report," said FDA.

The 2014 Report. During fiscal year 2014, CBER received 68 fatality reports; of these, 59 were transfusion recipient related fatalities and nine were post-donation fatalities. Of the 59 transfusion recipient fatalities, 30 (51 percent) were deemed transfusion-related, in 26 cases (44 percent) transfusion could not be ruled out as the cause, and three (5 percent) were unrelated to the transfusion.

FDA provides data from the previous four fiscal years as to allow for comparisons between the fiscal year 2014 data and the prior reports. However, readers should interpret the changes over time cautiously, as there is variation in reporting, advises FDA. Importantly, FDA does not provide denominator data to facilitate accurate comparisons. In the combined fiscal years 2010 through 2014, TRALI was the leading cause of death (41 percent), followed by:

- Transfusion associated circulatory overload (TACO) (22 percent);
- Hemolytic transfusion reactions (HTR) (21 percent total overall, 14 percent due to non-ABO and 7 percent due to ABO incompatibilities);
- Microbial infections (8 percent); and
- Anaphylaxis (6 percent).

Following the decrease in transfusion-associated deaths attributed to TRALI from its height in fiscal year 2007 when TRALI accounted for 65 percent of transfusion-associated deaths, the total number of TRALI fatalities has remained fairly stable since fiscal year 2008. The decrease from 2007 is thought to be due to TRALI mitigation interventions implemented at that time.

In fiscal year 2014, 13 TRALI cases were associated with products collected from 36 donors. Of the 33 donors whose genders were identified, 19 were males and 14 were females. FDA notes that their current data do not elucidate the role of particular donor antibodies or donor gender in the etiology of TRALI reactions. These data cannot account for changes in TRALI awareness among clinicians, which might alter reporting completeness over time – a critique valid for all the reporting categories.

Of the 45 post-donation fatalities reported in the five years tabulated in this report, 32 followed source plasma donations, 11 followed whole blood donation, one followed apheresis platelet donation, and one

(continued on page 5)

FDA Fatalities Report (continued from page 4)

followed red blood cell apheresis donation. From the reports during fiscal year 2014, donation could not be ruled out as a contributor to death after one whole blood and one apheresis platelet donation. Donation was implicated in a single fatality following whole blood donation in the current report.

Of the 45 post-donation fatalities reported, 32 followed source plasma donations, 11 followed whole blood donation, one followed apheresis platelet donation, and one followed red blood cell apheresis donation. The most common conclusion of post-donation death is that donation could not be ruled out as the cause – this accounted for four fatalities following source plasma, one following whole blood, and one following apheresis platelet donation. FDA officials ruled out donation as the cause of fatality following two source plasma donations. In one whole blood donation case, a causal relationship between the donation and subsequent death of the donor was established.

FDA emphasizes that “the blood supply is safer today than at any time in history” due to advances in donor screening and improved transfusion medicine practices. The reported number of transfusion-related fatalities remains small in comparison to the total number of transfusion. In 2011, for example, there were about 21 million blood components transfused, while 58 transfusion-related and potentially transfusion-related fatalities were reported in fiscal year 2011. ♦



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

REGISTRATION NOW OPEN



FINANCIAL MANAGEMENT WORKSHOP

Rosemont, IL (Chicago area) –

September 16-17, 2015

Hosted by



Negotiated hotel room rate: \$175 + tax*

(includes breakfast and complimentary shuttle from O'Hare Airport. Transportation to workshop venue at LifeSource will be provided.)

www.westinohare.com

*Group rate available through August 28.

2015 Workshop Fees (early bird/regular)

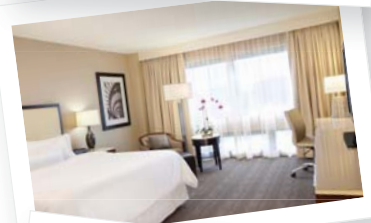
2-day registration: \$390/\$445

There are four (4) \$800 scholarships available for this workshop. Application and additional details are included in registration.

“The Institute for Transfusion Medicine (ITxM) is thrilled to host the upcoming ABC Financial Management Workshop in Chicago. We anticipate lively discussion and exchange of ideas on how best to manage financially through these uncertain times in blood banking, mainly due to the cost cutting pressures within healthcare and the decrease in blood use. This will be an excellent opportunity to network with your peers and share your expertise on good financial practices and understanding of not only knowing how your business is doing financially, but why. We look forward to seeing you at our LifeSource facility in Rosemont in September.”

– Jim Covert
President and CEO, ITxM

Sponsorship opportunities available. Contact Abbey Nunes at anunes@americasblood.org for details.



Chicago O'Hare airport (ORD - 3 miles), a hub for United and American, is served by all major US airlines; Midway airport (MDW – 29 miles) is served by discount carrier Southwest Airlines.



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

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. ♦

ABC Members Mobilize to Oppose Proposed CMS Cuts to Medicare Reimbursement for Blood Products

America's Blood Centers' members have mobilized to oppose severe cuts to Medicare reimbursement for blood products proposed by the Centers for Medicare and Medicaid Services (CMS) in the proposed rule, [CMS-1633-P](#). In response to an ABC-led grassroots advocacy initiative, ABC member blood centers have acted swiftly to ensure the blood community voice is heard by submitting comments to their members of Congress, as well as CMS, expressing our concerns over these significant cuts.

More than 50 organizations – including ABC members, state and regional blood center associations, and community blood center partners – have submitted comments to members of Congress and/or CMS. About 55 percent of ABC's member centers have submitted comments to their Congressional representatives and/or CMS – including more than 130 members of Congress.

On July 8, CMS proposed severe reductions in Medicare payment rates for all blood components provided in the outpatient setting, ranging from roughly 25 to 66 percent (see [ABC Newsletter](#), 8/21/15). With the **Aug. 31** comment period deadline quickly approaching, it is critical that each and every ABC member take action to have the biggest impact in influencing CMS to reexamine the irrational blood product reimbursement rates.

There is still a huge opportunity for the nearly half of ABC members that have not yet submitted comment letters to help send an even louder message to CMS! ABC would like to thank those ABC members who have acted on this issue and encourages those who have not yet done so, to send comments to CMS. ABC members can reference [MCN 15-063](#) for a template comment letter and instructions on how to submit comments electronically. ABC members should send a copy of their CMS comment letters to Betty Klinck at bklinck@americasblood.org.

ABC Webinar to Cover Regulations Surrounding Electronic Signatures, Learning Management Systems

As part of America's Blood Centers Professional Institute (API), the ABC Member Employee Training & Development Committee will hold a webinar titled "Woulda, Coulda, Shoulda – Part 11 of 21 CFR: Electronic Signatures and Your Learning Management System (LMS)."

This webinar will assist members in understanding the importance of compliance with 21 CFR Part 11, which addresses electronic records/signatures. It will focus on electronic signatures, training records, and blood center LMS, as well as options for compliance with the regulations.

ABC members can find more information and webinar login details in [MCN 15-065](#). Questions may be directed to Toni Mattoch, ABC's director of Quality Services, at tmattoch@americasblood.org. ♦

RESEARCH IN BRIEF

Research published Aug. 14 in *Vox Sanguinis* suggests that having a negative experience while donating blood may cause an anticipatory stress response in donors upon their subsequent donation.

It is well known that having a negative donation experience, including both adverse donation reactions and deferral, can deter donors from giving blood again. Recent studies have suggested that such negative experiences also induce a psychological stress reaction at the time of the donor's next donation. To study this phenomenon, researchers at Sanquin, the blood supplier of the Netherlands, led by Maurits D. Hoogerwerf, investigated the association between previous negative donation experiences and blood pressure at the subsequent blood donation visit. The researchers compared the blood pressure of donors with no history of negative experiences in three consecutive donations with the blood pressure of donors with a negative experience during the second of the three donations. They included both adverse reactions and deferrals as negative experiences among 258,118 donors, of whom 10 percent (26,380) had a negative experience. Fainting and dizziness, as well as deferral, were associated with significant increases in systolic blood pressure in both men and women. This suggests that a previous negative donation experience may lead to an anticipatory stress response upon the subsequent donation, write the authors. "More research is needed to investigate whether possible interventions aimed at preventing and handling negative experiences, both adverse reactions and deferral, are justified and necessary to create a pool of relaxed and healthy donors," conclude the authors.

Citation: Hoogerwerf MD, *et al.* Negative experiences and pre-donation blood pressure at the subsequent donation in blood donors. *Vox Sang.* 2015 Aug 14. [Epub ahead of print]

The results of a survey published in *Transfusion* suggest that a majority of Level 1 trauma centers maintain thawed plasma inventories and use group A plasma for trauma recipients of unknown ABO group.

In recent years, many hospitals have adopted balanced massive transfusion protocols to provide rapid access to plasma and platelets as well as red blood cells during the resuscitation of massively bleeding patients. To allow immediate access to plasma products without the delays inherent in using frozen plasma, the use of thawed plasma has been adopted by some institutions. While thawed AB plasma is historically preferred for patients of unknown ABO group, particularly important in emergent situations, AB plasma is in limited supply. Further limiting its supply, AABB standards to reduce the risk of transfusion related acute lung injury (TRALI) require that plasma and whole blood for allogeneic transfusion be collected from males, females who have not been pregnant, or females who have been tested negative for relevant HLA antibodies since their most recent pregnancy. A number of recent studies have suggested that more hospitals are adopting the use of thawed group A plasma, with a shelf life of five days, for trauma patients of unknown blood group. Nancy M. Dunbar, MD, of Dartmouth-Hitchcock Medical Center in New Hampshire, and Mark H. Yazer, MD, of the Institute for Transfusion Medicine, conducted a survey on behalf of the Biomedical Excellence for Safer Transfusion (BEST) Collaborative to determine current plasma transfusion strategies in US trauma centers. They e-mailed a survey to 121 American trauma centers and received 61 responses, most from Level 1 trauma centers (92 percent) in urban settings (77 percent). Virtually all centers reported maintaining thawed group A plasma (97 percent). Among the 54 Level 1 trauma centers, most keep thawed A plasma immediately available (88 percent,) and many use group A plasma for trauma recipients of unknown ABO group (69 percent). The majority do not limit the amount of A plasma that can be administered to patients of unknown ABO type. Half of the surveyed centers implemented this practice within the past year. The researchers determined that a sufficient number of centers (20), identified through this survey, are interested in providing retrospective data on trauma patient characteristics and outcomes to enable the BEST Collaborative to

(continued on page 8)

RESEARCH IN BRIEF (continued from page 7)

undertake a multicenter study examining the impact of the use of thawed A plasma on patient survival. They suggest such a study is warranted to determine the product's safety.

Citation: Dunbar NM, *et al.* A possible new paradigm? A survey-based assessment of the use of thawed group A plasma for trauma resuscitation in the United States. *Transfusion*. 2015 Aug 20. [Epub ahead of print] ♦

RECENT REVIEWS

A meta-analysis published online in *Blood* suggests that prophylactic red blood cell (RBC) transfusion may benefit pregnant women with sickle cell disease (SCD). SCD during pregnancy is associated with negative outcomes for both mother and child. Prophylactic RBC transfusion may reduce complications by correcting severe anemia and the extent of RBC "sickling" (assuming abnormal crescent-like shapes) in both the maternal and placental circulation. However, the benefits of prophylactic transfusion for this purpose have not been well established. Ann Kinga Malinowski, MD, MSc, FRCSC, of Mount Sinai Hospital in Toronto, Canada, and colleagues, conducted a systematic review of the literature for studies examining maternal and neonatal outcomes in pregnant women with SCD following prophylactic transfusion. They included 12 studies involving 1,291 participants. Although constrained by the methodological limitations of the original study designs, their analysis suggested a reduction in vaso-occlusive pain episodes, maternal mortality, maternal pulmonary complications, neonatal mortality, and preterm birth – all favoring the use of prophylactic transfusion in pregnant women with SCD. They conclude that a prospective, multi-center, randomized trial is needed to determine whether the potential benefits of this therapy balance the risks.

Citation: Malinowski AK, *et al.* Prophylactic transfusion for pregnant women with sickle cell disease: a systematic review and meta-analysis. *Blood*. 2015 Aug 24. [Epub ahead of print] ♦

REGULATORY NEWS

The Food and Drug Administration recently granted 510(k) approval to Haemonetics' MCS+ 8150 Apheresis System. The MCS+ 8150 is an automated blood cell separator. The multicomponent collection system is dedicated to red blood cell collection procedures (with plasma as a byproduct), and is based upon automated apheresis technology. The device is designed to increase donor management capability, helping to use fewer donors to achieve collection needs. For more information and indications for use, see the FDA approval documents [online](#). (Source: FDA 510(k) approval documents, 6/26/15)

The Food and Drug Administration announced on Aug. 24 that it has expanded the indication of eltrombopag (*Promacta*, Novartis) for a rare blood disorder, chronic immune thrombocytopenic purpura (ITP), to include children as young as one year old. This approval comes shortly after FDA expanded the drug's indications to children six years and older. Eltrombopag, first approved for ITP in 2008, is intended only for patients with this condition who have not responded to corticosteroids, immunoglobulins, or splenectomy. As an oral thrombopoietin receptor agonist, the drug induces the proliferation and differentiation of bone marrow stem cells to boost blood cell production. The FDA's

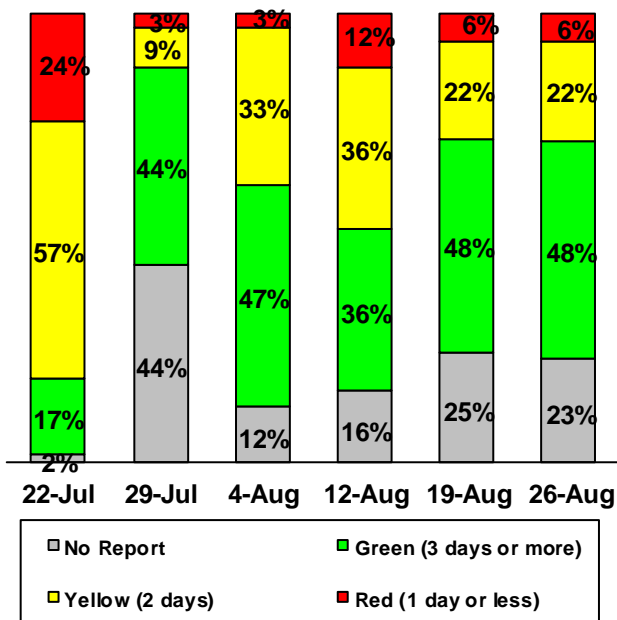
(continued on page 9)

REGULATORY NEWS (continued from page 8)

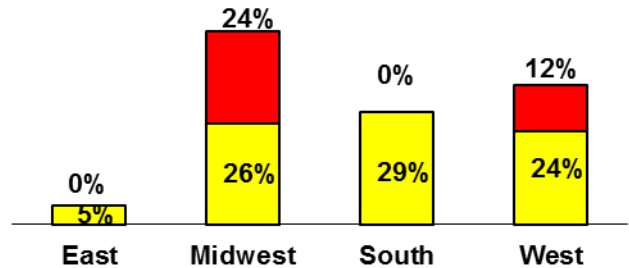
recent approval was based on two double-blind, placebo-controlled trials involving 159 patients – in both patients treated with eltrombopag had significantly higher platelet counts compared with patients receiving a placebo. More information can be found in the FDA [press release](#). (Sources: MedScape, 8/24/15; FDA press release, 8/24/15) 💧

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

Total ABC Red Cell Inventory



Percent of Regional Inventory at 2 Days Supply or Less, Aug. 26 2015



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

Upcoming ABC Webinars – Don’t Miss Out!

- “ABC Transfusion Safety Committee Deliverables Update: Transfusion Triggers” – Sept. 21; 3 to 4 p.m. ET. Contact: Toni Mattoch, tmattoch@americasblood.org.
- “SMT Journal Club” – Sept. 23; 1 to 2 p.m. ET. Contact: Toni Mattoch, tmattoch@americasblood.org
- “21 CFR 600 Final Rule – Requirements for Blood and Blood Components Intended for Transfusion or for Further Manufacturing Use” – Oct. 20; 3 to 4:30 p.m. ET. Contact: Toni Mattoch, tmattoch@americasblood.org

MEMBER NEWS

Three local charities won thousands for their respective organizations in this year's Bleed for a Cause challenge, hosted by Hoxworth Blood Center, with last year's reigning champions taking home the \$10,000 first price once again. Hoxworth Blood Center teamed up with Toyota Motor Engineering & Manufacturing North America and Montgomery Inn for the third annual charity competition focused on recruiting blood donors in the community. Bleed for a Cause was held during July and included 60 local charities that went head-to-head to encourage new and returning blood donors to give in their name. "The Bleed for a Cause challenge resulted in 1,735 donors, which helped to save over 5,200 individuals in Tri-State hospitals," said Hoxworth spokesperson Alecia Lipton. The following charities recruited the most donors:



First Place Winner, Adore-A-Bull Rescue (from left to right: Dean Gregory of Montgomery Inn, Libby Power and Robin Tackett of Adore-A-Bull Rescue, and Ronald Sacher, MD, director Hoxworth Blood Center).

- First Place Winner (\$10,000): Adore-A-Bull Rescue
- Second Place Winner (\$5,000): Brandon C. Gromada Head & Neck Cancer Foundation
- Third Place Winner (\$2,500): Kindervelt of Cinti. Children's Medical Center

Hoxworth Blood Center held an award ceremony for the winning charities at the blood center on Aug. 25. A complete list of the 60 participating charities can be found in the [press release](#). (Source: University of Cincinnati press release, 8/24/15) 💧

COMPANY NEWS

Haemonetics announced on Aug. 11 the launch of its HaemoCloud software platform designed to connect all Haemonetics devices and software. HaemoCloud is a foundational suite of products including HaemoCommunicator and HaemoCloud, which allow Haemonetics blood management devices to communicate with hospital information systems and provide real-time device operational data for service and support. HaemoCommunicator works within an institution to format and transfer data from diagnostic thromboelastography and cell salvage devices. Operational data from the device is also managed by HaemoCommunicator to provide lab and IT staff real-time access to device performance. On a nightly basis, each HaemoCommunicator installation compiles device performance data and transfers it to HaemoCloud allowing Haemonetics' customers and support organizations to monitor the use and performance of each device. HaemoCommunicator is designed to integrate with both Haemonetics and competitive devices, to create a seamless data experience for customers. Over time, data collected in HaemoCloud will allow Haemonetics to build preventative maintenance algorithms. More information can be found in the Haemonetics [press release](#). (Source: Haemonetics press release, 8/11/15) 💧

MEETINGS

Sept. 12 Northwest Transfusion Symposium, Tacoma, Washington

Bloodworks Northwest will host the Northwest Transfusion Symposium in Tacoma, Wash. on Sept. 12 from 8 to 4:10 p.m. Attendees will hear from experts on a range of topics including pathogen inactivation technologies, massive transfusion protocols, cord blood transplantation, bone marrow transplantation, and RBC genomics. Register [here](#).

Contact: news@bloodworksnew.org

Nov. 30 IPFA Public Workshop: Access to Plasma Products, Cape Town, South Africa.

The International Plasma Fractionation Association (IPFA) will host a public workshop on Access to Plasma Products on Nov. 30 prior to the IPFA on “Improving Access to Plasma and Plasma Products” in Cape Town, South Africa. More information can be found [here](#).

Contact: info@ipfa.nl ♦

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: mnorwood@americasblood.org.

POSITIONS AVAILABLE

Clinical Laboratory Scientist (CLS). A full-time Clinical Laboratory Scientist (CLS) is needed to perform serological testing at the Northern California Community Blood Bank (NCCBB). The position is open immediately to replace a CLS who will be retiring in the summer of 2016. The position requires current California CLS and experience in serological testing including RBC antibody ID. NCCBB is a not for profit blood center operating on the beautiful northwest coast of California. We supply all of the blood products to five local hospitals and also resource share with other institutions. To apply, please contact: Chris Stenlund at: (707) 443-8004 or cstenlund@nccbb.org.

Technical Director. The Northern California Community Blood Bank is seeking a technical director. The position is full-time and requires current California CLS and experience in serological testing including RBC antibody ID. The technical director oversees laboratory, component production and product management. To apply, or for a copy of the job description, please contact Thomas Schallert at (707) 443-8004.

Vice President of Blood Donor Services. Unyts, Western New York's only Organ, Tissue, Eye and Community Blood Bank has an immediate opening for an executive level position in our Blood Donor Services Division. This exciting position will provide leadership and direction to the division, while meeting the blood, plasma and platelet needs of our regional hospitals, as well as direct and oversee donor recruitment and collection operations. Responsibilities will also include strategic planning and development, creation of annual expense and collections budget, and monitoring of annual operating and collection goals against budget. Bachelor degree with seven-10 years of blood banking or blood donor experience required. Master's degree preferred. Demonstrated expertise in leading organizations utilizing combined technical and interpersonal skills required. Ideal candidate will possess superior leadership, supervisory and communication skills with the ability to facilitate change and growth through collaboration and team while successfully promoting Unyts

(continued on page 12)

POSITIONS (continued from page 11)

Mission, Vision and Values. Please apply online at <http://www.unyts.org/about-us/careers>.

Vice President of Quality and Compliance AD009 (San Antonio, TX). Responsible for leading, managing and coordinating the quality, regulatory, and compliance activities related to all donor, patient and component testing services provided by QualTex Laboratories' headquarters and satellite locations. Will coordinate all external audits for the organization. Must exhibit leadership and must maintain current knowledge of regulatory requirements for all areas of testing services provided by QualTex Laboratories. Must be knowledgeable of all Standard Operating Procedures (SOPs) pertinent to quality and regulatory management. Bachelor's degree in Medical Technology, Applied Science, or related discipline required. Six years blood banking/transfusion medicine/clinical laboratory experience required. Six years of Quality and Management experience required. Computer experience required. Three years driving experience with good driving record required. MT (ASCP), SBB/BB, ASQ-CQA or CMQ/OE certifications preferred. Texas or Georgia operator driver's license required. US Passport preferred. Visit our website at www.biobridgeglobal.org. E-mail résumé to hr_dept2@biobridgeglobal.org. Call Human Resources (210) 757-9557. BioBridge Global and its subsidiaries are proud to be an EEO/AA-M/F/D/V/Genetic Data employer that maintains a Tobacco & Drug-Free Workplace. All qualified applicants will receive consideration for employment without regard to race, color, ethnicity, religion, sex, national origin, disability, veteran status, genetic data or other legally protected status.

Clinical Laboratory Scientist. Have a Passion for Reference Laboratory Work? Want a Sign-On Bonus? Join Us! Blood Centers of the Pacific (BCP) in San Francisco is seeking a Clinical Laboratory Scientist (CLS) to join our dynamic team of specialists in blood banking (SBBs) to perform complex serological testing: including red cell antibody ID, compatibility and platelet testing. BCP's Reference Lab is a highly respected lab within the blood banking and hospital communities locally and throughout the United States. BCP has a large repository of rare blood enabling us to assist with help in providing units for the most difficult patients throughout the country. Position requires a current California CLS license and three years relevant experience. SBB is preferred. If you are qualified, but not SBB certified, BCP has educational benefits that will help cover the cost of obtaining certification. All you need is the desire and the skills! Our work environment is exciting and the team is a highly functioning close-knit group. To apply, visit our employment page at: <http://www.bloodcenters.org/about-us/employment/> (Requisition #15000444). Blood Centers of the Pacific is an equal opportunity employer.

EEO/Minorities/Females/Disabled/Veterans/Other Protected Groups

Manager Laboratory Technical Services. Blood Centers of the Pacific is a nonprofit, community-based organization that provides blood and blood components to hospitals, physicians and patients throughout Northern California. It also houses the Blood Systems Research Institute which conducts medical research to improve blood safety and patient care. Blood Centers of the Pacific helps 50,000 patients every year with blood donated by community volunteers. We seek a Manager for its manufacturing & technical services department in San Francisco. Will oversee services such as blood component QC, validation testing and documentation, quarantine/quarantine resolution, equipment repair, preventive maintenance, compliance and process improvement. In addition to standard managerial duties will perform bench work assignments as needed. Requires a four year degree in related field; three years related experience in blood banking, hematology and/or serology – one of which must be in a supervisory capacity. Requires a valid California Clinical Laboratory Scientist (CLS) license. Component production experience strongly preferred. To apply, visit our employment page at: <http://bit.ly/1EIXgZT>. (Requisition #15000885). Blood Centers of the Pacific is an equal opportunity employer. EEO/Minorities/Females/Disabled/Veterans/Other Protected Groups

Manager, Immunohematology Reference Laboratory. Blood Centers of the Pacific in San Francisco, CA seeks an Immunohematology Reference Laboratory Manager. We are a nonprofit, community-based organization that provides blood components and clinical/technical services to hospitals, physicians, and patients throughout Northern California. We were the first established community blood center in the U.S. We are also co-located with the Blood Systems Research Institute which conducts medical research to improve blood safety and patient care. Blood Centers of the Pacific distributes over 150,000 components to patients annually. Successful candidate will be responsible for all aspects of testing, technical operation, and workload of reference laboratory including staff supervision, employee counseling and evaluation, reference testing at satellite centers, and other standard supervisory functions. Other duties include budget management, relevant projects, training and education. Requires BA/BS in relevant field; eligibility for State of California Clinical Laboratory Scientist License and four years relevant experience. Current California Clinical Laboratory Scientist license preferred. Certification as a Specialist in Blood Banking (SBB) or equivalent OR Doctorate in an immunohematology-related field. To apply, visit our

(continued on page 13)

POSITIONS (continued from page 12)

employment page at:
<http://www.bloodcenters.org/about-us/employment>
 (Requisition #15000707). Blood Centers of the Pacific is an equal opportunity employer. EEO/Minorities/Females/Disabled/Veterans/Other Protected Groups

Supervisor, Reference Laboratory. Blood Bank of Hawaii is seeking a qualified individual to supervise its basic-level immunohematology and product quality control testing services. We are a nonprofit, community-based organization that provides blood components and clinical/technical services to hospitals, physicians, and patients throughout Hawaii. Successful candidate will provide supervision for patient and product quality control testing, donor lookback and batch release. Responsibilities include supervision of four to five FTEs, employee counseling and evaluation, and other standard supervisory functions. Requires BA/BS in relevant field; eligible for State of Hawaii Clinical Laboratory Scientist License and four years relevant experience. Previous blood bank/hematology experience desired. Certification as a Specialist in Blood Banking (SBB) is preferred, but not required. Please visit our website at www.BBH.org.

Clinical Laboratory Scientist/Medical Technologist (Processing Laboratory; Full-time Position; \$35.58/hour). Blood Centers of the Pacific is a nonprofit, community-based organization that provides blood and blood components to hospitals, physicians and patients throughout Northern California. It also houses the Blood Systems Research Institute which conducts medical research to improve blood safety and patient care. Blood Centers of the Pacific helps 50,000 patients every year with blood donated by community volunteers. We are looking for a Clinical Lab Scientist to perform required testing on whole blood and blood components including antigen screening, ABO grouping, Rh and serology determinations, and other routine donor and laboratory tests in a cGMP/TQM environment. Will consult with customer hospitals and perform other relevant duties as assigned. Must possess a current California CLS license. To apply, visit our employment page at: <http://www.bloodcenters.org/about-us/employment>. Requisition #15000834 or #15000785. Blood Centers of the Pacific is an equal opportunity employer. EEO/Minorities/Females/Disabled/Vets/Other Protected Groups

Chief Operations Officer (Fresno, CA). Central California Blood Center (CCBC) is looking for an experienced chief operations officer (COO) to work directly with the President/CEO to execute our mission in the Central Valley of California. This executive leadership position as COO is accountable for operational objectives and will ensure strategic plan is met. In addition to oversight of daily operational functions, this

position has oversight of the production related departments as well as to track and trend key performance indicators, quality metrics, and takes appropriate action to ensure business viability. History of successful execution of strategic objectives while demonstrating success in building teams to drive operational effectiveness in challenging, dynamic, and highly regulated environments required. Bachelor's degree required, MBA preferred with a minimum of five years of progressive managerial experience required. Experience managing donor services, lab testing and component manufacturing, product management, in addition to oversight of supply-chain and assets management preferred in a blood bank setting. All qualified applicants will receive consideration for employment without regard to race, color, ethnicity, religion, sex, national origin, disability, veteran status, genetic data or other legally protected status. Apply with resume and salary history at www.donateblood.org or to Adrienne Vanderberg at fax (559) 224-1310.

Operations Supervisor-Donor Centers. (Department: Metro Collections - Coon Rapids & Plymouth Donor Centers; Innovative Blood Resources, Location: St. Paul, MN; Job Type: Full time, 1.0 FTE, Exempt). To ensure collections operations at donor centers are run in a manner that results in safe and compliant blood products and service that consistently delights donor and sponsors. To ensure a working environment for staff on the applicable team that is supportive and productive through recognition, feedback, coaching and development. Knowledgeable about, and performs all type of blood collections including automated blood collection procedures (double Red Cell, Plasma, Platelets, Platelets plus Red Cell, Platelets plus Plasma). To apply please go directly to our website with an updated resume: <http://bit.ly/1PDYpbC>.

Assistant Manager Donor Testing. (Innovative Blood Resources, Department: Donor Testing Lab; Reports To: Manager Donor Testing Lab; Status: Full time, 1.0 FTE, Exempt; Schedule: Monday – Friday, 2nd Shift) Manages testing laboratory 2nd shift staff and coordinates operations associated with testing blood donors for infectious disease and immunehematology during these shifts. Provides adequate training and performance appraisals. To apply please go directly to our website with an updated resume: <http://bit.ly/1LaQkK3>.

Director of Donor Recruitment and Production Planning. (Innovative Blood Resources, Reports to: C.O.O. / C.F.O; Department: Donor Recruitment; Status: Full-Time, 1.0 FTE (40 hours per week), Exempt). Directs all Northland, Metro and Lincoln divisions of donor recruitment and donor contact management activities. Utilizes exceptional sales and account

(continued on page 14)

POSITIONS (continued from page 13)

management skills to ensure goal attainment and efficient recruitment of blood donors to Innovative Blood Resources mobile and donor center facilities. Develops and implements strategies and tactics to manage customer relationships with existing and new blood drive sponsors to ensure customer satisfaction, improved processes, and increased production. Works closely with

leadership to ensure effective production planning. Directs the management of the demand and supply optimization, and works collaboratively with the Donor Services leadership team to meet goals. To apply please go directly to our website with an updated resume: <http://bit.ly/1fc6qHB>. ♡

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 Norwood by e-mail (lnorwood@americasblood.org) or by fax to (202) 393-5527. (For a more detailed announcement in the weekly "Meetings" section of the Newsletter, please include program information.)

2015

Sept. 9. **NIH 34th Annual Symposium on Immunohematology & Blood Transfusion, Bethesda, Md.** More information and registration details can be found [here](#).

Sept. 10. **Red Cell Genotyping 2015: Precision Medicine Symposium, Bethesda, Md.** More information and registration details can be found [here](#).

Sept. 16-17. **Financial Management Workshop, America's Blood Centers, Chicago, Ill.** Contact: ABC Meetings Dept. Phone: (202) 654-2901; e-mail: meetings@americasblood.org.

Sept. 26. **13th Annual Canadian Blood Services International Symposium: "Blood-Borne Pathogens: Defend, Detect, and Destroy," Toronto, Ontario.** More details including speakers and registration information can be found [here](#).

Sept. 28-29. **2nd Global Symposium on "The Future for Blood and Plasma Donations," Dallas, Texas.** Contact: e-mail: info@pifa.nl. More information available [here](#).

Oct 22-23. **9th WFH Global Forum, Montreal, Canada.** Contact: gf2015@wfh.org. More information available [here](#).

Oct. 24-27. **AABB Annual Meeting, Anaheim, Calif.** Contact: AABB Meetings Department, Phone: (301)215-6482; Email: ProfessionalDevelopment@aabb.org. More information can be found [here](#).

Dec. 1-2. **IPFA Workshop on Improving Access to Plasma and Plasma Products in the Southern Africa Region, Stellenbosch (Cape Town), South Africa.** Contact: e-mail: info@pifa.nl. More information available [here](#).

Feb. 13-14. **SBB Last Chance Review by Webinar.** Sponsored by Gulf Coast Regional Blood Center in Houston, this intensive, two-day annual blood banking review is designed to benefit individuals preparing to take the ASCP SBB/BB Board of Certification examination, physicians preparing for the Board examination in Blood Banking, as well as individuals seeking a refresher course in blood banking. This program provides 13 P.A.C.E., California and Florida continuing education hours. Included in the registration are handouts with case studies and practice questions. Details and registration at <http://www.giveblood.org/education/sbb-last-chance-review-via-webinar/>. Contact Clare Wong at (713) 791-6201, cwong@giveblood.org.

Mar. 12-14. **Annual Meeting, America's Blood Centers, Jacksonville, Fla.** Contact: ABC Meetings Dept. Phone: (202) 654-2901; e-mail: meetings@americasblood.org.

Apr. 26-28. **Human Resources & Training/Development Workshop, America's Blood Centers, San Antonio, Texas.** Contact: ABC Meetings Dept. Phone: (202) 654-2901; e-mail: meetings@americasblood.org.

June 2-5. **2016 SCABB Annual Meeting & Exhibit Show, Houston, Texas.** Contact: scabb@scabb.org. More information available [here](#).

June 5-6. **South Central Association of Blood Banks Advanced Immunohematology & Molecular Symposium (AIMS), Houston, Texas.** Contact: scabb@scabb.org. More information available [here](#).

July 24-28. **WFH World Congress, Orlando, Fla.** Contact: jbungardt@wfh.org. More information available [here](#).

2016

(continued on page 15)

POSITIONS (continued from page 14)

Aug. 2-4. **Summer Meeting, MD Workshop & Golf Tournament, America's Blood Centers, Honolulu, Hawaii.** Contact: ABC Meetings Dept. Phone: (202) 654-2901; e-mail: meetings@americasblood.org.

Sept. 13-14. **IT Workshop, America's Blood Centers, Minneapolis, Minn.** Contact: ABC Meetings Dept. Phone: (202) 654-2901; e-mail: meetings@americasblood.org. ♦