



ABC NEWSLETTER

CURRENT EVENTS AND TRENDS IN BLOOD SERVICES

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2015 #27

July 17, 2015

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CMS Proposes Severe Cuts in Outpatient Payment Rates for Blood Products

The Centers for Medicare and Medicaid Services (CMS) published on July 8 its proposed plan for reimbursing hospitals and ambulatory surgical centers in 2016. If implemented as it now stands, the Hospital Outpatient Prospective Payment System (OPPS) and Ambulatory Surgical Center (ASC) Payment System [proposed rule](#) would significantly cut Medicare payment rates for a variety of blood products transfused in the outpatient setting.

CMS publishes a new proposed OPPS and ASC Payment System annually with a public comment period before issuing the final rule in the late fall, which is implemented by January of the following calendar year. This rule sets the payment rates at which hospitals and ambulatory surgical centers are reimbursed in the outpatient setting. CMS suggests an overall decrease of 0.1 percent for outpatient payment rates for 2016 and, most importantly for blood centers, proposes cuts to the Medicare payment rates for various blood products that range from 25 to 66 percent compared with the current 2015 rates (see table on page 3).

The payment rate cuts will have substantial effects for hospitals, other healthcare organizations, and likely for blood centers, as 3,800 hospitals are paid under OPPS, while about 5,300 ASCs are paid under the ASC Payment System.

Any cuts to Medicare reimbursements that hospitals receive for blood products can have a serious impact on blood centers, as hospitals will likely respond by seeking lower prices for blood from blood centers, explained America's Blood Centers CEO Christine Zambricki, DNAP, CRNA, FAAN. While a majority of blood products are provided in the inpatient care setting, cuts to outpatient reimbursement could still add severe economic pressure to blood centers, as there has been some increase in outpatient transfusion over the last couple of years.

“We are all bound together inextricably, so that anything that affects hospitals and blood reimbursement rates will have an impact on blood centers,” said Dr. Zambricki.

It is clear to blood bankers that these proposed payment rates are not reflective of the cost of collecting, processing, and distributing safe blood products. CMS bases the new payment rates off of hospitals' reported cost-to-charge ratio, obtained from 2014 reimbursement claims. There are many reasons that these data could be

(continued on page 3)



OUR SPACE

ABC CEO Christine S. Zambricki, DNAP, CRNA, FAAN

Organizational Resistance and Resilience

Change seems to be everywhere in the blood community these days – evolving business relationships, new technologies such as pathogen reduction, and emerging transfusion-transmitted biological agents such as Babesia. The ever-changing regulatory landscape is another key element in our environment that can create commotion in the blood industry.

Preventing regulatory calamities is a priority and both government agencies and members of the blood community strive for thoughtful change. This can be difficult in an increasingly complex healthcare world. That is why proposed changes require a period of public comment and regulatory response prior to implementation of final rules, regulations, and guidance. The public comment period provides an opportunity for stakeholders to resist the creation of regulatory policy that may have unanticipated negative effects. The public comment period also serves to create resilience in our industry, as we are able to develop partnerships and evolve strategies to adapt in advance of implementation.

The Centers for Medicare & Medicaid Services (CMS) on July 8 released the proposed 2016 Hospital Outpatient Prospective Payment and Ambulatory Surgical Center Payment Systems rule, available on the CMS [website](#). Of specific interest to the blood community, the proposed rule includes a request for comment on significant reductions in Medicare payment for the most commonly transfused products in the outpatient setting (see page 1).

ABC is reviewing this proposal closely for possible impacts and opportunities for influencing reimbursement for blood and blood products and to inform the blood community's response during the public comment period, ending August 31. ABC will partner with other key stakeholders including AABB, the American Red Cross, and the American Hospital Association to strengthen our collective voice advocating for blood centers and the communities that we serve. Keep your eye out for more details about how you can get involved in this vital advocacy initiative.

CMS releases updates to inpatient and outpatient rules annually. These are just one example of the plethora of proposed regulations that ABC reviews on behalf of its members.

While the Department of Health and Human Services (HHS) houses most entities of interest to blood operators (i.e., the Food and Drug Administration, CMS, the Centers for Disease Control and Prevention, and the National Institutes of Health), it may be surprising to note that there are other government departments that we monitor for their impact on the blood industry, such as the Department of Justice and the Department of Homeland Security. A comprehensive and anticipatory posture provides the best strategic readiness to preemptively respond swiftly and effectively to external environmental changes that impact our members.

Christine S. Zambricki

czambricki@americasblood.org ♦

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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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CMS OPPS Payment Rate Cuts (continued from page 1)

2015 and Proposed 2016 Medicare Payment Rates for Selected Blood Components				
HCPCS Code	Product	Current 2015 Rate	Proposed 2016 Rate	Change
P9010	Whole blood	\$217.16	\$166.85	-23.17%
P9016	Red blood cells (RBCs), leukoreduced (LR)	\$189.37	\$131.12	-30.76%
P9017	Fresh frozen plasma, frozen within 8 hours	\$74.82	\$50.88	-32.00%
P9035	Platelets, apheresis, LR	\$497.57	\$349.38	-29.78%
P9037	Platelets, apheresis, LR, irradiated	\$674.16	\$486.47	-27.84%
P9057	RBCs, frozen/deglyc, LR, CMV-negative, irradiated	\$448.67	\$150.97	-66.35%
P9058	RBCs, LR, CMV-negative, irradiated	\$274.67	\$185.81	-32.35%

Source: Health Research Associates, Altadena, Calif.

inaccurate, said Dr. Zambricki. For example, hospitals could be incorrectly reporting reimbursement claims for blood products or may fail to bill for them altogether.

“This is coming at a time when blood centers are already experiencing financial challenges,” said Dr. Zambricki. “At the same time, we’re seeing more and more opportunities to improve the safety of the blood supply through new technology, like pathogen reduction and screening for infectious diseases like *Babesia microti*. These advances demand increased spending, and the proposed payment rate cuts are moving us in the opposite direction.”

America’s Blood Centers is already working with a coalition of like-minded organizations, including AABB and the American Red Cross, to prepare unified comments opposing the payment rate cuts for submission to CMS before the Aug. 31 comment period deadline. ABC is taking advantage of its advocacy strength in Washington, and has had preliminary communications with CMS to express the blood community’s concerns.

ABC may call on its member blood centers to provide data and information to help support its position that these payment rates are unrealistic and not reflective of the cost of providing a safe and adequate blood supply. “We ask that our members be ready to participate in a grassroots advocacy initiative to reject the payment rate cuts based on inaccurate cost data, and help create resilience in the blood industry,” said Dr. Zambricki.

ABC members are encouraged to review the proposed [rule](#), which begins on page 39200, as well as the proposed payments, listed in Addendum B on the CMS [website](#). Those with questions or comments may contact Dr. Zambricki at czambricki@americasblood.org. Stay tuned for updates and further information about how ABC members can help in this vital advocacy initiative. 💧

Rhode Island Blood Center Revises Donor Recruitment, Blood Collection Strategies to Optimize Babesia Testing

Babesiosis, an infection caused by the tick-borne *Babesia* parasite, is among the transfusion-transmitted infections most frequently reported for which there is no approved screening test available. Rhode Island Blood Center (RIBC), located in one of the most highly endemic states, recently announced that it is revising its donor recruitment and collection strategies to position itself for more widespread Babesia testing.

While FDA does not currently require Babesia screening, FDA's Blood Products Advisory Committee, a panel of experts that advises FDA, met in May to discuss the mitigation of transfusion-transmitted babesiosis, suggesting nationwide year-round antibody screening of donors for *Babesia microti*, in addition to nucleic acid testing (NAT) in high-risk states.

Since 2010, RIBC has taken the proactive approach by testing for babesiosis using tests being developed by Imugen, Inc., in Massachusetts. The Imugen tests, currently used under an investigational new drug (IND) approval from FDA, have been submitted for licensure, and RIBC is renovating former lab space at its Providence, R.I., headquarters to test all whole blood and red blood cell donations by early 2016.

To absorb the cost of Babesia testing, RIBC recently announced that it will change its donor recruitment focus away from small blood drives, with a goal of collecting 15 or fewer units, and try to redirect those donors to one of its six donor centers across the state.

According to RIBC President and CEO Lawrence Smith, RIBC collects about 20,000 whole blood donations from 2,000 small blood drives each year. These small drives are less than 45 minutes from the processing lab in Providence, and most whole blood donations provide three products for transfusion. However, with the added cost of Babesia testing, small blood drives become cost-prohibitive. "If we are successful in recruiting many of these donors to the donor centers or larger blood drives, we will take enough cost out of the recruitment/collection areas to offset most of the cost of Babesia testing," said Mr. Smith.

RIBC will continue to work in partnership with Imugen as it continues its efforts to establish a high-volume Babesia testing lab at RIBC.

"Many other blood centers have been successful in taking cost out of their operations through their own efforts and through the programs available to owners and members of BCA. Now it's our turn to walk the walk of cost reduction and take on the new challenge of Babesia testing," said Mr. Smith.

RIBC plans to offer Babesia screening services to blood centers in other areas under the Imugen IND until it is FDA licensed, or as a licensed testing service approved by the FDA. RIBC directs those interested in learning more about Babesia screening to contact Jill Alberigo at (401) 453-8409. ♡

We Welcome Your Letters

The *ABC Newsletter* welcomes letters from its readers on any blood-related topic that might be of interest to ABC members. Letters should be kept relatively short and to the point, preferably about a topic that has recently been covered in the *ABC Newsletter*. Letters are subject to editing for brevity and good taste. Please send letters to ABC Publications Editor Betty Klinck at newsletter@americasblood.org or fax them to (202) 393-1282. Please include your correct title and organization as well as your phone number. The deadline for letters is Wednesday to make it into the next newsletter.



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. ♦

Last Chance! Get Out on the Green for a Good Cause at the FABC *Links for Life* Golf Tournament!

Don't miss your chance to enjoy a day of golfing and networking with colleagues while supporting the Foundation for America's Blood Centers (FABC) at the 5th Annual *Links for Life* golf tournament on Aug. 6 at the Woodcrest Country Club in Cherry Hill, N.J. If you are planning to attend the ABC Summer Meeting in Philadelphia, don't forget to also register to golf in the tournament by *July 23*.

The tournament will be held in conjunction with the ABC Summer Meeting, taking place Aug. 4 to 6, and is sponsored by the Summer Meeting hosts Blood Bank of Delmarva, Central Pennsylvania Blood Bank, and Miller-Keystone Blood Center. Located just 25 minutes from downtown Philadelphia, the Woodcrest Country Club sits on 178 acres of challenging fairways surrounded by beautiful landscaping. Designed in 1929 by William S. Flynn, who was known for bringing individual character to the designs he created for each hole, the course is sure to be a fun challenge for golfers of all levels.



A view of the Woodcrest Country Club golf course in Cherry Hill, N.J.

As in the past, one ABC senior executive (CEO, chief financial officer, etc.) will golf free of charge. Additional golfers from ABC member blood centers can register at \$250 per person (including blood center board members and personal guests). Several sponsorship opportunities are available for industry partners to support the FABC. Interested golfers and sponsors should contact [Jodi Zand](#).

All golfers will enjoy transportation to and from the event, a continental breakfast prior to tee-off, and a barbeque lunch and awards ceremony after the tournament. A reception for all golfers will take place at the Loews Philadelphia Hotel, where the Summer Meeting will be held, later that evening. Additionally, golfers can register for the longest drive and closest to the pin contest with two mulligans for \$25. The contest can be selected at registration or in person the day of the event.

"It's tee-time! If you have not registered for the *Links for Life* golf tournament, this is the final opportunity for a fun activity to support our foundation. Hope to see you there!" said FABC Board Chair Roy Roper, president and CEO of Blood Bank of Delmarva.

INSIDE ABC (continued on page 6)



5TH ANNUAL LINKS FOR LIFE GOLF TOURNAMENT

REGISTER NOW!

08.06.2015

WOODCREST COUNTRY CLUB | CHERRY HILL, NJ
IN CONJUNCTION WITH THE ABC SUMMER MEETING | AUGUST 4 - 6, 2015



Contact: Jodi Zand | 202.654.2994 | ljzand@americasblood.org

INSIDE ABC (continued from page 5)

ABC Requests Members Update Locations for ABC Public Website

To assist America's Blood Centers in ensuring that we have the most up-to-date listings of blood center locations, ABC is asking its members to review ABC's current listings and provide any changes or updates to your blood center's fixed collection sites, including the name, complete address, phone number, and website URL.

The public, media, and donors can visit the public website, www.Americasblood.org, to search for the nearest community blood center(s) by entering their zip code. ABC will be conducting a biannual review of these listings for accuracy.

ABC asks that members review the location listing and make any corrections by **July 24**. More information and a link to the location listing spreadsheet can be found in [MCN 15-059](#). Questions may be directed to Leslie Norwood at lnorwood@americasblood.org. ♦

RESEARCH IN BRIEF

A study published in *The Lancet* reports the results of a feasibility trial investigating the efficacy of a restrictive vs. a liberal blood transfusion strategy for acute upper gastrointestinal bleeding. Several randomized clinical trials in cardiac surgery, trauma, hip surgery, and pediatric patients have shown that a restrictive transfusion strategy, with a lower hemoglobin transfusion trigger, is as safe and effective as a more liberal one, with a higher hemoglobin trigger. However, transfusion thresholds for acute upper gastrointestinal bleeding are less well defined with numerous observational studies showing variation in practice. Acute upper gastrointestinal bleeding accounts for 70,000 admissions to UK hospitals annually and for 11 percent of all red blood cells (RBCs) transfused in England, making it the most common single indication of RBC transfusion. Researchers from NHS Blood and Transplant (NHSBT), the blood and tissue provider of England and North Wales, conducted a multicenter, cluster randomized feasibility trial to determine whether restrictive RBC transfusion leads to a reduction in mortality among patients with acute upper gastrointestinal bleeding. In this pragmatic, open-label cluster randomized trial, done in six UK university hospitals, they enrolled all patients 18 years and older with new presentations of acute upper gastrointestinal bleeding, irrespective of comorbidity, except for exsanguinating hemorrhage. They randomly assigned hospitals (1:1) to either a restrictive RBC transfusion policy (transfuse at a hemoglobin of 8.0 g/dL) or a liberal policy (transfuse at 10 g/dL). Neither patients nor investigators were masked to allocation. To gauge the feasibility of a definitive trial, the researchers measured recruitment rate, protocol adherence, hemoglobin concentration, RBC exposure, selection bias, and information to guide design and economic evaluation of the Phase 3 trial. The main exploratory clinical outcomes were further bleeding and mortality at day 28. Between Sept. 3, 2012 and March 1, 2013, they reenrolled 936 patients. The recruitment rate was significantly higher for the liberal than for the restrictive policy (62 vs. 55 percent of eligible patients). Protocol adherence was 96 percent in the restrictive policy vs. 83 percent in the liberal policy. The mean last recorded hemoglobin before transfusion was 11.6 g/dL for patients in the restrictive policy vs. 11.8 g/dL for those on the liberal policy. Fewer patients received RBCs on the restrictive policy than on the liberal policy, however the difference was not statistically significant. As in other clinical trials in similar populations, there was no difference in clinical outcomes. While the study's "clinical outcomes should not be used to inform clinical practice direction ... the feasibility trial provides key learning points for design of the phase 3 trial," wrote the authors. They conclude that this type of trial is feasible and is necessary to generate appropriate transfusion practice guidelines for patients with upper gastrointestinal bleeding.


Citation: Jairath V, *et al.* Restrictive versus liberal blood transfusion for acute upper gastrointestinal bleeding (TRIGGER): a pragmatic, open-label, cluster randomized feasibility trial. *Lancet*. 2015 May 5. [Epub ahead of print]

A [study](#) recently published in the journal *Pediatrics* suggests that umbilical cord milking increased blood pressure and red blood cell levels in preterm infants delivered by cesarean section (C-section). In 2012, the American College of Obstetricians and Gynecologists recommended 30 to 60-second delayed umbilical cord clamping in preterm delivering to improve the infant's blood flow and lung function, as well as to prevent intraventricular hemorrhage. In recent history, researchers and physicians have recognized similar benefits of umbilical cord milking, a process of squeezing blood back through the umbilical cord to the preterm infant before clamping. In some studies, delayed cord clamping has failed to reduce intraventricular hemorrhage in preterm infants delivered by C-section. In the current study, funded by the National Institutes of Health's Kennedy Krieger National Institute of Child Health and Human Development, a research team led by Anup C. Katheria, MD, at the Sharp Mary Birch Hospital for Women and Newborns in San Diego, investigated whether preterm infants born by C-section who undergo umbilical cord milking have higher measures of systematic blood flow than infants who undergo

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RESEARCH IN BRIEF (continued from page 7)


delayed cord clamping. Researchers at Sharp Mary Birch and Loma Linda University in California enrolled 197 mothers who went into labor at or before the 32nd week of pregnancy. Of the 154 infants delivered by C-section, 75 were randomly assigned to umbilical cord milking and 79 were assigned to delayed clamping. The 43 infants delivered vaginally were also randomly assigned to either treatment. Among infants delivered by C-section, those assigned to umbilical cord blood milking had superior vena cava flow and right ventricular output in the first 12 hours of life. Infants undergoing umbilical cord blood milking also had higher hemoglobin, delivery room temperature, blood pressure over the first 15 hours, and urine output in the first 24 hours of life. There were no differences for the 43 infants delivered vaginally. “Umbilical cord milking may be preferable in preterm infants delivered by C-section, particularly in newborns when immediate resuscitation is needed. Although more large trials are needed to confirm our observations, umbilical cord milking should be considered as a beneficial option for preterm infants delivered by C-section,” conclude the authors.

Citation: Katheria AC, *et al.* Umbilical cord milking versus delayed cord clamping in preterm infants. *Pediatrics*. 2015 July; 136(1):61-9. 

BRIEFLY NOTED

The Department of Health and Human Services recently recognized more than 730 hospitals and transplant centers for their outstanding voluntary efforts to promote organ donation in the fourth year of the Workplace Partnership for Life Hospital Organ Donation Campaign, announced the American Hospital Association (AHA) last week. Hospitals were awarded gold, silver, or bronze recognition based on the number of promotion activities implemented. The campaign also recognized a number of state hospital associations, organ procurement organizations, and Donate Life America affiliates for partnering with hospitals and transplant centers in the national campaign. More than 1,658 hospitals and transplant centers have stimulated 350,000 enrollments on state donor registries since the campaign’s launch in June 2011. More information about the campaign can be found [here](#). (AHA News Now, 7/13/15)

An [article](#) in *The Journal of the American Medical Association (JAMA)* provides insight into the Food and Drug Administration’s drug review process and the inner workings of its advisory committees. Walid F. Gellad, MD, MPH, and colleagues, members of a scientific advisory committee convened by FDA, discussed FDA’s review of the efficacy and safety of flibanserin, a new molecular entity for the treatment of hypoactive sexual desire disorder in premenopausal women. This case was particularly contentious, as the drug had been brought before FDA before but failed to demonstrate efficacy, and female sexual dysfunction continues to be difficult to measure without the use of patient-reported outcomes. After a three-day hearing, the committee voted 18 to 6 in favor of recommending the drug’s approval. “Regardless of the outcome, the FDA’s decision is certain to join other controversial regulatory decisions at the intersection of science, policy, and advocacy,” write the authors. In the article, the three advisory committee members go on to describe the review process and the shifting efficacy end points and use of patient-reported outcome measures. The [article](#) is available for free without a subscription on JAMA’s website.

Citation: Gellad WF, *et al.* Evaluation of flibanserin: science and advocacy at the FDA. *JAMA*. 2015 July 6. [Epub ahead of print] 

REGULATORY NEWS

AABB recently made available updated immunohematology reference laboratories (IRL) assessment tools and an updated [IRL Resources Inventory Spreadsheet](#), which can be accessed on the AABB website for [facilities](#) and [assessors](#), according to the July 10 AABB Weekly Report. The tools and spreadsheet accompany the ninth edition of Standards for IRLs, which goes into effect on Oct. 1. The tool for assessors supplies questions to help evaluate a facility's compliance with the updated Standards. The tool for facilities assists reference laboratories in preparing for AABB assessments based on the ninth edition of the IRL Standards. The spreadsheet aids in determining whether a facility's inventory of rare cells and antisera meet the updated Standards. Accreditation resources provide support throughout the accreditation process and include the Accreditation Information Manual, a commendable practices library, frequently asked questions, and a quarterly newsletter for assessors. (Source: AABB Weekly Report, 7/10/15) ♦

THE WORD IN WASHINGTON

The US House of Representatives passed on July 10 the [21st Century Cures Act](#), which seeks faster innovation through promoting the development and speeding the approval of new drugs and medical devices. The nonpartisan legislation, passed by a vote of 344 to 77, aims to modernize the US healthcare system by investing in science and medical innovation, incorporating the patient perspective, and modernizing clinical trials to deliver faster cures. A major premise of the bill is the goal of accelerating the approval for new products and drugs, which has raised concern among some in the medical community that this may compromise the safety and efficacy of drugs and medical devices (see [ABC Newsletter](#), 7/2/15). The next step for the bill is the US Senate, which is working on their version of similar legislation. To be passed into law, the Senate must pass their version and then conference with the House before sending an agreed upon draft to the President for his signature. More information about the 21st Century Cures Act can be found on the House Energy and Commerce Committee [website](#).

The National Marrow Donor Program (NMDP) is encouraging apheresis centers, collection centers, donor centers, recruitment groups, and transplant centers to support passage of the Stem Cell Therapeutic and Research Reauthorization Act of 2015 ([H.R. 2820](#)). NMDP, which facilitates the national marrow registry, Be The Match, operates the C.W. Bill Young Cell Transplantation Program through a competitively bid contract with the Health Resources and Services Administration (HRSA). Every five years, Congress reevaluates the program and the reauthorization process; 2015 is a reauthorization year. This legislation not only reauthorizes the national registry of potential bone marrow donors and donated umbilical cord blood units, but also the Bone Marrow and Cord Blood Coordinating Centers, the Office of the Patient Advocacy, and the Stem Cell Therapeutic Outcomes Database. It also extends authority of the Secretary of Health and Human Services to provide grants to public cord blood banks to assist them in collecting a diverse population of donated cord blood units, which are then listed on the Be The Match Registry. Many blood centers partner with NMDP to enroll donors in the Be The Match registry, and America's Blood Centers encourages its members to consider contacting their members of Congress to seek their support of this legislation. Keep an eye out for a communication from ABC next week with information about how you can support this initiative. Questions may be directed to ABC CEO Christine Zambricki, DNAP, CRNA, FAAN at czambricki@americasblood.org. (Source: NMDP e-mail, 7/14/15) ♦

GLOBAL NEWS

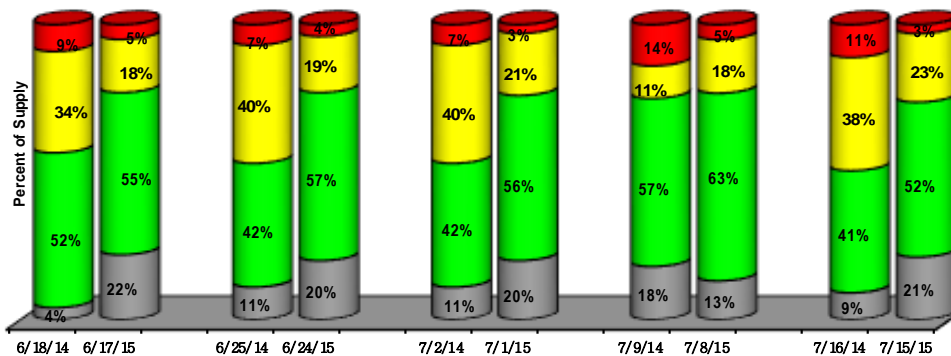
The Global Network for Blood Donation (GNBD), a Rotarian Action Group, exhibited in the House of Friendship at the Rotary International Convention, held in São Paulo, Brazil from June 6 to 9, reported the GNBD Summer 2015 [Bulletin](#). B.J. Smith, vice president of Regional Operations and Business Development at Carter BloodCare, Bedford, Texas, and Cees Smit Sibinga, from the Netherlands, greeted guests to the booth by promoting voluntary blood donation among Rotarians. More than 100 new members joined GNBD during the course of the convention. (Source: GNBD Summer 2015 Bulletin) 💧

INFECTIOUS DISEASE UPDATES

WEST NILE VIRUS

A clinical trial of a new investigational vaccine designed to protect against West Nile virus (WNV) infection will be sponsored by the National Institutes of Allergy and Infectious Diseases (NIAID), part of the National Institutes of Health, reported an NIH [press release](#) on July 6. The experimental vaccine was discovered and developed by scientists at the Oregon National Primate Research Center at Oregon Health & Science University (OHSU) in Portland, who were funded with a \$7.2 million grant from NIAID in 2009. The new vaccine is being tested in a Phase 1 clinical trial at Duke University in Durham, N.C. The OHSU research team, led by scientist Mark Slifka, PhD, created the investigational vaccine, called HydroVax-001, with a novel, hydrogen peroxide-based process that renders the virus inactive while still maintaining key immune system triggering surface structures. The virus used to make the vaccine is inactivated and cannot cause WNV infection. In preclinical studies, the test vaccine was effective at protecting mice against a lethal dose of WNV. In mice, the vaccine elicited neutralizing antibody responses and CD8+ T cells, which bind to and kill infected cells. The clinical trial will test the safety and efficacy of the vaccine in producing an immune response among 50 healthy men and women, ages 18 to 50. Participants will be randomly assigned to receive a low dose of the vaccine, a higher dose, or placebo and will be followed for 14 months. Enrollment is expected to be completed by December. (Source: NIH press release, 7/6/15) 💧

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



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.

MEMBER NEWS

BloodCenter of Wisconsin's Diagnostic Laboratories, part of Versiti, announced in a July 13 press release the availability of genetic deletion/duplication analysis. Using array Comparative Genomic Hybridization (aCGH), this test provides timely detection of deletions and/or duplications which may escape detection with standard DNA sequencing tests. The blood center pairs deep clinical hematology expertise with leading edge technology in genomic medicine to provide physicians comprehensive analyses for patients with rare bleeding disorders such as hemophilia or von Willebrand disease. The test allows for the detection of deletions and duplications within a given gene, whether within a single exon, encompassing one or more exons, or the entire gene. "BloodCenter of Wisconsin is well known for its expertise in non-malignant blood disorders," says Rupa Udani, director of BloodCenter of Wisconsin's molecular diagnostics laboratory. "We now are able to determine the underlying genetic cause of hematologic disease for patients, which was previously not possible using



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MEMBER NEWS (continued from page 11)

DNA sequencing alone.” The blood center’s testing approach provides:

- Clinical consultation with follow-up testing recommendations for patients and at-risk family members; and
- Genetic consultation to physicians to ensure appropriate testing algorithm.

Because BloodCenter of Wisconsin has the ability to interpret aCGH test results with sequencing results, it can provide physicians with a comprehensive genetic analysis to enhance patient care. More information about the test is available [here](#). (Source: BloodCenter of Wisconsin press release, 7/15/15)

Lane Blood Center, Eugene, Ore., is partnering with the Kilcullen Project to honor Eugene Police Officer Chris Kilcullen, who was killed in the line of duty in 2011, reported the blood center in a July 13 press release. Those who donate blood through July 26 can fill out an honor card to be presented to the Kilcullen Family. Additionally, Lane Blood Center is a sponsor of the Chris Kilcullen Memorial Motorcycle Ride on July 26 – offering an enjoyable motorcycle trip through the scenic Willamette Valley, concluding at PK Park in Eugene. Police and military personnel will be recognized at “Kilcullen Night,” where attendees can celebrate with Eugene Emerald’s baseball, food, music and raffle items. The center’s bloodmobile will be there from 2 to 5 p.m., providing an additional opportunity to share the extraordinary gift of life by donating blood. All proceeds will benefit the Kilcullen Project – a non-profit organization established to spread seeds of goodwill in the community through fundraising for scholarships and other philanthropic gifts. More information is available at www.chriskilcullenmemorialride.com and at www.laneblood.org. (Source: Lane Blood Center, 7/13/15)



Lane Blood Center will honor Eugene, Ore., police officer, Chris Kilcullen, who was killed in the line of duty in 2011.

Indiana Blood Center, a part of Versiti, sent Terre Haute Regional Hospital liquid plasma on July 1 – making it the first hospital in the state to receive liquid plasma, reported the [Tribune Star](#) on June 30. On July 1, Terre Haute Regional Hospital began the process of becoming certified as a level 2 trauma center, providing round-the-clock treatment for traumatic injuries. To support their enhanced level of service, Indiana Blood Center has agreed to provide the hospital with liquid plasma, in addition to the blood products it has always provided. Blood centers provide liquid plasma to hospitals because having liquid plasma on-hand can save valuable time, as opposed to thawing frozen plasma, in serious trauma cases with severe bleeding. More information about Indiana Blood Center’s efforts to provide liquid plasma can be found [here](#). (Source: *Tribune Star*, 6/30/15)◆



We Welcome Meeting Notices

Do you have a symposium, conference, workshop, or annual meeting that you would like to publicize in the *ABC Newsletter*? If so, please send a meeting notice or press release to the editor, Betty Klinck at newsletter@americasblood.org. Notices should contain the following information: the exact date(s) of the meeting; the formal title of the meeting; the sponsoring organization or agency; the location of the meeting; a short (fewer than 35 words) description of the curriculum, agenda, or topics to be covered; a contact person or a website address with more information. Notices will be published at the discretion of the editor in the Meetings section of the Newsletter.

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.

POSITIONS AVAILABLE

Technical Services Director Quality/Projects. Kentucky Blood Center, located in Lexington, Kentucky is seeking a detail-oriented professional to oversee quality initiatives for Technical Services and facilitate management/implementation of special projects. Responsibilities will include develop, review, and implementation of Process Change Control Plans; assist with standard operating procedure revisions; oversee blood components quality control and Technical Services regulated equipment management (QC, maintenance, and validation); and oversee/manage Quality Assurance/Quality Control Coordinators. Will coordinate quality improvement investigations, root cause analysis, and maintain direct communication with the Quality Assurance department while developing and implementing corrective action plans. Qualified applicants must have a four-year degree, MT (ASCP) or experience deemed equivalent. Three years' experience working in an organization regulated by good manufacturing practice with FDA, AABB, CLIA and EU regulated experience preferred. Experience with data analysis and equipment/process validation preferred. Must be proficient with MS Office products. Competitive salary, comprehensive benefits including health/dental, life, short/long term disability, paid sick/vacations/holidays, EAP, 403(b) retirement savings plan, and pension plan. For more information or to apply online, please visit www.kybloodcenter.org. Drug-free and EOE/AAP.

Director of Donor Services. The Blood & Tissue Center of Central Texas, located in Austin, is hiring an effective leader of Donor Services to oversee the management of fixed site and mobile operations which includes but is not limited to medical history, donor eligibility, automated platelet and red cell collection processes and whole blood collection. This position will serve as the subject matter expert for the Donor Services team and will be responsible for managing and developing staff, planning and executing strategy, and achieving business goals. Qualified candidates must have at least five to seven years management experience which includes performance evaluations, staff development and strategic planning or a minimum of seven years management experience in a blood center. Prefer a BSN or ADN in Nursing with a valid license in the state of Texas as a Registered Nurse or a four-year degree in a related discipline. Possess excellent leadership, critical thinking, and communications skills (written and ver-

bal). Exhibit professional conduct and demeanor at all times. Have the ability to work flexible hours and participate in the on-call rotation. Must be at least 21 years of age, have a valid driver's license, proof of insurance and an acceptable driving record. Please visit www.inyourhands.org to apply.

Call Center Director. This position will direct Oklahoma Blood Institute's (OBI) database-driven, systematic recruitment efforts to procure the right number and variety of blood donations in order to meet OBI's blood supply needs and organizational objectives. Design, implement, and coordinate the use of all direct donor marketing tools and technologies including phone calls, broadcast voice messages, blast emails, text messages, direct mail and other modalities to provide an effective, efficient and comprehensive donor recruitment effort. Manage directly and indirectly OBI's Contact Center staff. Deliver cross-departmental projects engineered to solicit targeted donor subgroups. Successful candidates should have a post-secondary education with two years' management experience, preferably in an outbound call center and/or blood center setting. OBI offers an excellent compensation package which includes Health, Dental, Vision, Life, LTD, Flex, 401(k), Negotiable Relocation Package, and generous Paid Time Off Leave. Qualified candidates should submit their resume to our website careers page at <http://obi.org/careers/>.

Chief Executive Officer (Indiana Blood Center, a part of Versiti). B. E. Smith is partnering with Indiana Blood Center, in Indianapolis, Indiana, in the recruitment of their next CEO. The CEO will oversee the clinical services for the blood center, including an HLA/DNA transplant laboratory and will be responsible for the operations of all seven Indiana Blood Center (IBC) donor centers. Utilizing strong interpersonal skills, the CEO will build long-lasting relationships with partnering hospitals, along with the IBC staff. The ideal candidate will have existing leadership experience within a competitive market, have healthcare expertise and must possess a master's degree. Regarded as a vital link in Indiana's healthcare infrastructure, Indiana Blood Center is the state's largest blood center. Indiana Blood Center hosts local, national and international experts in

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POSITIONS (continued from page 13)

a variety of fields such as laboratory management, transfusion medicine, immunohematology, hemostasis and blood banking and offers its services to over 60 hospitals throughout the state. To apply, please send your resume to Tracie Anderson at talent@besmith.com.

Executive Director, Blood Operations AD001 (San Antonio, TX). Work directly with the chief operating officer to execute the mission of South Texas Blood & Tissue Center (STBTC). This executive leadership position is accountable for operational objectives and will ensure strategic plan is met. In addition to oversight of daily operational functions, this position tracks and trends key performance indicators, quality metrics and financials and takes appropriate action to ensure business viability. Bachelor's degree in Applied Science or Business required, MBA preferred. Successful execution of strategic objectives. Demonstrable success

building teams to drive operational success in challenging and highly regulated environments required. Demonstrable success with implementing and sustaining process improvement. Ten years progressive managerial experience required. Experience managing donor recruitment, donor services, component manufacturing, and product management preferred. Texas Operator's License. Three years driving experience with good driving record required. 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. ♦