

2023 #45

December 15, 2023

**Please Note:** The ABC Newsletter will not be published on Dec. 22<sup>nd</sup> and Dec. 29<sup>th</sup>. We will resume regular publication on Jan 5<sup>th</sup>. Thank you for your continued interest.

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## MINT Trial Explores Liberal Vs. Restrictive Transfusion Strategy

The results of the Myocardial Ischemia and Transfusion (MINT) trial have been [published](#) in the *New England Journal of Medicine*. This phase III, open label, randomized interventional trial sought to assess, “whether the risk of death or myocardial infarction through 30 days differed between a restrictive transfusion strategy (hemoglobin threshold, 7 to 8 g per deciliter) and a liberal transfusion strategy (hemoglobin threshold, <10 g per deciliter) among patients with an acute myocardial infarction and anemia.”

The investigators explained that, “[i]ndications for red-cell transfusion remain controversial in patients [with an acute myocardial infarction and anemia]” due to a lack of evidence. They described the benefits and risks of blood transfusions, “[f]rom a mechanistic perspective, blood transfusion may decrease ischemic injury by improving oxygen delivery to myocardial tissues and reduce the risk of reinfarction or death. Alternatively, administering more blood could result in more frequent heart failure from fluid overload, infection from immunosuppression, thrombosis from higher viscosity, and inflammation.”

The MINT trial took place at 144 sites in the U.S. Canada, France, Brazil, New Zealand, and Australia. It included adults 18 years of age or older “with-segment elevation or non-ST-segment elevation myocardial infarction [and] anemia (hemoglobin level, <10 g per deciliter within 24 hours before randomization)...Patients were ineligible for enrollment if they had uncontrolled bleeding, were receiving palliative treatment, were scheduled for cardiac surgery during the current admission, or had declined to receive blood transfusion...Patients were randomly assigned in a 1:1 ratio to a restrictive or liberal transfusion strategy.”

(continued on page 2)



### MINT Trial Explores Liberal Versus Restrictive Transfusion Strategy (continued from page 1)

For the restrictive-strategy group, the authors explained that, “transfusion was permitted but not required when the hemoglobin level was less than 8 g per deciliter and was strongly recommended when the level was less than 7 g per deciliter or when anginal symptoms were not controlled with medications. In the liberal-strategy group, one unit of packed red cells was administered after randomization and red cells were transfused to maintain the hemoglobin level at or above 10 g per deciliter until the time of hospital discharge or 30 days.”

The investigators stated that 3,504 patients were enrolled in the MINT trial between April 2017 and April 2023 and included in the statistical analyses. “The mean hemoglobin level was lower in the restrictive-strategy group than in the liberal-strategy group by 1.3 g per deciliter (95 percent confidence interval [CI], 1.2 to 1.4) on day 1 and lower by 1.6 g per deciliter (95 percent CI, 1.5 to 1.7) on day 3. The total number of units of red cells that were transfused in the liberal-strategy group was 3.5 times the number that were transfused in the restrictive-strategy group (4,325 units vs. 1,237 units). The mean ( $\pm$ SD) number of red-cell units that were transfused in the liberal-strategy group was  $2.5\pm 2.3$ , as compared with  $0.7\pm 1.6$  in the restrictive-strategy group. The median duration of hospitalization from randomization until discharge, withdrawal, or death was five days (interquartile range, 2 to 10) in the two groups.”

The trial found that, “[m]yocardial infarction or death from any cause at 30 days (the primary outcome) occurred in 295 of 1,749 patients (16.9 percent) in restrictive-strategy group and in 255 of 1,755 patients (14.5 percent) in the liberal-strategy group... At 30 days, death had occurred in 173 of 1,749 patients (9.9 percent) in the restrictive-strategy group and in 146 of 1,755 patients (8.3 percent) in the liberal-strategy group (risk ratio, 1.19; 95 percent CI, 0.96 to 1.47), and myocardial infarction had occurred in 8.5 percent and 7.2 percent of the patients, respectively (risk ratio, 1.19; 95 percent CI, 0.94 to 1.49). Death, myocardial infarction, ischemia-driven unscheduled coronary revascularization, or readmission to the hospital for an ischemic cardiac condition within 30 days occurred in 19.6 percent of the patients in the restrictive-strategy group and in 17.4 percent of those in the liberal-strategy group (risk ratio, 1.13; 95 percent CI, 0.98 to 1.29).” The authors also explained that, “[c]ardiac death was more common in the restrictive-strategy group than in the liberal-strategy group (5.5 percent and 3.2 percent, respectively; risk ratio, 1.74; 95 percent CI, 1.26 to 2.40); the risk of other clinical-outcome events did not differ significantly between the two groups. The risk of heart failure at 30 days was similar in the restrictive-strategy group and the liberal-strategy group (5.8 percent and 6.3 percent, respectively; risk ratio, 0.92; 95 percent CI, 0.71 to 1.20), although there were fewer transfusion-associated cardiac overload (TACO) events in the restrictive-strategy group than in the liberal-strategy group (0.5 percent and 1.3 percent, respectively; risk ratio, 0.35; 95 percent CI, 0.16 to 0.78).”

The investigators concluded that, “[o]ur results show that in patients with acute myocardial infarction and anemia, a liberal transfusion strategy did not significantly reduce the risk of recurrent myocardial infarction or death at 30 days. Trial end points suggest some benefit of a liberal strategy over a restrictive strategy, but additional studies would be needed to confirm that conclusion.” They noted that, “[t]he findings in our trial contrast with the results from previous transfusion trials conducted across a wide range of patient populations and treatments (including cardiac surgery).” Limitations of the MINT trial included, “[a]s in all transfusion-threshold trials, the assigned intervention was not masked from health professionals caring for the patients. This factor may have influenced the use of revascularization or other interventions or the classification of cause of death. Death from cardiac causes was a prespecified outcome, but it was not designated as a primary, secondary, or tertiary outcome and was not adjudicated, and fewer than half the deaths were classified as cardiac... [T]rial analyses were not adjusted for multiplicity, so caution must be used in interpreting the results beyond the primary outcome.”

**Citation:** Carson, J.L., Brooks, M.M., Hébert, P.C., *et al.* “[Restrictive or Liberal Transfusion Strategy in Myocardial Infarction and Anemia.](#)” *NEJM*. 2023. 💧



## New ABC National Partnerships with iHeartMedia and ValPak

America's Blood Centers (ABC) recently announced new national partnerships with ValPak, a leader in direct marketing, and iHeartMedia, the top audio company in the U.S. These partnerships are available to ABC member blood centers and aim to assist members with amplifying their public awareness efforts. The [ABC-ValPak](#) partnership enables messaging to reach as many as 24 million households across ABC members' service areas, and participating members are receiving customizable mailers specifically designed for National Blood Donor Month. After the launch, ABC member blood centers will have the flexibility to work with Valpak to create their own tailor-made mailers, which they can send at their preferred times.

The [ABC-iHeartMedia](#) partnership allows ABC member blood centers new to advertising with iHeart to have iHeart match each paid radio, podcast, and streaming radio messaging spot with a bonus spot for blood centers. This opportunity is open to any ABC member blood center not currently running or booked with iHeart in January. ABC also is working closely with member blood centers already advertising with iHeart in January to provide the necessary details to iHeart so that a customized package can be developed for each center. Please contact ABC Director of Strategic Communications and National Partnerships [Jeff Gohringer](#) with questions.

(Sources: MCN [23-098](#), 11/17/23; MCN [23-100](#), 12/11/23) ♦

## ADRP NBDM Resources Available

[National Blood Donor Month](#) (NBDM) kicks off in January. This is the annual celebration that thanks blood donors and encourages eligible individuals to become regular blood donors. To recognize NBDM, ADRP, the Association for Blood Donor Professionals has developed the [NBDM Promotional Handbook](#). Social media images have been translated into multiple languages. The NBDM Promotional Handbook includes:

- draft social media images;
- social media content;
- letters to the editor;
- a draft editorial and more.

ADRP encourages blood centers to customize the assets within the NBDM Promotional Handbook by adding their organization's logos as these resources can be used throughout the month of January. Please [contact ADRP](#) if you need the NBDM logo as a print-ready image. ♦

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ABC advocates for and advances policies that promote the role of independent blood centers in providing life-saving blood products and recognizes the continuous need for a safe and robust blood supply. ABC exists to advocate for laws and regulations recognizing the essential role that independent blood centers play in the health care system; promote partnerships, policies, and programs that increase awareness about the need for blood donation; and serve as a thought leader in the advancement of evidence-based medical and scientific solutions related to health and safety.

### America's Blood Centers

Chief Executive Officer: Kate Fry

Chief Medical Officer: Jed Gorlin

Editor: Mack Benton

Subscriptions Manager: Leslie Maundy

**Annual Subscription Rate: \$420**

Send subscription queries to

[memberservices@americasblood.org](mailto:memberservices@americasblood.org)

America's Blood Centers

1717 K St. NW, Suite 900, Washington, DC 20006

Phone: (202) 393-5725

Send news tips to [newsletter@americasblood.org](mailto:newsletter@americasblood.org).



## REGULATORY NEWS

The Administration has **published** the **Fall 2023 Unified Agenda of Federal Regulatory and Deregulatory Actions**. The agency rule list for the U.S. Food and Drug Administration (FDA) featured several items of note to the blood community. Proposed rules being worked on include:

- [Medication Guide: Patient Medication Information](#) proposed rule with a tentative final action date of March 2026;
- [Medical Devices: Laboratory Developed Tests](#) proposed rule with a tentative final action date of April 2024;
- [Medical Devices; Immunology and Microbiology Devices; Classification of Human Leukocyte, Neutrophil and Platelet Antigen and Antibody Tests](#) final rule tentatively scheduled to be published in June 2024;
- [Hospital Inpatient Prospect Payment Systems for Acute Care Hospitals; the Long-Term Care Hospital Prospective Payment System; and Fiscal Year 2025 Rates](#) notice of proposed rulemaking scheduled for April 2024 with the final rule scheduled for October 2024;
- [CY 2025 Hospital Outpatient Prospective Payment System Policy Change and Payment Rates](#) with a notice of proposed rulemaking tentatively scheduled for June 2024; and
- [Amendment to Establishment Registration and Device Listing Requirements for Manufacturers of Human Cells, Tissues, and Cellular and Tissue-Based Products Regulated as Devices](#) direct final rule tentatively scheduled to be published January 2024.

All dates are estimates for the proposed rules to come out, not definite timeframes. America's Blood Centers (ABC) will provide updates as they become available and keep you informed of our efforts. Please contact ABC Director of Regulatory Affairs and Public Policy [Justine Coffey, JD, LLM](#) with questions.

(Source: [Unified Agenda](#), 12/8/23) ◆

## STATE ADVOCACY BRIEFS

The Illinois General Assembly recently introduced a bill in the House that would amend the **Blood Donation Act**. [House Bill 4271](#), introduced on December 14<sup>th</sup>, would revise the Blood Donation Act so that “persons 17 years of age or older may have their blood typed, if the donation is completely voluntary, without the necessity of obtaining the permission or authorization of their parents or guardians.” Additionally, the [legislation](#) stated that, “[a]ny person 16 years of age may donate blood, if that person obtains written permission or authorization from his or her parent or guardian.”

(Source: [House Bill 4271](#), 12/14/23) ◆

### ABC Calendar of Events

ABC offers a variety of meetings, workshops and virtual opportunities for education and networking as well as participation in ABC business. The [calendar of events](#) includes meetings, workshops, and webinars, and details will be updated as confirmed. We look forward to your support and participation!





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

INSIDE ABC

## Register for the ABC WELC Webinar Featuring Kristin Hadeed

America's Blood Centers (ABC) [Women's Executive Leadership Community](#) (WELC) will host its next [webinar](#), titled "Harness Your Authenticity," on January 18<sup>th</sup> at 2 p.m. EST. This virtual event is designed to have participants:

*The programs and services described in the Inside ABC section are available to ABC member blood centers and their staffs only, unless otherwise specified.*

- challenge their mindset;
- find their sweet spot;
- own their growth;
- have courageous conversations; and
- just be human.

This webinar will provide attendees with tools and information to open yourself to new ideas, be fully present in your work, and establish meaningful connections and results. A workbook of exercises related to the webinar is available to WELC members.

Ms. Hadeed is a "nationally featured leadership speaker and author. She believes that authentic, human leadership can change the world. Her work has been featured in news outlets including PBS, FOX, Inc., NBC, *TIME*, and *Forbes*. Ms. Hadeed's book, 'Permission To Screw Up,' has sold more than 50,000 copies worldwide. Her first TED Talk has more than three million views on YouTube."

(Source: [MCN 23-102](#). 12/14/23)

## FABC Grant Funding Opportunity Available

The Foundation for America's Blood Centers (FABC) has [announced](#) funding opportunities for members of America's Blood Centers (ABC) and members of ADRP, the Association for Blood Donor Professionals. A request for proposals (RFPs) for research initiatives with a focus on communications, engagement, and operational strategy to address donor deferrals has been issued. Eligible project areas include:

- effectiveness of donor communications strategies;
- effectiveness of engagement strategies with deferred donors; and
- effectiveness of alternative opportunities for deferred donors.

Proposals must originate from an ABC or ADRP member blood center and should have the potential for local implementation via customization and scalability. Requests must not exceed \$20,000. Grant recipients will be required to present the program's intended goals at a meeting in addition to sharing the project's final results on a webinar for ABC and ADRP members. Completed proposals must be submitted by December 22<sup>nd</sup>. An independent grants committee will review the proposals and make recommendations to the FABC Board regarding funding. The FABC Board will make funding decisions no later than January 19th. Please contact [us](#) with any questions.

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INSIDE ABC (continued from page 5)

## Register for 2024 ABC Annual Meeting

[Registration](#) is open for the ABC [2024 Annual Meeting](#). The meeting will take place March 4<sup>th</sup>-6<sup>th</sup> in Arlington, Va. at the Ritz-Carlton in Pentagon City and features several exciting changes, including expanded content offerings and a new format. With a focus on advocacy, leadership, operations, and science and medicine, the program will feature a mix of general and breakout sessions, external speakers and blood center-led case studies, committee and council meetings, networking events, and more. *Awards of Excellence* (AoE) winners will be [recognized](#) throughout the Annual Meeting and at a reception on Capitol Hill, where we can celebrate their achievements with fellow meeting attendees, members of Congress and their staff, our federal agency partners, Blood Advocacy Week partners, and more. Secure your [room](#) today to take advantage of the group rate. The deadline to book a room is February 16<sup>th</sup>. [Sponsorship](#) opportunities are also available. [Contact us](#) with any questions.

## Registration Is Open for 2024 ADRP Annual Conference

[Register](#) today for the [2024 ADRP Annual Conference](#)! Join more than 400 blood center professionals in St. Louis, Mo. May 14<sup>th</sup>-16<sup>th</sup> at The St. Louis Union Station Hotel. Take advantage of the member-only early bird discount rate by registering by January 31<sup>st</sup>. This year's conference will feature keynotes [Jason Kotecki](#), an expert at helping people "Escape Adulthood" in order to beat burnout and become more innovative and creative by breaking rules that don't exist, and [Candy Whirley](#), a recognized motivational speaker, leadership and team building expert. The 2024 ADRP Annual Conference is your opportunity to gain insights into industry trends, exchange ideas, and share information with your peers, while taking advantage of networking opportunities. Attendees will be able to participate in pre-conference workshops, educational sessions, roundtables, and have access to an expansive exhibit hall. [Learn more](#) about available exhibitor and sponsorship opportunities. Remember to [book](#) your hotel room by April 19<sup>th</sup> for the discounted rate. Please contact [us](#) with questions. 💧

## MEMBER NEWS

Research titled "Clinical outcomes in hospitalized plasma and platelet transfusion recipients prior to and following widespread blood donor SARS-CoV-2 infection and vaccination" has been [published](#) in *Transfusion* and includes investigators from the **Vitalant** Research Institute. The research is part of the National Institutes of Health's (NIH) National Heart, Lung, and Blood Institute's (NHLBI) Recipient Epidemiology and Donor Evaluation Study-IV-P (REDS-IV). The study's investigators aimed to "asse[ss] whether transfusion of plasma or plasma-rich platelet products collected during periods of increasing prevalence of blood donor SARS-CoV-2 infection and/or vaccination were associated with changes in rates of thrombotic or pulmonary events, intensive care unit (ICU) length of stay, hospital mortality, and rehospitalization in transfusion recipients without COVID-19." The researchers explained that the study took place from 2018-22 and included 21,750 hospitalizations of 18,584 patients. "[The investigators] found no associations between periods of differing blood donor SARS-CoV-2 infection and vaccination and multiple clinical outcomes in SARS-CoV-2 negative transfusion recipients of plasma and platelet components. [Additionally,they] found no association between pre-COVID, pre-vaccine, and post-vaccine study periods and unadjusted or adjusted rates of thromboses or increased oxygen requirements, ICU length of stay, adjusted hospital mortality, or rehospitalization." They explained that, "Our findings are reassuring for both clinicians and professionals involved in blood banking and do not indicate any changes are necessary to current transfusion practice."

**Citation:** Roubinian, N.H., Greene, J., Liu, V., *et al.* "[Clinical outcomes in hospitalized plasma and platelet transfusion recipients prior to and following widespread blood donor SARS-CoV-2 infection and vaccination.](#)" *Transfusion*. 2023. 💧



## WORD IN WASHINGTON

The U.S. Department of Health and Human Services (HHS) recently [announced](#) the publication of a [concept paper](#) that, “outlines the Department’s cybersecurity strategy for the health care sector.”

Actions specifically outlined in the concept paper include:

- “[p]ublish voluntary Health care and Public Health sector Cybersecurity Performance Goals (HPH CPGs). HHS will release HPH CPGs to help health care institutions plan and prioritize implementation of high-impact cybersecurity practices;
- provide resources to incentivize and implement cybersecurity practices. HHS will work with Congress to obtain new authority and funding to administer financial support and incentives for domestic hospitals to implement high-impact cybersecurity practices;
- [i]mplement an HHS-wide strategy to support greater enforcement and accountability. HHS will propose new enforceable cybersecurity standards, informed by the HPH CPGs, that would be incorporated into existing programs, including Medicare and Medicaid and the HIPAA Security Rule; [and]
- [e]xpand and mature the one-stop shop within HHS for healthcare sector cybersecurity. HHS will mature the Administration for Strategic Preparedness and Response’s (ASPR) coordination role as a “one-stop shop” for health care cybersecurity which will improve coordination within HHS and the Federal Government, deepen HHS and the Federal government’s partnership with industry, improve access and uptake of government support and services, and increase HHS’s incident response capabilities.”

(Source: HHS [Announcement](#), 12/6/23)

The Centers for Medicare and Medicaid Services has [released](#) national health expenditure data from 2022. According to the agency, “U.S. health care spending grew 4.1 percent to reach \$4.5 trillion in 2022, faster than the increase of 3.2 percent in 2021, but much slower than the rate of 10.6 percent in 2020. The growth in 2022 reflected strong growth in Medicaid and private health insurance spending that was somewhat offset by continued declines in supplemental funding by the federal government associated with the COVID-19 pandemic... Gross domestic product (GDP) continued to increase at strong rates of growth in both 2021 and 2022, increasing 10.7 percent and 9.1 percent, respectively. With a lower rate of health care spending growth of 4.1 percent in 2022, the share of GDP devoted to health care fell to 17.3 percent in 2022, lower than both the 18.2 percent share in 2021 and the highest share in the history of the National Health Expenditure Accounts of 19.5 percent in 2020. During 2016-19 the average share was 17.5 percent. Federal COVID-19 supplemental funding to the health sector through the Provider Relief Fund and the Paycheck Protection Program was highest during the initial year of the pandemic and continued to affect health care expenditures in 2021 and 2022, although at reduced levels. Funding to the health sector through these programs was \$174.6 billion in 2020, but just \$2.0 billion in 2022. Spending for hospital care services increased 2.2 percent in 2022 to reach \$1.4 trillion; however, this was a slower growth rate compared to 4.5 percent that was experienced in 2021. The slower growth in 2022 reflected a slowdown in spending for hospital care by private health insurance, Medicare, and Medicaid and by a decline in other private revenues. Slower growth in hospital prices and a decline in hospital days and discharges contributed to the lower growth in 2022.”

(Source: CMS [Announcement](#), 12/13/23) 💧





## RESEARCH IN BRIEF

**Recommended Papers of 2023 *Transfusion Medicine Reviews* Editorial Board.** Authors in *Transfusion Medicine Reviews* published a [paper](#) that highlighted, “noteworthy papers published in the field of transfusion medicine during 2023.” Three will be covered in this brief including “Platelet transfusion before CVC placement in patients with thrombocytopenia” [published](#) in the *New -England Journal of Medicine*. This paper featured a, “multicenter randomized controlled trial (RCT) of patients with platelet counts of 10,000–50,000/ $\mu$ L who underwent ultrasound-guided placement of a central venous catheter (CVC).” There was “1:1 randomization to receive either one dose of prophylactic platelet (PLT) transfusion or no transfusion...The study suggest[ed] evidence for benefit from prophylactic transfusions in patients with 10,000–50,000 platelets/ $\mu$ L undergoing CVC placement.” The *Transfusion Medicine* Editorial Board described the significance of this study as, “[t]his work not only provides an accurate measurement of the frequency of bleeding complications following central line placement but also provides an assessment of the benefit of pre-procedure platelet transfusions.” Another study highlighted by the editorial board is titled “Efficacy and safety of early administration of 4-factor Prothrombin Complex Concentrate in patients with trauma at risk of massive transfusion” [published](#) in *JAMA*. This study was a “double-blind randomized superiority trial.” The investigators explained that, “[f]or patients at risk for needing massive transfusion, [there was] randomization (1:1) to infusion of 1 mL/kg of 4-factor PCC (25 IU/kg of factor IX) versus 1 mL/kg of placebo (saline).” They concluded that, “4-factor PCC offered no advantage to reduce blood utilization and its use resulted in more thromboembolic events.” The *Transfusion Medicine* Editorial Board considered this study important because, “[it] provides placebo-controlled evidence against the use of 4-factor PCC in seriously injured trauma patients.” The final study titled “Ferric derisomaltose and tranexamic acid, combined or alone, for reducing blood transfusion in patients with hip fracture (the HiFIT trial)” [published](#) in *Lancet Haematology* was a, “double-blind, randomized trial among adults (n=413) hospitalized for treatment of hip fractures.” The authors of the study noted that, “[r]andomization used ferric derisomaltose (20 mg/kg IV), tranexamic acid (1 gm bolus, 1 gm over 8 hours IV and 3 gm topically at surgery), or placebo...For patients hospitalized for hip fracture surgery, the combined use of ferric derisomaltose plus tranexamic acid reduced the likelihood of transfusion by 50 percent compared with not using both medications.” The *Transfusion Medicine* Editorial Board viewed this research as significant since, “[t]his study evaluate[d] the effect of iron infusion and antifibrinolytic use in the more urgent surgical setting of acute hip fracture...The results indicate that the combination of iron plus antifibrinolytic was superior to use of neither drug.”

**Citation:** Dzik, S., Murphy, M., McQuilten, Z., and Callum, J. “[Recommended Papers of 2023 from the TMR Editorial Board.](#)” *Transfusion Medicine Reviews*. 2023.

Contributed by Richard Gammon, MD, Medical Director at OneBlood 

## BRIEFLY NOTED



**The Journal of Blood Service Economics (JBSE) has [published](#) its first edition.** The Editor -in-Chief is Judson C. Edwards, PhD who also serves as Dean and Professor of Economics at Troy University’s Sorrell College of Business. According to an [editorial](#) published by Dr. Edwards, “the foundational purpose of the journal is to increase the knowledge base specific to business, healthcare and public policy disciplines through the publication of timely and impactful research. It is our hope that the JBSE becomes an important resource in the efforts to ensure a safe, affordable, and sustainable blood supply, both in the United States and internationally. Though our purpose is straightforward, it is important to describe what the JBSE is not — the JBSE is not a clinical journal, as there are many quality publication outlets available. The use of “economics” in the title is done so in a broad sense to encompass

(continued on page 9)



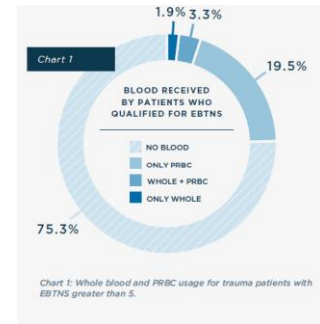


BRIEFLY NOTED (continued from page 8)

all aspects related to the business of blood and transfusion services. The JBSE is a publication devoted entirely to the business of blood and transfusion services at all levels — in areas such as management, finance, marketing, supply chain, pricing, regulatory impacts and other relevant topics from the firm level to macro-level research...The creation and launch of the JBSE is possible, thanks to the financial support provided by the Commonwealth Transfusion Foundation (CTF), a private, non-operating foundation headquartered in Richmond, Va.”

**Citation:** Edwards, J.C. “[Editorial: Welcome to the inaugural edition of the \*Journal of Blood Service Economics\*](#).” *JBSE*. 2023

**ESO Solutions, Inc.’s** “[2023 ESO Trauma Index: Insights and Best Practices for Trauma Systems](#)” is available. According to data in the *2023 ESO Trauma Index*, “slightly less than 2 percent of patients meeting the Early Blood Transfusion Needs Score (EBTNS) definition for blood transfusion received only whole blood [and] 76 percent of [individuals] who received packed red blood cells (PRBC) and met the EBTNS definition for blood transfusion received PRBC within four hours of hospital arrival...EBTNS is a metric designed to identify trauma patients needing a blood transfusion. It simplifies scoring by using criteria accessible to prehospital clinicians.” Other insights from the publication include, “[d]espite its effectiveness, whole blood remains expensive and challenging to manage due to its short shelf life, screening and testing requirements, temperature-controlled transportation and storage needs, compatibility issues, and more. These challenges need to be addressed to ensure timely and safe administration in trauma situations where whole blood is necessary. While the early administration of whole blood is crucial, its availability and ability to administer it quickly can vary depending on the healthcare setting. Protocols in place to assess the patient’s needs and minimize delays are imperative for more successful patient outcomes.” ESO is “the leading data and software company serving emergency medical services (EMS), fire departments, hospitals, state and federal agencies.”



(Source: [2023 ESO Trauma Index](#), 4/11/23)

**NEW on CollABORate**

**COLLABORATE**

SHARE STRATEGIC ADVICE | SOLVE CHALLENGES | DEVELOP NEW APPROACHES

Recent discussion topics on the ABC [CollABORate](#) Online Member Community include:

- [Random Drug Policy and Paid Time Off](#) (HUMAN RESOURCES)
- [Hematology QC Policy](#) (QUALITY BYTES)
- [Transport Cooler Inspection and Cleaning](#) (QUALITY BYTES)

ABC members are encouraged to [login](#) and join the conversations today!



## Upcoming ABC Webinars & Virtual Events – Don't Miss Out!

- **ABC WELC Webinar: Harness Your Authenticity** – Jan. 18<sup>th</sup>. More information available to ABC Members, including a link to registration in [MCN 23-102!](#)



## CALENDAR

*Note to subscribers: Submissions for a free listing in this calendar (published weekly) are welcome. Send information to [newsletter@americasblood.org](mailto:newsletter@americasblood.org). (For a more detailed announcement in the weekly "Meetings" section of the newsletter, please include program information.)*

### 2024

Jan. 11. **U.S. Department of Health and Human Services (HHS) Advisory Committee on Blood and Tissue Safety and Availability (ACBTSA) (Virtual)**. More information available [here](#).

Feb.7-8. **International Plasma and Fractionation Association & EBA Symposium on Plasma Collection and Supply, Leiden, Netherlands**. [Registration](#) is open. More information available [here](#).

Mar. 4-6. **ABC Annual Meeting, Arlington, Va**. [Registration](#) is open. More information available [here](#).

April 12-13. **BEST Meeting, Amsterdam, Netherlands**. More information coming soon.

May 14-16. **2024 ADRP Annual Conference, St. Louis, Mo**. [Registration](#) is open. More information available [here](#).

May 15-16. **International Plasma and Fractionation Association/Paul-Ehrlich Institut[e] 30<sup>th</sup> International Workshop on Surveillance and Screening of Blood-borne Pathogens, Aarhus, Denmark**. More information available [here](#).

Sept. 4-6. **American Society for Clinical Pathology (ASCP), Chicago, Ill**. More information coming soon.

Sept. 30- Oct. 3. **American Association of Tissue Banks (AATB), Denver, Colo**. More information coming soon.

Oct. 19-22. **Association for the Advancement of Blood & Biotherapies (AABB) Annual Meeting, Houston, Texas**. More information coming soon. 💧

## CLASSIFIED ADVERTISING

Classified advertisements, including notices of positions available and wanted, are published free of charge for a maximum of three weeks per position per calendar year for ABC 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, e-mail: [newsletter@americasblood.org](mailto:newsletter@americasblood.org)



## EQUIPMENT AVAILABLE

**For Sale.** Two iBF125-GX, i.Series Plasma Upright Freezers. Purchased April of 2023. The freezers were validated in June and have been in use since July. Freezers are in excellent condition and have no known defects. Buyer to cover the cost of shipping. For more information, send inquiries to [bbaynard@bbak.org](mailto:bbaynard@bbak.org) or call (907) 222 – 5664.

## POSITIONS

**Implementation Specialist.** Blood Bank Computer Systems (BBCS) is hiring a remote Implementation Specialist. Reporting to the Client Services Manager, this position will be responsible for establishing, maintaining and managing client implementation work plans, assisting with the installation/upgrade of BBCS applications at client facilities, assisting the client in meeting the projected Go Live dates, new client management training, on-site consultations and training. Requirements: Bachelor's degree, three (3) plus years of successful project management/implementation experience, tradeshow participation, product and industry knowledge, experience with healthcare and/or IT implementation. To view the full job description and apply visit our BBCS careers website at: <https://www.bbcsinc.com/about-bbcs-careers/>

**Manager of Donor Resources.** The Blood Connection is seeking a Manager of Donor Resources for our operations based out of Piedmont, SC. This position will be responsible for monitoring progress to goal proactively, and effectively coaching and managing their team to success. The ideal candidate for this position possesses strong leadership and organizational skills with a proven ability to meet organizational goals. We offer a generous benefits package including a substantial 401k, 30 days PTO potential company bonuses, cell phone stipend, and tuition reimbursement. Join our team and help create a positive change in your community. *Prospective candidates may be eligible for relocation assistance.* How to apply: [Manager of Donor Resources Application](#)

**Manager of Donor Services.** The Blood Connection is seeking a Manager of Donor Services for our operations based out of Rock Hill, SC. This position will oversee donor collection operations within their assigned divisional territory. This position provides leadership and discipline to direct reports, interviews, and hires staff, and ensures staff are appropriately trained. We offer a generous benefits package including a substantial 401k, 30 days PTO, potential company bonuses, cell phone stipend, and tuition reimbursement. Join our team and help create a positive change in your community. *Prospective candidates may be eligible for relocation assistance.* How to apply: [Manager of Donor Services Application](#)

**Director of Quality Assurance.** Shepard Community Blood Center in Augusta, Georgia, is looking for an ambitious leader to modernize its approach to product safety and compliance. Shepard serves several communities in

rapidly growing communities in Georgia and South Carolina. The ideal candidate will have at least six years of experience in blood banking, quality assurance, or compliance. Responsibilities include serving as the subject matter expert in regulatory compliance; working with operational leaders to help advance business goals; and overseeing the review and implementation of SOPs, validations, maintenance, reporting, and other related processes. The leader selected for this role must see themselves as an integral member of the leadership team and dedicated to achieving the organization's strategic plan and long-term goals. Those interested can apply at [shepardblood.org](http://shepardblood.org).

**Vice President of Medical Services & Chief Medical Officer (VP/CMO) - Position starting July 1, 2024.** The Vice President of Medical Services & Chief Medical Officer (VP/CMO) is responsible for the medical and technical leadership of Carter BloodCare (CBC) operations. This individual also shares administrative duties with the other vice presidents under the Chief Executive Officer. This is the administrative head of the Medical Services department, including directly overseeing five (5) Medical Directors. The Department of Clinical Apheresis, immunohematology reference lab, three transfusion services at off-site hospitals, the Cellular Therapy processing lab, Donor Notification, and Procedure Development all report up to the VP/CMO. This individual will serve as the CLIA director for the main CBC laboratories. VP/CMO will help develop new business opportunities for the abovementioned departments, as well as promote relations with local customers and participate in resident/fellow teaching with the local medical schools. **Required Education:** M.D., D.O., or equivalent degree; active Texas medical license; and Board eligible or board certified in primary field of training. **Preferred Education:** Completed pathology or internal medicine/hematology residency training. Board eligible or board-certified in Blood Banking and Transfusion Medicine by the American Board of Pathology. MBA or other business degree or certificate work. Carter BloodCare is an EEO/Affirmative Action employer. Apply at [www.carterbloodcare.org/careers](http://www.carterbloodcare.org/careers).

**Client Relation Manager.** This position will be responsible for implementing NYBCE customer strategy that will maximize customer satisfaction and revenue growth. Identify business opportunities and meeting assigned sales goals by maintaining up-to-date knowledge of the

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## POSITIONS (continued from page 11)

blood banking and blood products industry, how competition is doing regarding specific customers, and where business markets are changing. Develop, improve, manage, and retain relationships with customers by conducting account reviews to identify new services requirements, obtain feedback on existing services and liaison with NYBCe operational and support departments. Develop and deliver effective sales presentations to enhance customer knowledge of all NYBCe products and services available to customers. For applicants who will perform this position in New York City or Westchester County, the proposed annual salary is \$94,610.00/year to \$104,00.00/year. For applicants who will perform this position outside of New York City or Westchester County, salary will reflect local market rates and be commensurate with the applicant's skills, job-related knowledge, and experience. To apply, click [here](#).

**Regional Manager – Client Relations.** This position will be leading a growing team responsible for designing, developing, and implementing NYBCe customer strategy that will maximize customer satisfaction and revenue growth. Oversees Client Relation Manager's business review activity with customers to identify requirements, promote services, and obtain feedback for the purpose of enhancing service and providing value-added solutions. Participates in key reviews. Provides oversight and support for Client Relations Managers, including accountability to deadlines, sales goals, and other performance metrics. Defines, refines, shapes, and implements strategic plans. Activities include primary research, industry, market, and competitive analysis; customer needs assessment and full documentation of results being achieved and /or corrective actions taken. For applicants who will perform this position in New York City or Westchester County, the proposed annual salary is \$109,000/year to \$118,000/year. For applicants who will perform this position outside of New York City or Westchester County, salary will reflect local market rates and be commensurate with the applicant's skills, job-related knowledge, and experience. To apply, click [here](#).

**Transfusion Lab Supervisors.** Join Florida's leading blood center, **OneBlood**, as a Blood Bank Lab Supervisor in Lakeland and Tampa, FL. Bring your leadership, technical expertise, and management experience to support the transfusion testing procedures on patient and/or donor samples. Qualified candidates should possess three (3) or more years' experience in a clinical laboratory, preferably blood banking environment, including one (1) or more years' experience in supervision and management experience, as well as a valid and current Florida Clinical Laboratory Technologist license in Immunohematology or Blood Banking; Supervisor license strongly preferred. To apply and view a complete Job Description of these

Lab Supervisor positions, visit: <https://www.oneblood.org/careers.html>. OneBlood, Inc. is an Equal Opportunity Employer/Vet/Disability.

**Regional Director.** The Blood Connection is expanding our operations into Virginia! We are one of the fastest growing blood centers in the country and we are seeking a Regional Director who will be responsible for our day-to-day operations and help direct our expansion of services into this new territory. The ideal candidate is a proven and results-focused self-starter with progressive leadership experience and the capacity and drive to help fulfill the needs of our community partners. We offer a generous benefits package including a substantial 401k, 30 days PTO, potential company bonuses, cell phone stipend, and tuition reimbursement. Join our team and help create a positive change in your community. This role is based in Roanoke, VA. *Prospective candidates may be eligible for relocation assistance.* How to apply: [Regional Director Application](#)

**Manager of Donor Resources.** The Blood Connection is expanding our operations into Virginia! We are one of the fastest growing blood centers in the country and we are seeking a Manager of Donor Resources who will provide management and oversight of the Donor Resources department as we expand into this new territory. The ideal candidate for this position possesses strong leadership and organizational skills with a proven ability to meet organizational goals. We offer a generous benefits package including a substantial 401k, 30 days PTO, potential company bonuses, cell phone stipend, and tuition reimbursement. Join our team and help create a positive change in your community. *This role is based in Roanoke, VA. Prospective candidates may be eligible for relocation assistance.* How to apply: [Manager of Donor Resources Application](#).

**Immunohematology Reference Lab Manager.** LifeSouth Community Blood Centers is seeking an individual who enjoys leading a team of lab professionals dedicated to providing high quality products and services for patients. Our Birmingham, AL IRL is supported by Board Certified Pathologists in Transfusion Medicine, and by LifeSouth's accredited HLA Lab, Molecular Lab, and IRLs in Gainesville, FL and Atlanta, GA. The IRL Manager is responsible for providing onsite day-to-day supervision of testing personnel, ensuring compliance with regulatory agency requirements, and reporting of test results under the direction of the laboratory director. Join our team and help us continue our dedication to making sure the blood is there when you or your family is in need. Visit our careers page to learn more about this position, and [apply here!](#)

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## POSITIONS (continued from page 12)

**Regional Manager.** LifeSouth Community Blood Centers is seeking a highly skilled leader with proven management experience and a passion for making a difference in the community. The Regional Manager in The Villages, FL, oversees daily operations of the region, is organized and decisive, and can motivate the team to reach daily and long-range blood collection goals. Join our team and help us continue our dedication to making sure the blood is there when you or your family is in need. Visit our careers page to learn more about this position, and [apply here!](#)

**Chief Operating Officer.** Suncoast Blood Centers is seeking a talented and passionate Chief Operating Officer to join their growing team. As a member of the senior leadership team, the Chief Operating Officer plans, organizes, directs, and evaluates all activities associated with the operations of the blood center, including recruitment and retention of donors and sponsor groups, the collection of blood from donors and further manufacturing and distribution of donations in the laboratory. In addition, this executive is accountable for the functions and staff relating to operations planning, contact center, supply chain, research, and continuous process improvement. At SunCoast Blood Center, we lead our teams while keeping our mission, vision, and values at the forefront of all we do. As a leader, you will inspire, train, coach, and collaborate within your department and within the broader organization, with a focus on strategic goal achievement. Suncoast Blood Centers is the only local blood center that has been in the community for over 75 years. Providing blood services to many local hospitals and cancer centers in SWFL. To apply: [Chief Operating Officer - SunCoast Blood Centers](#) ●