

Circulations

ISABB NEWSLETTER



JULY 2005

ISABB WUMMER

% St. Francis Hospital
Blood Bank
1600 Albany
Beech Grove, IN

President's Letter

Greetings Fellow Blood Bankers!!!

As we complete the first half of our year, we have had several opportunities to provide educational events for you. In our newsletter, you will be able to read descriptions of our Winter and Spring Workshops. Articles on TRALI and ASCP requirements for Continuing Education for new graduates have been included to assist you on changes that are currently happening in our field.



As we begin the second half of our year, we will be bringing additional educational opportunities to you. In July, we will have an "Indiana Nights" presentation to explore reducing transfusions in the Cardiac Surgery arena. We are preparing for our annual meeting as well. We have some excellent speakers lined up, as well as some recipient stories to share – so mark your calendars for September 14th and 15th for the annual meeting!!!

We have also sent out a survey to help us determine how our organization can best meet the needs that you have. I encourage everyone to complete the survey and return it. Everyone's input is important.

If you would like additional information about upcoming events or on how to become involved in ISABB, please email me at stacy.dickerson@ssfhs.org

Sincerely:

Stacy

Stacy Dickerson,
ISABB President
317-783-8340
stacy.dickerson@ssfhs.org.

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Points Of Interest:

- **New...** information about ASCP Certification.
- **Check Out...** *The Acute Lung Injury Case.*
- **Consider...** candidates who should be nominated for the Victor Muller Award..

Transfusion-Related Acute Lung Injury Case

By Dr. Timothy Hannon and Dr. Dan Waxman

Case Description: A 43-year old woman was admitted to the ICU for intraoperative hemodynamic instability. She underwent extensive surgery, including total hysterectomy, removal of an adnexal mass thought to be a tubo-ovarian abscess, small bowel resection and reanastomosis, and inadvertent transection and subsequent repair of her right ureter. Intraoperatively, she lost approximately 1800 cc of blood and was given two units of RBCs followed by 4 units of FFP. Thirty minutes after the last unit of FFP was transfused, she suddenly became hypotensive with essentially no measurable blood pressure, requiring chest compressions and epinephrine. Upon arrival to the ICU, she was hypothermic and hemodynamically unstable, requiring large amounts of pressors. Her past medical history was significant for intraabdominal sepsis ten years ago resulting in a total colectomy, transfusion, ARDS, and six months of ventilator support. Prior to surgery, she was evaluated as having mild restrictive lung disease but no other sequelae. Her initial chest CT to rule out pulmonary emboli demonstrated diffuse airspace disease consistent with ARDS. Her hemoglobin and platelets were normal. Her hemodynamic picture was puzzling-- her hypotension was very fluid-responsive, but her chest CT was consistent with volume overload. Additionally, several hours after surgery, she was noted to have copious amounts of clear yellow fluid from her endotracheal tube. Echocardiogram and BNP levels were normal. She was initially treated with empiric antibiotics due to the possibility of sepsis. Four days after admission, she became jaundiced with an abrupt hemoglobin drop from 12 to 8 and a total bilirubin of 2.1. She remained hemodynamically unstable and remained intubated for approximately one week, after which she rapidly

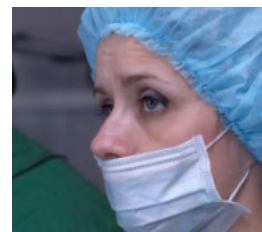
improved, was weaned off pressors, and was successfully extubated. Later, the pathology report revealed that her pelvic mass was in fact a benign cyst; thus, it was very unlikely that her postoperative hypotension was due to sepsis.

The Indiana Blood Center evaluated the 6 implicated donors and identified one donor with a class I anti-A2 antibody that corresponded to an A2 typing on the patient, supporting the diagnosis of TRALI. The implicated donor was deferred from further donations.

Discussion: This case illustrates a rather classic presentation of TRALI. More importantly, it is significant that this diagnosis was not recognized until several days after her admission to the ICU. Although the managing anesthesiologist entertained a diagnosis of some sort of transfusion reaction intraoperatively, she did not report this to the blood bank. Significantly, neither the surgical team nor the ICU team entertained the diagnosis of TRALI until it was suggested by the Director of Blood Management one week after the event. Most disturbing about the case is that a peer review of the case showed no indication for either red cell or FFP transfusions in this patient based upon the hospital's evidence-based transfusion guidelines. There is also some suggestion that the patient also had a delayed hemolytic transfusion reaction during the course of her ICU stay, but again, this was not evaluated in a timely fashion.

TRALI is estimated to occur as frequently as 1 in 5000 transfusions, but consistently tends to go unrecognized and misdiagnosed. It is thought to be a neutrophil-dependant process defined as noncardiogenic pulmonary edema, and relies upon excluding other possible diagnoses.

Symptoms are sudden and fulminant after transfusion, and many patients require ventilator and hemodynamic support. Copious ET drainage is also common. Remarkably, it is likely that this patient had a delayed hemolytic transfusion reaction in addition to TRALI—a very unusual phenomenon. TRALI may result from several mechanisms and is generally explained by a "two hit" hypothesis, with the first "hit" being a predisposing inflammatory condition such as surgery, trauma, or massive transfusion itself. The second insult results from at least two possible mechanisms: the passive transfer of donor HLA or neutrophil antibodies, or the transfusion of biologically active lipids from older cellular blood products. This has significant implications towards future management of this and other patients who suffer from TRALI. The HLA antibody is much more common in multiparous women, raising controversy regarding their exclusion from donation in the U.S. Although impossible to determine, it is possible that this patient's distant episode of ARDS following abdominal surgery could have been an unrecognized TRALI syndrome.



Workshops Are a Success

By Peggy Ball

As the Chairman of the Education Committee of the ISABB I am pleased to report that we received positive feedback from both the Winter Quality Workshops and the Spring Serologic Workshops. The ISABB Education Committee plans and presents these workshops with the hospital based technologist in mind. An interactive format is used so all participants can share their ideas and have questions answered. Topics are chosen based on suggestions received from participants at past workshops and participants at the ISABB Annual Meeting. The workshops are planned as half-day events with affordable registration fees.

The Winter Quality Workshop focusing on procedure writing and document control was held in Indianapolis on February 24, 2005 in Fort Wayne on March 3, 2005. The first speaker of the morning was Kathie Cunningham from the Indiana Blood Center focusing on the application of the information mapping theory with procedure writing. The next speaker, Beth Hughes, from Mid-America Clinical Labs shared her experience with procedure writing and document control within a system of multiple campuses. After a refreshment break Jayanna Slayten from Indiana Blood Center presented ideas for focusing on writing procedures for evening and night shift staff. The morning was wrapped up with participants breaking into small groups to practice the application of the concepts to actual laboratory procedures. The 21 participants gave the workshop an overall rating of 3.5 on a 4.0 scale.

The Spring Serologic Workshop focusing on lessons learned from blood bank case studies was held in Indianapolis on April 12, 2005 and in Fort Wayne on April 19, 2005. The speakers for the day were Cindy Smith and Joy Vollenweider from the Reference Lab at the American Red Cross and Carol Kelly and Jayanna Slayten from the Reference Lab at the Indiana Blood Center. The first case study was an Anti-Jk^a reacting with only Jk(a+b-) cells in the MTS gel system, but much stronger with all Jk^a positive cells using Peg. The next case focused on patient with Multiple Myeloma and the confusing antibody testing results that this disease can cause when performing testing with a gel technique. The third case was a patient with multiple alloantibodies reacting at various phases of testing. The final case focused on different potentiating media and the strengths and weaknesses of each. The 18 participants of the spring workshop rated the day a 3.6 on a 4.0 scale.

Victor Muller Award

This award was established in 1991 to honor Victor Muller, MD for outstanding achievement in the field of Blood Banking and Transfusion Medicine. This award recognizes an individual who has consistently demonstrated a commitment of excellence towards education, science, patient care and community service in relation to the field of Blood Banking and Transfusion Medicine.

Recipient criteria is:

An individual may be a member or nonmember of ISABB.

An individual who has given many years of dedicated service to the field of Blood Banking and Transfusion Medicine. Specifically:

- An individual who has contributed substantially to the field of Blood Banking and Transfusion Medicine in the area of applied research, education and bench application -or-
- An individual who has concerned themselves with the educational advancements and technical training of persons interested in the field of Blood Banking and Transfusion Medicine -or-
- An individual who, through dissemination of administrative duties, has enhanced and fostered the growth of the field of Blood Banking and Transfusion Medicine -or-
- An individual who, through their work in the field of Blood Banking and Transfusion Medicine, has inspired co-workers and/or students to work and contribute to this field, -or-
- An individual who has given outstanding service to the community.

ISABB members are encouraged to nominate individuals. The Board/Nominating Committee will make the final selection. They may request a C.V. on the person nominated. This award may be given posthumously.

To Nominate:

To nominate someone, send a letter to Peggy L Ball 1212 E California Road, Fort Wayne, Indiana or email her at ballp@usa.redcross.org and include the following information about the person you feel deserves this award:

- Name, address and phone number of the person doing the nominating. The Board may ask for additional information in making its selection.
- Describe the person you are nominating and tell why you feel this person should receive the award.

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2005 Calendar

Upcoming educational events sponsored ISABB

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Dear Labby



Dear Labby is on vacation this issue. She will be back next issue. She is sorry if this has caused you serious disappointment.

ISABB Educational Opportunities

July 6, 2005

Indiana Nights—Indianapolis Campus

What: A *free* educational opportunity
Where: St. Francis Hospital-Indianapolis Campus, Conference Room #1
When: Wednesday July 6, 2005, 5:30 pm
Speaker: Joe Borondy
Topic: "Minimizing Blood Product Administration in Cardiac Surgery"

Refreshments provided by St. Francis Laboratory Department



September 14 and 15, 2005

ISABB Annual Meeting
 Marten House Hotel and
 Lilly Conference Center—Indianapolis, IN

◆ Two-day educational conference

Another excellent Annual Meeting is being planned by your ISABB board members. Be sure to mark your calendar for September 14 and 15, 2005.

For further information concerning any of these opportunities, contact:
 Peggy Ball
 Tel: 260-480-8272
 EM: ballp@usa.redcross.org.



Calendar

ASCP – Certification Maintenance Program (CMP)

Helpful downloads on ASCP web site:

- Frequently Asked Questions
- Download employer assessment form
- Download CMP Voucher
- Download the complete CMP packet in PDF format
- Download declaration form

HOW THE PROGRAM WORKS:

Upon successful completion of certification beginning in 2004 or 2006, a time-limited certificate will be issued along with a packet of information for completion of the Certification Maintenance Program (CMP). This program requires the following number of points of documented continued competency **every three (3) years.**

Certification Maintenance Program required for all individuals **NEWLY** certified beginning **January 1, 2004:**

- | | | |
|-----------------------------------|-------------------------------------|--|
| Apheresis Technician (AT) | Medical Laboratory Technician (MLT) | Technologist in Chemistry (C) |
| Cytotechnologist (CT) | Medical Technologist (MT) | Technologist in Hematology (H) |
| Donor Phlebotomy Technician (DPT) | Phlebotomy Technician (PBT) | Technologist in Microbiology (M) |
| Histotechnician (HT) | Technologist in Blood Banking (BB) | Technologist in Molecular Pathology (MP) |
| Histotechnologist (HTL) | | |

Certification Maintenance Program required for all individuals **NEWLY** certified as specialists and diplomats beginning **January 1, 2006** in the following categories:

- | | | |
|------------------------------------|---------------------------------------|---|
| Specialist in Blood Banking (SBB) | Specialist in Laboratory Safety (SLS) | Pathologists' Assistant (PA) |
| Specialist in Chemistry (SC) | Specialist in Microbiology (SM) | Diplomat in Laboratory Management (DLM) |
| Specialist in Cytotechnology (SCT) | Specialist in Virology (SV) | |
| Specialist in Hematology (SH) | Hemapheresis Practitioner (HP) | |

Certification Category:	CMP required certified beginning year	Total # Points Re-quired Every 3 years	Points Distribution:
MT, MLT	2004	36	1 point in safety. 2 points in each of following: blood banking chemistry hematology immunology microbiology. Remaining points / area(s) lab specialty, management, education / other related laboratory areas.
AT, CT, DPT, HT, HTL, BB, C, H, M, MP	2004	36	1 point in safety. 2 points in area in which you are certified. Remaining points / area of specialty, management, education / other related laboratory areas.
PBT	2004	9	1 point safety. 2 points in area in which you are certified. Remaining points / area of specialty, management, education or other related laboratory areas.
SBB, SC, SCT, SH, SLS, SM, SV, HP, DLM	2006	36	1 point in safety. 10 points in area of specialty. Remaining points / area of specialty, management, education or other related laboratory areas.
PA	2006	45	1 point in safety. 20 points in anatomic pathology. Remaining points in area(s) anatomic pathology, management, education or other clinical specialties.



STEP ONE: Individual will complete a self-assessment to determine current responsibilities, identify areas of professional interest, professional strengths and areas for improvement and develop professional goals. Individual will use this self-assessment to identify technical areas to focus on for their continuing competence activities.

STEP TWO: Complete required activities as described above.

STEP THREE: Before three-year period has expired, certificants will be required to submit a declaration of completed activities and required fee to Board of Registry office. A percentage of declarations will be audited and individuals who are audited will be required to submit documentation of activities they completed. Individuals who successfully complete the program will receive a new certificate valid for an additional three years. Certification Maintenance Program must be completed every three years.

STEP FOUR: Upon successful completion of Certification Maintenance Program, certificant will be permitted to use the initials "CM" for "certification maintained" in superscript as part of their certification designation. For example, a medical technologist who successfully finished the program will have the designation MT(ASCP)^{CM} after their name.

Activities*	Contact/Credit Hours	CMP Points
1. Formal continuing education courses:..... **ACCME, ASCP CMLE, AACC ACCENT, ASCLS PACE, CE programs sponsored by other professional societies (including state, regional and local societies and chapters), universities and colleges	1 contact hour (50-60 minutes)	1
2. Employer-offered courses (in-service, instrument training, vendor-sponsored, etc.)1 contact hour (50-60 minutes)	1
3. College/university coursework (science, computer management, education or..... other courses relevant to your laboratory career)	1 quarter hour 1 semester hour	10 15
4. Teleconferences, subscription or online self-instructional courses for which ACCME, CMLE, ACCENT, PACE or other professional society credits are awarded (see page 5)	1 contact hour (50-60 minutes)	1
5. Completion of advanced ASCP certification or qualification: Specialist/Diplomate certification Categorical or higher level certification..... Qualification		25 12 12
6. Competence Assessment by employer.....	2 (per year)	
7. Research & preparation for presenting a workshop or course (first time only)..... each contact hour of presentation.....	(50-60 minutes)	3
8. Authoring journal articles for peer-reviewed publications		5
9. Authoring a book (over 300 pages)..... (under 300 pages)..... (chapter in a book).....		21 14 7
10. Editing a book.....		5
11. Doctoral dissertation.....		10
12. Masters thesis.....		4
13. Presenting posters/exhibits.....		3
14. Serving on examination committees		2 (per year)
15. Serving on committees/boards related to the profession (national, state, regional, local)		2 (per year)
16. On site inspector for laboratory accreditation (CAP, JCAHO, AABB, COLA, state agency) or training program accreditation (NAACLS, CAAHEP).		1 (per year)

* Activities must be related to area of specialty and safety as indicated.

** ACCME (Accreditation Council for Continuing Medical Education), ASCP CMLE (American Society for Clinical Pathology–Continuing Medical Laboratory Education), AACC ACCENT (American Association for Clinical Chemistry –ACCENT programs), ASCLS PACE (American Society of Clinical Laboratory Science–PACE programs)

PLEASE NOTE: Because of the large volume of continuing education programs available, the Board of Registry will not respond to requests for approval of individual programs. If the program meets criteria as described above, it will be accepted for CMP pts.





Circulations

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% St. Francis Hospital
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ISABB Newsletter Committee

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- Nancy Chance,
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- Peggy Ball,
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Contact information:

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ISABB Annual Meeting

The 2005 ISABB Annual Meeting will be held September 14 and 15 in Indianapolis, IN. September 14 and 15, 2005 Marten House Hotel and Lilly Conference Center—Indianapolis, IN



September 14-15
Indianapolis, IN

There's Always More to Learn!

Plan now to attend!