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DEPARTMENT OF DEFENSE
ARMED SERVICES BLOOD PROGRAM OFFICE
5109 LEESBURG PIKE
FALLS CHURCH, VA 22041-3258



REPLY TO
ATTENTION OF

ASBPO (15-1a)

14 July 1998

MEMORANDUM FOR SEE DISTRIBUTION

SUBJECT: Addendum to ASBPO Blood Coordinating Committee (ABCC) Minutes,
11 June 1998

1. The June 1998 meeting was limited in scope and dealt only with DASD(HA) Health Operations Policy's (HOP) letters to the Surgeons General of 7 January 1998 requesting that they look at consolidation of functions where possible and at their blood establishment Quality Assurance programs. DASD (HA) (HOP) has reviewed the recommendations of the working group and approved release of an addendum to the 11 June 1998 minutes as attached.

2. Questions or comments on the addendum should be directed to my staff or me at DSN 761-8024 or (703) 681-8024; telefax DSN 761-7541 or (703) 681-7541.

Encl

Bruce D. Rutherford
BRUCE D. RUTHERFORD
CAPT, MSC, USN
Director

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ASBPO BLOOD COORDINATING COMMITTEE (ABCC)
Addendum to Minutes of Meeting
5109 Leesburg Pike, Room 697
Falls Church, VA
11 June 1998

1. The meeting began at 1000 with the following individuals present:

CAPT Rutherford, Director ASBPO, Chair
LTC(P) Fitzpatrick, Deputy ASBPO
Maj Groshel, Deputy ASBPO
Col Warnken, Air Force Laboratory Consultant
COL Brown, Former Army SBPO
COL Bolton, Army Laboratory Consultant
COL Kagawa, Army SBPO

LTC Norris, ASD(HA) (HOP)
CDR Brophy, Navy Laboratory Consultant
Maj Sylvester, Air Force SBPO
Maj Giglio, Air Force Blood Program QA
LCDR Libby, Blood Bank, NMC Portsmouth
Ms. Sigmon, Navy Blood Program QA
Ms. Elder, Army Blood Program QA

Agenda Items, CAPT Rutherford

2. The meeting was limited in scope and dealt only with ASD(HA) Health Operations Policy's (HOP) letters to the Surgeons General of 7 January 1998 requesting the Services look at consolidation of blood donor center functions where possible and at their blood establishments' Quality Assurance programs. Each CONUS and OCONUS blood donor center was reviewed and a determination made as to its future operation along intra- and inter-Service lines. The Services also provided input as to their blood establishments' Quality Assurance program. Since the meeting dealt with the reporting of a formal tasking from ASD(HA) (HOP), the results cannot be published until after having been received by ASD(HA) (HOP). The ASBPO expects to meet the reporting deadline of 30 June 1998.

ADJOURNMENT/NEXT MEETING

3. The meeting adjourned at 1300. The next ABCC meeting is scheduled for 27 July 1998, 1000-1500 EST, room TBD.

Addendum to Minutes of the 11 June 1998 ABCC

The following addendum contains the remaining minutes from the 11 June 1998 ABCC meeting. These are only recommendations to the DASD(HA) (HOP) who may accept or reject all or parts thereof, or make further recommendations to the ASD(HA). The posting was approved by DASD(HA) (HOP) on 14 July 1998.

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RECOMMENDATIONS

1. Navy (CONUS):

- a. Close BDC activities at Beaufort and Pensacola.

(1) Charleston to continue to collect blood at Beaufort (Paris Island). When the Army BDC at Fort Jackson comes on-line, reevaluate collections within the region.

(2) Navy reassign 1-2 personnel authorizations from Pensacola to San Antonio to support the Air Force BDC at Wilford Hall.

- b. Retain BDC activities at Camp LeJeune, remove its FDA license, but make it a collection only site operating as a satellite under Portsmouth's FDA license.

- c. Retain BDC activities at Bethesda until a NCA ASBBC can be established.

d. Portsmouth to also act as a Joint Experimentation site by pulling Air Force's Langley satellite collection center under it as outlined for Camp LeJeune.

e. Donor and Viral Marker Testing: Maintain testing at Portsmouth, San Diego, and Bethesda (subject to NCA ASBBC decision). Consolidate remaining Navy testing within these sites or contract to outside (other military or commercial) sources. Army and Air Force to study use of these testing sites.

2. Army (CONUS):

- a. Close BDC activities at Fort Riley.

b. Consider closing Fort Knox Blood Bank Center due to loss of the large donor population. Move the Blood Bank Center to Fort Jackson; renovate or build facilities for the Center. Plans and funding for a new donor center building at Fort Knox have already been identified which could be shifted to Fort Jackson.

- c. Retain BDC activities at Walter Reed until a NCA ASBBC can be established.

d. Donor and Viral Marker Testing: Maintain testing at Fort Knox, Fort Hood, and Fort Lewis. Consolidate remaining Army testing within these sites or contract to outside (other military or commercial). Navy and Air Force to study use of these testing sites.

3. Air Force (CONUS):

- a. Close satellite collection activities at Maxwell, Robins, Barksdale, Hill, and Luke.

b. Remove Langley from under Andrews' FDA license. Allow Langley to operate as a Navy satellite collection only site under Portsmouth's FDA license.

- c. Retain BDC activities at Andrews until a NCA ASBBC can be established.

d. Expand Wilford Hall through an MOU with the Navy for additional personnel. Navy to obtain blood products in exchange for support.

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e. Donor and Viral Marker Testing: Maintain testing at Keesler and Wilford Hall. Consolidate remaining Air Force testing within these sites or contract to outside (other military or commercial). Navy and Army to study use of these testing sites.

4. OCONUS:

a. USEUCOM:

(1) Retain the Services' FDA licenses at BDCs.

(2) Close BDC activities at Naples and Sigonella.

(3) Retain BDC activities at Rota but close if logistics (air support and customs) concerns are satisfied in the future.

(4) Landstuhl to become the USEUCOM BDC, assuming adequate resources. Landstuhl to also act as a Joint Experimentation site by pulling Air Force's Bitburg BDC under it.

(5) Retain BDC activities at Bitburg, remove its Air Force FDA license, but make it a collection only site operating as a satellite under Landstuhl's (Army's) FDA license.

b. USPACOM: Due to large AOR and air distances, little change was made.

(1) Retain the Services' FDA licenses at BDCs.

(2) Unified Command's Joint Service Blood Program Office and the Services should investigate creating a USPACOM BDC within the Tokyo area (either Yokota or Yokosuka), assuming adequate resources (personnel, funding, and facilities).

(3) Close Misawa after USPACOM's Toyko-BDC is up and running.

5. NCA ASBBC:

a. Establish a Tri-Service NCA ASBBC. The NCA ASBBC should provide more efficient blood collection, component manufacturing and testing, and inventory management for the region. This would also improve overall quality and reduce risk.

b. The SGs appoint an executive agent with operations conducted under that Service's FDA license. The SGs support a NCA ASBBC with necessary personnel and resource realignment.

6. San Antonio Area Consolidated BDC: The Air Force and Navy establish an MOU and begin Bi-Service BDC activities at Wilford Hall Medical Center. The Navy transfer staff to Wilford Hall and receive blood products as identified in the MOU. (The Army does not consider further consolidation in the San Antonio area to be more efficient or cost effective for them at this time but will re-evaluate in the future.)

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7. Testing Consolidation:

a. To further consolidate and establish major testing centers, funding sources will need to be secured. Since all allogenic blood operations' costs, including donor testing, fall under "Medical Readiness" FAD accounts, the Services should identify specific sites to receive realigned "Medical Readiness" funding to perform FAD account testing for other facilities, within or between Services.

b. The Services fence funding (FAD) and personnel at the central testing sites to ensure that the staff is not rotated to other laboratory sections and that the training and expertise are maintained. This is critical to meeting the FDA's Quality Assurance Program for Blood Establishments.

8. Risk Reduction/Quality Assurance:

a. Each of the Services has established mechanism for pulling an intra-Service "Audit" team together to perform pro-active periodic audits and to provide expertise in problem solving. The Services and Service Blood Program Officers must establish and utilize intra- and inter-Service audit teams or contract these services as needed.

b. Services close small sites, consolidate some testing, and standardize Service BDC operations to further reduce risk.

c. ASD(HA) and Services deploy DBSS V3.0 to all sites during FY99.

9. Near Term, Plans and Goals:

a. Close the smallest, least efficient BDCs.

b. Consolidate or contract testing for most of the BDCs not manufacturing platelets.

c. Create a Tri-Service NCA ASBBC.

d. Air Force and Navy create a Bi-Service San Antonio BDC.

e. Reduce some full BDC operations to satellite collection sites and establish regional and inter-service alignments to increase efficiency and provide for better regional inventory management. Continue to look at Joint Experimentation within the ASBP.

10. Long Term, Plans and Goals:

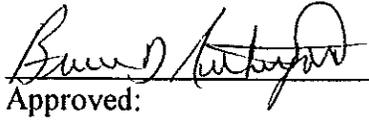
a. Capitalize on technology to reduce requirements (liquid red cell shelf life extension, hemoglobin based oxygen carriers, hemorrhage control bandage, and platelet membranes).

b. More fully consolidate testing when testing equipment upgrades and reporting mechanisms, specifically automated reporting in DBSS, provide for increased efficiency. This will be very important when PCR testing becomes a reality.

c. Increase regionalization of blood donor collections and inventory management to include civilian collection agency MOUs and credits.

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Approved:

Date:

Bruce D. Rutherford

CAPT, MSC, USN

Director