U.S. Department of Health and Human Services

ASPR Office of the Assistant Secretary for Preparedness & Response

Supportive and Allied Healthcare Services: Vital Roles during COVID-19 and Beyond

Access the recording here: https://www.youtube.com/watch?v=d-dX_BQ-A8s

Welcome: Shayne Brannman, ASPR TRACIE

Moderator: Audrey Mazurek, ASPR TRACIE

Presenters: Rich Branson, University of Cincinnati

David Green, Vitalant

Heidi Kosakowski, American Physical Therapy Association

Jamie Wilcox, University of Southern California

AHEPP Annual 2022

March 15, 2022

Unclassified

TRACIE
HEALTHCARE EMERGENCY PREPAREDNESS INFORMATION GATEWAY

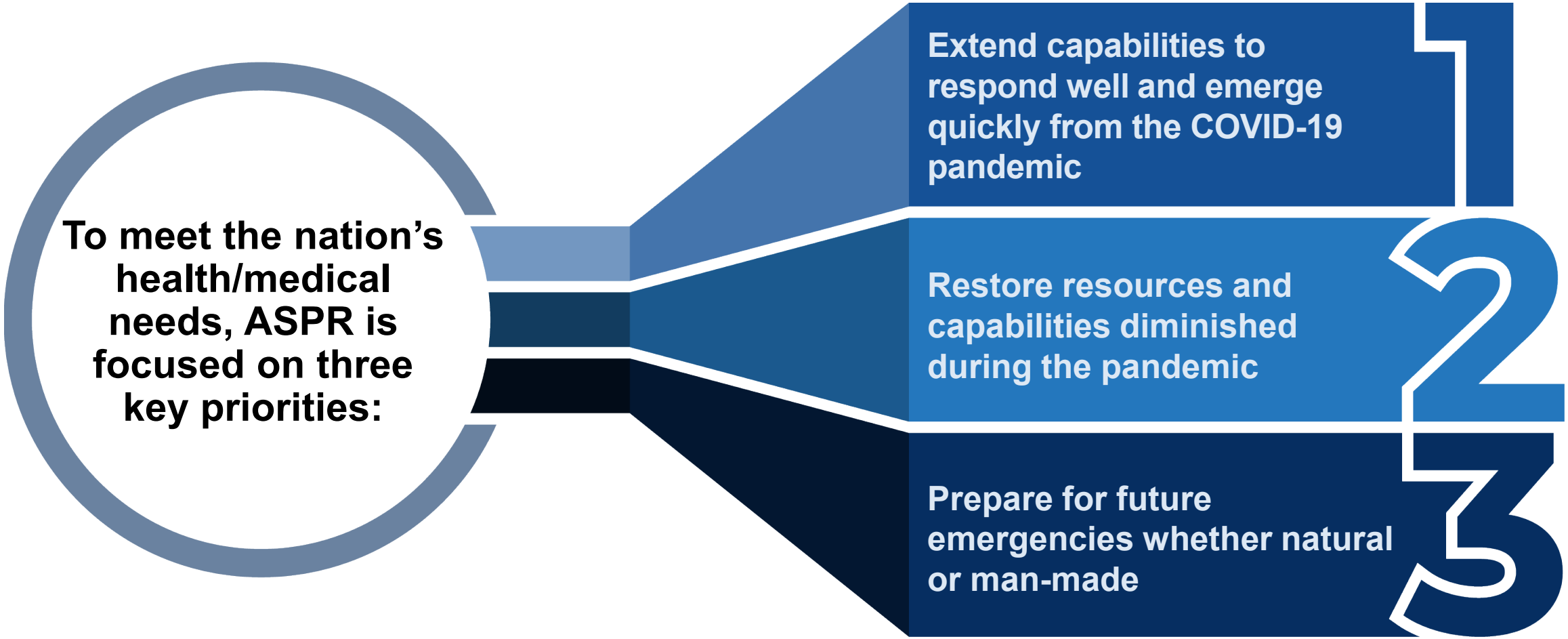
Welcome/Opening Remarks

Shayne Brannman, MS, MA
Director, ASPR TRACIE

Disclaimer

The views, opinions, and/or findings expressed are those of the author and should not be interpreted as representing the official views or policies of the U.S. Department of Health and Human Services or the U.S. Government.

ASPR Key Priorities



ASPR TRACIE: Three Domains

TR — TECHNICAL RESOURCES

- Self-service collection of audience-tailored materials
- Subject-specific, SME-reviewed “Topic Collections”
- Unpublished and SME peer-reviewed materials highlighting real-life tools and experiences

AC — ASSISTANCE CENTER

- Personalized support and responses to requests for information and technical assistance
- Accessible by toll-free number (1844-5-TRACIE), email (askasprtracie@hhs.gov), or web form (ASPRtracie.hhs.gov)

IE — INFORMATION EXCHANGE

- Area for password-protected discussion among vetted users in near real-time
- Ability to support chats and the peer-to-peer exchange of user-developed templates, plans, and other materials

asprtracie.hhs.gov

1-844-5-TRACIE

askasprtracie@hhs.gov

Introductions

Audrey Mazurek, MS
Moderator
ICF TRACIE Program Director

Objectives & Setting the Stage

- Describe the traditional and non-traditional roles that ESF-8 supportive and allied health service partners played during COVID-19.
- Describe the innovations, lessons learned, and new trainings that were developed by these partners to quickly respond to the evolving and unique challenges of COVID-19.
- Describe how these partners can be fully integrated in healthcare preparedness, response, and recovery planning to support future emergencies/disasters.

Select ASPR TRACIE Resources

Resources

- ASPR TRACIE COVID-19 Resource Page
- Exchange Issue 13: The Work of Hospital Allied and Supportive Care Providers During COVID-19
- The Role of the Physical Therapist in Pandemic Response
- Respiratory Therapy and COVID-19
- Occupational Therapy and COVID-19
- The Experience of Chaplains during COVID-19
- The Virtual Hospital at Home—Denver Health's Experience Treating COVID-19 Patients Remotely
- Home Care and Hospice during COVID-19: A Rural Perspective

Speaker Series Presentations

- Community Pharmacists' Role in COVID-19
- Role of Physical Therapists in Pandemic Response
- Role of Respiratory Therapists during COVID-19
- Poison Control Roles during the Pandemic
- Managing the Nation's Blood Supply during the COVID-19 Pandemic

Respiratory Therapy Response After Two Years of the SARS CoV-2 Pandemic

Richard Branson, MSc RRT
Professor, University of Cincinnati
Editor in Chief *Respiratory Care*
American Association for Respiratory Care

American Association for Respiratory Care

University of CINCINNATI

Role of the Respiratory Therapist

- Entry-level respiratory therapists possess a Bachelor's degree from an accredited university
- Licensed in 49 states
- Allied health professionals with a clinical/bedside focus on patient assessment, diagnostic evaluation and delivery of complex technology in the intensive care unit, clinic and home
- Focus on cardiopulmonary physiology and pathophysiology
- Practice includes all things mechanical ventilation, aerosolized medications, airway clearance, and monitoring and assessment of oxygenation and ventilation

Role of the Respiratory Therapist

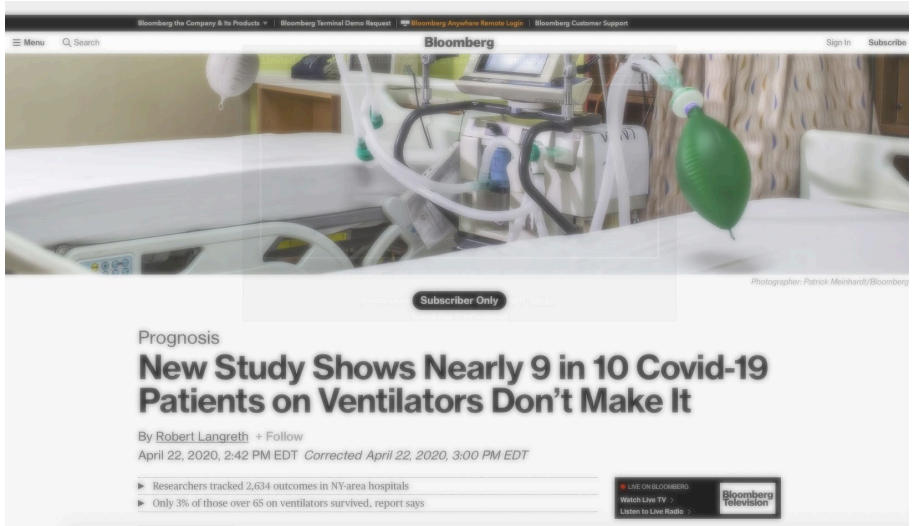
- During the COVID-19 pandemic respiratory therapists:
  - Procured, set-up, managed, and monitored mechanical ventilators
  - Delivered non-invasive respiratory support including non-invasive ventilation, high flow nasal cannula, and CPAP
  - Provided endotracheal intubation and airway care
  - Worked collaboratively to provide prone position of patients
  - Developed improved methods of patient and caregiver protection
  - Faced ventilator, PPE, and personnel shortages

Early Myths and Miscommunications

- If you have COVID-19 and need a mechanical ventilator you will die
- Don’t use HFNC or NIV for risk of aerosol generating procedure
- The U.S. will need 200,000 to 1 million additional ventilators
- We can make simple ventilators that are cheap and easy to manufacture by first time manufacturers
- Happy hypoxics – low blood oxygen with no sign of distress
- One ventilator can treat up to 4 patients

Early Myths and Miscommunications

- If you have COVID-19 and need a mechanical ventilator you will die



88% MORTALITY RATE !!!!

JAMA | Original Investigation

Presenting Characteristics, Comorbidities, and Outcomes Among 5700 Patients Hospitalized With COVID-19 in the New York City Area

Safiya Richardson, MD, MPH; Jamie S. Hirsch, MD, MA, MSB; Mangala Narasimhan, DO; James M. Crawford, MD, PhD; Thomas McGinn, MD, MPH; Karina W. Davidson, PhD, MASc; and the Northwell COVID-19 Research Consortium

Outcomes for Patients Who Were Discharged or Died

Among the 2634 patients who were discharged or had died at the study end point patients requiring mechanical ventilation (n = 1151, 20.2%), 38 (3.3%) were discharged alive, 282 (24.5%) died, and 831 (72.2%) remained in hospital.

Mortality rates for those who received mechanical ventilation in the 18-to-65 and older-than-65 age groups were 76.4% and 97.2%,

JAMA 2020;323;(20):2052-2059.

Successes

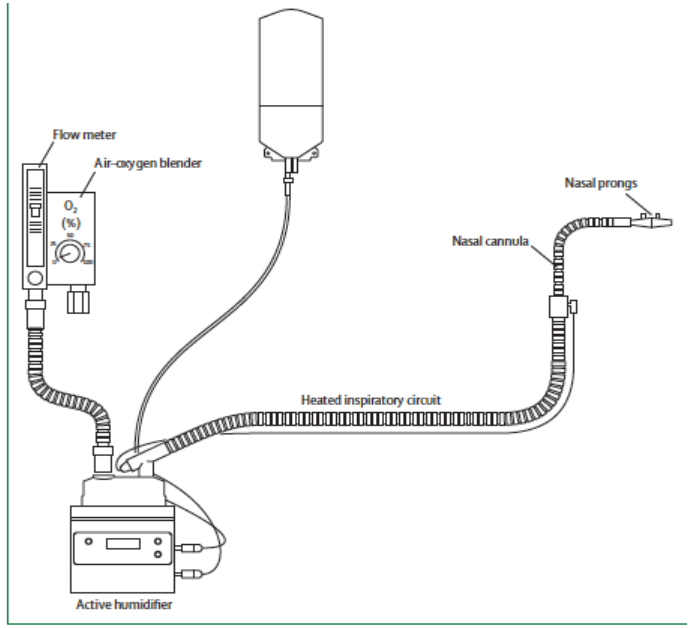
- HFNC and NIV could be used without increased risk to caregivers
- HFNC helped reduce the need for mechanical ventilation
- Prone positioning along with HFNC (not on a ventilator) helped improve oxygenation
- The SNS ventilators prevented ventilator rationing in the Northeast (NY, NJ and Mass)

Early Myths and Miscommunications

- Don’t use HFNC or NIV for risk of aerosol generating procedure

Successes

- HFNC and NIV could be used without increased risk to caregivers

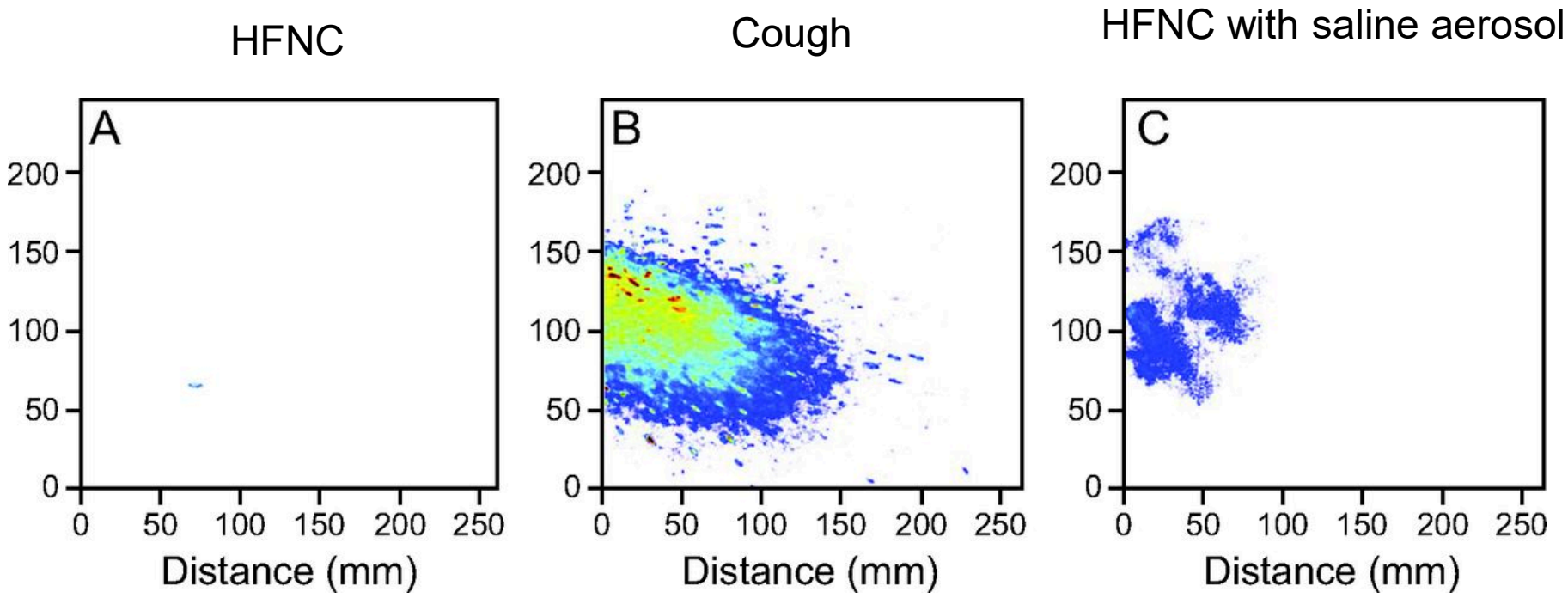


- Risk during HFNC and NIV is the subject with an intact airway during cough or sneeze

Reinout A Bem et al. Respir Care 2021;66:891-896

Successes

- HFNC and NIV could be used without increased risk to caregivers



Reinout A Bem et al. Respir Care 2021;66:891-896

Successes

- HFNC and NIV could be used without increased risk to caregivers

  - Risk during HFNC and NIV is the subject with an intact airway during cough or sneeze

  - Use a mask for the patient
  - Appropriate PPE for caregivers

Early Myths and Miscommunications

- The U.S. will need 200,000 to 1 million additional ventilators
- We can make simple ventilators that are cheap and easy to manufacture by first time manufacturers
- Happy hypoxics – low blood oxygen with no sign of distress
- One ventilator can treat up to 4 patients

Early Myths and Miscommunications

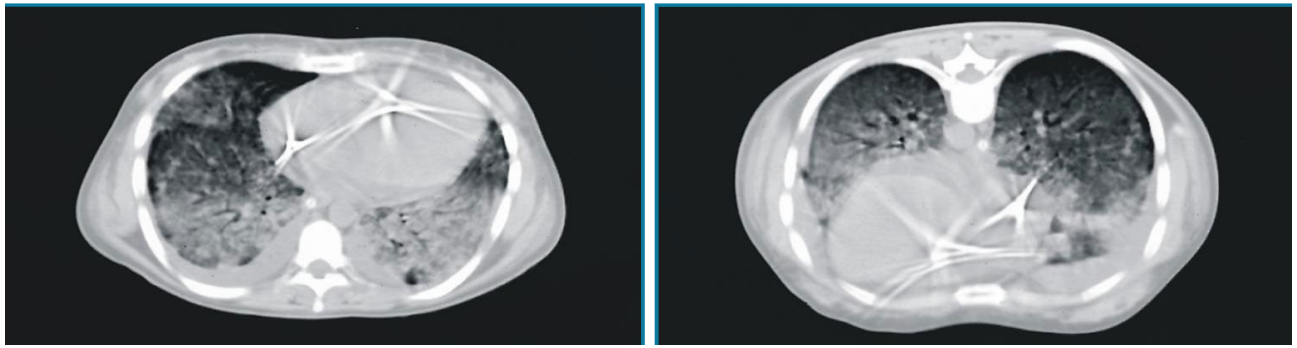
- We can make simple ventilators that are cheap and easy to manufacture by first time manufacturers
- Happy hypoxics – low blood oxygen with no sign of distress
- One ventilator can treat up to 4 patients

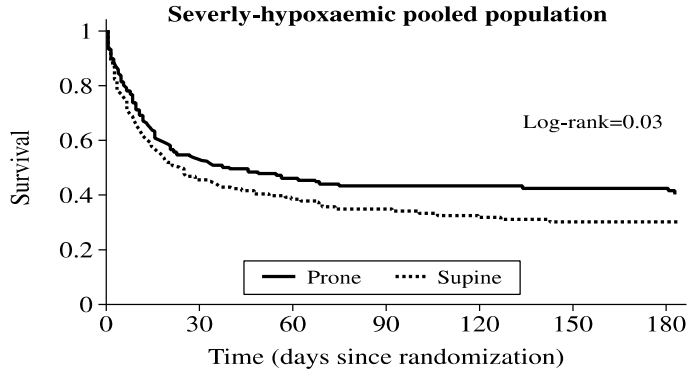
- Silent hypoxemia has a physiologic basis
- Ventilators are complex devices that requires significant expertise
- Shared ventilation is inherently dangerous, was only accomplished in a small number of subjects and proved unnecessary

Branson et al CHEST 2021; 159(2):634-652
Bickler et al Anesthesiology 2021;134(2):262-269
Branson Respir Care 2021; 66(7):1173-1183

Successes

- Prone positioning along with HFNC (not on a ventilator) helped improve oxygenation





No. at risk

Supine	226	98	80	71	41	40	40
Prone	260	128	140	93	55	54	54

Gattinoni L Minerva Anesthesiol 2012;76:448

Two Years in COVID-19

- Staffing is the #1 problem
- Burnout has reached a high point
- Hospitals compete with staffing agencies for therapists – driving up salaries and costs and promoting dissatisfaction

Two Years in COVID-19

- Staffing is the #1 problem

Coronavirus

COVID Shortage: Respiratory Therapists Are the Most In Demand

The health professionals are essential in the treatment of COVID-19 patients.

Dallas CEO Jan 2022

Two Years in COVID-19

- Burnout has reached a high point

Prevalence of Burnout Among Respiratory Therapists Amid the COVID-19 Pandemic

Andrew G Miller, Karsten J Roberts, Brian J Smith, Katlyn L Burr, Carl R Hinkson, Cheryl A Hoerr, Kyle J Rehder, and Shawna L Strickland

RESPIRATORY CARE • NOVEMBER 2021 VOL 66 NO 11

Two Years in COVID-19

What this paper contributes to our knowledge

This study demonstrated a 79% prevalence of burnout among RTs. All centers reported a burnout rate of at least 53%. Significant associations were noted between burnout and the likelihood of missing work due to illness or missing work for any reason. The strongest predictors of burnout were burnout climate, RT staffing, and the inability to complete all work. Positive perceptions of leadership and not providing direct patient care were protective against burnout.

- Burnout associated with poor leadership
- Inadequate staffing
- Inability to complete assignment
- GOOD LEADERSHIP WAS PROTECTIVE

RESPIRATORY CARE • NOVEMBER 2021 VOL 66 NO 11

Respiratory Therapists and COVID 19

- Respiratory therapists are at the forefront of treating a febrile respiratory illness (COVID-19) – HFNC, NIV, intubation, aerosol therapy, mechanical ventilation
- Nearly every therapy provided by respiratory therapists places them in close proximity to the airway
- Therapists doing research have helped guide effective and safe treatment of COVID-19
- Staffing shortages are rampant
- No increase in student enrollment
- The burden of COVID-19 moved some to retire or change careers

Heidi Kosakowski, PT, DPT, PhD

Senior Practice Specialist, American Physical Therapy Association

American Physical Therapy Association

- 100,000+ members of PTs, PTAs and students
- 18 Specialty Sections and 51 State Chapters
- Specialist Certification
  - Cardiovascular and Pulmonary
  - Clinical Electrophysiology
  - Geriatrics
  - Neurology
  - Oncology
  - Othopaedics
  - Pediatrics
  - Sports
  - Women's Health
  - Wound Management

Rehabilitation

Defined by the World Health Organization as “a set of interventions designed to optimize functioning and reduce disability in individuals with health conditions in interaction with their environment.”

https://www.who.int/news-room/fact-sheets/detail/rehabilitation

Physical Therapy

Physical therapy is a health care profession comprised of licensed physical therapists and physical therapist assistants who provide treatment and services to help individuals recover from and avoid injury, improve or prevent chronic disease, enhance fitness, and age well.

Physical Therapists

- Are movement experts
- They identify, diagnose, and manage movement problems in people of all ages and abilities
- They use the latest evidence to manage the care by designing treatment plans for each person's individual needs
- Education programs in the United States now require a doctor of physical therapy degree, or DPT, of students who graduate from accredited programs
- Physical Therapist Assistants (PTA) assist the physical therapist in the treatment of individuals under the direction and supervision of a PT

Vital Role of PT Services during COVID-19 & Beyond

- Cardiorespiratory management of acute COVID-19
- Early mobilization in the ICU
- Physical therapy involvement in post-COVID clinics
- Task shifting
  - Clinician roles
  - Continued and new adoption of telerehabilitation

Vital Role of PT Services during COVID-19 & Beyond

- APTA Centennial Celebration 1921-2021
- Expansion of scope: COVID-19 vaccine administration under state's dept. of health emergency orders
- Capacity training in telehealth best practices and evidence-based resources
- Advocacy and resources on long COVID

Burnout in the Physical Therapy Profession

APTA Fit for Practice Initiative

1. Movement, including strength and mobility.
2. Resiliency, including mental health and stress management.
3. Restoration, including sleep and nutrition.
4. Practice health, including professional development and practice management.

International Journal of Environmental Research and Public Health

MDPI

Int J Environ Res Public Health. 2021 Dec; 18(23): 12521.
Published online 2021 Nov 28. doi: 10.3390/ijerph182312521

PMCID: PMC8656566
PMID: 34886248

Impact of Job Resources and Job Demands on Burnout among Physical Therapy Providers

Rupal M. Patel* and John Bartholomew

Paul B. Tchounwou, Academic Editor

Author information · Article notes · Copyright and License information Disclaimer

Associated Data

Data Availability Statement

Abstract

Go to:

Job burnout is a threat for physical therapists. Little research has been conducted to identify possible protective factors against burnout in this population. Accordingly, we utilized the job demands-resources (JD-R) model and self-determination theory to guide our examination of basic psychological needs as factors to predict burnout in physical therapists. One hundred and two licensed physical therapists completed surveys. Higher levels of autonomy, competence and relatedness predicted burnout, even after accounting for job demands. Job resources, such as the basic psychological needs outlined by the self-

https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8656566/

Rehabilitation in Emergencies

PTs and PTAs have a Vital Role in All Phases of Disaster Management

Early rehabilitation in conflict and disasters

Rehabilitation in Emergency Medical Teams

Photos from: https://www.who.int/activities/strengthening-rehabilitation-in-emergencies

American Occupational Therapy Association

USC Chan Division of Occupational Science and Occupational Therapy

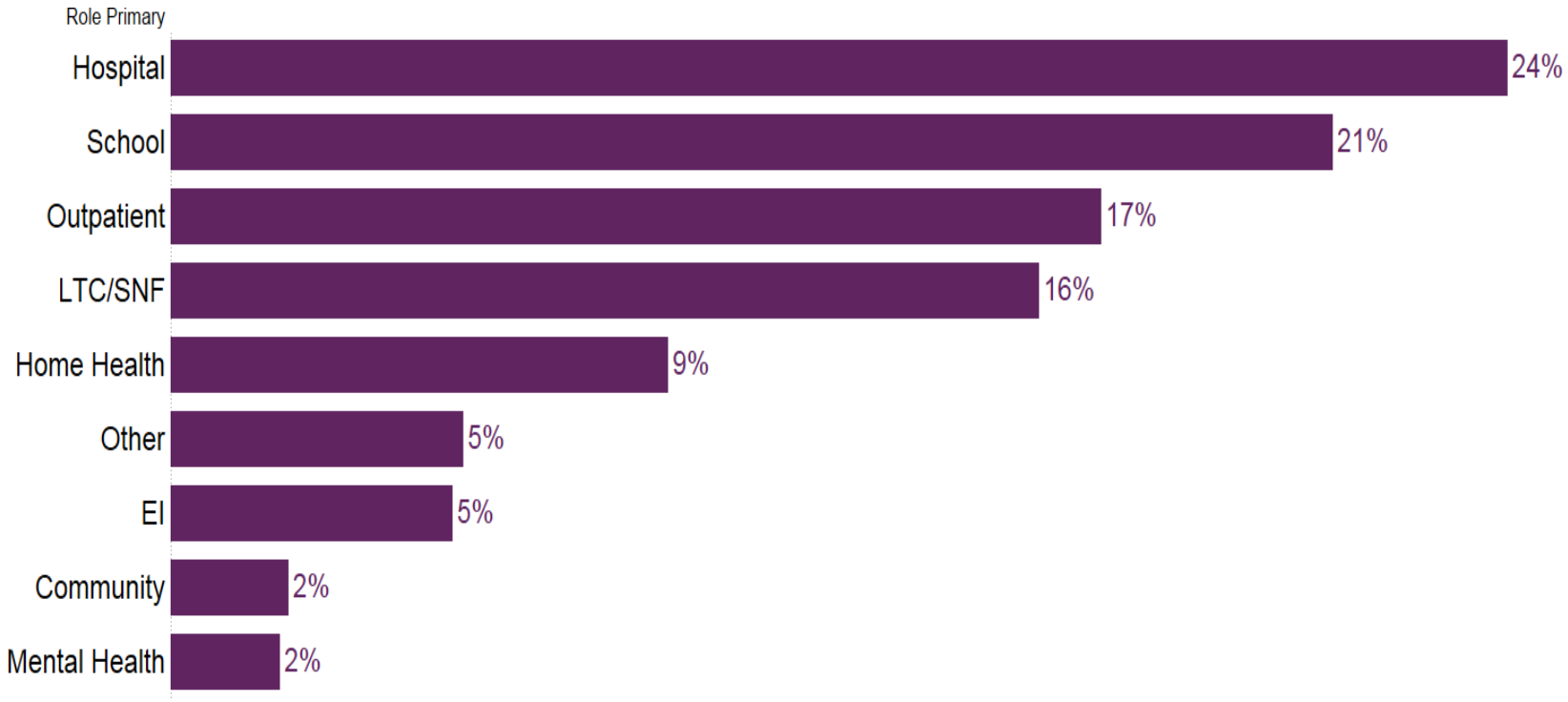
Jamie Wilcox, OTD, OTR/L
Associate Professor of Clinical Occupational Therapy
University of Southern California
American Occupational Therapy Association


Keck Medical Center of USC


COVID Unit
Beyond
This Point
Authorized
Personnel
Only
Keck Medicine of USC

The American Occupational Therapy Association (AOTA)

AOTA Workforce Survey 2019



EI = Early Intervention, LTC/SNF = Long-term Care/ Skilled Nursing Facilities

American Occupational Therapy Association aota.org

Evaluation and treatment of a patient with COVID-19 may begin with identification of the disease stage and use of tools to ensure treatment is client centered and grounded in best practice.

Disease Stage	Clinical Features	Therapeutic Considerations
Stage 1: Early Symptoms *Mild Disease* (Pre-hospitalization/Hospital admission)	• Cough • Fatigue • Shortness of breath • Fever • Fear • Anxiety	• Integrate Theory into Assessment and Treatment in Acute Care • Prevent Falls and Reduce Risk of Injury From Falls • Provide Resources related to Energy Conversation and Work Simplification • Discuss Mental Health Considerations and Stress Management During an Outbreak • Reduce Risk for Hospital Readmission • Provide Resources for Safe Shelter at Home • Address Occupational Deprivation • Understand the Pulmonary System and How it Affects Quality of Life • Evaluate Performance Patterns (e.g., Routines and Habits) related to How COVID-19 Spreads • Collaborate with Team to Provide Education and Tools related to ADLs (e.g., Handwashing) and IADLs (e.g., caregiving, medication management)
Stage 2: Respiratory Distress *Moderate Disease* (Hospitalization)	• Hypoxia • Acute Respiratory Distress • Supplemental Oxygen • Supportive Medical Therapy • Fear • Anxiety	• Promote Acute Care Competency (Familiarity with Hospital Equipment, Laboratory Values) • Assess Client Factors and Body Functions related to Acute Care • Prevent Physical Deconditioning and Related Positioning Issues • Monitor Oxygen Saturation and Vital Signs • Assess Mental Health and Collaborate with Team • Address Occupational Deprivation • Collaborate with Team regarding The Role of OT in Medication Management in Acute Care
Stage 3: Respiratory Failure *Severe Disease* (Intensive Care Unit (ICU))	• Acute Respiratory Failure • Multi-organ Failure • Vasogenic Shock • Delirium, ICU-Acquired Weakness (AW) • Mechanical Ventilation • Prone Positioning, ECMO • Sedation, Paralytics • Ventilator Weaning	• Promote ICU Competency and ICU Programming • Reduce Likelihood of ICU-Acquired Weakness (ICU-AW) • Reduce Likelihood of Post-Intensive Care Syndrome • Monitor for Delirium or Psychosis and Collaborate with Team • Monitor Vital Signs and Discuss Decompensation with Team
Stage 4: Post-Acute Care Recovery *Recovery from severe disease* (Discharge to general medicine floor, post-acute rehabilitation, and/or subacute rehabilitation)	• Post-Intensive Care Syndrome • Physical, Cognitive, and Psychological Dysfunction • Post-Traumatic Stress Disorder (PTSD)	• Monitor for Post-Intensive Care Syndrome • Consider the Effects of Oxygen Weaning on ADLs • Provide Energy Conversation and Work Simplification home programming • Consider Cognition, Cognitive Rehabilitation, and Occupational Performance; and address Cognitive Impairments • Address Mental Health, Stress, and Coping Related PTSD or Anxiety Disorder Post-COVID-19 • Consider Discharge Planning in Acute Care

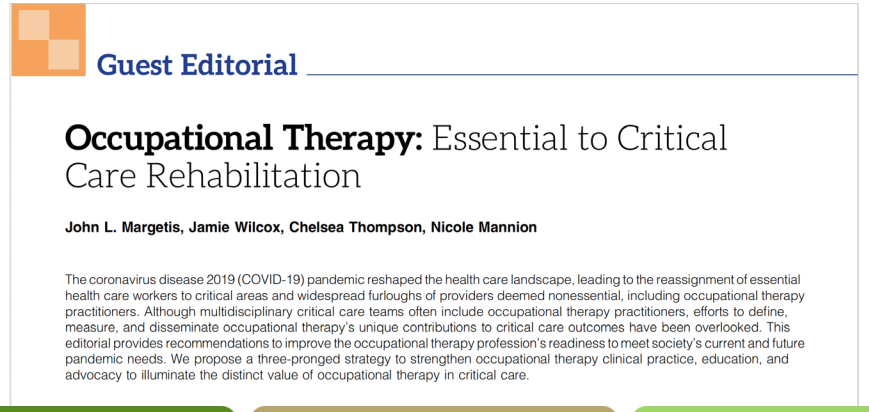
Esbrook, C., Jordan, K., Robinson, M., and Wilcox, J. (2020). *Occupational therapy in hospitals & inpatient care: Responding to a pandemic*. Retrieved from https://myaota.aota.org/shop_aota/product/OL8102

American Occupational Therapy Association

Occupational Therapy in Hospitals & Inpatient Care: Responding to a Pandemic

April 2, 2020
COVID-19 and OT WebinarSeries
#COVID19andOT

Planning for the Initial Surge of COVID-19



Guest Editorial

Occupational Therapy: Essential to Critical Care Rehabilitation

John L. Margetis, Jamie Wilcox, Chelsea Thompson, Nicole Mannion

The coronavirus disease 2019 (COVID-19) pandemic reshaped the health care landscape, leading to the reassignment of essential health care workers to critical areas and widespread furloughs of providers deemed nonessential, including occupational therapy practitioners. Although multidisciplinary critical care teams often include occupational therapy practitioners, efforts to define, measure, and disseminate occupational therapy's unique contributions to critical care outcomes have been overlooked. This editorial provides recommendations to improve the occupational therapy profession's readiness to meet society's current and future pandemic needs. We propose a three-pronged strategy to strengthen occupational therapy clinical practice, education, and advocacy to illuminate the distinct value of occupational therapy in critical care.

ICU LIBERATION BUNDLE (A-F)

- **A**ssess, prevent, and manage pain
- **B**oth spontaneous awakening trials and spontaneous breathing trials
- **C**hoice of analgesia and sedation
- **D**elirium: Assess, prevent, and manage
- **E**arly mobility and exercise
- **F**amily engagement and empowerment

ICU CONSIDERATIONS

- According to the COVID-D study, the two strongest predictors of delirium were benzodiazepine infusions (60% worse) and family visitation (30% better).
- Reduce light and noise to promote sleep.

DISCHARGE CONSIDERATIONS

- Plan transition of medications from hospital to home
- Develop anticoagulation plan
- Physical and occupational therapy evaluations
- Discuss exercise plan
- Explain tubes, lines, and filters; plan for removal
- Plan post-discharge follow-up
- Discuss common reasons for readmittance
- Discuss post-COVID-19 symptoms

(Margetis, et al., 2021)

(SCCM, n.d.)

- Institution-Specific Planning
  - Hospital system surge capacity planning
  - Admission order set- ***early OT referral***
  - Cross-trained OT department, across service lines & levels of care
  - Identified & trained core OT clinical team for COVID units
  - Interdisciplinary cross-training with other allied health services
  - Staggered staffing model to decrease exposure risk & prevent burnout
  - Transition of outpatient-based services to telehealth platforms

Response: Occupational Therapy on the Frontline of COVID-19

- **Surviving hospitalization**
  - Prolonged isolation
  - Occupational deprivation
  - Respiratory failure
  - Delirium
  - Fears and anxieties of unknown
  - Acute changes in functional status
- **Recovery beyond hospital discharge**
  - Access to basic needs
  - Self-manage persistent symptoms
  - Caregiver support
  - Home environment
  - Community resources
  - Newly acquired medical conditions without reliable follow-up care

Hospitals- early acute and critical care rehabilitation

Optimize hospital throughput

Multidisciplinary discharge planning and care coordination

Patient and caregiver training

Post-discharge follow-up care

(Esbrook, et al., 2020)

Recovery: Occupational Therapy for Post-COVID Syndrome

- Pervasive symptoms, **4 or more weeks after the initial infection,** impacting all aspects of daily life
  - Perception of health
  - Return to work
  - Enduring fatigue
- Exacerbated by activity
- Unrelated to severity of initial infection
- New condition without clear diagnostics or treatments
- Navigating overburdened healthcare systems in search of care

COVID Recovery Clinics

Outpatient Occupational Therapy

- Establishing symptom patterns and connection to activity
- Self-monitoring symptoms to guide gradual return to essential daily routines
- Optimizing control of chronic co-morbidities
- Coping with psychosocial consequences of prolonged disengagement
- Self-regulating symptoms within return to daily life
- Navigating healthcare systems and communication with providers
- Facilitating return to work timelines and reasonable accommodations

(Townsend, et al., 2021)

Occupational Therapy Contributions to Disaster Response and Emergency Preparedness

Planning

- Improve accessibility of resources for victims with physical or cognitive disabilities
- Design accessible environments and shelters
- Train frontline responders to assist
- Anticipate essential medical considerations for persons with chronic conditions

Response

- Support patient throughput in hospitals and post-acute care centers
- Establish safe and accessible return to home environments
- Restore sense of “normalcy” and control via adaptation to prolonged condition
- Build collaborative community programs to address unanticipated needs

Recovery

- Rehabilitate victims to restore functional independence
- Foster coping skills to mitigate effects of prolonged stress on mental health
- Adapt to new ways of life following disaster event
- Empower victims to regain independence, and transition from victim to survivor

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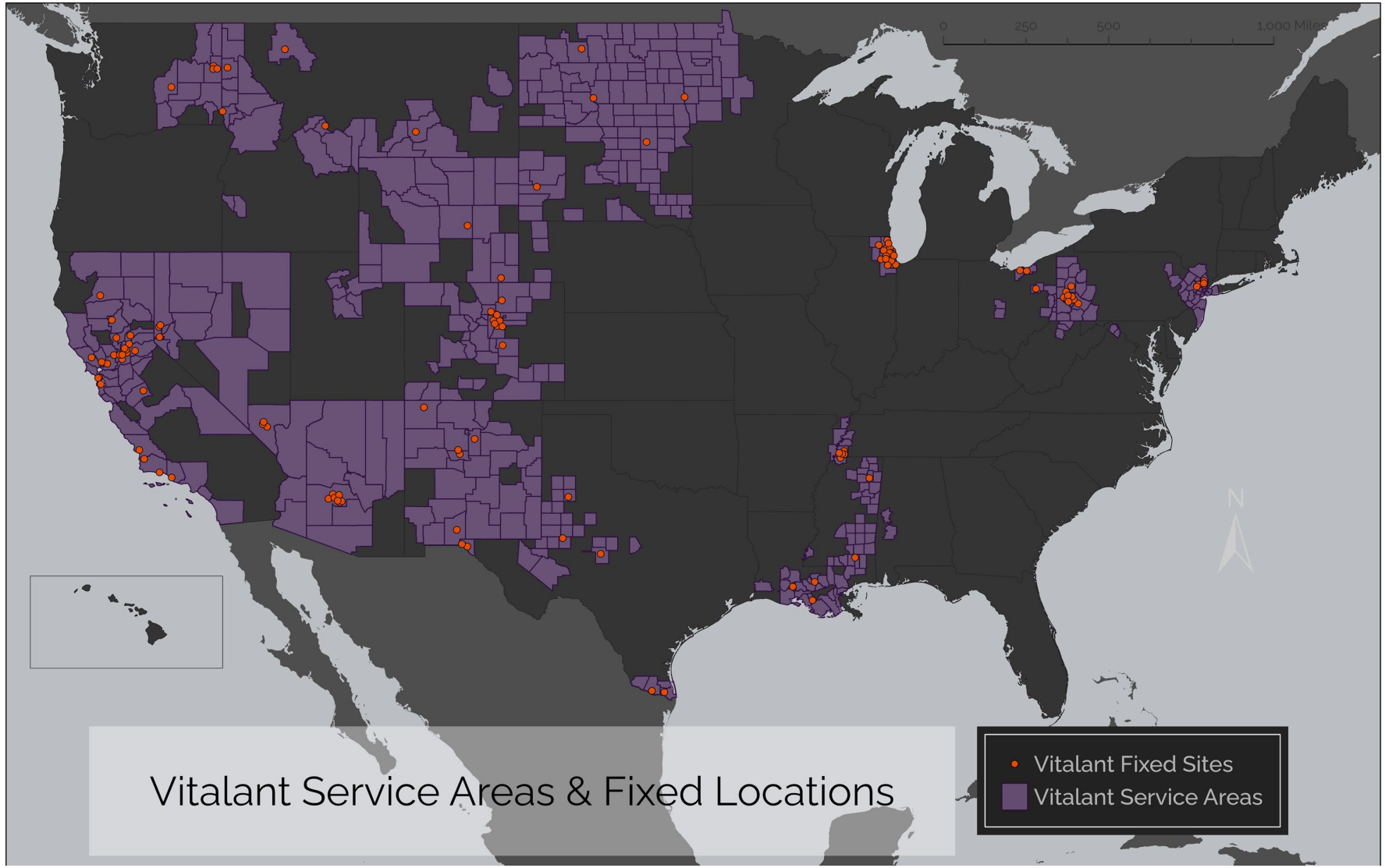
vitalant℠

aabb™
Association for the Advancement of Blood & Biotherapies

Vitalant Operational Scope

- Blood Collections
  - Nearly 120 blood donation centers, 60,000 annual community blood drives, 735,000 donors
  - 1.4M red blood cell, 344,000 platelet, 188,000 plasma donations
  - 2.2M total blood components (incl. recovered plasma and cryoprecipitate)
  - Serving patients in about 900 hospitals across 28 states
- Creative Testing Solutions
  - Joint Venture with American Red Cross and OneBlood testing 70% of Nation's blood supply
  - Joint business agreement operating Grifols' testing labs
- Financial and Operational Results
  - $750 million in revenue
  - ~ 4,000 employees
- Extramural research funding of about $30M annually, including primary COVID serosurveillance
- New Vitalant Innovation Center to support clinical trials, translational research & contract manufacturing
- Canyon State Insurance Company (domiciled in Cayman Islands)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250
500
1,000 Miles
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Vitalant Service Areas & Fixed Locations
Vitalant Fixed Sites
Vitalant Service Areas

Association for the Advancement of Blood & Biotherapies

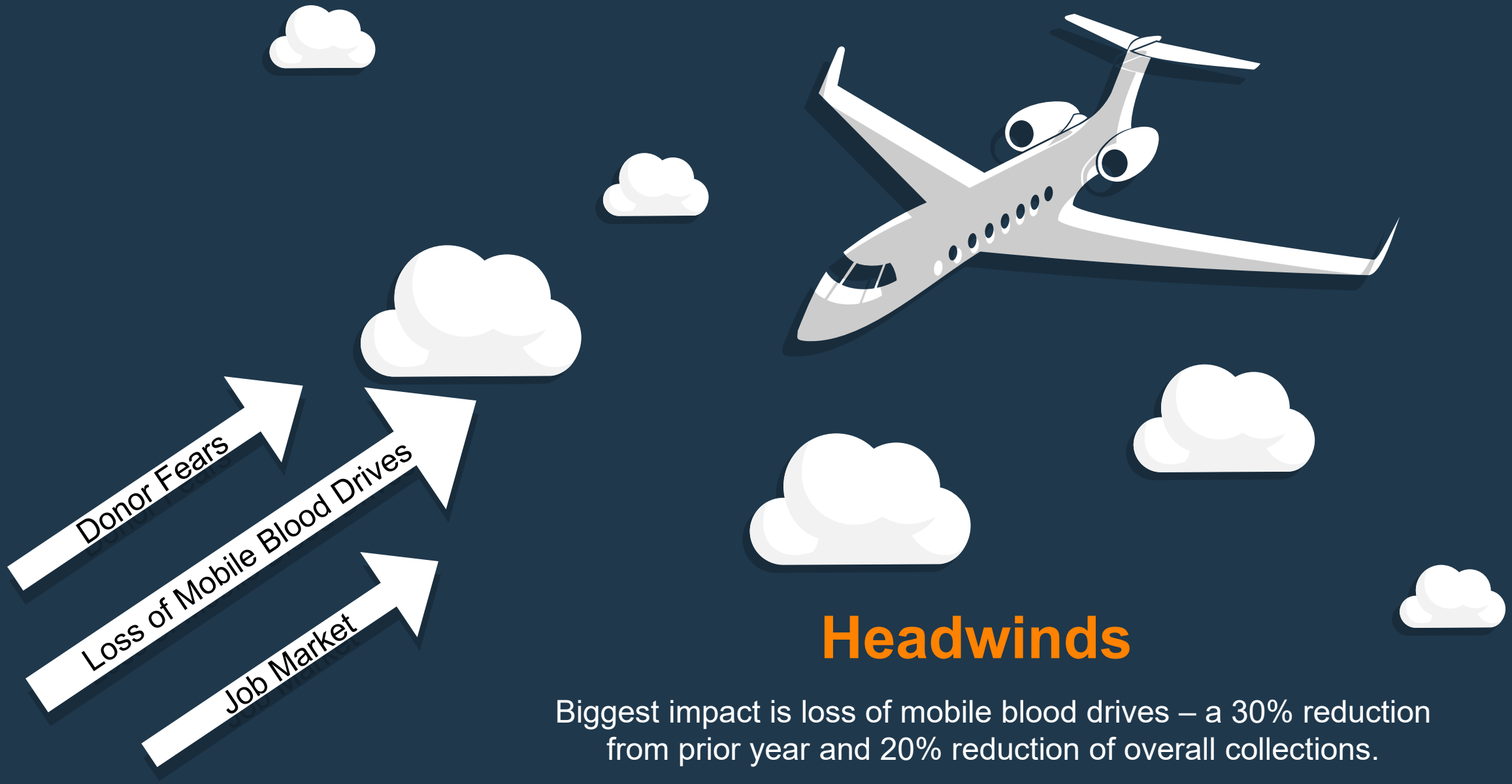
Mission

Improving lives by making transfusion medicine and biotherapies safe, available, and effective worldwide.

Vision

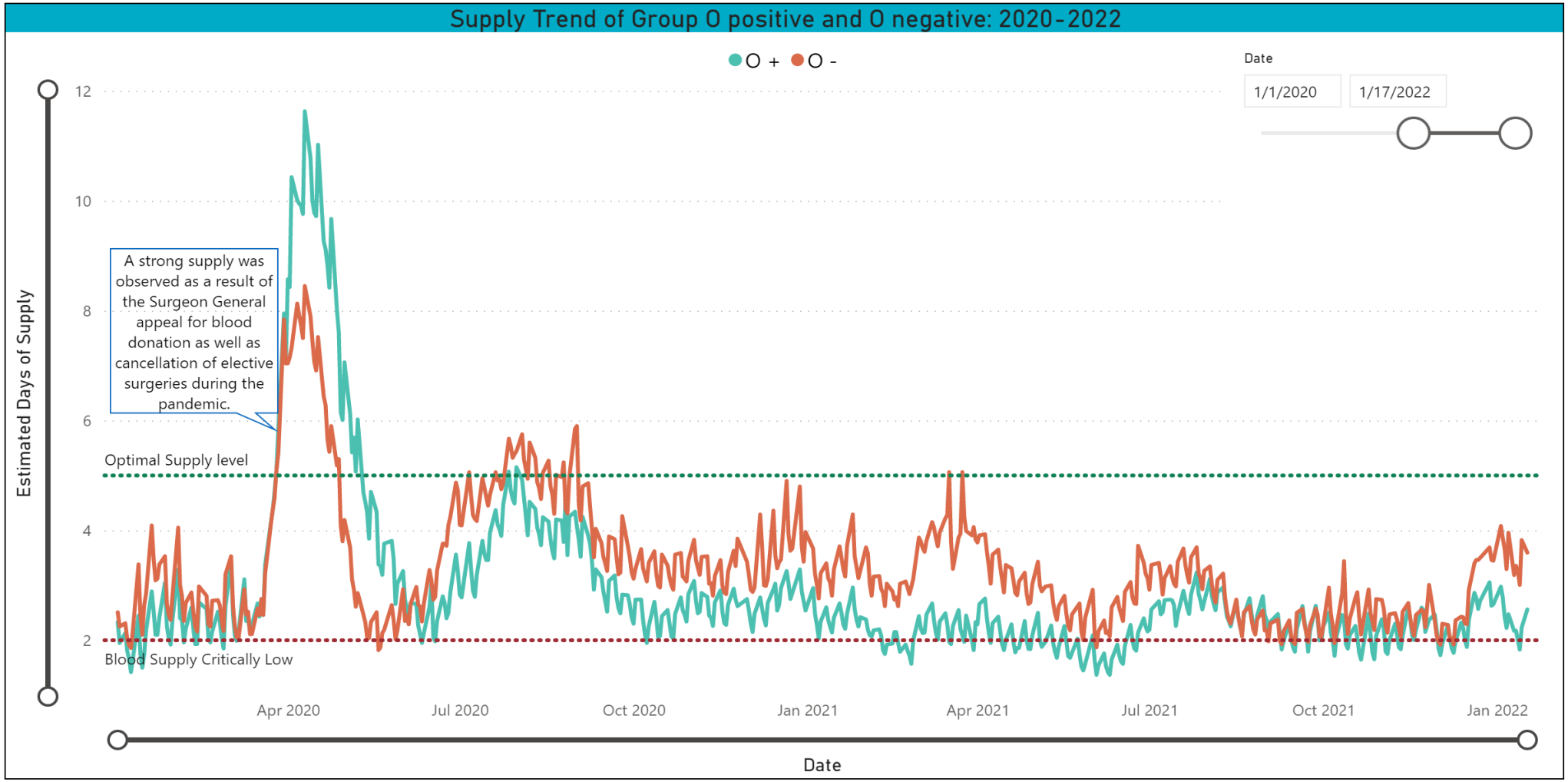
A connected community dedicated to advancing transfusion medicine and biotherapies. From donor to patient. From lab to bedside.

Challenges with the Blood Supply



Headwinds

Biggest impact is loss of mobile blood drives – a 30% reduction from prior year and 20% reduction of overall collections.

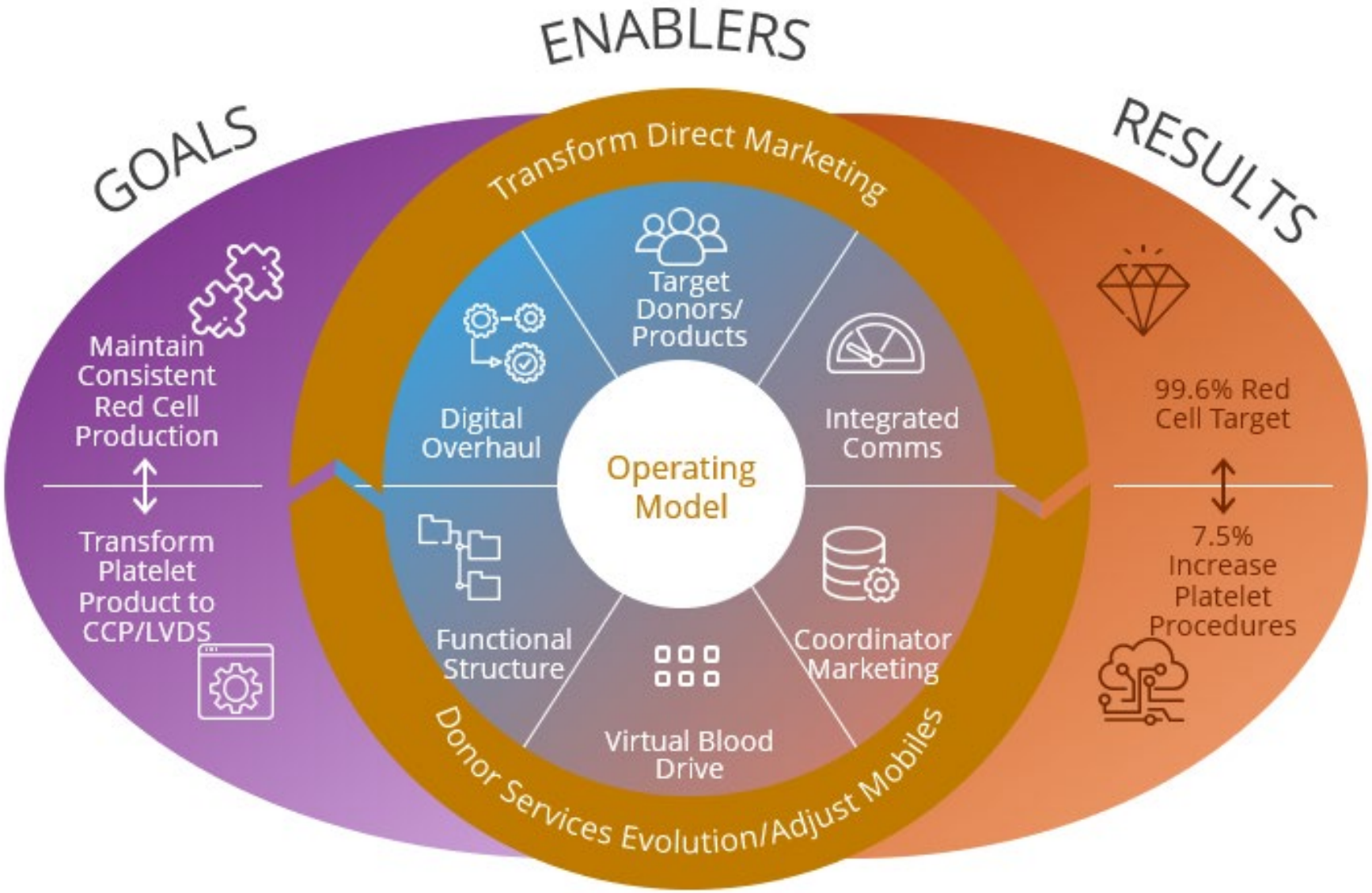

Supply Trend of Group O positive and O negative: 2020-2022
O +
O -
Date
1/1/2020
1/17/2022
Estimated Days of Supply
12
10
8
6
4
2
A strong supply was observed as a result of the Surgeon General appeal for blood donation as well as cancellation of elective surgeries during the pandemic.
Optimal Supply level
Blood Supply Critically Low
Apr 2020
Jul 2020
Oct 2020
Jan 2021
Apr 2021
Jul 2021
Oct 2021
Jan 2022
Date

Blood Supply Chain: Vulnerabilities

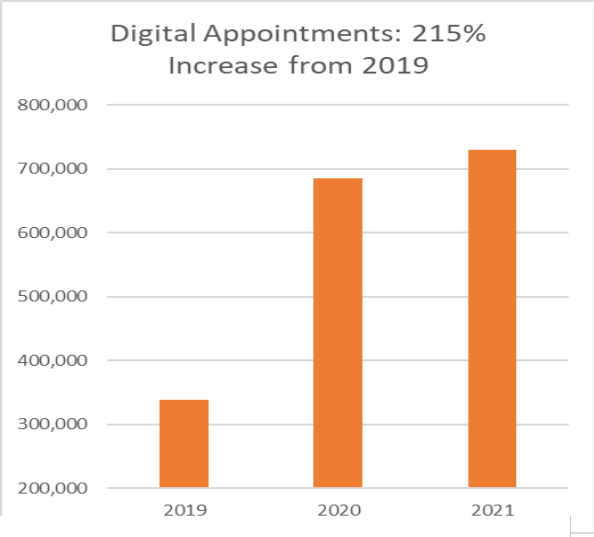
- Supplies used to manufacture blood components are manufactured offshore or are produced by one manufacturer
- Challenges obtaining supplies, such as personal protective equipment (PPE), saline, reagents, and vaccines
- Challenges with transporting blood products and testing samples if commercial flights and courier services are disrupted

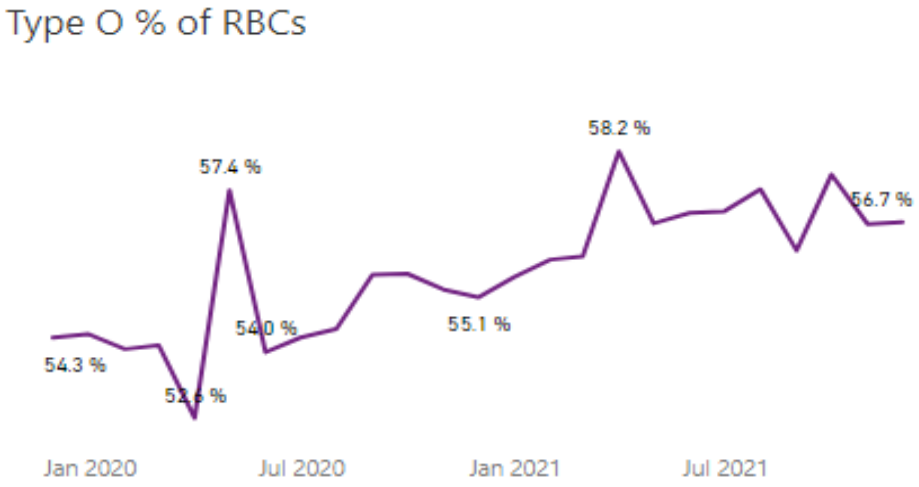
COVID-19 Convalescent Plasma

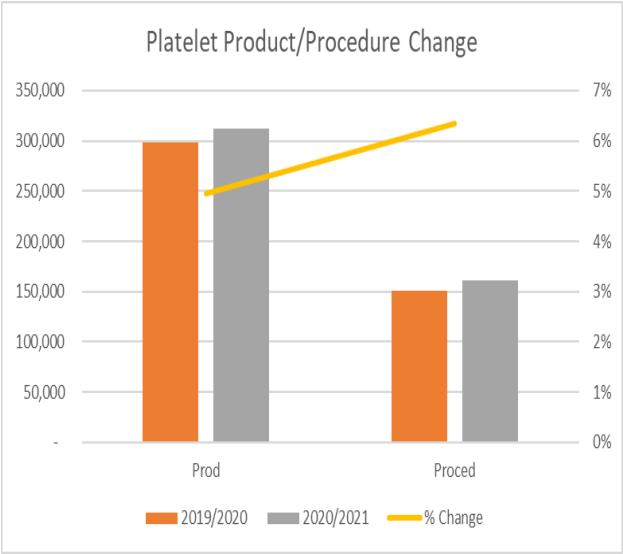
Workforce Challenges


ENABLERS
GOALS
RESULTS
Transform Direct Marketing
Target Donors/ Products
Digital Overhaul
Integrated Comms
Operating Model
Functional Structure
Coordinator Marketing
Virtual Blood Drive
Donor Services Evolution/Adjust Mobiles
Maintain Consistent Red Cell Production
Transform Platelet Product to CCP/LVDS
99.6% Red Cell Target
7.5% Increase Platelet Procedures

Transform Direct Marketing







Frequency- Last 12 Months (vs 13-24 months ago)
Whole Blood

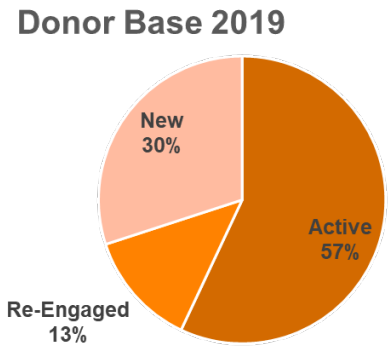
1.80

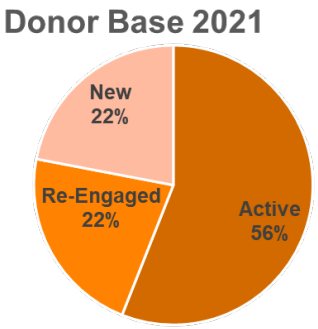
13-24 Mo Ago: 1.57 (+14.6%)

Whole Blood Donor Base

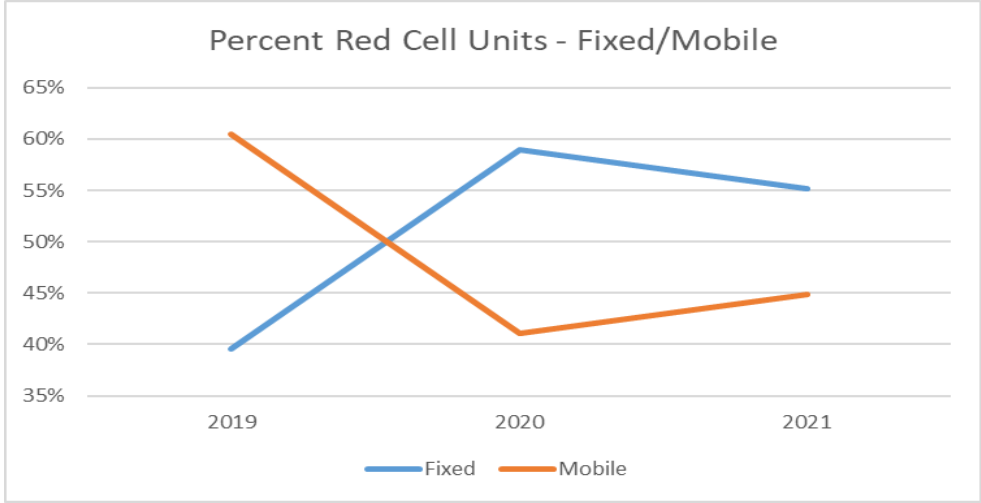
13-24 Mo	Last 12 Mo	(+/-)	%
701,499	589,186	-112,313	-16.0 %

With fewer mobiles, aggressively reach out to lapsed donors.





Donor Services Evolution/Adjust Mobiles

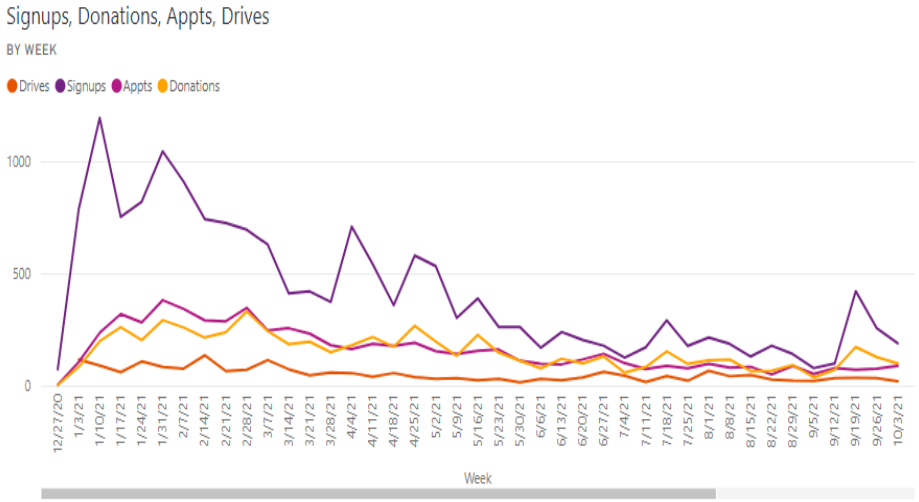


Collections/DRD Functional Change

De-Centralized → **Standardized/ Centralized**

Geo-Marketing	National MarComm
Many Contact Centers	1 National Contact Center
Multiple DRD Structures	1 Standard Structure
"Business Resources"	Planning & Scheduling
Diverse Collections Back Office	Centralize Back Office

Virtual Blood Drives



Coordinator Marketing

Building a Team to Inspire Others

Assemble 2 to 4 team members who can:

Recruit and communicate
- Distribute company/group emails and texts, and post on social media (suggested distribution is 4 weeks, 2 weeks and 1 week out)
- Create information/display tables and hang signage to promote the drive
- Engage leaders of your organization to help motivate others to give blood

Tip for Success: The best way to encourage others to give blood is with a personal, face-to-face invitation

Help with logistics and online scheduling
- Secure room or bus parking area plus parking for Vitalant staff
- Secure and ensure optimal hours for a successful drive
- Complete any necessary forms and obtain proper authorization
- Use our online appointment scheduling system
- Log appointments and notify recruitment team of any open slots; maintain a list of back-up donors who could fill empty slots

COMMITTEE			
Role	Name	Phone	Email

Effective ways to publicize your blood drive:
- Request messaging from CEO, organizational leadership, plant manager, community leader, etc. to use in publicity and recruitment statements
- Meet with your newsletter editor or community newspaper for pre-blood drive coverage
- Plan an "event" on Facebook making Vitalant a co-host
- Leverage the power of social media and encourage your team, employees or organization's members to help spread the word about the blood drive to friends and family

To learn more, please visit us at **vitalant.org/blooddrive**
Find us @vitalant:

vitalant

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AABB Convened the Blood Community Throughout the Pandemic

- Engaging with the national media to highlight challenges with maintaining the blood supply.
- Rallying the blood community to help maintain the blood supply.
- Partnering with private-sector organizations to help people identify local blood collectors.
- Providing educational programs, updates on regulatory developments and resources related to blood utilization.
- Facilitating communication and coordination between blood collectors and hospitals.

AABB Interorganizational Disaster Task Force

Purpose

- Helps ensure that blood collection efforts resulting from domestic disasters and acts of terrorism are managed properly.
- Delivers clear and consistent messages to the public regarding the status of America's blood supply.

COVID-19 Pandemic Response

- Activated in March 2020 when blood center in Washington state reported that blood supply was threatened.
- Contacted and coordinated with blood centers across the nation to help avoid a shortage in the impacted area.
- Public-private composition enabled community to quickly come together and identify opportunities to support the nation.
- Issued multiple public messages appealing for blood donors and supporting the safety of blood donation.
- Responded to several other events that limited ability of donors to travel to donate, created transportation difficulties and complicated the ability to transport blood to hospitals.

Opportunities to Improve the Resiliency of the Blood Supply and Strengthen the Nation's Preparedness and Response Capabilities

- Integrate blood collection establishments, the AABB Interorganizational Disaster Task Force, and considerations related to the safety and availability of the blood supply into federal, state and local pandemic and disaster preparedness and response policies.
- All preparedness and response efforts should incorporate monitoring and communicating changes in blood availability and utilization.
  - Local blood collectors
  - AABB Interorganizational Disaster Task Force
  - Hospitals' plans should include strategies that address the risk for blood shortages
- Better leverage the blood community's expertise and proven capabilities in surveillance, screening and testing for infectious disease agents.
- Raise awareness about the importance of blood donation.

Panel Roundtable and Q&A

Contact ASPR TRACIE

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