BLOOD FROM OUR CENTER TO YOURS

Blood is a unique, life-saving biologic resource, not a manufactured product. Unlike traditional pharmaceuticals or medical supplies, blood cannot be produced on demand, stockpiled indefinitely, or sourced from a factory. Every unit depends on a healthy person choosing to donate at a specific moment in time.

WHY BLOOD IS DIFFERENT

- Human-dependent supply: Each unit is donated by a volunteer and subject to eligibility, health, and availability. Only about 3% of eligible U.S. adults donate blood each year, highlighting the scarcity and reliance on volunteer donors.
- Short shelf life: Red blood cells expire in weeks; platelets in days. Inventory must be continuously replaced.
- Daily variability: Supply fluctuates with donor behavior, weather, illness, and community engagement.
- Product specificity: Blood type, antibodies, CMV status, and other characteristics make each unit unique and not interchangeable.
- Highly regulated: Blood products follow strict testing and manufacturing standards to ensure safety and quality.

OPERATIONAL IMPLICATIONS FOR HOSPITALS

- Blood availability cannot be rapidly increased in response to sudden demand.
- Over-ordering or last-minute requests increase waste and strain regional supply.
- Every transfusion today requires donor participation well in advance.
- Nearly 42,000 blood components are used by patients every day, and 1 in 7 hospitalized patients will need blood, emphasizing the critical and constant demand.

OUR MARKETING AND ENGAGEMENT

- Invest in digital, TV, and radio channels to raise awareness.
- Offer donor appreciation and loyalty programs to encourage repeat donations.
- Build high school and college programs to engage younger and first-time donors.

A PARTNERSHIP MODEL

Blood centers do not sell a commodity, they steward a shared clinical resource. Hospitals and blood centers are interdependent partners whose planning, communication, and utilization practices directly affect patient access to blood

THE PATIENT IMPACT

When blood is treated as a commodity, the system becomes reactive, waste increases, and availability tightens for the next critical patient. When blood is treated as a biologic resource, planning improves, waste decreases, and patients across the region benefit.

Each whole blood donation can be separated into multiple components, helping two or more patients—which amplifies the impact of every donation.

Blood behaves more like a living therapy than a manufactured product. Ensuring availability requires collaboration, foresight, and shared responsibility between hospitals and blood centers.

WHAT BLOOD CENTERS DO TO RECRUIT BLOOD DONORS

- Operate hundreds to thousands of mobile blood drives annually.
- Partner with businesses, schools, community organizations, and faith-based groups to bring donation opportunities closer to donors.
- Adjust drive mix as participation shifts.

OUR APPOINTMENTS AND DONOR MANAGEMENT

- Encourage donors to self-schedule, which shows the highest reliability.
- Use trained recruitment staff and call centers to fill open slots and manage inventory needs.

WE TARGET CRITICAL DONOR TYPES

- Focus on Type O and apheresis donors to support trauma, oncology, and chronic transfusion needs.

CHALLENGES TO GETTING (AND KEEPING) BLOOD ON THE SHELF

- Type O+ accounts for 40% of the population, while O- accounts for only 7%. A+ accounts for 32%, and A- at 6%. These data points show the challenge with providing higher levels of type O red cells.
- Declines in younger donor groups due to pandemic impacts (16–18-year-olds dropped ~60%) and aging populations.
- High deferral and lapse rates, as well as no-shows, affect daily inventory.
- Blood drives are less consistent, requiring constant proactive recruitment.

Blood availability is the result of continuous, proactive work. Hospital partnership, predictable ordering, and collaborative planning directly support blood centers' ability to keep lifesaving products on the shelf.

WE MONITOR DONOR EXPERIENCE

- Track satisfaction, convenience, and wait times to improve retention.

HOW HOSPITALS CAN HELP SUPPORT A STABLE BLOOD SUPPLY

Strengthen Planning & Communication

- Provide accurate, timely forecasts.
- Communicate early about demand changes.

Support Appropriate Utilization

- Adopt patient blood management practices.
- Review ordering patterns and avoid over-ordering.
- Return unused products promptly to allow redistribution before expiration.

Partner in Donor Recruitment

- Host blood drives and encourage hospital employees to donate.
- Leverage internal communications and social channels to share messaging.

Advocate for Blood Donation

- Normalize donation as a year-round need.
- Use trusted hospital voices to increase donor credibility.

Support Inventory Stewardship

- Be flexible with product substitutions when clinically appropriate.
- Coordinate on specialty product needs, such as antigen-negative or CMV-negative components.

Collaborate Strategically

- Participate in regular blood utilization reviews.
- Engage in long-term regional planning instead of reactive crisis management.
- Data analytics, surgery planning, and outcomes for benchmarking and growth planning.

FOR ADDITIONAL U.S. BLOOD DONATION STATISTICS:
HTTPS://AMERICASBLOOD.ORG/WP-CONTENT/UPLOADS/2026/02/WHITEPAPER-NATIONAL-STATS_2026.PDF