



CANADIAN SOCIÉTÉ
BLOOD CANADIENNE
SERVICES DU SANG

SUMMARY notes of the joint meeting of the National Liaison Committee and Canadian Blood Services Board of Directors held at the Marriott Hotel, Laurier Room, on Tuesday September 24, 2002, at 9 a.m.

PRESENT:

National Liaison Committee

Dr. Robin Moore-Orr	Anemia Institute
Mr. James Davies	Arthritis Society of Canada
Ms. Eleanor Holmgren	Canadian Association of Transplantation
Dr. Stephen Couban	Canadian Blood & Marrow Transplant Group
Ms. Elizabeth Tough	Canadian Immunodeficiencies Patient Organization
Mr. Jim Rodger	CLC- Winnipeg
Ms. Kate Gagliardi	Canadian Society for Transfusion
Mr. Francois Perron	Canadian Society of Clinical Perfusion
Dr. Davy Cheng	Canadian Cardiovascular Society
Ms. Barbara Johnson	Candlelighters Childhood Cancer Foundation
Ms. Wendy Chaulk	CLC - St. John's
Ms. Kathie Leigh	CLC - London
Mr. Shane Wood	CLC - Winnipeg
Mr. Howard Leung	Thalassemia Foundation of Canada

Canadian Blood Services Board of Directors

Ms. Adélaïde La Plante
James Kreppner
Dr. Kenneth R. Hughes
Dr. T. Douglas Kinsella
Kenneth Ezeard
Dr. Bernadette Garvey
Dr. Mark D. Minden
Dr. Harvey Schipper
Dr. Verna M. Skanes
William H. Gleed
John Dawson
Neil Wilkinson
Frank Jones
Ms. Leah A. Hollins
Dr. Graham Sher

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OBSERVING:

Mr. Watson Gale	Canadian Blood Services
Mr. Ian Mumford	Canadian Blood Services
Ms. Jennifer Spencer	Canadian Blood Services
Ms. Lorna Tessier	Canadian Blood Services
Ms. Lisa Bussell	Canadian Blood Services

REGRETS:

Mr. Glen Dietz	CLC – London
Mr. Stuart Edmonds	Canadian Cancer Society
Mr. Howard Waldner	Canadian Healthcare Association
Mr. Glen Dietz	CLC- London
Mr. Morley Reid	CLC- St. John’s
Ms. Nikki Roy	Physicians and Nurses for Blood Conservation Inc.
Ms. Lorna Stevens	Neutropenia Support Association
Dr. Greg Knoll	Canadian Transplant Society

CHAIR:

Mr. Gary Chatfield	Canadian Blood Services Board of Directors
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Opening remarks

The Chair of the CBS Board of Directors welcomed all participants to the second meeting of the National Liaison Committee and the Board of Directors.

Introduction

Each member of the Board of Directors and the National Liaison Committee introduced themselves.

Review of Agenda

MOTION: To approve the agenda as presented. Moved and seconded. All in favour.

Comments by NLC Co-chairs

The terms of reference of the National Liaison Committee were reviewed. The purpose of the NLC is:

- 1) To provide input on the blood system and/or issues coming before the Board of Directors
- 2) To ensure that special interests are brought to the attention of the Board
- 3) To promote communication between CBS and pertinent external organizations

During the pilot year of the NLC, membership consisted of 22 organizations. Since this time there has been some membership turnover. Three additional organizations were contacted but are not in a position to send a representative, and three new organizations have joined. Currently there are two representatives from each CLC on the NLC. Three additional CLCs are being established in the fall. The current NLC represents a diverse group with diverse interests.

The meeting on September 23 represented the fourth face-to-face meeting of the NLC. The NLC has developed into a cohesive group that is beginning to deal with important issues. The contribution and commitment of the Board, NLC participants and CBS staff was recognized.

Presentation of NLC Evaluation

Evaluation

- The NLC would like to continue as a committee of the Board
- The impact of the NLC was difficult to evaluate at this early stage of development
- Indication that the committee has advanced became evident at the July meeting
- The quality and content of the meetings has evolved and is becoming increasingly satisfactory
- CLC Winnipeg is changing from electronic forum to a face-to-face forum

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- The NLC would like feedback on the use and effect of its input on CBS
- The NLC would like flexibility to expand membership of the committee
- Need specific and candid evaluation of NLC by the Board
- Need specific evaluation from other relevant CBS staff

Recommendations

- Increase the number of Community Liaison Committees
- Hold open Board meetings across the country
- Receive input from the Board as to upcoming issues/agenda items
- As a committee of stakeholders, the NLC would also like to raise awareness with the Board of individual special interests
- Increase participation of end-user organizations on the committee
- Increase the number of Community Liaison representatives from one to two
- Consider staggering the membership and extending the terms of the representatives
- Increase frequency of meetings to three face-to-face meetings per year to address issues in a timely manner and to maintain momentum, with the possibility of conference calls for inter-current issues

Comments

- The NLC appreciates the professional, productive, committed and respectful manner in which the committee is managed.

Open Discussion

Regarding the issue of confidentiality, the onus is on the Board to advise the NLC when issues are confidential or can be freely discussed. Some issues may need to be kept confidential until a certain point in time. CBS reinforced its commitment to providing the NLC with feedback in a timely manner.

The NLC sees its function as raising issues proactively, and would like to be able to bring issues to the Board.

The NLC was asked if they felt there was inadequate representation in any specific area. The NLC responded that they feel there is inadequate representation of end user groups and that they need flexibility to have more representation from health care professionals. While larger committees can be difficult to manage, sub-committees could be considered. On certain topics specific organizations could be solicited for feedback while not formally joining the NLC.

The NLC commented that it is important that representation between the NLC and CLCs, physicians and nurses, and recipients and donors needs to be struck to ensure a balance.

As more CLCs are developed, the Terms of Reference may have to be reviewed again. It is important CLC representation on the NLC be adequate. If a stakeholder is not

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represented in the NLC, they could be represented through the CLC participant. The concern is ensuring that the NLC doesn't expand too large.

The NLC members feel that the NLC does contain a good representation of stakeholders. All NLC participants can return to their constituents after a meeting and educate them on issues raised.

From the NLC deliberations, the Co-Chairs communicate both dominant and opposing opinions by the NLC members to the Board.

The Board of Directors was asked to review the NLC evaluation and provide input.

Presentation of NLC Summary

Background information

Anti Hep B core antigen Testing

Testing for Hepatitis B has been done since the 1970s. CBS uses a more sensitive version to test for it as well as Hep C and HIV. Currently, the rate of transmission of Hep B through the blood supply is 1 in 75,000 to 100,000. The rate for Hep C is 1 in 2 million. Those infected with Hep B may suffer symptoms ranging from mild to serious (including death). Anti-core testing has been in place as an additional test since the 1980s.

Canada's inability to make a decision on anti-core testing was one of the subjects of the Krever Report. There is evidence that anti-core Hep B testing may provide a measurable gain in preventing transmissions while not being too expensive to implement.

The issue is whether this test is reasonable to introduce given that other tests are being developed that could detect Hep B (ie NAT testing). Is there a significant enough value to add this test which results in a high number of false positives?

Directed Donations Policy

A directed donation occurs when the donor makes a donation for one specific person but not for anyone else's use. Currently directed donations (except from a parent to a child) are not permitted for two reasons: the possibility of error that could occur when managing two separate inventories, and the cost to the system.

Risks to Expansion of Policy

- Individuals may donate as a result of peer pressure which may result in a higher rate of transmissible disease markers
- Graft vs.host disease can be prevented by irradiating blood. Risk occurs when relatives donate to each other. One person's immune system may attack the recipient's blood which can be fatal but is treatable.

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The Red Cross was party to a court case wherein a woman wanted to give a directed donation to her child. Héma-Québec has a broad directed donation policy. Health Canada is concerned about the maintenance of separate inventories. Provinces and Territories are concerned about high cost. There is a lot of pressure from the public to allow for an expansion to the current policy.

Cross-Over of Directed Donations

Currently CBS discards donations that cannot be used for the intended recipient.

Issues Raised

- It is important to deal with hospital issues before dealing with the cross-over issue.
- The screening process is as thorough for directed donations as it is for regular donors.
- A member of the NLC, who has participated in the Directed Donation program stated that the screening process is no different with the exception that blood donation can be more frequent.
- Often directed donations are not a last-resort measure but rather the emotional and passionate response of people wanting to play a part in the recovery of a loved one.

Discussion

The issue was discussed considering the views of user-groups, patient groups, and CLCs with the benefit of the patient always at the forefront. The issue of safety was discussed at length.

CBS draws blood for all directed and allogeneic donations. Health Canada requires that all donors go through the screening process and CBS is the only organization authorized to perform donor screening. Hospitals draw blood for autologous donations only.

Issues Raised

- Increased workload (dealing with the family, compatibility testing, etc)
- A recipient may not wish to accept blood from a relative. It is the patient's decision if they wish to receive a directed donation
- Additional costs would include labour, labelling, administrative, inventory, technologists
- It was felt that if expanded program is not implemented, public would be very disappointed

The importance of managing the demand for blood and blood utilization was highlighted by an NLC member. There is an imbalance between supply and demand. It is not just the public that needs to be educated about blood utilization, but the medical students and physicians (surgeons, anesthesiologists, etc), institutions and the universities. Two thirds of blood is used in the peri-operative care setting and we need to look at whether blood is being used properly. The end-user must be better educated to ensure that they are properly transfusing.

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The Board responded that CBS is currently working with hospitals on blood utilization. A committee was formed regarding blood and blood products which includes a panel of experts. CBS does not have a specific mandate to go to hospitals to educate on utilization but together with the provincial governments, and in particular British Columbia, CBS has set out to reduce the use of blood by five per cent.

Additional education should take place at the university level. The Royal College of Physicians and Surgeons has a new curriculum which was driven by CBS to address this issue. The hospitals should be made aware of the cost of a unit of blood to include in the hospital budget. The NLC is committed to proactively examine the issue of blood utilization.

Anti HBc Testing Recommendations

- The NLC recommends anti HBc testing
- The NLC is open to the repeat testing option, where the donor is deferred upon a second positive test, but would like more data in order to make further recommendations
- The NLC would like to participate in future discussions for educating the public and providing information to donors
- Consideration should be given to adequate funding for educational materials

Directed Donation Policy Recommendations

- The NLC recommends that CBS expand the directed donation policy
- The NLC recommends that with informed consent, CBS should cross over directed donations to the allogeneic pool

Issues raised

- Safety – increase hospital work-load, greater number of disease markers in first time donors
- Ethics – transparency is satisfied through informed consent prior to the donation
- NLC would like to provide input on informed consent, marketing, and educational information

Other Issues

NLC wants to be involved and work together through their respective organizations on the development of projects that have a hospital impact. The Board will use a task tracking calendar that the NLC should become involved with. The Board will consider the recommendations of the NLC and will provide feedback in a timely manner. The Board requested that when NLC makes recommendations that require funding, they consider ways to balance funding.

Adjournment

The meeting was adjourned at 12:00 p.m.