



CANADIAN BLOOD SERVICES SOCIÉTÉ CANADIENNE DU SANG

SUMMARY notes of the meeting of the National Liaison Committee held at the Ottawa Marriott, Mackenzie Salon, on Monday, July 8, 2002, at 8:30 a.m. EST.

PRESENT:	Dr. Robin Moore-Orr	Anemia Institute
	Ms. Eleanor Holmgren	Canadian Association of Transplantation
	Dr. Stephen Couban	Canadian Blood & Marrow Transplant Group
	Mr. James Davies	Arthritis Society of Canada
	Mr. Howard Waldner	Canadian Healthcare Association
	Mr. James Kreppner	Canadian Hemophilia Society
	Ms. Kate Gagliardi	Canadian Society for Transfusion Medicine
	Ms. Wendy Chaulk	CLC - St. John's
	Ms. Kathie Leigh	CLC - London
	Mr. Glen Dietz	CLC - London
	Mr. Howard Leung	Thalassemia Foundation of Canada
	Mr. Shane Wood	CLC – Winnipeg
	Mr. Jim Rodger	CLC – Winnipeg
	Dr. Ramiro Arellano	Physicians & Nurses for Blood Conservation Inc.
	Ms. Lorna Stevens	Neutropenia Support Association
PRESENTATIONS:	Dr. Heather Hume	Canadian Blood Services
	Dr. Nadine Shehata	Canadian Blood Services
	Mr. Ian Mumford	Canadian Blood Services
OBSERVING:	Ms. Margot Maguire	Canadian Blood Services
	Ms. Lorna Tessier	Canadian Blood Services
	Ms. Lisa Bussell	Canadian Blood Services
REGRETS:	Dr. David Rush	Canadian Transplant Society
	Mr. Morley Reid	CLC – St. John's
	Ms. Tina Morgan	Canadian Immunodeficiencies Patient Organization
	Mr. Stuart Edmonds	Canadian Cancer Society
CO-CHAIRS:	Ms. Linda Rankin	Canadian Blood Services Board of Directors
	Ms. Adélaïde La Plante	Canadian Blood Services Board of Directors

## **Introduction of participants**

The co-chairs welcomed all participants to the meeting. As there is a new participant, representing the Community Liaison Committee in Winnipeg, all participants introduced themselves and their organizations.

## **Opening remarks**

A thank you was extended to the participant from the Canadian Society for Transfusion Medicine for the article on the NLC in their newsletter. The report from the CBS Board of Directors will be presented under “other items” later in the agenda and will include a report on the open board meeting by the CLC representative from London.

## **Review and adoption of agenda**

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

## **Review/approval of Summary Notes from April 2002 NLC Meeting**

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

## **Presentations**

### **Considerations for the introduction of anti-Hepatitis B core antigen testing**

The presentation to the NLC was made by the Executive Medical Director of Transfusion Medicine and A/V.P. Medical, Scientific, & Clinical Management. Copies of the presentation were provided to the participants in advance of the meeting. The anti-HBc test would be in addition to those already conducted by CBS on blood donations. It would not shorten the window period for earlier detection of the infection but would detect chronic carriers whose HbsAg level is too low to be detected with current tests.

The objectives of the presentation were to educate the NLC on the biology of Hepatitis B (HBV), to present options for an additional test for screening donors for HBV (anti-HBc testing) and to discuss the factors to consider for each option, including the impact on the donor base.

Input from the NLC will be reviewed by the Safety, Science and Ethics Committee (SSEC). A motion by the SSEC will then be presented to the CBS Board of Directors, followed by the development of a comprehensive business case.

Discussion summary:

Anti-HBc testing will not lengthen the testing time on donations. Testing will continue to be completed within 24 hours.

CBS currently tests for HBs antigen. Approximately 200 donors per year are HBs positive, of which the majority are first time donors. First time donors have a higher rate of infectious disease markers than repeat donors. The implementation of anti-HBc testing will require Health Canada approval.

- ◆ It was suggested that anti-HBs testing, which could be used to re-instate many anti-HBc positive donors, be pursued as a research initiative
- ◆ The implication of deferring a possible 7,000 donors as a result of anti-HBc testing would be a significant challenge for CBS
- ◆ CLC's could be consulted on the issue. CBS Medical Directors could make a presentation to the CLC's
- ◆ The education of donors is a necessity
- ◆ Donors should be advised of positive test results; considerable counselling will be required for long-time donors
- ◆ CBS needs to be vigilant against the possible transmission of unknown pathogens

It was agreed that the matter would be brought forward for discussion and recommendations at the September meeting.

**FOR ACTION BY: CBS**

- Add item to agenda for further discussion and recommendations in September 2002
- Medical Directors at Centres to present anti-HBc information to CLC's

**Cross over of directed donations**

The presentation to the NLC was made by the Associate Medical Director, Canadian Blood Services, Hamilton. Copies of the presentation were provided to the participants in advance of the meeting.

The objectives of the presentation were to provide background on the current program, proposals for changes to the policy, rationale for the crossover of directed donations and information on policies at other regulatory and blood services agencies.

CBS is looking at placing directed donations in the allogeneic pool if after testing they are not compatible with the directed recipient. Informed consent would be obtained prior to compatibility testing.

Health Canada is open to a proposal on a broader policy for directed donation. An expanded policy is being considered because CBS has a restricted policy and donors have

indicated a desire to donate to family members or friends. Current CBS policy is restricted to donations from parents to children under the age of 18. The expanded policy would allow anyone, subject to eligibility criteria, to donate and would then be the same as the policy at Hema-Quebec.

The new MAK computer information system will have the capacity to track the donation as it moves from the directed pool to the allogeneic pool.

Discussion summary on the expansion of directed donation policy:

- ◆ Directed donations are as safe as allogeneic donations
- ◆ Due to the window period for testing, an expanded policy could be perceived as increasing the safety risk
- ◆ Every blood system has a higher ratio of transmissible disease markers in first time directed donors than with repeat donors
- ◆ The success of a broader policy would require education by the physicians who may not have time therefore CBS must provide educational material
- ◆ The program will not be promoted. It would be up to the recipient to recruit the donor(s)
- ◆ Directed donors may be reluctant to reveal the possibility of transmissible diseases
- ◆ Safety is paramount
- ◆ Any expansion to the policy has an impact on resources, computer systems and tracking at the hospital level

Discussion summary on the cross over of directed donations:

- ◆ Crossing over directed donations could appear misleading to the donor
- ◆ Compatibility testing should be done prior to donation so donors are aware of the possible usage of their donation
- ◆ Recipient and donor consent forms must be carefully developed
- ◆ Directed donors may not be interested in becoming regular donors
- ◆ The yield under the current program is 200 to 400 units. An expanded program would yield an additional 300 to 600 units per year
- ◆ Approximately 44% of directed donations are unused and discarded
- ◆ CBS's clinical transfusion medicine advisory group agrees with crossing over directed donations
- ◆ Donors may not appreciate the details of informed consent during a stressful situation
- ◆ All allogeneic blood that is collected should be used and not discarded
- ◆ The crossover is aimed essentially to optimize utilization and potentially attract new donors

**FOR ACTION BY: CBS**

- Add item to agenda for further discussion and recommendations in September 2002
- Provide draft of informed consent document to NLC for feedback
- Determine how many first time directed donors become regular allogeneic donors

## **Business Arising**

### **Service delivery/transformation update & report on consultation process**

The Executive V.P Operations reported on the consultation process for Transformation and metrics being applied to the National Contact Centre implementation. A hand-out was provided to the participants at the meeting.

Discussion summary:

- ◆ The NCC will eventually be used to centralize hospital inventory ordering system
- ◆ A survey was done of the Donor Advisory Panel to use as a bench-mark to measure the effectiveness of CBS telerecruitment
- ◆ NCC will provide bilingual telerecruitment services
- ◆ NCC software will provide information that can be used to direct donors to their local clinic
- ◆ Making and cancelling appointments will be centralized in Sudbury
- ◆ There will be sustained CBS presence at the local level through local Community Liaison Committees and donor clinics
- ◆ Marketing strategies are focus group tested at locations across Canada
- ◆ CBS uses national marketing campaigns as it does not have the budget to develop regionalized campaigns
- ◆ CBS relies on local community efforts
- ◆ The Donor Advisory Panel will be doubled to 10,000 participants
- ◆ Stakeholder consultations have been ongoing since March 1999, including the development of the new service delivery model, and the current implementation phase
- ◆ CBS is not permitted to provide interpreters in other languages for the donation process
- ◆ The Price, Waterhouse, Coopers performance review is an opportunity to seek feedback on the relationship between hospitals and CBS centres
- ◆ CBS is looking at establishing hospital contact persons for exchanging information between CBS and the hospitals

#### **FOR ACTION**

- Participants to provide additional performance indicators to Executive V.P. Operations if desired
- Provide list of hospital contact persons that are being consulted regarding MAK
- Final Donor Advisory Panel report to be provided to NLC
- NLC to be kept apprised of NCC development

## **How can NLC representatives support CBS through their organizations?**

- It was agreed to table this item for discussion at the NLC meeting in September 2002.
- Support is ongoing.
- This should be a two-way discussion as to how CBS can help stakeholder organizations and how the organizations can help CBS.

## **CLC representative reports**

CLC London: Suggestions raised to make the Web site more friendly for children were taken into consideration, changes were initiated and the CLC was thanked for their contribution. London has decided to focus on a project of increasing the donors among ethnic groups and will begin by identifying a few groups.

CLC St. John's: The NCC project was discussed and concerns were raised as to the effect on the donor base. The committee has identified a project of targeting youth and will work through school contacts. The necessity of better utilization of blood was also discussed. There is a need for education, and this includes the fact that there are legitimate reasons for discarding blood, such as expiry dates. The committee provided input on the formal evaluation process and requested the option of interviews and a review of the terms of reference.

CLC Winnipeg: The electronic forum is not functioning to its full potential. A face-to-face meeting was held to discuss ideas on how to maximize its use. One topic suggested was to discuss raising the upper age limit for donors. The committee will be changed to a face-to-face forum following the evaluation process. It has become challenging to find suitable sites for donor clinics due to regulatory issues.

## **NLC formal evaluation**

A brief history on the evolution of liaison committees at CBS was presented by one of the co-chairs of the NLC. Comments were made by a member of the former Consumer Advisory Committee as to the advantages of the structure of the NLC. The evaluation will be distributed in August and the NLC will be provided with a summary of the results.

Discussion summary:

- ◆ The evaluation should examine the value of the NLC to the Board of Directors.
- ◆ Open Board meetings should be held across the country
- ◆ The evaluation should take into account where the NLC is in relation to the priorities set at the first meeting

- ◆ It may be suggested that an additional group be created to provide a venue for patient/recipients to raise issues with CBS

Additional CLC sites will be added over the next year and the Winnipeg committee will be changed to a face-to-face forum. The location of the new sites is under discussion.

Ongoing role (openness & transparency)

There are no concerns on the committee of a conflict of interest. A revised list of participants and their organizations was requested.

**FOR ACTION BY: CBS**

- Send a revised membership list to participants

**Other Items**

**CBS Board of Directors Report**

The Board of Directors will consider a city in western Canada for an upcoming open board meeting.

**CBS Open Board Meeting**

This item was presented to the NLC by the CLC representative from London who attended the open board meeting in London on May 16, 2002. Minutes from the open board meeting can be found on the CBS Web-site.

**Emerging Issues**

Confidentiality

- ◆ The NLC is considered a committee of the Board and as such the Board should be able to put confidential matters before the committee

John Doe Update

- ◆ CBS has obtained the name of the donor and is in the process of looking back at the recipients of the donations in order to notify them
- ◆ CBS takes this matter very seriously and will issue continue to communicate new developments to the public
- ◆ CBS has a multi-tiered safety system in place

Agenda items

- ◆ It was suggested that previously identified agenda items be brought forward for discussion at upcoming meetings

#### Patient Notification System

- ◆ The French Web site is expected to be launched later this year.

#### Hospital Liaison Personnel

- ◆ This is a pilot project where a CBS employee acts as a hospital liaison to discuss issues.

#### rFactor VIII

- ◆ CBS was commended for its handling of the shortage of rFactor VIII and the donation to the World Federation of Hemophilia

#### National Contact Centre (NCC)

- ◆ What effect will the NCC have on: a) the handling of shortages b) processing urgent orders c) contact with local supplier depot d) triaging performed in times of blood shortage e) relationships with the local hospitals and donor centres
- ◆ Will the NCC be better able to provide phenotyped donor units by reviewing blood supplies at all depots and to send these units across country to meet local demand?
- ◆ Input from multiple hospital sites should be sought prior to implementation

#### **FOR ACTION BY: CBS**

- Bring forward a previous discussion topics for agenda in September

#### **Adjournment**

The meeting was adjourned at approximately 3:20 p.m.