



## **ALBERTA & NWT REGIONAL LIAISON COMMITTEE**

SUMMARY NOTES of the meeting of the Alberta & NWT Regional Liaison Committee held on **Wednesday, September 26, 2007** from 5pm-8pm. The meeting was a teleconference of teams in Calgary, Edmonton, Lethbridge and Red Deer.

### **PRESENT:**

Dave Duncan (Co-Chair)	Joe Michielson
Diana Carfantan	Darren Neuberger
Dorinda Emery	Stephanie Perilli
Janene Flath	Lynda Phelan
Robin Hood	Jamie Pytel
Doris Kaufmann	Sharon Schultz
Tiffany Leaman	Trevor Trinh
Susan Matsumoto (Co-Chair)	Cst. Adele Zenko

### **REGRETS:**

Dr. Elaine Bland	Bobbi Klettke
Candace Korchinsky	Ian MacDonald
Matthew Hinshaw	Jeff McNabb
Angela Killam	Meghana Saincher

### **GUEST:**

Robin Bobawsky – Manager, Clinic Operations, Calgary Centre

## **1.0 Welcome and Opening of the Meeting**

Dave D. thanked everyone for attending the meeting and ensured that all members were provided a meeting package. There was a round table introduction. The members gave their names and provided the organization and area they represent.

## **2.0 Review of Agenda**

- Review of Agenda  
The agenda was approved.
- Approval of Summary Notes  
The April 27, 2007 summary notes were accepted as circulated.
- Review of Action Items  
Action items related to Operation Lifeblood and Iron Deferrals were discussed under items 3.3 and 4.3 below.

## **3.0 Business Arising**

### **3.1 Collections and Hospital Orders**

- Info on Summer/Fall 07 inventory situation presented by Susan M.

### Whole Blood Collections to Target

	<b>Apr</b>	<b>May</b>	<b>Jun</b>	<b>Jul</b>	<b>Aug</b>	<b>YTD</b>
Alberta South	101%	103%	96%	97%	106%	100.5%
Alberta North	101%	103%	94%	91%	102%	98.1%
Alberta	101%	103%	95%	94%	104%	99.3%

Our April to May 2007 collections was strong. But a drop in the numbers began in June. We struggled as we always do in the summer with filling appointment spots. Blood donation is not usually top of mind in the summer thus fewer appointments are booked resulting to fewer collections. This summer dip is a significant concern because the hospitals demand this year did not decrease during the summer months. This has impacted our inventory levels.

Actions taken to address the concern included the following:

- Stronger media involvement
- Urgent need messaging
- Sites across the country were asked to boost capacity do whatever they can.

### Plasma

	<b>April</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>August</b>	<b>YTD</b>
Alberta South 07/08	92%	90%	90%	94%	92%	91.4%
Alberta North 07/08	106%	102%	102%	103%	101%	102.6%
Alberta 07/08	99%	95%	96%	98%	96%	96.8%

### Platelets

	<b>April</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>August</b>	<b>YTD</b>
Alberta South 07/08	105%	102%	100%	100%	89%	99.3%
Alberta North 07/08	98%	103%	112%	96%	91%	100.6%
Alberta 07/08	102%	103%	106%	98%	90%	99.6%

### Lethbridge and Red Deer Whole Blood 07-08

	<b>April</b>	<b>May</b>	<b>June</b>	<b>July</b>	<b>August</b>	<b>YTD</b>
Lethbridge 07/08	103%	96%	97%	97%	115%	101.5%
Red Deer 07/08	108%	96%	100%	89%	105%	99.7%

Currently, we are doing well with Plasma collections especially in Alberta North. Alberta South is still struggling with plasma and platelet collections because the apheresis coordinator position has been vacant since February 2007. The position has recently been backfilled and the new individual begins October 2007.

### Hospital Order fill Rates

#### Platelets

	<b>APR</b>	<b>MAY</b>	<b>JUN</b>	<b>JUL</b>	<b>AUG</b>	<b>YTD</b>
Southern Alberta	94.7%	99.8%	91.0%	94.4%	91.9%	
Northern Alberta	99.8%	100.6%	99.9%	100.3%	99.7%	
Alberta/NWT 07/08						97.00%

### Red Blood Cells - All Blood Group

	APR	MAY	JUN	JUL	AUG	YTD
Southern Alberta	99.7%	99.8%	98.2%	96.9%	92.8%	
Northern Alberta	99.7%	100.0%	99.6%	99.6%	90.0%	
Alberta/NWT 07/08						96.60%

At the end of July 2007 our inventory level dropped to just over 10,000 units. Our desired national inventory level is 18,000 units. This is the lowest level since the inception of CBS in 1997. As a result of the drop in inventory we had to temporarily lower the Hospital fill rates to 90% from our normal target of 98%.

Currently we're sitting above 95% for fill rates. It is still short of the 98% desired target. Despite of this, we were still able to provide for hospital demand. There were no cancellations in surgeries as a result of reduction in Order fill.

Across the country we are being asked to increase collection capacity wherever possible and there will be Special clinics in other sites on Sept. 29. For Alberta, we are looking at adding clinic hours to our perm sites, one Saturday in October as well as hold a special Saturday clinic in Lethbridge.

### 3.2 NLC Representative Report

D. Duncan reported back highlights from the September 17-18, 2007 National Liaison Committee (NLC) Meeting in Ottawa. Topics discussed are as follows:

- a. Order Fill Rate and Inventory Updates by D. Howe
- b. Buffy Coat/Bacterial Detection
- c. Plasma Strategy
- d. TRALI
- e. RLC Reports done by various RLC representatives from all regions
- f. Ipsos Reid NLC/RLC Survey Result
- g. Board director's meeting – efficiencies and economics
- h. Future: CBS being involved in Tissue Banking
- i. NLC/RLC Survey Results

### 3.3 Operation Lifeblood update

Background on OLB:

- The very first pilot was run in London Ontario Fall 2005 and ran for 11 weeks.
- OLB was created to get to the 22% of those who intend to donate and convert them into actual donors. The intent was to have them sign up within the next 12 months.
- In Calgary, the program ran from Sept 25, 2006 to March 31 2007. This period covers the active part of recruitment. But the conversion / contact strategy period will run until March 2008.

Summary of recommendations:

Given Alberta regional results, CBS will refrain from launching Operation Lifeblood as a stand-alone program with dedicated resources, nationally. Instead leverage successful program components through other key national marketing initiatives

Outstanding action item from the previous RLC meeting:

- Who won the Dell computer?  
Mike Kirk from Ontario is the lucky winner.
- Comparison of stats to the London pilot
  - # of program registrants :
    - Alberta - 3579 persons
    - London – 901 persons
  - # new donors:
    - Alberta – 370 (30 weeks remaining for conversion)
    - London - 146
  - Conversion rate (#new donors divided by total # program registrants)
    - Alberta, Phase 1 – 27%
    - Alberta, Phase 2 – 7% (conversion is still happening; 30 weeks remaining)
    - London – 16%

### **3.4 Men who have Sex with other Men (MSM)**

- Recent Board of Directors decision

Currently CBS has an indefinite deferral for those individuals who answered yes to the question: “Have you had sex with a man, even one time since 1977?” CBS continually reviews its policies to ensure they are still in the best interest of Canadians. Since the policy was implemented, there have been improvements in testing as well as evolving science and technology. As a consequence, a number of blood operators have made changes to their MSM deferral policies. All of these factors prompted CBS to review its current policy and as is our practice, involve stakeholders in that review.

The process involved a literature review, analysis of surveillance data and assessment of the international MSM policies. An independent risk assessment of the current policy was also done by McLaughlin Centre for Population Health. A comprehensive consultation process was launched to involve Canadians in the decision-making on this issue. The consultations involved gathering insights, through facilitated sessions, of key stakeholder and high interest groups such as student associations, gay rights activists, healthcare professionals and patient advocates to provide to the Board of Directors.

After careful review of the risk assessment and the results of the consultations, the Board has determined that CBS will maintain the current policy while actively gathering knowledge to close the gaps in information that were identified through the consultations. As evidence-based decision-makers, we realize that we need to gather more knowledge before we can make informed decision. We feel that this can be done within a 3 to 5 year timeframe and will remain committed to keeping stakeholders informed and involved as much as possible as we work to find the best solution for Canadians.

Question from Robin B.:

Do we have stats of those countries that changed their policy and do we know if their risk numbers increased after the change in policy?

Susan M. was only able to give the names of those countries that have the same policy as ours, namely: the US, UK, France, Germany, Switzerland, Holland Norway, Denmark, Sweden, Finland, Iceland and Hong Kong.

## 4.0 New Business

### 4.1 Donors for Life (DFL)

A slide presentation was provided by Susan M (attached)

Based on a comprehensive review and evaluation of our current loyalty program, *Donors for Life*, a program overhaul was deemed necessary and valuable for the organization.

The most significant opportunity areas identified included:

- Greater impact/results from the program - Use program to encourage regular, consistent donating behaviour
- Increased targeting of donors - Focus on donors whose behaviour we can most influence for greater impact (especially those donating less frequently but with potential for )
- Offer 'real' value - Enhance the donor experience

Key program objectives include:

- Reinforce or influence desired behaviour among key target groups to support collections targets: Increase frequency, maximize retention, reward advocacy (donor get donor)

To deliver greater value for the organization and the donor, the project team has developed three different program concepts to be tested with donors and key stakeholders.

CONCEPT #1: You can save more lives. We can help.

CONCEPT #2: Give the gift of life and reap the rewards

CONCEPT #3: Join the life-saving club & connect with others

Tiered Program Structure: The project team is also considering having a tiered structure for the program, offering greater benefits to donors who donate more frequently.

DFL discussion feedback:

Each location signed off from the teleconference at 6:40pm for dinner and a discussion. The following questions in relation to the different DFL program concepts presented were discussed in each site:

- Which concept do you like best/least? Why?
- Which program elements do you like best/least? Why?
- Do you have any issues or concerns with any of the concepts or elements?
- Do you think the tiered structure would be preferred by donors?
- Do you think having one loyalty program for all donors (whole blood, plasma, platelets) is adequate?
- Any other comments or ideas?

Below is a summary of the feedback/discussion/comments from members in all sites:

- If pressed to choose one concept, number two had elements that appealed to younger donors, it was felt. Another member preferred concept 3 for its aspects that connected donors with recipients.
- All were in favour of elements that connected donors with recipient stories and information about inventory levels and the need for blood. It was also agreed that electronic means of communication was a favourable direction.
- The point was raised that incentives to encourage donation weren't why donors should be donating. It was felt that donors give blood, because it saves lives - period.

- The tiered structure was not something that the group was in favour of, they felt it had the potential to become discriminatory. The group was in favour of one loyalty program for all donors.
- It would be nice to combine the Volunteer reward system with the Donor reward system. Right now they give CBS stuff based on volunteer hours and pins for milestones. Committee work like RLC or NLC is pretty hit or miss. People in both programs get a dogs breakfast of recognition.
- All three concepts have some merit but of the three, a good number of the members preferred concept #1. Members like the idea of donors making commitments and the follow-up to assist in reaching the goals. The personal profile which is included in all concepts is a good idea. The electronic alerts for urgent needs will get a positive response. If the donor is not in a position to respond to the alert, they could encourage donors to pass on the alert to friends and family. The quicker and less hassle experience may be more applicable to bigger centres. Receipt of the donation questionnaire may appeal to some but is not a "biggie" to others. The appreciation items (calendars and vouchers) would be well received without commercializing the process.
- Concept #2: Even though this concept still refers to saving lives the over all message appears to be more skewed to financial rewards. Financial rewards should not be a "driver" for most new or existing donors. The cost of administering this sort of program would not warrant what would be a very limited increase in donations. Donors would probably not like the idea or perception that you donate for "points" or "rewards". Even though concept #1 has some rewards it is low key whereas concept #2 emphasizes financial rewards.
- Concept #3: This concept has some merit but the "club" concept would probably not take hold. Blood donors are a very diverse group and giving blood is not enough of a common interest to form a social or educational club. However there are members who are strong believers in the strength of "Partners for Life" as there is a common bond either through a workplace or organization and this is where the buddy system can be effective.

#### **4.2 Apheresis Technology Equipment Replacement (ATER)**

A slide presentation was provided by Robin Bobawsky, Manager for Clinic Services (attached).

Apheresis is the process by which blood is removed from a donor and continuously separated into desired components. Currently, the equipment that is used to perform this process is called the COBE Spectra. This machine is used for single donor platelet and therapeutic collections. While still reliable, the technology is aging – has been in use 10 years.

ATER Project Scope:

- Replace current COBE Spectras (44) with Trima Accel (15) and MCS+ (33) – single unit collections.
- Grow apheresis donor base to address increased appointments resulting from efficiencies gained with new technology.
- Begin work on next phases to implement collection of multiple components (double platelets, double red cells, red cell/plasma)

CBS Strategy

- Goal to have 50% platelet products produced via apheresis
- Saskatchewan, Newfoundland and New Brunswick first sites to implement the new technology (Fall/Winter 2007), followed by national implementation by March 2008.

- 10 sites will implement single technology – Trima or MCS+, while 4 sites will implement dual technology. This approach allows for greater flexibility for maximizing efficiencies
- Plateletpheresis/concurrent plasma to be implemented first

### 4.3 Iron Deferrals

- New protocol for iron deferred donors:

There was a donor who wrote a letter to Graham Sher recently suggesting the need for CBS to re-evaluate the procedure for deferring donors due to low iron levels. This donor had been deferred several times from donating blood due to low haemoglobin screening results. Apparently, he had a more serious condition other than having just low iron level.

This letter has resulted to CBS taking the following actions:

- Our operating procedure is being modified so that staff will immediately repeat haemoglobin testing on donors with results suggestive of anaemia.
- Nursing staff will be trained on the new operating procedures, and will counsel donors with results suggestive of anemia to have this investigated by their physician, prior to returning to donate.
- Our website will be modified to place more emphasis on the importance of physician assessment of low haemoglobin screening results that may be indicative of a severe underlying problem.

As all CBS procedures need to be submitted to our regulator, Health Canada, for approval prior to implementation we anticipate that these changes will take place early in 2008.

### 4.4 RLC Survey Results

Susan M. presented the NLC/RLC Annual Survey Results (attached).

This presentation contains the results of a 20-minute online survey among members of the Canadian Blood Services Regional and National Liaison Committees. The sample size for this survey is n=86 (from a total sample outgo of 120). The survey was conducted between August 16th and September 4th, 2007. Previous RLC/NLC survey results are included when possible.

The survey had the following objectives:

- To determine satisfaction among Regional/National Liaison Committee members with Canadian Blood Services, in terms of interaction with the organization and perceived management of the blood supply;
- To measure satisfaction with and perceived performance of the Regional/National Liaison Committee;
- To better understand how Regional/National Liaison Committee members gather and share information with the organizations that they represent;
- To assess attitudes toward the Regional/National Liaison Committee including highlights of involvement, challenges faced, and suggested improvements; and
- To track changes in satisfaction and attitudes compared to the 2006 study.

Conclusions and Recommendations:

- Over the past year, confidence in the blood system and views toward CBS performance has improved. This is related to the emphasis CBS is placing on ensuring safety.

- As members become more experienced with the RLC/NLC the results point toward greater empowerment in their roles and higher levels of satisfaction and perceived effectiveness.
  - In particular, knowledge and trust in the blood system has increased; involvement is considered to be worthwhile; CBS is considered to be responsive, accountable, open, and transparent; and increasingly members feel that issues can be raised to the national level and that CBS is taking into account the input of the RLC/NLC.
- The main challenge faced by the RLC/NLC has shifted focus from attracting new donors to include ensuring an adequate blood supply, as well as having their ideas heard and implemented.
- Going forward, members will likely need to feel that their input has an impact to sustain the high levels of satisfaction and perceived effectiveness.

**Action:** Answers to the following questions will be provided at the next meeting:

- Which province had the highest response rate?
- Who did better among the regions?

#### **4.5 Unrelated Bone Marrow Donor Registry**

Doris K presented the following update on the re-branding of the CBS Unrelated Bone Marrow Donor Registry (UBMDR).

##### **Objectives:**

Re-brand the Registry to increase awareness and allow for consumer recall and to educate and reinforce the linkage between Canadian Blood Services and the Registry.

##### **Phase 1 – Qualitative Research (December)**

The main objective of this phase was to determine the unique selling proposition for the Registry and to provide input into a potential new name for the Registry.

##### **Phase 2 - Findings**

Among the more emotive names tested only one seems to be a viable option for further testing

- The name “**OneMatch**”, while potentially confused as a dating service when presented on its own, was the closest to representing the Registry when combined with a descriptor such as “Stem Cell and Marrow Network”.

##### **Phase 3 – Online Logo Testing (May)**

- The methodology involved a 10-minute online survey using Ipsos-Reid. A total of 1,986 surveys were completed in all regions, except Quebec.
- A total of six name and logo images were tested. Respondents were asked to rate each of the six logos in terms of appeal and appropriateness for the organization.
- Based on research the new visual identity selected was **OneMatch Stem Cell and Marrow Network**

##### **Next Steps:**

- Direct Response Television (DRTV) spot - October
- Awareness week, November 5-11, 2007 – media launch events in Vancouver and Toronto

##### **OneMatch Awareness Week (November 5-11)**

- Launch events being coordinated for both Vancouver and Toronto
- Media events and launch “party”
- Partnership with Hip Hop Canada
- Target audience: ethnic youth aged 17+

## **5.0 Member Feedback & Questions**

Robin H. made a suggestion/comment regarding Partners for Life. In order to have more people sign up for the program it might help if CBS can put together a DVD/PowerPoint presentation that can pull on the emotion of donors; that will grab attention just like our commercial. Perhaps consider developing a short video that will tie this up with Donors for Life and Partners for life;

## **6.0 Future Topics for Discussion**

- Buffy Coat implementation (Calgary)
- Elementary School Programs
- Cord blood
- Speaker's Bureau revised materials
- IVIG (Intravenous Immunoglobulin) usage in Alberta
- Update on Comment Card pilot
- Suggested topic: Updates /more info at the next meeting about the actual process for Bone Marrow; provide update on the new brand launch
- Centre Tour is always helpful

## **7.0 Proposed Meeting Dates for upcoming year**

- Teleconference on January 16, 2008 (5:00-8:00PM)
- Last Friday in April. Proposed location: Edmonton (Face to face)

## **8.0 The meeting was adjourned at 8:12pm**