



## **Alberta & NWT Regional Liaison Committee**

SUMMARY NOTES of the meeting of the Alberta & NWT Regional Liaison Committee held on **Friday, March 20, 2009** from 11:00am – 3:30pm. The meeting was a face to face in Edmonton Centre.

PRESENT: Dave Duncan (Co-Chair)  
Ed Yee (Chair)  
Joe Michielsen  
Lynda Phelan  
Diana Carfantan  
Darshan Kang  
Janene Flath  
Bonnie Monteith  
Ingrid Langhammer  
Stephanie Perilli  
Bonnie Osoff-Bultz  
Robin Hood  
Mathew Hinshaw  
Asheesh Saincher  
Lorna Tessier  
Stephen Wright

REGRETS: Dr. Elaine Bland  
Darren Neuberger  
Sharon Schultz  
Trevor Trinh  
Jennifer Philippe  
Jamie Pytel  
Marina Giovannetti

Minutes taken by: Sharron Baker

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

The meeting was called to order at 11:05am. Ed Yee welcomed everyone to the meeting and introduced the guests and new members. There was a round the table introduction.

#### **Review of Agenda**

The agenda was reviewed and no additions were made.

#### **Approval of Summary Notes**

The summary notes of the meeting held Wednesday, September 24, 2008, were approved and no additions or deletions made.

### **2.0 Business Arising**

**2.1 Collections Update** – Ed presented the group with an YTD Collections update of all the regions across the country. Alberta and NWT growth over last year was 6.3% for whole blood,

9.1% growth on platelet collections and 1.2% growth on Plasma. The regional collection results have consistently exceeded national collection results, for results vs. target and growth vs. last year. Ed pointed out, that while collection results have been good; these results have been helped by 2 significant “call to action” campaigns in July and November of 2008.

The reasons for “Call to Action” in July 2008 was the demand for whole blood was 4,000 units higher than forecast during the year to that point, however collections had been strong during this time. In November 2008, national whole blood collection targets had not been met nationally for 8 weeks. In both cases, inventory had dropped significantly.

The impact of “Call To Action” meant significant media effort resulted in dramatic increase in donor appointments and collections. CBS experienced collection results in the first week of November that were eclipsed only by 9/11 results, very strong collections continued through 2009. While our efforts have now addressed inventory concerns, these efforts resulted in several negative impacts.

Donors were experiencing extremely long waits, 3.5 to 4 hours at some clinics which resulted in a significant increase in donor complaints due to long waits. Staff experienced a much higher level of stress at clinics due to heavy donor attendance, which resulted in an increase of costs in staffing due to overtime and additional clinic hours.

Lessons Learned – New donor recruitment efforts are more important than ever especially O-Donors. A shortfall in new donors will impact our ability to meet collection targets. We also need to ensure we hit collection targets consistently week to week. Supplemental donor recruitment plans are required in all regions during times like summer, Christmas, Easter and long weekends. It is during these times that potential exists for inventory to decline quickly due to reduced donor attendance. There is a need for continuing dialogue with hospitals to better understand drivers of demand and upcoming trends that impact blood usage.

### **3.0 New Business**

3.1 **Regional Partnership Specialist** – Stephen Wright presented the group with an outline on the critical role Partnerships have in Canada’s blood system. This outline covered why we focus on Partnerships and how Partnerships save lives. He shared the Alberta Partners and results stats with the group and then went onto explain how we at CBS support our Partners.

Stephen then shared our 2009 Goals with the group, which are:

- To recruit 50 new partners
- Acquire 1700 pledges from the 50 new partners
- Achieve 11,140 total donations from all partners which will give us a 17% increase in growth

Stephen also outlined the role of the Regional Partnership Specialist and how this role fits in to working with the RLC. His contact information was given to all the members and he encouraged them to contact him should they have any ideas/suggestions they would like to discuss as well as any questions they may need answering.

3.2 **ASL/Language Update** – Lorna Tessier gave an update to the group.

3.3 **Thank Your Donor Website** – Bonnie Monteith presented the group with an outline on the donor website, why we built it and how it gets used. She also covered the goals of the website and the impact it has on donations and individuals. She demonstrated the website to the group and gave instructions on where to find it.

3.4 **Clinic Services Redesign Initiative** – Ed explained the Clinic Services Redesign to the group. Why the Clinic Redesign is necessary, the challenges we face and the benefits the redesign will bring to CBS. The redesign is essential for us to adopt best practices across the country. The redesign will further promote a customer-friendly, cost-effective, and productive national blood system. While working closely with each region, the goal is to make important improvements aligned with our strategic plan.

The areas of focus is split into five areas as follows:

- Standardizing and improving management span of control
- Reviewing the complement of full-time and part-time staff to improve staff and donor satisfaction
- Improving customer service by creating more efficient and balanced throughput at our clinics
- Optimizing our skills, talent and knowledge
- Contributing to achieving our collection targets

The Benefits of the Clinic Redesign:

- It will improve efficiency and productivity in our clinics
- Create more opportunities for process improvements and staff development
- Improve communication amongst all levels of staff, and increase staff involvement in the decision-making processes
- Build on our existing strong and dynamic team

3.5 **Large Volume Platelets** – Ed provided background on Large Volume Platelets to the group. What large volume platelets are and what impact it will have on CBS and the Donors.

Large Volume Platelet collection will allow us to collect two separate platelet products from a single donor during a single donation, enabling us to maintain our current platelet availability while decreasing the number of procedures, thereby reducing costs. With this initiative we take a big step towards transforming the way we manage our business and it will enable us to further develop donor management strategies towards collecting the right product from the right donor at the right time.

Donors, who meet the established criteria, as outlined in our Donor Selection Criteria Manual and revised Standard Operating Procedures, may be asked to donate Large Volume Platelets. Donors will require a higher platelet count than what you normally need to donate a regular platelet. The donation of Large Volume Platelets is as safe for a donor as a regular (single) platelet donation. (Based on research studies where donors have been monitored over a long period of time).

The donation interval between platelet donations does not change; it is the same for a single platelet and a Large Volume Platelet donation which is 14 days.

The collection procedure for large volume platelets is the same as a single platelet – the donor just remains on the machine for a longer period of time. The average large volume platelet donation should take the donor approximately 30 minutes longer than a single platelet donation would.

3.6 **New Donor Recruitment Discussion** – Lorna presented “Finding the next breakthrough” – New Donor Recruitment Program. This presentation outlined the following:

- Who are we trying to recruit?
- Background on who are they?
- Key Motivations vs. Key Barriers
- Existing New Donor Recruitment Programs and Activities
- Finding a New Idea – The Process
- Followed by the group’s feedback and ideas

Here are the ideas coming out of this discussion:

- Approach Religious Leaders
- Target People from Africa
- Educate people more e.g. how many units needed in the hospitals?
- Everyone should commit to personally do something to build the donor group
- Be in more contact with existing donors
- Advertise at Churches on their bulletin boards
- Approach National Airlines to run an ad prior to showing movies on board
- Advertise at funeral homes
- Extend the age past 61
- Educate school children, Elementary, Junior High, High and University Students
- The Myth Busters Group – e.g. people who cannot donate now e.g. because of mad cow disease etc., we need to stay in touch and let them know when they can come back to donate. Blood Services needs to be more proactive.
- Advertise on TV – thank your donor campaign, giving real success stories
- Engage Legislative Assembly – recognise people from the gallery
- Suggest to donors that they return with friends and family members
- Hand them a tool – e.g. a brochure that they can share with colleagues, friends and family
- Heart Story as times like Valentines Day. This was done and it was a success in Calgary. Results will be shared at the next RLC meeting.
- Address the perception that potential donors have, about the process not being easy, takes too much time, not convenient etc.
- Appealing to University Students in a more social setting, say at Dodge Ball games etc., have competitions between Universities.
- Contact strategy need – e.g. sending out a reminder postcard.
- Care must be taken on how the messages are being relayed because of Cultural beliefs
- Get soccer coaches to give – this spins down to the teams
- Contact Student Federation and Wellness Committees
- Target Mosks
- Target Christian Groups

The Group were asked to come up with one statement each that would make them want to donate if they heard it:

- Somebody's life is in your blood – Donate today
- I need x# of donations – would you be willing to save my life
- Be a hero – save 3 lives in 1 hour
- Give 1 hour and save 3 lives
- It takes approximately 1 teaspoon to transfuse a premi
- One child had six transfusions today
- 1400 units of blood needed at Uni Hospital this month – If your son needed blood, would you be afraid to give?
- 3 lives in 1 hour – how many times have you missed saving a life?
- My Grandmother is here today because of blood donors – who do you, know that needs blood?
- Has someone in your life ever required blood?
- My daughter and I live today because of blood donations.
- Grab the highest paying job ever – 3 lives per hour

The members were asked to email any other ideas through to Sharron. This was the end of the presentation.

3.7 **Membership Review** – Dave Duncan reminded members of the rules of membership. This is to be carried forward for to the Agenda for discussion at the next meeting.

3.8 **Engaging Diverse Communities** – Lorna Tessier gave a brief overview on Whole Blood and One Match

**4.0 Proposed Meeting Dates for upcoming year:**

- Friday September 11, 2009 – Face to face in Calgary
- Conference call meeting in mid January 2010 around the 15<sup>th</sup>, date to be confirmed