

# British Columbia & Yukon Regional Liaison Committee

**Record of Meeting:** 2018-04-28

**Location:** Vancouver, BC

<b>Members in Attendance: )</b>	Chris Brennan, CBS	David Patterson, CBS, co-chair	Joban Bal
	Katherine Krause	Kevin Adam	Katie White
	Pam Wishart	Rick Waines	Steve Raper, co-chair
	Simran Parmar	Sheetal Singla	Whitney Goulstone

**Observing:** Phung Chau, recorder

**Regrets:** Marcelo Dominguez, CBS      Kayla DiBauda      Lannon deBest

## Meeting Summary:

### 1.0 Welcome and Introduction / Review of Agenda:

**Presenter:** David Patterson, co-chair.

#### Major Points:

- DP welcomed everyone to the meeting and introduced the newest members of the committee – Katie White, Joban Bal and Whitney Goulstone. A round of introduction was made.
- The agenda was reviewed and previous meeting minutes from 2017-11-04 was approved.

### 2.0 NLC Update:

**Presenter:** Steve Raper, co-chair attended the last National Liaison Committee (NLC) meeting in Ottawa and provided a summary of the meeting.

#### Major Points:

- Lots of turnover and new members are in transition.
- CB – Within the last 4 months we had 6 new board members including 3 in BCY. Lots of onboarding for them. They're all listed on our website: <https://blood.ca/en/about-us/our-board-members>.
- Dr. Dana Devine has stepped down from her VP position but still works for Canadian Blood Services. Our new VP Medical Affairs and Innovation (MAI) is Dr. Isra Levy.
- Our fall meeting will have our deeper connections plan available.
- Funding for Canadian Blood Services comes from the provinces and territories.

**Action Items:** N/A

### 3.0 Project Updates

**Presenter:** Chris Brennan, Manager Stakeholder Relations delivered a presentation and provided an update on our MSM pilot and research.

**MSM campus pilot report:**

- **(Q)** What does MSM stand for? **(A)** CB – Lots of acronyms here at Canadian Blood Services. MSM – men who had sex with men.
- It's been 5 years now since the Freeman trial. Canadian Blood Services received anonymous emails from a donor stating he donated blood and was untruthful answering the MSM question so we took legal action and was able to identify the individual. This went through the whole process of our court system and he lost his human rights complaint to us. This removed the legal question that there is no right to give blood but it didn't remove the social and ethnical part.
- Information session was held 2017-09-16 with university student groups and newspaper. Dr. Dana Devine delivered a presentation which really helped explain our policies. DP will post Dana's presentation on basecamp. **Action.** Atlantic Canada hosted their information session with their student groups in the spring.
- CB – There was a person from Centre for Blood Research in Vancouver who interview Dana and talked about the whole MSM deferral. This is on blood.ca: <https://blood.ca/en/media/resource/men-who-have-sex-with-men>. CB will post link on basecamp. **Action.**

#### **MSM research agenda update:**

- Originally the MSM deferral had a lifetime deferral back in 1977. Since the Freeman trial and through consultation with community and patient groups we received approval from Health Canada to lower the deferral from a lifetime to 5 years and currently 1-year deferral. Health Canada requires proof that we're not introducing any risk to our blood system.
- Canadian Blood Services has funding for research that no one has taken on. Federal government in the last year has put in an extra 2M.
- We hosted a 2-day session in Toronto last January and brought together 20 to 25 researchers as a starting point. 10 to 11 projects funded includes:
  - Survey of MSM policy in urban, semi-urban and rural areas to determine how alternative screening approaches impact the willingness of a person to donate blood.
  - Investigation in donor questions – to make it more inclusive and appropriate.
  - Alternative screening model – behaviour base screening model or the same screening for everyone.
- Recently on 2018-04-15 we received additional 850K funding for our MSM research. Proposal for this second funding is due end of June and guidelines available on blood.ca: <https://blood.ca/en/research/fundihttps://blood.ca/en/research/fundihttps://blood.ca/en/research/fundihttps://blood.ca/en/research/fundi>
- Since the implementation of the MSM 1-year deferral there has been no added risk to our blood system.
- In France they've implemented a program where they freeze the plasma from MSM donors and 6 months later the donor returns for another donation. If cleared the first donation gets released.
- DP – At Canadian Blood Services we're implementing training for all staff on trans sensitivity. We had 2 trans women here doing a Q&A which was recorded and will be used as part of the training.
- **(Q)** PW – Does that community break down into 2 groups - male and female? **(A)** CB – LGBTQ – the "T" part is very complicated. There are many variations but the screening process is very binary. Issue is with TRALI where female platelets can kill a male recipient.
- Comments:
  - PW – On the questionnaire, numbers 13, 16, 19 – Think all question should ask about risk, risk and acceptable or acceptability with level of risk. It's very geared to donors opposed to recipients.
  - WG – Took it as behaviour risk from recipient side.
  - **(Q)** KA - With the projects that are wrapping up right now what are actionable items or is it just data finding? **(A)** CB - Depends on the project, researchers are going out and doing the interviews and physical research. All the data they collect will be consolidate and use as part of our application to Health Canada.
  - We'll have more information about the research data at the next meeting.

### Plasma Strategy:

- Develop comprehensive plasma strategy which includes the opening of 40 plasma sites across country over the next 8 years. This doubles our organization. The plan allows us to get to 50% self-sufficiency to meet patient needs in Canada which we are currently at 10%. This is for PPP and not for transfusion.

### Corporate Strategy consultation report:

- Every 5 to 6 years we refresh our corporate strategy and it's essentially resetting our roadmap. Normally this happens behind closed doors but decided to take a different approach this year. We put together 4 consultations and we consulted with RLCs. In BCY we contributed feedback during last meeting. The report is going to the board next week, then publish on our website when approved. CB will let members know when it's available. **Action.**
- Some of the common things that came out of the consultation from all the RLCs include:
  - Funding and financial concerns
  - Impact on research, we're a scientific base organization
  - Aging population
  - Change in demographic
  - Competition of doctor google
  - Donor recruitment and awareness
  - Involvement in blood, stem cells, cord blood, and ODTD. Are we diversifying too much in other areas?
  - Establishing corporate relationships
- **(Q)** Any outliers? **(A)** CB - No, just confirmations of what we already know.
- **(Q)** On the organ donation side, there's BC Kidney foundation, and BC organ donation society. Is CBS involved with any of them and is there a national system? **(A)** CB – There is no national system. Each province has a procurement organization. They all have different criteria and different IT system. In BC we have the BC Transplant Society. Several years ago, we were asked to help link up those systems. We built 3 registries and collectively called Canadian Transplant Registry. They consist of:
  - National organ wait list - most urgent patients waiting for a transplant, except for a kidney
  - Highly sensitize registry - people who received previous transplant
  - Kidney Paired Exchange
- CB – Recent criteria changes for blood donations include:
  - Tattoo deferral is now 3 months. **(Q)** SR – Does that include eye injections where people are dying the white part of their eyes a different colour? **(A)** Unsure.
  - Most the people from West Africa was deferred due to a special strain of HIV-O. That criteria have been lifted due to testing. !
  - Epilepsy deferral has changed to 6 months, previously 3 years. !
  - Removal of the upper age limit, we feature a donor who recently donated at age 95. !
  - Eligible to donate if you're cancer free for 5 years. !
- Open board meeting end of June will be webcast. CB will send link. **Action.**
- Update basecamp to include Katie White. **Action.**

**Action Items:** Highlighted above.

## 4.0 Protein Plasma Product Discussion.

**Presenter:** Chris Brennan, Manager Stakeholder Relations delivered a presentation and led conversation on PPP.

### Overview:

- There is no debate on the safety of PPP but the demand in supply. Currently US produces 80% of the world market. Canadians usage of PPP is increasing by 8% every year.
- In China there is a prohibition on importing PPP but if that prohibition is lifted it will affect the world supply.
- Hema Quebec has already implemented a plan to achieve 50% self-sufficiency

#### Q&A:

- **(Q)** SR – How often do you change PPP? **(A)** WG – Last time we had a product change was 5 years ago and there was a savings of 455M over the course of 3 years. Recipients don't like to change because they don't know how they will react to the new product. CB – The savings went back to the ministries; not to CBS.
- CB – Our goal is to stay status quo and we understand the impact of change for patients.
- WG – There is no reporting system to system if the patient has a reaction to the new product. CB – Patients report to their physician but unsure if this circles back to us.
- **(Q)** PW – Would like to understand why Canadians are against paid plasma. **(A)** SR – Politically we make decisions on plasma thinking it's whole blood. WG – People's reaction when law was introduced and how CPR were setting up shop at not ideal locations. Media also played it up. We need the education and awareness part of it especially for the younger generation on the Krever commission.

## 5.0 Member Roundtable

**Presenter:** Members participated in a roundtable conversation.

#### Major Points:

- SS – Challenges during the last 6 months with recruitment of volunteers. The high turnover of Volunteer Coordinators is frustrating and we are continuing to receive outdated materials.
- KK – Agree that it's frustrating with the high turnover. Younger volunteers do hope for reference letters and they can't get that long-term reference so strategically they feel volunteering for Canadian Blood Services Vancouver Island isn't the best choice for them.
- KK - Not enough research done prior to booking a recruitment event. Ex: Recruitment event at a conference where volunteers only have 10 minutes in-between conference break times to recruit. Most people get coffee or use the washroom during that time. Frustrating for volunteers and it's not good use of their time.
- KK – Morale dropped for volunteer leaders with the hiring of summer students. Volunteer and paid summer students do the same job. Suggested separate responsibility for paid summer students and volunteers but working together as a team.
- DP – It's difficult to find volunteers and we do have a lack of them. If we had enough volunteers we don't have to apply for the government grant to hire these volunteers.
- DP – Will reach out to SS, JB, KK for additional feedback on the morale of the Vancouver Island volunteers in relations with the high turnover of Volunteer Coordinators and paid summer student recruiters. **Action**
- JB – Hosted a recruitment booth at a south Asian event last July with 5,000 to 10,000 people attended. We got 350 sign me up forms and 170 stem cell swabs targeting males age 17 to 35.
- Missing Asian and First Nations representation for this RLC. DP, SR, CB will work on recruitment. **Action.**
- SR – Recognized that there is no blood donor clinic in the north. There is a bus system called Northern Health Connections which moves about 13K patients each year. The bus takes patients who live in the northern region to Vancouver where health services are available. Ex: MRI not available at North Health. SR worked with CB on implementing a program where donors with appointments are able to travel on the

North Health Connections free of charge including a travel companion. Working on advertising this round trip free ride to Vancouver. Doesn't not include accommodation.

- **(Q)** SP – Do all recipients know they receive blood products. **(A)** PW, RW – Yes. Challenging finding those recipients who receives blood products and becoming advocates and/or recipient speakers.
- SP – Involved with the Canadian Federal Medical Students with managing phlebotomy bowls, inter-university competition, etc. **(Q)** Do you have a tracking system for stem cells like your PFL program? **(A)** DP – We do have a tracking system in place. Will get back to SP. **Action.** **(Q)** Helpful to have modules for medical students. More creditable talking about the MSM policy from a medical student at universities. **(A)** CB – Think the module is on basecamp but will check. This came from the student pilot project back in September with Dr. Dana Devine. DP – What 2 – 3 modules would you like to see and we can work with our doctors here on that. SR to contact DP on types of modules. **Action.**
- JB – Month ago involved with the Mismatch Event at UBC with Dr. Dana Devine. Collaboration with the Canadian Blood Research and Canadian Blood Services. Has panel with researchers, recipients, and other representatives. Good turnout getting people engaged. SR – Request JB to forward a summary of the event to the group so we can think about how to become involve at the next event. **Action.**

**Action Items:** Highlighted above.

## 6.0 Regional Performance

**Presenter:** David Patterson, Director Donor Relations gave an overview of our 2017/18 fiscal results.

### Major Points:

- National lift in collections this fiscal at 2.9%, versus in BCY where it's 6.5%. The lift is higher in BCY because we're not self sufficient. We're 10K units short of our hospital demand.
- Challenges trying to close this gap include transition to a digital base system, and shorting of hours of operation here at Oak Centre. We used to open until 7:00 PM, now we open until 6:00 PM and we're losing out on a lot of donors during that last hour.
- **(Q)** PW – Why are you shorting your hours? **(A)** Looking through a national lens and eliminating the stagger start and stop times for our staff, working with LRO (BCNU and HEU) and removing extended work days, and national alignment.
- Doing well with achieving our new donor target, we recruited 100K new donors. Our donor base is 400K
- Few years ago, it took our call centre 11 calls to get 1 booked appointment. Today it'll take 23 calls.
- Stem cell and cord blood reorganization now both registries fall under Medical Affairs and Innovations (MAI). We're still focusing recruitment of young ethnic male donors for stem cells. Cord blood hours of operation has been reduced from a 24/7 operation to Monday – Friday during peak hours.
- Seeing challenges with long term commitments – 1 in 2 who are matched say "no". **(Q)** SP – Do they realize the impact of saying no? **(A)** Yes.
- We're now doing plasma apheresis collections in addition to platelet apheresis. With plasma collections it's a closely monitor process where we have a dedicated staff to the donor. Plasma donors donate plasma apheresis maximum 36 times per year. Our average plasma donor donates 10 times per year.
- CB – Toolkit on basecamp available beginning next week to help members promote our clinics. Toolkit will include Blood 101 video and some info sheets.

**Action Items:** N/A

## 7.0 Community Collections Plan

**Presenter:** Steve Raper, co-chair.

**Major Points:**

- Due to time limitation, this item was not discussed.

**Action Items:** N/A

**8.0 Regional Honouring our Lifeblood**

**Presenter:** David Patterson, Director Donor Relations.

**Major Points:**

- Member to get in touch with their local Event Coordinators if they wish to attend the upcoming HOL events in their area.

**Action Items:** N/A

**9.0 Closing thoughts and fall date selection:**

**Presenter:** David Patterson, Director Donor Relations.

**Major Points:**

- DP thanked everyone for attending the meeting. Next meeting will be Fall 2018. Meeting was adjourned at 2:30 pm.

**Action Items:** N/A