

Atlantic Regional Liaison Committee

Meeting Date: October 30, 2017

Location: Dartmouth, NS

Attendees:

Janice Davidson	Fraser Eaton	Gordon Jenkins
Charles Leger	Tim Lea	Lawrence McGillivray
Heather Mingo	Will Njoku	Jessica Pelley
Morley Reid	Anne Robinson	Tate Skinner
Calvin Taylor	Karen Turner-Lienaux	

Presenters: Chris Brennan Dr. Calvino Cheng Peter MacDonald

Regrets: Dr. Clinton Campbell

Observers: Deanna Jones Michelle Rogerson

Welcome and Introductions:

- Key Points:**
- New committee members, Janice Davidson, Charles Leger, Tim Lea, Lawrence McGillivray and Jessica Pelley, were welcomed to the Atlantic Regional Liaison Committee (RLC) meeting. Round table introductions followed.
 - Departing committee member, Anne Robinson, was thanked for her participation on the Atlantic RLC and presented with a certificate commemorating her time on the committee.
 - Departed committee member, Dr. Calvino Cheng, was thanked for his participation on the Atlantic RLC and presented with a certificate commemorating his time on the committee. Dr. Cheng will continue as a medical representative on the National Liaison Committee (NLC).
 - Cal Taylor was thanked for his two-year term as Atlantic RLC Co-chair and Atlantic NLC representative. His term ends prior to the next Atlantic RLC meeting. Committee members interested in filling the role of Atlantic RLC Co-chair/Atlantic NLC representative should send an e-mail to Peter MacDonald or Janice Phillips.
 - Efforts are underway to add PE representation to the Atlantic RLC. Although an offer to join the committee was extended to a Charlottetown school teacher, she declined due to her busy schedule. Peter MacDonald has also been following up with individuals from NS who may join the committee in the spring.

Review of Task Tracking Calendar & Agenda / Approval of Summary Notes:

- Key Points:**
- May 2017 Atlantic RLC summary notes accepted by Fraser Eaton, seconded by Gordon Jenkins and approved by the committee.
 - Going forward, NLC updates, Atlantic RLC summary notes and meeting presentations will be posted in the Atlantic RLC Basecamp folder.

Action Item: • Janice Phillips to submit the May 2017 Atlantic RLC summary notes for posting to blood.ca.

National Liaison Committee (NLC) Update:

Presenter: Calvin Taylor, RLC Co-Chair & Atlantic NLC Representative

- Key Points:**
- Presentations from the last NLC meeting were forwarded to the Atlantic RLC. Presentation topics focussed on the strategic direction of Canadian Blood Services, branding and Plasma.

Comments/ Questions:

- Can information/presentations sent to RLC members or posted on Basecamp be shared with others? *Unless informed otherwise, information/presentations sent to Atlantic RLC members or posted on Basecamp may be shared with others.*

- Action Items:**
- Once approved, Chris Brennan to post NLC summary notes to the Atlantic RLC group folder in Basecamp.
 - Chris Brennan to add Dr. Clinton Campbell to Basecamp.

Development and Impact of a Novel Red Cell Inventory Ordering Algorithm:

Presenter: Dr. Calvino Cheng, MD, PhD, FRCPC, CPHIMS-CA, Nova Scotia Health Authority, Central Zone

Key Points:

- Red Cell inventory ordering algorithm has been implemented at Nova Scotia Health Authority, Central Zone.
- Supply and demand of blood products is stochastic. Transfusion services are required to maintain an inventory to buffer supply against demand and must maximize availability while minimizing wastage.
- Historical inventory approach:
 - Setting inventory thresholds
 - *number of days of inventory set manually, usually static, and is reviewed periodically (every few years)*
 - *usually based on historical ordering and other key performance indicators*
 - *Medical Director input and comfort-level of management and staff*
 - How inventory is typically ordered in our transfusion service
 - *report is run in laboratory information system*
 - *Technologist counts units in fridges*
 - *Technologist calculates how many units required to top up inventory*
 - *extra units may be ordered depending on systemic situation (i.e., big bleeds, large surgeries, staffing levels and comfort)*
 - The realities:
 - *Highly variable compliance with maximum inventory thresholds. Thresholds developed from usage patterns pre-2007.*
 - *Difficult to obtain accurate inventory counts, especially under pressure.*
 - *Outdate rates could be improved with AB/B groups.*
 - *Often, not all information is available to make a blood order. Inventory may be on different shelves.*
 - The ideal state is a real-time semi-automated quantitative ordering system for Red Blood Cell units based on current usage data with fail safes in place to buffer against unpredictable shocks and minimize calculation brain-work while still allowing for flexibility.
 - Future state wish-list is to carry a five-day inventory and a failsafe institutional anemia scan to account for significant under-estimated demand.
 - Anecdotal benefits – time savings, less pressure to order something, forced blood “budgeting” and increased awareness of inventory stocks and reassuring to have a big blood buffer into the weekend.
 - Conclusion:
 - *Have developed a real-time semi-automated quantitative ordering system for Red Blood Cell units*
 - *Algorithm is unique in that it looks behind and ahead at data*
 - *Have seen immediate results anecdotally and quantitatively*
 - *Technique is applicable elsewhere in transfusion services*
 - Following implementation of the algorithm, the amount of time blood was handled in the hospital system was reduced. As well, wastage costs were dramatically reduced.
 - In 2016-17, the RBC outdate rate was consistently under 1%.
 - Looking at rolling out the program to other hospitals throughout the province.

Comments/ Questions:

- Where is this algorithm in use?
Currently, the algorithm is only in use in Halifax, NS.
- Algorithm does not restrict facility to a specific inventory level. It merely suggests how much product should be ordered. If an incident with the potential for multiple casualties were to occur, additional products could be ordered. Canadian Blood Services also holds four to eight days of inventory on hand.
- The province of New Brunswick has a redistribution program in place for Plasma Protein Products.
- Can blood products be returned to Canadian Blood Services?
Once blood products are ordered and delivered to the hospital, it is part of their inventory.
- Is there central ordering for hospitals or does each hospital order their own blood products?
In Nova Scotia, the two largest hospitals (Halifax Infirmary and the Victoria General) order together. Hants Community orders once per week and Dartmouth General orders twice weekly.
- If an event were to occur where more blood was required than was on hand locally, would it come from other provinces?
Canadian Blood Services manages a national inventory. The goal is to collect what is needed locally and use it locally. However, if product isn't available locally, it will come from the national inventory.

- How can the algorithm be adapted for use by hospitals in other provinces?
Hospitals would need to look at their own data and “do the math”. Canadian Blood Services representatives, in roles specific to utilization, can work with Dr. Calvino Cheng and others to share the algorithm and best practices to other provinces and health authorities.

Action Item:

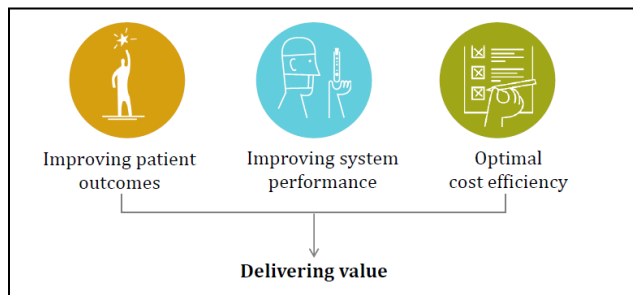
- Dr. Calvino Cheng to provide Atlantic RLC with a modified version of the Red Cell Inventory Ordering Algorithm PowerPoint presentation that can be shared with others.

Canadian Blood Services Strategic Development:

Presenter: Chris Brennan, Manager, Stakeholder Relations

Key Points:

- Canadian Blood Services’ corporate strategy was the main topic of consultation at the National Liaison Committee meeting in September 2017.
- Our value proposition:



- Key trends in the following areas may impact operations, now and in the future – social, political & economic, technology & data, clinical trends & alternative products.
- Committee members were divided into groups to discuss three topics:
 - *Topic #1: How can Canadian Blood Services best leverage our capabilities and national scale to solve problems other jurisdictions or entities can't solve on their own – to improve health outcomes, to address broader health-system challenges and to enhance the value of the products and services we provide?*
 - *Topic #2: What do you think is the most important thing for Canadian Blood Services to deliver or change in the next five years?*
 - *Topic #3: What potential risks, barriers or challenges do you see for Canadian Blood Services in the next five years?*

A plenary discussion followed where committee members discussed what stood out for them, areas of concern and areas of opportunity.

Comments/ Questions:

- A full consultation was then held and a report was generated.

Action Item:

- Chris Brennan to share strategy document with committee once approved.
- Chris Brennan to find out what percentage of unacceptable cords are used for research purposes vs. being discarded.

St. John’s, NL, Clinic Strategy:

Presenter: Peter MacDonald, Director, Donor Relations, Atlantic

Key Points:

- Nine permanent clinics within the 2017-18 Collections Plan were identified with the largest growth requirement for new donors, collections or both. These clinics were Heartland (Toronto), Ottawa, Windsor, Burlington, Saskatoon, Surrey, Victoria, Winnipeg and St. John’s. A High Growth Perm Recruitment Team was assembled to design and execute an integrated and innovative approach to recruiting donors to ensure growth targets were met for each of these clinics. In March 2017, the team met to review the situation, exchange information, brainstorm possibilities and select the highest potential concepts to achieve the mandate. The team will meet monthly to monitor progress and make necessary adjustments.

- A change in marketing and recruitment activities will put the perm site at the centre of what we do and move outward.
- St. John's, NL, has a population of approximately 213,600 (175,632 between the ages of 15 – 79). Within greater St. John's, there is the perm site, four mobile sites and Memorial University. Only 2.9% of the population belongs to a visible minority group. The median age is 50 and the largest segment of the population is between the ages of 20 – 34 (34,897).
- Six consecutive years of declining hospital demand in NL resulted in changes to clinic plans (i.e., closure of satellite sites in Grand Falls-Windsor and Corner Brook) which lead some members of the public to believe that donors weren't needed as much as they once had been.
- Although there are enough clinics in the plan every year to meet hospital demand, clinics still need to be promoted and filled.
- The St. John's Blood Centre is open five days per week (Tuesday – Saturday) and has a weekly target of 176 units. Currently collecting 76.7% of target.
- There was an 11.6% increase in collections in Q1 and 17.5% increase in Q2 versus a year ago.
- Appointments booked via web self-serve 18.2% (NL), 22.3% (Atlantic), 27.4% (National), via the National Contact Centre 39.1% (NL), 36.1% (Atlantic), 30.8% (National) and centre-booked 42.6% (NL), 45.3% (Atlantic), 41.7% (National).
- NL Performance, YTD April 1 – October 14, 2017:
 - *Projected collections 2017-18: 6,789 units, an increase of 14.4%. Q3 and Q4 forecasts stronger than Q1 and Q2.*
 - *176 units per week x 52 weeks = 9,152 units so there is still capacity available. Actual collections a year ago were 6,327 units. The 2017-18 capacity represents a 44.6% increase.*
 - *March donation frequency was 1.92 and 1.85 in August and was influenced by the female 84-day interval.*
 - *In 2017-18 YTD, 9.4% of collections came from 355 new donors vs 6.1% of collections from 203 new donors a year ago.*
 - *The active donor base has grown by 300 donors, an impact of new, reinstated and lapsed donors.*
 - *Deferrals 11.9% YTD vs 14.9% a year ago. This reduction is due to continued donor education (completion of the online questionnaire) and the positive impact of the female 84-day donation interval.*
- Challenges and opportunities within the St. John's perm:
 - *Saturday collections introduced October 15, 2016, with a target of 32 units. Experience at other sites show Saturdays as a consistent performer once established. Will be moving from 09:00 – 13:00 to 10:00 – 14:00 on April 1, 2018.*
 - *Groups have grown from 30 active at the end of Q4, 2016 to 43 at the end of Q2, 2017. Weekly average group attendance declined from 4.5 to 4.2, an impact of the 84-day interval on group frequency. Target has been increased from six groups to eight groups weekly. Currently 28 group prospects. Another 30 groups are needed to support N0001.*
- Current support:
 - *Repositioned as an "A" market with 32 weeks of advertising annually vs "B" market with 20 weeks.*
 - *Online advertising runs 52 weeks and supports all events.*
 - *Local media – Telegram Saves Lives, VOCM summer and Christmas blood drives, K-Rock Big Tom's Shed.*
 - *Local external – digital signage at specific times.*
 - *Free media – Coffee news, Rogers TV listings, community radio.*
- Recruitment initiatives:
 - *In-community events at malls, community fairs, craft and trade shows organized and attended by Event Coordinators. Target two events per week. Events supported by in-community volunteers.*
 - *Adopt a clinic and In Honour events.*
 - *National Power of All.*
 - *Summer student for 11 weeks. Summer student attended 46 events, booked 182 appointments and generated 429 Give Life forms.*
 - *Additional signage in front of building.*
 - *50 cold calls per week during July, August and September. Majority of cold calls followed up with e-mail, second follow-up call and visit warm leads.*

**Comments/
Questions:**

- Could part of the reason for increased donations at the perm site be due to the elimination of some mobiles? *Yes, this was possibly a contributing factor as donors from the mobiles were collapsed into the perm site.*
- The cessation of some Canadian Blood Services mobiles may give some donors the impression that they are no longer needed. Although from an operational standpoint it may be good to have donors go to the perm site, sometimes you need to go where the donors are rather than have them come to you.
- At times, donors can be challenged with Canadian Blood Services' perm site location choices.
- Although the need for groups is understood, there needs to be a better way to ensure donors with appointments are not delayed due to the arrival of groups as this often leaves donors feeling that Canadian Blood Services does not value their time.
Valuing donors' time is something that Canadian Blood Services is working to improve. Groups are now being booked into dedicated times of the day so as not to impact individual donors.
- How much free digital advertising does Canadian Blood Services receive in St. John's and does Canadian Blood Services have enough digital space in St. John's?
Canadian Blood Services receives limited free digital advertising from partners for short periods. What can be done with the limited advertising funds available can be a challenge. Need to determine whether digital signage is performing for us in St. John's or whether we should stop digital signage altogether and redirect funds to something like 'Big Tom's Shed' to obtain more exposure?
- A Donor Advisory Committee has been established in St. John's. The committee was initially meeting every second month to share ideas on how to support the perm. However, members felt that every second month wasn't enough so they started meeting every month. Leveraging the networks/contacts of committee members to get the message out about the perm site has been beneficial for Canadian Blood Services.
- The military is a Partner for Life in St. John's. However, due to changes in leadership and staff turnover, they have not been as active in the program as they once had been. RLC member, Tate Skinner, who is also a reserve in the military, has re-established the connection with the Partner for Life program and hopes to have every military unit adopt a Saturday.

Action Item:

- Peter MacDonald to have someone follow-up with Cal Taylor re. his hotel contact and the possibility of utilizing their digital space.

Updates:

Presenters:

Chris Brennan, Manager, Stakeholder Relations & Peter MacDonald, Director, Donor Relations, Atlantic

Key Points:

- BCY RLC Student Pilot & MSM Research Initiatives:
 - Engaged in dialogue with student leaders from eight colleges/universities in the Lower Mainland and Vancouver Island, BC, on September 16, 2017. The objective of the meeting was to inform, check assumptions and elicit feedback. It was also an opportunity to share information about how the blood system works in Canada and how patient safety and donor health are among the greatest concerns of Canadian Blood Services.
 - A big hurdle with the MSM policy is the misunderstanding of where the policy comes from and why it exists. Meeting participants were provided with the history of why Canadian Blood Services was established. It was noted that when Canadian Blood Services was first established in 1998 on the heels of the tainted blood tragedy, the criteria for MSM were stringent. At that time and in the years that followed, the MSM population was noted to be a particularly high-risk donor group and a man who had sex, even one time, with another man, since 1977 was permanently ineligible to donate blood. Canadian Blood Services moved to a five-year waiting period in July 2013 and to a one-year deferral in June 2016. In future, the goal is to be more inclusive for donors while maintaining the safety and adequacy of the supply of blood products for recipients.
 - Canadian Blood Services' layered approach to blood safety was discussed. Although sophisticated technology is used and includes state-of-the-art nucleic acid testing (NAT), there is a brief period shortly after infection when pathogens are still not detectable. This is the reason the policies are in place.
 - Two companies have pathogen reduction products available that are used in many countries in the world to treat Platelets or Plasma. Red cell and Whole Blood treatments are in early clinical stages.
 - Canadian Blood Services and Héma Québec held a symposium in January 2017 to bring together Canadian researchers in relevant areas and blood centre experts. Following the symposium, groups

were invited to submit proposals for research funding. Funding has been allocated to ten projects across the country whose research could potentially lead to shorter time-based deferrals, behaviour-based screening models and additional testing or manufacturing steps combined with new criterion.

- Canadian Blood Services will share the results of the research projects with student groups.
- Toolkits are being created with MSM policy messaging, timelines for change, historical information and how to communicate the information on campus. Student groups in BC will also be provided with promotional materials for the netCAD Blood4Research facility.
- Very successful ally donor clinics have been held at Pride events across the country. Would ally donor clinics be supported on university campuses?
- Although not invited to attend the Moncton Pride event, Canadian Blood Services has been asked to hold a Townhall in Moncton in the new year to share information with the community and answer questions.

**Comments/
Questions:**

- Can Plasma be frozen?
Plasma for transfusion can be frozen for up to a year.
- Is a submission to Health Canada required to change a deferral period?
Canadian Blood Services must gather data and make a submission to Health Canada. Health Canada then makes the decision as to whether deferral periods can be changed.
- Although clinics have been incredibly successful at Dalhousie, MSM deferral is a controversial issue with the student body. To have Canadian Blood Services participate in a townhall with the Dalhousie Blood Club as mediator to present facts and engage in conversation would likely be respected by the LGBTQ community.

Action Item:

- Chris Brennan to inform the Atlantic RLC of the date, time and location of the Moncton Townhall.

Atlantic Communities & Our Plan:

Presenter: Peter MacDonald, Director, Donor Relations, Atlantic

Key Points:

- The 84-day donation cycle for females has impacted groups. Although the number of groups are growing, they are still coming at the same rhythm every week. This hurdle needs to be overcome at perm sites.
- Nationally, 3% of active Canadian blood donors have given blood in the last 12 months. The Atlantic Region has significant over-penetration in its mobile communities and perm sites except for Saint John and are also ahead of the national percentage.
- Over the last eight months, communities that normally delivered started to miss their targets, a trend that is similar across the country. We can only go to communities when the male and female donors can both attend. The interval of our clinic plan needs to be spread out. At the beginning of October 2017, changes were made for Q3 and Q4 and the 2018-19 clinic plan will have more time between mobiles (i.e., 90-day intervals). Mobiles will be spaced out so the next time we go to the community, all the donor base will be eligible to donate. If we maintain a frequency greater than 84 days and go to a community when women aren't eligible, the mobile target will be adjusted.
- Multi-day mobiles will maintain a greater frequency than 84 days; however, targets will be modified as fewer donors will be eligible to donate.
- Effective October 1, 2017, plans across the country were changed to reflect new donation intervals for perm sites. More to come on April 1, 2018.

**Comments/
Questions:**

- Why does Canadian Blood Services no longer go to the Sydney area of NS?
Canadian Blood Services stopped going to Sydney, NS, because there were enough clinics in the plan to meet hospital demand. As well, this location required significant travel time for staff and was very costly.

Action Item:

- Peter MacDonald to investigate and report back on what percentage of the Canadian population falls into the perm site catchment areas in Canada.

Regional Updates:

Presenter: Peter MacDonald, Director, Donor Relations, Atlantic

Key Points:

- Learning to Save Lives:
 - During the last Atlantic RLC meeting, a commitment was made to take some next steps to bring the Learning to Save Lives program to life in Atlantic Canada.
 - Every year, Canadian Blood Services meets with the NL English School District to review the plan for the coming year. This year, Canadian Blood Services requested three things:
 - *Lifibus support in the community and for schools coming to the Wicklow Street perm site. The complete list was approved except for one school.*
 - For all schools to participate in stem cell events. The school district still has privacy concerns. Canadian Blood Services will continue to work at addressing these concerns.
 - That the Learning to Save Lives program be sent out to all schools in the NL English School District. Approved by the NL English School District; however, they have indicated that they will wait until Canadian Blood Services has met with the NL Teachers' Association before sending out the program.
 - Learning to Save Lives is a stand-alone instructional package that includes teaching guides and instructions.
 - Atlantic RLC member, Morley Reid, and Canadian Blood Services NL Territory Manager met with the Communications Officer with the NL Teachers' Association. The meeting was very positive and although "official" approval is still pending, it appears likely that the NL Teachers' Association will endorse the Learning to Save Lives program.
 - Follow-up with the NL French School District regarding the Learning to Save Lives program is still required.
- Moncton Paid Plasma:
 - Canadian Blood Services has been closely tracking the paid Plasma initiative in Moncton, NB.
 - The 84-daydonation interval change and groups have had a larger impact on the Moncton site than Canadian Plasma Resources. However, multiple strategies designed to help increase the public's awareness of Canadian Blood Services were implemented this fall:
 - *Addition of one radio remote per month in Moncton, NB. On air with number one and two stations in the 18 – 24-year-old demographic.*
 - *Addition of a mobile clinic on the Université de Moncton campus.*
 - *Messaging specifically tweaked for the Moncton audience (i.e., referencing commitment to NB patients and stressing voluntary blood system and the way to make a difference in the local community).*
 - *A billboard campaign with billboards around the legislature in Moncton, NB.*
 - Canadian Blood Services submitted a proposal to the provincial and federal governments to collect more Plasma. The federal government has struck a three-person committee to review the proposal. Initial indications appear positive.
- Executive Changes:
 - The Vice President of Donor Relations has left the organization. An official decision regarding the long-term reporting structure will be made in the new year. In the interim, Peter MacDonald will report to the Vice President of Supply Chain.

Comments/ Questions:

- Once the Learning to Save Lives program is operating smoothly in NL, it can be rolled out in other areas of the Atlantic region. Need to ensure that the program doesn't take away from other programs that are in place.
- Does any of the Plasma collected by Canadian Plasma Resources come back to the Canadian market? *No. The only two organizations in Canada that purchase and distribute the finished products are Canadian Blood Services and Héma Québec. Neither organization has a contract with Canadian Plasma Resources.*
- In addition to running ads on local radio stations, it may be beneficial to run radio ads on campus radio.
- Canadian Blood Services has already been approached by a manufacturer to work collaboratively and become Canadian Blood Services' exclusive partner.
- Héma Québec has two dedicated Plasma facilities but does not pay donors.
- A Korean fractionator will be building a facility in Quebec within the next year.
- Canadian Plasma Resources in Saskatoon does not yet have a contract with a fractionator. They are presently collecting and storing the Plasma.

- Once Canadian Blood Services reaches the implementation phase, it will likely be enlisting the assistance of its Regional Liaison Committees to help promote the Plasma collection sites.

Action Item:

- Chris Brennan to post a link to Chatbot on Basecamp.

Possible Future Topics:

- Atlantic Regional Ethnic Diversity
- Canadian Blood Services' Use of Technology
- Paid Plasma Update

Next Meeting:

- The next meeting has been tentatively scheduled for May 14, 2018, at the Canadian Blood Services site in Saint John, NB.
- A 'save the date' e-mail will be sent to Atlantic RLC members.

The meeting was adjourned at 2:50 pm.