Atlantic Regional Liaison Committee

Meeting Date: 2013-06-03
Location: Dartmouth, NS

Members in Attendance:
- Dr. Calvino Cheng
- Dan Doran
- Gordon Jenkins
- Dr. Jennifer Fesser
- Gordon Jenkins
- Peter MacDonald
- Chris MacInnis
- Donald McKay
- Heather Mingo
- Morley Reid
- Margie Rogers
- Donna Ross
- Calvin Taylor
- Karen Turner-Lienaux
- Allen Veale

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- Dr. Jennifer Fesser
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- Peter MacDonald
- Chris MacInnis
- Donald McKay
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- Morley Reid
- Margie Rogers
- Donna Ross
- Calvin Taylor
- Karen Turner-Lienaux
- Allen Veale

Presenters:
- Mary Ann Ducledre
- Laurie Helm
- Don LaPierre
- Rick Trifunov

Observers:
- Renee Horton
- Michelle Rogerson
- Cindy Stimson

Regrets:
- Fraser Eaton
- Dr. John MacKay
- Paul McGrath
- David Noel
- Anne Robinson

Meeting Summary:

Welcome and Introductions:
Peter MacDonald

Major Points:
- Adam Legge has resigned from the Atlantic RLC in order to focus on his studies at medical school. Peter MacDonald read Adam’s resignation letter to the committee.
- The newest Atlantic RLC member, Adam DuBourdieu, is a university student at MUN, a member of the NL chapter of the Canadian Hemophilia Society and was the recipient speaker at the St. John’s HOL Awards. Unfortunately, Adam was unable to attend the June 3 meeting. **(NOTE: Since the meeting, it was determined that Adam DuBourdieu would not be joining the Atlantic RLC.)**

Review of Agenda and Approval of Summary Notes:

Major Points:
- Topic, ‘MSM Criteria Changes’, added to agenda.
- Corrections to October 29, 2012, Atlantic RLC summary notes: Committee members, Dan Doran, and Dr. John MacKay were incorrectly listed as presenters rather than individuals who asked questions about Organ/Tissue Donation and Transplantation and Alternate Skin Preps.
- As no further corrections were noted, the summary notes from the October 29, 2012, meeting were approved.

NLC Update:

Major Points:
- Chris MacInnis forward the ‘draft’ NLC summary notes from the March 2013 NLC meeting in Ottawa for distribution to the Atlantic RLC.
- Chris’ MacInnis’ term as Atlantic representative on the National Liaison Committee (NLC) and Gordon Jenkins’ term as Atlantic RLC co-chair end in June 2013. Committee members interested in taking on the Atlantic NLC representative role should note that they will also assume the role of Atlantic RLC co-chair.

Action Items:
- Committee members to submit their names by June 7, 2013, for consideration to fill the role of Atlantic NLC representative/Atlantic RLC co-chair.
Learning to Save Lives Update – The Canadian Blood Services Elementary/Middle School Program:
Presenter: Mary Ann Ducedre/Morley Reid

Major Points:
• Program pilot was held at Crescent Collegiate in Blaketown, NL. The program has also been presented at a couple of schools in Calgary and Lethbridge, Alberta.
• During a meeting with the organizing committee at Crescent Collegiate in the fall of 2012, it was decided that Canadian Blood Services Elementary/Middle School Program would not be an ‘add on’ but an integral part of the curriculum. The Science Department quickly identified an objective in the Science Program for grades seven and eight as one that could be completed by a Canadian Blood Services representative. Morley Reid made four presentations. Support was provided by Mary Ann Ducedre, the Regional Volunteer Resources Supervisor and the local Community Development Coordinator.
• A total of 306 students attended presentations at the pilot sites. Morley presented to about 50 students at Crescent Collegiate. The response from students and teachers was very positive. It was suggested that an instructional package be made available online so students could review the slides from the presentation.
• Presentations at Crescent Collegiate were scheduled one day before a blood donor clinic. The clinic was very busy with 92 donors which included 19 new/lapsed donors. It is difficult to determine whether the presentations contributed to the tremendous success of the clinic. Other potential contributors were a WYT Clinic held at the school earlier in the week and the fact that the clinic was an ‘In Honour’ clinic.
• Students were asked to rate the overall presentation, the video, the PowerPoint presentation and indicate whether they now had a better understanding of blood. Most responses fell into the ‘agree/strongly agree’ categories. Others were undecided.
• Teachers were also asked to rate the program. Overall, feedback was good; however, a couple of areas were noted as needing a little work.
• Having volunteers do the presentations worked well.
• Hope to implement a recruitment component to the educational program.
• One week prior to the pilot, Mary Ann Ducedre attended a conference of blood donor recruitment professionals. She spoke with a colleague regarding the education program in New Zealand. Mary Ann will be following up to obtain information on how the program was rolled out.

Comments/Questions:
• The ‘Learning to Save Lives’ program should be expanded to immigrant groups. However, religious and cultural beliefs would need to be taken into account.
• Pre and post session questions should be used to assess the impact.
• Follow-up questionnaires should be issued to presentation attendees to help determine whether the program had an impact on the clinic. Attendees should be asked whether they spoke about this topic to anyone after class.

Action Items:
• Mary Ann Ducedre to follow-up with the Director, Marketing & Recruitment to determine how the program will proceed.

MSM Criteria Changes:
Presenter: Don LaPierre

Major Points:
• Meetings were held with patient groups and community groups to discuss potential MSM criteria changes. Patient groups were far more entrenched in moving from a lifetime deferral to a 10-year deferral, whereas community groups were far more
entrenched in the five-year deferral. After a number of meetings and consultations with both groups (both individually and combined), a deferral period of five years was agreed upon. The proposed policy change developed in collaboration with Héma-Québec was submitted and approved by Health Canada.

- The policy change was determined based on the current science and technology information available. Implementation is scheduled for July 22, 2013.
- Groups that participated as part of the MSM Deferral Policy Working Group will continue to work with Canadian Blood Services on future policy changes.
- Media response has been less than anticipated. Most responses were from community groups. For the most part, patient groups felt comfortable with the policy change.
- Groups most affected by the policy change do not believe that the changes went far enough.

Comments / Questions:
- Donors may not know the answer to certain screening questions. For example, “Have you had sex with someone who has used IV drugs?” The donor is being asked to provide an answer regarding someone else’s behavior.
- Would like to see a review of ‘all’ donor questions and deferral periods applied to other high-risk activities (i.e., tattoos, areas visited, drug/medication use, etc.).
- What will this policy change do to public trust?
- Part of the consultation included IPSOS Reid polling. Results showed that the overall trust and confidence levels in the blood supply did not appear to be negatively affected.
- Perhaps Canadian Blood Services should look at whether MSM donors are in stable, long-term sexual relationships rather than settling on a set deferral period. What would be the level of risk from a donor who has been in an exclusive sexual relationship with the same person for the past 20 years?
- Community groups representing the LGBT community have suggested that Canadian Blood Services move from a time-based deferral to individual behavior-based screening. However, a behavior-based screening model could result in the deferral of many more people from the blood system which could put the supply in jeopardy. We will continue to work towards arriving at something that is fair and just while still protecting the blood supply.

Donor Base Strategy:
Presenter: Laurie Helm

Major Points:
- The active Whole Blood base has been increasing slowly (an average of under 1% per year since inception of Canadian Blood Services). A donation frequency strategy of the loyal donor base has been relied upon in order to meet demand.
- Canadian Blood Services has embarked on a journey to grow the donor base to 500,000 donors within three years.
- The Partners for Life Program has been very successful. There are currently over 4,000 national partners bringing in about 20% of overall collections. (NOTE: The Atlantic Region has 550 partners bringing in about 24% of overall collections. Last year, over 23,000 of our 97,000 Whole Blood units were from the Partners for Life Program.)
- Total donors down 1.73% year over year. New donor recruitment down 4% year over year. Reinstated donor win-back down 4% year over year. New donor retention is at 46.3% on a target of 53%. Current donor base dynamic is not limiting ability to meet targets in the short term but we are not building for the future.
• Flattening demand is challenging the need for a larger active donor base in the short term.
• There is growing concern regarding the impact of donation frequency on iron stores. It takes approximately six months to regain the hemoglobin within your ferritin store after each donation. Eventually, this will likely result in a cap on donation frequency (i.e., four times/year for males and three times/year for females). Replacing the donations currently collected above these caps could require an additional 50,000 donors.
• The current recruitment practice drives donation frequency. Many combinations of donor base size and donation frequency will deliver collections target.
• We have shown the ability to make finer adjustments to our donor recruitment practice to better align with demand.
• What are the pros and cons of an approach focussed on growing the donor base for the future? What are the pros and cons of a targeted ‘frequency’ approach, responding as events impact the donor base?

Comments/Questions:

• Another option would be to keep the same donor base and set donation frequency. It would be strategically important to ensure donors understand that the changes being implemented were for their benefit as well as society’s benefit.
• Canadian Blood Services should concentrate on growing and educating the donor base first before reducing frequency. Once the donor base grows by a certain amount, frequency reductions can begin.
• It is important to inform donors that based on the needs of Canadians on any given day, they may be called in more/less frequently because of their blood group.
• Donor ferritin levels may not be recovering as quickly due to poor nutrition and an increase in the number of vegetarians. It would therefore make more sense to build the donor base rather than increase frequency.
• Donors are often deferred but are not given an explanation. There needs to be follow-up with these donors or they may not return.
• If frequency changes were mandated based on health reasons, donors would still feel wanted. Frequency reductions could be implemented based on age groups.
• If a donor is not experiencing problems resulting from the donation process, why limit their donation frequency? To determine whether a donor is experiencing any issues, their ferritin levels could be measured. There would, however, be a cost associated with doing this.
• There is anecdotal information that donating blood is a healthy thing to do and allows the donor to get rid of methemoglobin. By reducing donor frequency, you could actually be harming some donors. If ferritin is a concern, then perhaps ferritin levels should be measured instead of hemoglobin. We need to find a fine balance between what we should be testing and testing what is most common. This would provide more options aside from growing the donor base or targeting frequency.
• It is important to get into the schools to educate and recruit new donors. Once students become donors, education should continue at the clinics.
• Regardless of which route is taken, donors should be educated on the change, the reason for the change and when it will take place. Information should be passed out to donors well in advance of any change.
• Canadian Blood Services’ recognition system will need to be modified to recognize donors who give based on what is required by the blood system versus the number of donations.
• If it is more expensive to recruit new donors than it is to keep the current donor base, then financially, it would make more sense to increase frequency. Recruitment could be focused on the younger generation.

• In order to attract donors of different ethnicities, recipient testimonial videos should contain immigrants speaking in their native language. The videos could be translated into a target population's language. It was noted that most provinces have immigrant agencies that provide new comers with information about available services. Developing relationships with these agencies could provide Canadian Blood Services with more champions.

• A system is being developed that will provide donors with their personal information (i.e., pulse, blood pressure, temperature, cholesterol, etc.). This information will be available for informational purposes ‘only’ and not for medical purposes. Donors will be provided with a password to access the information.

• Alumni of universities are often provided with an e-mail address from the university. Perhaps Canadian Blood Services could look into providing customized e-mail addresses. This could be offered based on a certain number of donations. Donors could use this as an entry point to the portal to view their own information as well as send e-mails. In order for the e-mail address to remain active, the donor would need to remain active within the blood system.

• If QR codes were set-up at the clinics, donors could flash that they were there. Once they do this, Canadian Blood Services would have their SMS details which could be used to send them short messages reminding them of clinics, etc.

• A text message pilot is currently being piloted at the National Contact Centre (NCC).

• One RLC member’s niece recently donated blood for the first time. Following her donation, she received a beautiful thank you letter from Canadian Blood Services. She subsequently posted on Facebook how happy she was to have donated and received the letter. Her post generated about 50 ‘likes’ and eight comments. Canadian Blood Services needs more of these champions for the cause posting on Facebook.

Plasma Protein Productions Update:
Presenter: Rick Trifunov

Major Points:
• The procurement of Plasma-derived products was renewed on April 1 for five-year contracts through a request for proposal process. Procurement of Recombinant Factor VIII was renewed through an request for quote process on April 1 for a seven-year contract for 60% of usage with Bayer and a three-year contract for 40% of usage with Baxter (with continued access to Pfizer product as required). Current contracts for other Recombinants were extended as new products are expected on the market in a couple of years.

• The global market for plasma products is one of high demand and price reductions are not easily obtained. By creating a competitive environment between existing and potential new suppliers, Canadian Blood Services was able to generate significant savings in our new contracts ($600 million over the next five years).

• Immune Globulin (Ig) and Alzheimer’s has been studied for the last few years. Early results of a Baxter clinical trial showed no significant difference in the rate of cognitive decline in mild to moderate Alzheimer’s patients given Ig vs. a placebo. Based on this result, further Baxter studies of Ig and Alzheimer’s have been suspended. There is, however, a possibility that one of the Alzheimer patient sub-groups may be studied in a future trial. Based on these results, Canadian Blood Services does not expect a significant increase in the use of Ig over current trends.
• Becoming self-sufficient in plasma would be unattainable for Canada. What we would receive back would be much more expensive than buying it from the USA. Thirty percent is an attainable percentage.

• Capital Health has a number of German physicians who have used Fibrinogen in Europe for many years. As they do not have Cryoprecipitate in Europe, they have been using Fibrinogen for their patients and have had great results. Capital Health is planning to conduct a study on Fibrinogen.

• Cryoprecipitate is still being produced by Canadian Blood Services. Cryo has a limited shelf life whereas Fibrinogen’s shelf life is longer.

• The majority of Ig used in Canada today comes from paid, US donors. Dr. Sher has made it clear that Canadian Blood Services is not considering paying donors.

General:

Major Points: • It was requested that the Canadian Blood Services Glossary of Terms be distributed to the Atlantic RLC.

Action Items: • Don LaPierre to ensure glossary of terms is distributed to the Atlantic RLC.

Proposed Future Topics:
• Organs and Tissues Update
• Update on Service Level to NB Hospitals Following Consolidation
• Breakdown of Deferral Rates.

Next Meeting Date:
The next meeting is tentatively scheduled for October 7, 2013, at the Canadian Blood Services site in Saint John, NB.

The meeting was adjourned at 2:30 pm.