NEON Regional Liaison Committee

November 22, 2012

Participants

**Members in Attendance:** Anne Campbell Co-Chair, Peter Bacon, Marc Depatie, Gord McDougall, John Thomas, Carol Vorwerk, Chris Brennan, Diane Gauthier, Denyse Tremblay, Tim Williams

**Regrets:** Michael Olsen Co-Chair, Joanne Higgins, Unita Louis, Paul Rochon, Cindy Winegarden

Meeting Summary

**Opening Remarks** - Anne Campbell, Director, Donor and Clinic Services NEON, opened with roundtable of introductions. Partner for Life feedback was added to the agenda. Summary Notes from May 29, 2012 were accepted.

**Action:** Anne will review the donor satisfaction survey results presented in May to address question regarding the spike in top box scores from October 2009.

**Production Lab Tour**
A tour of the Production Laboratory was provided to showcase another function within the organization. Raj Maripalli, Manager, Product and Hospital Services and Karen Bergeron, Assistant Manager, Product and Hospital Services performed the tour.

Q - What tests are performed once a unit of platelet has been collected?
A – All transmittable disease markers such as HIV, Hepatitis A & B, Syphilis, West Nile and antibodies just to name a few.

Q – How are the units collected in other parts of the region shipped to the Production Site?
A – Shipping containers which include icepacks and a temperature monitor device are used to ship all units collected within the region. These shipping containers are then transported in temperature controlled vehicles to the Production Site.

Q – How far does the Ottawa Production Laboratory service?
A – The Ottawa production site encompasses the largest geographical region by far but all 3 regions service approximately the same number of hospitals. NEON services as far as: North - Moose Factory - 1000 km, North West - Hornepayne - 1050 km, North East - Timmins - 720 km, East - Hawkesbury - 115 km, South West - Belleville - 259 km, South - Cornwall - 110 km

**Collections/Operations Update** - Anne Campbell, Director, Donor and Clinic Services NEON
- Great strides within North & East Ontario & Nunavut in the first half for the fiscal year. Year to date Whole Blood collections 99.5%, Platelet collections 99.6%.
- NEON has the second largest percentage of growth over the previous year, increasing by 4.4%.
- New donor year to date targets were exceeded by 12%. NEON is the only region to exceed the new donor target thus far.
- Donor comment card & Ipsos Reid survey results were discussed.

Q- When looking at new donor statistics, only NEON has exceeded target, is there one specific contributor?
R- New donor targets were set as a percentage of year’s collection target within each region. Regions such as British Columbia operate with a vast donor base, not all donors need to be contacted to ensure all appointments are filled. Although this is not the case within all regions, new donor recruitment may not be in the forefront for all sites.

**NLC Update** - Chris Brennan, Manager, Stakeholder Relations for Joanne Higgins

- The National Liaison Committee discussed the Organ & Tissue Donation & Transplantation strategic plan. This system will improve donation and transplantation performance in Canada.
- The men who have sex with men policy submission will be sent to Health Canada shortly. Input provided by over 30 patient, community and international groups was considered for the final recommendation of a 5 year deferral.

Q – Were there any general public opinion polls taken regarding the MSM policy?
A – Yes, there were over 9,000 respondents. Consensus from the public was to move away from the lifetime deferral.

**Marketing, Rally Together to Save Lives** – Recruitment Tools & Donor Recognition - Adele (AJ) Colbourn, Senior Marketing Manager, Whole Blood

**Consultation**

- The group discussed the use of the Rally recruitment packages
- Both the Donor retention and recognition programs were discussed.
- Regional Liaison Committee members were asked to provide feedback regarding both programs.

Q – When communicating with your respective networks, what tools do you find helpful and effective?
A – The recruitment packages are very simple to use, Community Development Coordinators also provide correspondence regarding appointment availability for upcoming events.

Q – What do you see as being the most strategic components of a recognition program and why?
A – Reinforcing volunteer donation is inherent; many donors do not want recognition for what the feel is a core principle and should not be part of the strategic components.

Q – Do you tie in donor recognition with Public Affairs and Marketing?
A – Public Relations department is utilized to acknowledge donors when they have achieved milestones such as Honouring Our Lifeblood events. Marketing is not utilized for recognition.

Comment – Canadian Blood Services should consider utilising Marketing for recognition more broadly. When visiting the community clinics there are only a few vehicles and a sign directing donors to the clinic, visual recognition such as wrist bands and license plate covers are more frequently used. Canadian Blood Services should consider visual reinforcement on a regular basis. Lapel pins and zipper pulls are small and only worn for a limited time.

**Comment** – Visual reinforcements is key, maybe donor recognition should be left to the donor, providing options (pins, golf shirts, license place covers, magnetic decals and grocery bags) in clinic when milestones are achieved. The group agrees that frames handed out during the Honouring Our Lifeblood event should consist of place holders to add-on additional milestone achievements which may in turn inspire donors to continue.
Comment – Smaller communities could utilize the local paper to acknowledge donor milestones similar to sponsors being thanked after a successful golf tournament. It’s a return on their investment.
Comment – The “Be nice to me, I donated blood today” decal was really well received; a great conversation starter.

**Elementary School Program** - Tony Steed, Director, Sales and Marketing

**Consultation**
- The Learning to Save Lives program will target students in grades 7 and 8.
- Lesson plan suitable for a one-hour curriculum unit, appropriate for health, physical education or science classes with materials including a power point presentation, video, and project ideas.
- Canadian Blood Services currently facilitates many youth programs for high school and college students, such as; Young Blood for Life, Assignment Saving Lives and Blood 101.

Q – Would this curriculum be presented by Canadian Blood Services staff?
A – No, teachers or volunteer speakers would be recruited to present the program.

Q – Has the conversation with the school boards taken place?
A – Not as of yet, we do have contacts in Atlantic and Southern Ontario that will be utilized as first point of contact.

**Partner for Life** - Tim Williams, Regional Partnership Specialist

**Information**
- Partner for life tiered system of recognition is under review, taking into consideration information/feedback provided by all stakeholders.
- Corporate collateral to be presented during the next meeting.

**Cord Capital Campaign** - Danielle Leguard-White, Manager, Major Gifts, Fundraising and Development

**Consultation**
- The Cord Capital Campaign is required to raise $12.5 million within three years. $2.5 million has already been pledged and another $5 million in asks is currently out for consideration.
- Canada is the only G8 country that does not have a National public cord blood bank. We are one of only two G20 countries; second being Russia.
- The national public cord blood bank will consist of two cord blood banks one in Ottawa and one in Edmonton with collection sites (hospitals) in Ottawa, Toronto, Edmonton and Vancouver.

Q – With a National cord blood bank, will private banks continue to operate?
A – Yes, cords donated to the National Bank are available to anyone and cannot be held for specific individuals. Those who want to save their cord for their own family can still do so at a private bank.

Q – The women who chose to have their cords collected and stored in a private bank, do they have a propensity to need them later on?
A – Individuals with family history tend to be more likely to utilize the private banks. With motherhood magazines advocating private banks approximately five years ago there was a
significant increase. Data is being collected and more accurate information will be available around the 8-9 year mark.

Q – With such a high number of recipients finding a match outside their own family, is this an incentive for mothers to donate their cords to the public bank?
A – Yes, this is a very strong statistic to share with expectant mothers. Only 30% of matches come from family members and with such a strong ethnic diversity 50% of individuals in need never find a match.

Q – Are cords collected from still births or miscarriages?
A – No, cords may only be collected from live births which are full term (minimum 36 weeks).

Q – Will all mothers have the option to donate their cord?
A – If the mother is giving birth at one of the four collection sites i.e. the Ottawa Hospital then yes.

Tour of Cord Blood Laboratory - Todd Campbell, Project Manager, OneMatch National Public Cord Blood Bank

Information
- As of September of this year Canadian Blood Services has entered into the validation stage in Ottawa. Cords are currently being collected at the Ottawa Hospital site for validation of equipment and resources.
- The goal of the cord blood bank is to reach a minimum of 20,000 cord blood units in storage for transplantation by March 31, 2019.

Hospital Inventory Management Tools - Denyse Tremblay, Hospital Liaison Specialist

Information Update
- Canadian Blood Services created Blood inventory management tools to help guide Hospitals. Tools included blood component disposition reporting, utilization data reports, an inventory calculator and a redistribution program.
- National Hospital Red Blood Cell outdates have been reduced from 18,628 in 2009/10 to 10,332 in 2011/12 with a continued downward trend in 2012/13. National Platelet outdates are also trending downward.

Round Table/Future Topics of Discussion - Anne Campbell, Director, Donor and Clinic Services NEON
- Those who have new member recommendations are invited to speak to these individuals and recommend they attend the next meeting to allow for a transition period. A 15 member representation is recommended and should include:
  - 5 patient/recipient representatives
  - 5 healthcare representatives (2 minimum dedicated to hospital representatives)
  - 5 community partners (donors, volunteers, partners and sponsors)
- A member recruitment package will be distributed once finalized.
- Topics brought forth included Cord Blood Fundraising update, corporate collateral, Elementary School program update.

Action Items: Anne will review the current and future membership composition.
  Corporate collateral presentation to be included on the May 2013 agenda.
Chris Brennan will provide a Regional Liaison Committee member recruitment package once available.

Meeting was adjourned at 3:00 p.m.

Next Meeting Date: Thursday, May 16, 2013 location to be determined.