

## Board Meeting Minutes (Open)

<b>Date</b>	Dec. 6, 2018	<b>Time</b>	8:30 a.m. – 12:30 p.m. ET
<b>Chair</b>	Mel Cappe	<b>Recording secretary</b>	Ashley Haugh
<b>Attendees</b>	<p><b>Board:</b> Kelly Butt; Wayne Gladstone; Dr. Kevin Glasgow; Craig Knight; David Lehberg; Anne McFarlane; Dunbar Russel; Dr. Jeff Scott; Glenda Yeates</p> <p><b>Executive Management Team:</b> Dr. Graham Sher (Chief Executive Officer); Jean-Paul Bédard (Vice-President, Plasma Operations), Judie Leach Bennett (Vice-President, General Counsel and Corporate Secretary); Christian Choquet (Vice-President, Quality and Regulatory Affairs); Dr. Isra Levy (Vice-President, Medical Affairs and Innovation); Ralph Michaelis (Chief Information Officer); Andrew Pateman (Vice-President, People, Culture and Performance); Pauline Port (Chief Financial Officer and Vice-President, Corporate Services) Rick Prinzen (Chief Supply Chain Officer and Vice-President, Donor Relations); Ron Vezina (Vice-President, Public Affairs)</p>		
<b>Guests</b>	Dr. Chantale Pambrun		
<b>Regrets</b>	Judy Steele		

### 1. Call to order (M. Cappe)

Mel Cappe, Chair, called the meeting to order at 8:30 a.m. ET and welcomed all in attendance in person and on the webcast.

It was acknowledged that the land on which the meeting was held is the traditional territory of the Algonquin Anishnaabeg people.

### 2. Approval of agenda (M. Cappe)

After review, **ON MOTION** duly made and seconded, the agenda for the meeting was unanimously approved.

### 3. Declaration of conflict of interest (M. Cappe)

There were no conflicts of interest declared.

**4. Patient story (M. Cappe)**

At each board meeting, a patient story is shared with attendees reinforcing the board's commitment to patients.

Angie Neumann and her husband, Mike Jones, shared their story of Mike's recent treatment for Guillain-Barré syndrome and the lifesaving plasma-derived drugs (IVIg) administered in hospital.

**5. Report of the Chair (M. Cappe)**

M. Cappe provided opening remarks:

- The patient story underscores the importance of the availability of plasma.
- Canadian Blood Services is collecting more plasma at its current locations and is seeking funding from the provinces and territories for three proof-of-concept plasma collection sites. All based on voluntary, non-remunerated collection.
- The recent Canadian Blood Services brand renewal and visual identity (which highlights the work the organization does in blood, plasma, stem cells, organs and tissues), will be a key tool in donor recruitment and retention strategy.
- Board Directors Mike Shaw and Suromitra Sanatani, who are not seeking renewal, were thanked for their service to Canadian Blood Services.

**6. Report of the CEO (G. Sher)**

Dr. Graham Sher, CEO of Canadian Blood Services, presented the 2018-2019 mid-year review:

- Canadian Blood Services celebrated its 20<sup>th</sup> anniversary on Sept. 28, 2018. It offered a time to reflect on our achievements and look towards our future.
- Our brand renewal, launched on our anniversary, positions us well for the future.
- New five-year strategic plan takes effect on April 1, 2019. There was extensive consultation during the development of the plan with stakeholders, government funders, physicians, etc. The new plan has five key focus areas:
  - Meet changing patient needs by providing lifesaving products and services.
  - Build and deepen relationships with the donors of the future.
  - Ensure a secure supply of Canadian plasma for immune globulin.
  - Create an engaging and empowering employee experience.
  - Achieve organizational excellence.
- The organization has maintained high public trust and donor satisfaction scores.
- Inventory levels have remained high in the last few quarters and we are able to consistently meet hospital demand for red blood cells and platelets.

- Summer 2018 was one of the highest years for West Nile Virus, 43 units tested positive and were removed from the blood system.
- Canadian Blood Services, Héma-Québec, and the American Red Cross just completed a study on Babesia microti in eastern Canada. There was one positive test result in the Canadian Blood Services portion of the study. The risk of Babesia transfusion transmission in Canada is still extremely low; however, surveillance will continue. The Risk-Based Decision-Making (RBDM) framework was used previously to assess this risk and is being used to inform next steps as well.
- Increasing source plasma collections (i.e., only collecting plasma rather than recovering plasma from a blood donation) continues to be a priority area for the board and management. The primary product made with plasma is immune globulin (Ig). Canadian Blood Services' Ig sufficiency rate is 14% and declining. It will take time to build plasma collections (building infrastructure, recruiting additional donors, etc.); so it is important to begin ramping up collections immediately. Within existing infrastructure, the plasma collection centres in London, Ontario and Calgary, Alberta are now collecting a larger volume of plasma per donor. Funding is being sought from the provinces and territories to establish three proof-of-concept plasma collection centres to demonstrate that Canadian Blood Services can collect large volumes of plasma in an efficient and cost-effective manner.
- The plasma protein products (PPP) program continues to be Canadian Blood Services' largest expenditure. There are over 45 brands on the Canadian Blood Services formulary. New and innovative products come to the market annually and must go through a review process by Canadian Blood Services, CADTH (Canadian Agency for Drugs and Technologies in Health), and the provinces and territories to be considered for inclusion on the formulary. Utilization of several products – e.g., factor VIII concentrate, C1 esterase – is growing each year. Management continues to monitor product utilization. Products are selected through a competitive procurement process, and the most recent procurement process did require product transitions for patients. Canadian Blood Services continues to work with patients, physicians, hospitals, stakeholders, etc. through the transition process and make improvements for the future.
- The Canadian Blood Services stem cell program continues to operate a national registry of adult donors; operates a cord blood bank; and provide human leukocyte antigen (HLA) typing service. It would be virtually impossible for a country to find 100% of stem cell matches within its own borders, consequently, there is an international network of stem cell registries and the Canadian Blood Services stem cell program is an active participant. Canadian Blood Services continues to grow its adult registry and cord blood bank, especially seeking ethically diverse donors. Management is also monitoring emerging use of cell therapies.
- Canadian Blood Services continues to play a key role in organ and tissue donation and transplantation (OTDT) in Canada and continually seeks to reduce the number of Canadians waiting for organ transplants. In the last decade, there has continued to be an improvement in the organ donation rate/performance. Tragic events such as the Humboldt bus crash and player Logan Boulet's family honouring his wishes to be an organ donor (and sharing their story in the media) inspired 100,000 new organ donor

registrants across Canada. Health Canada is actively engaged in the OTDT space in Canada. In partnership with Canadian Blood Services and provinces and territories, Health Canada brought together OTDT stakeholders from across Canada in November 2018 for an in-person workshop to continue to advance organ donation and transplantation in Canada.

- The organization continues to evolve and improve the donor experience. There is ongoing work to build a more diverse donor base through outreach to diverse communities; and create a valued donor experience by examining all aspects of donor interaction including technology, customer service and feedback, donor centre environment, etc. In 2018, there has also been pre-planned elevated media messaging campaigns during period when there has historically been a dip in collections (e.g., around summer long weekends) which has provided an increase in donors and kept a steadier inventory level.
- Management continues to closely monitor productivity and efficiency; this includes benchmarking the organization against other blood operators. Other organizational excellence initiatives include improved infrastructure at donor centres and facilities; continually enhancing cybersecurity initiatives; data centre replacement; reinforcing the organizations commitment to quality and continuous improvement; identifying ways to continually reduce the organizations environmental footprint; working with provincial and territorial governments to develop a new National Accountability Agreement; strong commitment to diversity and inclusion with ongoing training, education, and knowledge building; etc.
- Management continually monitors the financial health of the organization. Working capital has remained virtually unchanged in the first half of 2018-2019; there was a positive return on investments in captive insurance operations; and year-to-date expenditures have decreased.
- Overall, the organization had positive mid-year results and there is excitement regarding the remainder of the year with the renewed brand and the release of the new strategic plan.

## **7. Canadian Blood Services' Centre for Innovation (I. Levy, C. Pambrun)**

The board received an update on the Centre for Innovation and the research and development program at Canadian Blood Services. Discussion included:

- From the founding of Canadian Blood Services, research and development has been recognized as an important part of the organization. Justice Krever also recognized that in-house research and development was important for a blood operator.
- Under the Medical Affairs and Innovation division, the Canadian Blood Services Centre for Innovation (C4I) provides research; product and process development; knowledge mobilization and education; and policy research and leading practices.
- Through its network of experts across Canada, C4I has developed partnerships with academic, industry and government organizations.

- Some of C4I's contributions include: 1,700 knowledge products (abstracts, peer review, publications, etc.); 180 partnerships/collaborations; trained 90 highly qualified people (medical students, medical specialists, etc.); contributed to 60 new/updated policies, procedures, practices, products, and standards.
- C4I also contributes to and learns from international research and development.
- Productivity and publication impact data shows that research shared by C4I investigators is being used; and used at levels above the Canadian average for other similar research.
- Canadian Blood Services' C4I research and development work is funded from the federal, provincial and territorial governments. Part of that funding is used for grants, awarded through a competitive process, which augment the work that is done internally.
- C4I research and development is conducted at eleven research laboratories across the country - eight discovery research laboratories and three development laboratories – working on a combined 70+ projects annually. For example, Canadian Blood Services' netCAD laboratory in Vancouver supports the design, development and validation of new products, processes and instrumentation.
- In stem cells, Canadian Blood Services has been able to distribute over 875 products to support 15 projects; all align with Canadian Blood Services' Research Ethics Board and advance Canadian knowledge.
- C4I has also advance work to maximize whole blood and plasma donations; uncovered previously unknown reasons for miscarriages; conducted national studies related to donor safety (iron health, reducing reactions, eligibility criteria, etc.); with funding from Health Canada, funded 15 projects to evolve our approach to men who have sex with men.

## **8. Brand Renewal Launch and Twentieth Anniversary Celebration Summary (R. Vezina)**

The board received an update on the brand renewal launch and the twentieth anniversary celebration. Discussion included:

- On Sept. 28, 2018, as part of its twentieth anniversary celebrations, Canadian Blood Services launched its brand renewal. In addition to a new visual identity, the brand renewal consists of updated vision, mission, values, operational pillars, quality policy and leadership commitments.
- During the brand renewal process, there was consultation with donors, staff, stakeholders, recipients, the board, etc.
- There was recognition that Canadian Blood Services needed to widen its appeal (more than just blood) and grow its donor experience.
- The new visual identity highlights all aspects of Canadian Blood Services' work – blood; plasma, stem cells; organs and tissues.
- The brand renewal was unveiled to Canadian Blood Services staff in advance of the public launch. Approximately 100 sessions were held with staff across the country, at different times and days to accommodate schedules, to ensure as many staff as possible heard the news first hand.

- On Sept. 28, there were nine events across the country to publicly launch the brand renewal. The events were attended by donors, recipients, board members, staff, and stakeholders.
- TV, radio, print, and social media ads are being deployed to increase public awareness of what Canadian Blood Services does and the full scope of products and services offered.
- The new visual identity is being launched in a fiscally responsible manner; assets – vehicles, signage, etc. – are being updated progressively over time.
- Internally, almost 100 staff have volunteered to be brand ambassadors – from all levels of the organization.
- Baseline data regarding Canadian Blood Services' familiarity, trust, relevance and uniqueness was collected before the brand renewal and will be used to measure its impact.

## **9. Public Presentations (M. Cappe)**

At each open board meeting, members of the public and stakeholders are given the opportunity to present to the board. The following individuals presented to the board and all will receive a written response following the board meeting.

### **9.1 Bob McRae, Blood and kidney donor**

B. McRae is a blood donor; an anonymous kidney donor; Canadian Blood Services volunteer; and an advocate for blood and organ and tissue donation. Based on his experience as a donor and volunteer, he provided feedback to promote blood and organ donation rates such as: making sure every donor receives a "I donated" sticker, providing information on the benefits of blood donation, more pamphlets in donor centres to cross-promote other Canadian Blood Services activities, more visible feedback forms, letting donors know drinking hot or cold beverages immediately before screening might affect their temperature reading.

Response: The board thanked B. McRae for his exemplary support of Canadian Blood Services as a donor, volunteer and advocate. Canadian Blood Services is always seeking ways to improve the donor experience and management is reviewing all of the suggestions. New donor centres will have a dedicated space to promote the different ways that donors can contribute.

### **9.2 Wendy Sauvé, Co-President, Canadian Association for Porphyria/Association Canadienne de Porphyrie**

W. Sauvé is seeking an update on the review process for Hemin, a blood product, to be placed on the Canadian Blood Services' formulary. She shared that Hemin has been at various stages of the review process for some time – it began the product review process, but in early 2017 the Provincial and Territorial Blood Liaison Committee (PTBLC) decided to not review the product as there was access to Hemin in many provinces. The process was restarted in June 2017 and the PTBLC decided to move forward with a review in March 2018. Currently, only three provinces have Hemin available through provincial drug programs, so it was shared that there is inequitable access for patients and many patients have to advocate strongly to get the life changing product.



Response: Canadian Blood Services acknowledges the frustration that can result from the length of the review process, recognizing that only certain aspects are within the control of Canadian Blood Services. The review process for Hemin is underway and on track. Canadian Blood Services is making every effort to deliver recommendations to the provincial and territorial governments as soon as possible.

### **9.3 Whitney Goulstone, Executive Director, Canadian Immunodeficiencies Patient Organization (CIPO)**

W. Goulstone shared that CIPO staff had volunteered at a blood donation centre on Giving Tuesday and appreciated the opportunity to give back and thank donors and staff. CIPO prepared a report on the request for proposal (RFP) process for plasma protein products (PPP) and W. Goulstone shared the recommendations: an immunologist should be a part of future PPP RFPs; a transition coordinator should be appointed to oversee the transition process; there should be longer lead-time to allow for better preparation and to ease patient transition; there should be a clearly-defined system for patients who are unable to transition products.

Response: Canadian Blood Services acknowledges that the product transition was more difficult and problematic than had been anticipated. With this experience in mind, management is reviewing processes, in concert with experts and stakeholders, to identify areas for improvement and welcomes CIPO's feedback and suggestions.

### **9.4 Anne Rowe, Director at Large, Hereditary AngioEdema (HAE) Canada**

A. Rowe is seeking approval for Haegarda and Lanadelumab/Takhzyro to have an expedited review, so they can be placed on the Canadian Blood Services formulary. Patients with hereditary angioedema, a rare genetic disorder, are seeking a choice of products' including products they can administer at home. Once HAE patients are diagnosed and receiving appropriate products, they are reporting higher quality of life. A. Rowe also shared a letter from Dr. Stephen Betschel, Chair, Canadian Hereditary Angioedema Network, supporting the request for an expedited review of the products.

Response: The board appreciated the opportunity to learn about the experience of patients with hereditary angioedema. It has been recognized that the product selection process needs broader review and greater clarity in terms of selection criteria and other key elements. This will help ensure that the best decisions are made both for patients and for publicly funded health systems. Within this context, discussions with provincial and territorial governments around these treatments are in progress. Canadian Blood Services will share more detailed information as soon as we are able to do so.

### **9.5 Angela Diano, Executive Director, Alpha-1 Canada**

A. Diano is seeking to have Alpha-1 therapies added to the Canadian Blood Services formulary as a new category. The process involves a medical/scientific review by Canadian Blood Services and a pharmacoeconomic review by the Canadian Agency for Drugs and Technologies in Health, with the final decision for addition of a new category to be made by the provinces and territories. She commended Canadian Blood Services for its transparency and ongoing dialogue during the process, but expressed concern for Alpha-1 patients who don't have equitable access

across the country to products and emphasized the importance of considering quality of life when making decisions.

Response: The board understands the impact that augmentation therapies have for patients and we also understand those patients' frustration. As stated, it has been recognized that the product selection process needs broader review and greater clarity in terms of selection criteria and other key elements. This will help ensure that the best decisions are made both for patients and for publicly funded health systems. Within this context, discussions with governments continue around this treatment. Canadian Blood Services hopes to be able to share a resolution soon.

#### **9.6 David Page, National Director of Health Policy, Canadian Hemophilia Society**

D. Page is seeking an update on the review process for Hemlibra to be placed on the Canadian Blood Services formulary. He shared that product would have dramatic positive health benefits to patients, and there would be overall savings to the health system with avoided hospital trips and other treatments.

Response: The board recognizes the potential benefits that this product offers to some hemophilia patients. The review process for Hemlibra is under way. Although certain aspects of this review are beyond the control of Canadian Blood Services, we are making every effort to complete this work as quickly as possible.

#### **9.7 Kat Lanteigne, Executive Director/Co-founder, BloodWatch.org**

K. Lanteigne encouraged Canadian Blood Services to be a greater advocate for voluntary blood and plasma collection and to provide more information to the public and governments on plans to collect more plasma within the voluntary, non-remunerated collections model – e.g. present to the Senate committee examining Bill S-252, the *Voluntary Blood Donations Act*.

Response: Canadian Blood Services is not an advocacy organization. Rather, it was set up specifically to manage the blood system and to insulate it from the political realm. The board remains fully committed to Canadian Blood Services' plan to significantly increase the volume of plasma it collects from Canadian donors for Canadian patients, as per its voluntary, non-remunerated, publicly-funded collections model.

M. Cappe thanked the board, management and members of the public and staff for their attendance and contribution.

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