COMMUNITY LIAISON COMMITTEE, NS/PEI

SUMMARY NOTES of the meeting of the Canadian Blood Services Community Liaison Committee held in Halifax on Friday, February 18, 2005, at 11:00 am.

PRESENT:
Gord Hickman
Chris MacInnis
Tom Pinsent
Dr. Irene Sadek
Derek Shanks
Karen Turner-Lienaux

OBSERVING/ PRESENTING:
Sharon Fraser
Natasha Manji
Wendy Turner
Julie VanDusen
PJ Vankoughnett-Olson

REGRETS:
Brian Green
Janet Copeland
Norma MacDonald
Heather Mingo
Glenda Pollard
Judy Risser

1.0 OPENING OF THE MEETING
Chris MacInnis welcomed everyone to the CLC meeting. The meeting commenced with round table introductions.

2.0 REVIEW OF AGENDA
The agenda was reviewed by the committee. No additional items were added to the agenda.

3.0 APPROVAL OF SUMMARY NOTES
The Summary Notes from the meeting of October 15, 2004, were issued to committee members via e-mail. The Summary Notes were reviewed and accepted by committee members by February 1, 2005.

Janice Phillips indicated that there was a bit of a delay receiving the entire committee’s acceptance of the Summary Notes. Sharon Fraser will investigate whether Lotus Notes will provide receipt notices when the message is opened by a committee member. In this way, we would have confirmation that the Summary Notes were opened by each committee member and if no changes were received by the deadline date indicated in the email then the Summary Notes would be considered approved by the committee.
4.0 BUSINESS ARISING

4.1 NLC REPRESENTATIVE REPORT

Gord Hickman reported on items of interest from the NLC meeting of November 8/9, 2004:

- Gord Hickman requested that CLC Summary Notes be posted on the CBS web site in a more timely manner. Head Office will endeavour to post Summary Notes as soon as they are approved. As the Summary Notes are presently only posted in English, there will be no delays due to the requirement for translation services.
- Hep B testing will commence in April 2005.
- Plans for utilizing surplus plasma products are moving forward. Sue Smith, Executive Director, Plasma Products & Services, is heading up this process.
- Youth marketing is a topic of great interest to the NLC and will be discussed at the next NLC meeting in June 2005.
- The MAK Progesa program is now fully implemented across the country.
- Steve Harding, Executive Director, Marketing and Communications, presented an update on the NCC. The contact centre has consistently met or exceeded targets. Thirty-five - 40% of donations come from the contact centre; the remainder comes from repeat donors, rebookings, corporate challenges, the Lifebus, etc.
- Steve Harding also gave a presentation on brand marketing. Trust in the system continues to rise while recognition of CBS declines. Only 20% of Canadians know that CBS manages the blood system.
- The upper age limit criteria have changed. It is anticipated that this will increase collections by approximately 8,000 after 5 years.
- Gord Hickman reported on hospital concerns on the cost of implementing CSA standards. The NLC recommended that CBS meet with Health Canada regarding these concerns. The CBS Board did not feel it was appropriate for CBS to address this issue. An NLC member from Winnipeg will be following up with Health Canada regarding this issue. Karen Turner-Lienaux to e-mail a copy of a report that addresses the impact implementing the CSA standards has on hospitals to PJ Vankoughnett-Olson.
- CBS Winnipeg has a very successful corporate challenge.
- CBS Calgary has a Youth Student Donors of Canada program and a float in the Calgary Stampede.
- It was widely suggested that CBS requires more youth representation.
- Dr. Verna Skanes, Chair of CBS Board of Directors, reported on the accomplishments and future priorities of CBS.
- Dr. Graham Sher, CEO, reported on positive comments he has received from other countries regarding our NLC and CLCs.
- Several individuals spoke about trust between CBS and stakeholder groups. This has changed significantly for the better over the last few years.
- Three Nova Scotians, Pat and Kevin Wentzell, Muriel Hale and Marcel and Patricia Lapointe received awards at the 2004 Honouring Our Lifeblood Awards. The keynote speaker was Silken Laumann. The recipient speaker, Samar Chaker, was very inspirational.

Gord Hickman reported on items of interest from the NLC meeting a few weeks previous to the CLC:

- The CBS' Corporate Plan and Balanced Scorecard were presented by Dr. Graham Sher.
- Donor satisfaction was 84% in 2003 and 87% in 2004.
- There were no West Nile Virus cases of blood donors in 2003 or 2004.
- Nationally, CBS discards 9% of blood collected for various reasons such as mislabeling, untested blood for certain seasons, etc. Wendy Turner stated that CBS Nova Scotia/Prince Edward Island runs at just under 7% for discards and incidents of
mislabeled are extremely low in Nova Scotia/Prince Edward Island. There are very strict requirements in the manufacturer's guidelines for testing kits. If a blood donor sample is lipemic, has fat in it or is discoloured (i.e. jaundiced), these samples are not suitable and therefore cannot be tested and is discarded. These are considered unpreventable discards.

- CBS plans to increase whole blood collections by 1.2% in 2005 and 2.0% by 2008. Platelet collections will increase by 6%.
- CBS budget breakdown:
  - 57% staff costs
  - 21% medical supplies
  - 22% sundry items

- In refining the business strategy, CBS has identified key areas that CBS must focus on; safety, operational excellence and product and service innovation.
- A presentation was given on The Unrelated Bone Marrow Donor Registry. The use of bone marrow has increased significantly over the last 15 years. Unfortunately, Canada relies significantly on non-Canadian donors. The registry does not match the ethnic diversity of the recipients.
- Eric Dean, Executive Director, CBS Foundation, gave a presentation on the foundation. Eric Dean stated that the Foundation heard loud and clear that Foundation initiatives must not impact on present CBS operations.
- A report card on Canada's blood system was compiled and sent to CLC members via e-mail.

4.2 CLC EVALUATION

PJ Vankoughnett-Olson provided an update on the NLC/CLC Evaluation.

An external evaluation of the NLC and CLCs is being carried out by Fair Surveys and is scheduled to be completed by February 2005. The evaluation is a thorough review of the NLC/CLC structure and relationships.

In addition to internal and external document reviews, Fair Surveys observed NLC/CBS Board meetings. Interviews were conducted with 21 NLC members, 3 Board members, 4 CLC co-chairs, 3 Regional Directors, 3 CBS executives and 3 organizations not represented on the NLC. As well, there was an online survey of CLC members. Forty-one of 54 members (76%) responded.

Evaluation findings regarding NLC:
- CBS is highly open, transparent and welcoming towards participation; NLC is a key and unique mechanism
  - involvement of user groups plus other stakeholders (three viewpoints discussions)
  - complements other mechanisms
  - level of support and use
- Current NLC functions are valid.
- Effectiveness is highest when providing input re. proposed policies and communications.
- Agreement among NLC members, CBS executives and Board that NLC has evolved. It "hit stride" in the past year and is money well spent.

Evaluation findings regarding CLC:
- CLC members are happy with the membership balance and meetings.
- CLC members feel they could be more effective and communicate better with their constituencies.
- CLC members feel best being used as sounding boards providing input reactively.
• CLC members feel least effective assisting with donor recruitment, advising on view of stakeholder organizations and providing advice on public reaction to specific issues.

• There was some confusion expressed by Regional Directors and CBS executives regarding whether the CLC was truly a community liaison committee or whether it was a sub-committee of the NLC. What are the responsibilities of the CLC?

The final report will be issued at the end of February 2005. The report will be reviewed internally before being submitted to the NLC sub-committee. The NLC sub-committee will review and respond to the recommendations. The sub-committee will present their responses at the next NLC meeting in June. The responses will be discussed and approved by the NLC and the entire plan will be presented to the Board of Directors in November 2005. CLC recommendations have not yet been received.

4.3 COMMUNICATIONS UPDATE
All CLC members currently receive the CBS newsletter, "On Target". Any members not wishing to receive the newsletter should advise PJ Vankoughnett-Olson. PJ will also be creating a stakeholder information network mailing list and will include e-mail addresses of CLC members. Updates on pertinent issues will be e-mailed regularly to this group.

4.4 REGIONAL DIRECTOR UPDATE
Sue Smith, former Regional Director, CBS Atlantic, has accepted the position of Executive Director, Plasma Products & Services. Joe Gauthier is the new Regional Manager, Donor Services, CBS Atlantic, Sharon Fraser is the new Manager, Communications, CBS Atlantic and Marg Duguay is the new Regional Manager, Clinic Operations, CBS Atlantic.

The interview process for a new Regional Director is underway. Interviews have been held and an announcement is forthcoming. In the meantime, Marg Duguay has been appointed to the position of Acting Regional Director, CBS Atlantic.

5.0 NEW BUSINESS
5.1 ANTI-HEPATITIS B CORE TESTING (Anti-HBc)
Natasha Manji, Communications Specialist, Diversity & Special Projects, CBS, provided an update on Anti-HBc:
- In 2004, CBS resolved to proceed with the implementation of a second Hepatitis B test, Anti-Hepatitis B Core Testing (Anti-HBc).
- CBS is working towards an April 11, 2005, implementation date.
- The addition of this test will allow CBS to identify an additional small number of donations that contain the Hepatitis B virus.
- The submission for license amendment is with Health Canada.
- Validation of the test and development of work instructions and training materials are underway.
- We can expect to see a deferral of approximately 6,000 donors in the first year.
- A great deal of work has been put into developing clear and meaningful letters for donors.
- Donors won't notice anything different when they donate at a clinic; however, information pamphlets will be available on clinic and information will be available on the CBS website.
- Positive test results will result in a permanent deferral.
5.2 DIVERSITY REPORT

Natasha Manji, Communications Specialist, Diversity & Special Projects, CBS, provided an update on the CBS Diversity Initiative:

- Less than 4% of Canada's eligible population donates blood.
- Canada must rely on international donors for more than half of the unrelated bone marrow transplants in the country each year.
- 13.4% of the Canadian population is identified as visible minorities. Of this 13.4%, the majority (26%) are South Asian, followed by Chinese at 22% and Black at 19%. BC had the highest proportion (21.6%) of visible minorities followed by Ontario at 19.1%. Over half of Canada's visible minorities live in Ontario. Aboriginals make up 3.3% of the Canadian population, most of them in Manitoba.
- By 2016, visible minorities will account for 20% of Canada's population.
- Commissioned DiversiPro to help estimate both the opportunities and barriers to recruiting a larger number of visible minorities and aboriginals to donate blood and bone marrow. Over 100 community leaders and other members of the largest visible minority and aboriginal communities in Vancouver, Winnipeg, Toronto and Halifax were interviewed about their knowledge of CBS, their attitudes toward blood and bone marrow donation, media consumption and general thoughts on their communities participating in the Canadian blood system.
- Research study provided CBS with a database and network of over 100 people from various communities who are interested in hearing more about CBS. As well, CBS obtained a wealth of partnership opportunities - not just blood clinics but ways to be visible and participate in communities.
- Gained knowledge about how best to build strong, healthy, long-term relationships with these communities by asking what we needed to be aware of - politically, economically, culturally, etc.
- According to DiversiPro, a successful Diversity Program is comprehensive enough to touch on the following 6 areas of an organization; leadership, program selection, marketing and communications, community connections, the workplace and hiring and staffing. CBS is focusing on areas where we are already equipped to make a difference - community connections, marketing, communications, etc.
- A Strategic Initiatives Proposal was submitted to the EMT.
- A Diversity Business Case is being developed. Working closely with Eric Dean of the CBS Foundation so that the Business Case can be modified into a case for financial support.
- Looking at various case studies to learn best practices and build relationships.
- Working with the CBS Epidemiology Group to gather research about how ethnicity affects blood types, product needs and other medical reasons for a diversity program.
- Working with Market Knowledge group to add a question to the Record of Donation form regarding ethnicity.
- In 2003 - 2004 fiscal year, the Unrelated Bone Marrow Donor Registry was comprised of the following:
  - 82.1% Caucasian       - 0.8% Aboriginal
  - 0.5% Black            - 1.4% East Indian
  - 3.5% Asian            - 7.7% Unknown/unspecified
  - 0.3% Hispanic         - 3.7% Other
- Internal and external relationships are equally important and ensuring that these relationships are open, strong and respectful is what will help build a good diversity program.
- Thank you letters have been sent to participants of the research study.
- An overview and update of our progress will be sent to research study participants.
- CBS' Interfaith Project is a great way to build relationships in various communities.
- Vast majority of representatives from the various communities interviewed offered themselves and other contacts as community champions.
Education is the biggest factor limiting participation in the blood system.
Understanding the science behind blood and bone marrow donation is very important to the communities interviewed, especially the Chinese and Filipino communities.
No religious concerns were identified as barriers to blood donation; however, there are many myths to be dispelled.
Many participants indicated that giving blood was a familiar concept, but confidence in the safety of giving blood outside their home country is low.
Youth in the communities interviewed did not identify themselves as segmented into various cultures or backgrounds, they thought of themselves as a community based on age, not ethnicity.
Ethnic communities segmented by religion tend to have highly organized youth groups at all education levels. Those communities segmented by geographic origin were not as strongly organized in groups.
CBS must understand the importance to these communities of being approached by somebody from that community -- somebody who understands their customs, concerns and sensitivities.
Communities emphasized the need for CBS to use a face-to-face, personalized approach to building relationships.
The desire to participate in Canada's blood system was strong in each of the communities. Some expressed the desire to help on a voluntary basis and other groups expressed the need to see themselves reflected at the decision-making level of the organization. All communities felt it was important to be consistently involved as stakeholders to ensure accountability on both sides.
In Halifax, a history of exclusion and other feelings of mistrust affect black relations with mainstream institutions. A Diversity and Social Inclusion Initiative has been developed by the Nova Scotia Department of Health's Primary Health Care Section. Their research findings and diversity competent objectives offer valuable partnership opportunities.
Racial sensitivities mean CBS must take time to explain deferrals thoroughly and explain all deferrals -- not just the ones relevant to any specific group.
Participants stated that they did not see themselves reflected in CBS brochures, posters, etc.
Benefits directly to the family and community are an important measure of value for the interviewed communities. The inspiration to learn more and take action comes from personal stories in the community. Diseases affecting specific ethnic groups must be addressed.
Word of mouth was identified as a major source of information in ethnic communities. Highlighting stories which affect the community is a powerful way to engage in opportunities to share information.
In the Aboriginal community, health and economic concerns prevent blood donation and UBMDR registration from becoming a priority. At the same time, leaders in the community see sharing information about CBS as a source of motivation for young people. Understanding how being healthy enough to donate blood or bone marrow might inspire young people to take interest in their own health and the well-being of the community.

Sharon Fraser, Communications Manager, Atlantic Region, provided an update on local initiatives:
Locally, CBS is working on gaining trust within the black community. The Northend Community Y has a lunch program for children. During a recent clinic at the Y, children were walked through the donation process and a well-known woman from the community answered questions they had regarding the donation process.
CBS staff has received sensitivity training.
Canadian Blood Services, NS/PEI  
Community Liaison Committee  
Meeting of Friday, February 18, 2005

- Presentations in the clinic during African Heritage month have been very well received.
- CBS Halifax is targeting black youth leaders to help recruit from their communities.
- Marketing materials have been revamped to include more diverse ethnic pictures.

5.3 IMPROVING THE DONATION EXPERIENCE PROJECT

Julie VanDusen, Project Director for Enhancing the Donor Experience, gave an update on the project:

This project came out of the Balanced Score Card as part of the Customer Service Excellence perspective. It is one of the Operations Strategic actions under S3, "Make giving a positive experience".

The overall objective is to improve the donation experience and reverse the recent decline in donor satisfaction. Areas focused on were excellent customer service, skilled and caring teams, and donors leaving the clinic knowing their gift was truly valued and that the whole experience would be exceptional. Only the in-clinic experience was being reviewed, therefore, convenient hours, available clinics or other things such as the NCC were not taken into consideration.

To date, the process has involved a fair bit of research both within the organization to assess the current environment and identify best practices as well as externally regarding how best to achieve the objectives as previously stated. As well, all of our corporate statements were reviewed to assess our stated customer service ideals. A team of 19 staff and 1 volunteer then met in Toronto for 2 days to further assess our current status and what we need to do to provide exceptional donation experiences in every clinic, for every donor. Recommendations were developed based on the assessment, the model and on ideas developed by the team. The recommendations were recently presented to the EMT. We are now looking for feedback on the recommendations.

The model being used is made up of 4 components. The customer or donor is in the centre and must be fully considered in every decision made and everything that is done. The donor's experience is made up of the other 3 components of the model:

- **Service Delivery:** The interaction of our employees and volunteers with donors at the clinic
- **Service Environment:** Everything the donor sees, hears, touches, smells or tastes during the donation process; everything from the parking lot throughout the clinic and public areas of our buildings and back out to the parking area.
• Processes: Include those which we consider to be part of the "regulated" environment such as registration or health history as well as those which are outside it such as how we handle appointment and walk-in donors or the forms of recognition we give donors at clinics.

Each of the three components was assessed from the donor's perspective. By doing this, the team was able to become more customer focused which enabled them to determine what was needed to deliver an outstanding donation experience. From this assessment, 15 short-term (Quick Win Stage), 10 mid-term (Look and Feel Stage) and 6 long-term (Service Excellence Stage) recommendations were developed. The implementation time required for each stage is as follows:

- Quick Win Stage - 1 - 6 months
- Look and Feel Stage - 18 months
- Service Excellence Stage - 18+ months

Thirty-one recommendations were developed and divided into short-term, mid-term and long-term. Several of the recommendations have a phased in implementation; implementation commences in one stage and continues in the next stage.

In the short-term stage, the service philosophy and service standards are developed and communicated within the organization and expectations are included in employees' performance plans.

**Service Delivery Short-term Recommendations:**
- Develop service philosophy and service standards.
- Communicate service philosophy and standards; include in employees' performance plans.
- Institute standard first time donor identification and management practices.
- Notify all donors of anticipated donation time.

**Service Delivery Mid-term Recommendations:**
- Reinforce service philosophy and standards by hiring people with the "right" skills.

**Service Delivery Outcomes:**
- Overall: heightened profile of customer service and cultural shift resulting in an outstanding experience for donors.
- Current staff: clear understanding of customer service expectations and ongoing monitoring, training, reinforcement and coaching.
- New staff: hire people with "right" skills and provide clear expectations going forward.

**Service (Physical) Environment Short-term Recommendations:**
- Implement strategy for staff to take ownership and responsibility for ensuring the physical environment is maintained.
- Centralized coordination and standardized development of clinic equipment and supplies.
• Offer refreshments to donors at the beginning of process as well as at the end.
• Offer at least one option of a "healthy" snack.
• Offer donors comfort items.
• Diversions/entertainment at each step in process.

Service (Physical) Environment Mid-term Recommendations:
• Develop a standard look for perm sites and mobile clinics, ensuring appropriate branding.
• Develop a standard uniform policy for staff and volunteers; implement where possible and prepare implementation plan for other locations.
• Develop standards for donor refreshments including national suppliers.
• Assessment of parking requirements and develop a policy/guidelines.
• Standardize clinic station terminology; develop consistent and professional signage for external and in-clinic needs.

Service (Physical) Environment Long-term Recommendations:
• All clinics will have a consistent look and perm sites will be built/renovated according to CBS standards.
• Implement a comprehensive replacement plan for clinic equipment.
• The uniform policy will be fully implemented with a standard list of acceptable uniforms.

Service (Physical) Environment Outcomes:
• Employee ownership of physical environment (cultural shift).
• Donor "comfort" and refreshments becomes areas of focus.
• Standardization of "look and feel" of clinics/staff which communicates the CBS brand strongly and results in increased donor frequency.
• Potential savings and better ability to plan and budget using standardized food and clinic equipment.

Clinic Processes Short-term Recommendations:
• Identify and implement a consistent process for "appointment" donors versus "walk-in" donors.
• Development of a standard package of reading material.
• Identification and implementation of standard forms of in-clinic donor recognition.

Clinic Processes Mid-term Recommendations:
• Identification and implementation of standard equipment, mix of stations, staffing matrix and appropriate appointment templates for all clinics.
• Assessment of how to speed up, automate and simplify the Registration and Health History processes with implementation where possible.

• Assessment of process used for doing Hemoglobin checks needs to be done to ensure we are using the most accurate method and best practices will be identified and implemented for handling all deferrals and those who have reactions to lessen the negative impact of these events.

• Pilot the concept of combining Reg/Tech, completion of Questions 1 to 13 and Health History into one step; this pilot should be done at Square One in Toronto as this site was built for this concept.

Clinic Processes Long-term Recommendations:
• Implementation of automated, simplified Registration and Health History process.

• Assess the pilot of the "one stop" process and if approved, then develop an implementation plan and implement.

• Modify a PDSI/MAK to ensure full access to each donor's full donation history throughout the process.

Clinic Processes Outcomes:
• Improve in-clinic donor flow management.

• Increase in-clinic donor recognition.

• Speed up overall process.

• Increase satisfaction of donors who have reactions and those who are deferred with increased return rate.

Donor Perspective and Communication Short-term Recommendations:
• Ensure stakeholders/donors have direct input into the validation and prioritization of the recommendations

• Develop an internal Communication plan.

Next Steps:
• Input from Stakeholders/Donors.

• Development of Action Plan.

• Develop the draft Service Philosophy and Standards in Q4.

CLC members offered the following comments/questions following Julie's presentation:
• This type of project is long overdue. Is CBS truly committed to this project? Julie VanDusen stated that the number one priority of CBS is our Balanced Scorecard. This project has been presented to the CBS EMT and they are pleased with the results but concerned about the cost. The CBS Foundation may be able to help the project proceed financially.
• There should be greater connection between donors and recipients. Donors should receive more feedback regarding recipients, i.e. recipient stories. Perhaps recipients could be present or video clips could be played to share recipient stories as donors wait to donate. Sharon Fraser stated that if we proceed in this direction, we will need to develop relationships with recipient groups.

• Posters should be placed in areas such as operating room waiting areas.

• Some items that would make the donation experience special:
  - friendliness of staff
  - feeling of appreciation
  - "putting a face" on the recipient, i.e. recipient video clips, recipient story boards, meeting recipients.
  - excellent treatment of first time donors, i.e. watch for faints
  - availability of Lifebus
  - inconvenience is a big issue to donors. We need to be where the donor is.

6.0 FUTURE TOPICS FOR DISCUSSION
• NCC and CBS Branding presentation by Steve Harding, Executive Director, Marketing & Communications

7.0 NEXT MEETING DATE
The date of the next meeting is Wednesday, May 25, 2005, at 11:00 am.

8.0 ADJOURNMENT
The meeting was adjourned at 2:00 pm.