AGENDA
NATIONAL LIAISON COMMITTEE
MONDAY JUNE 28, 2010
7:30 a.m. to 4:00 p.m.
Best Western Victoria Park Suites (O’Connor Room)
O’Connor St, Ottawa, ON

CHAIRS:
Mr. Dan Doran Canadian Blood Services Board of Directors, (Co-Chair)
Ms. Marilyn Robinson Canadian Blood Services Board of Directors

PRESENT:
Ms. Pam Wishart Aplastic Anemia and Myelodysplasia Association of Canada
Mr. Larry Misner Bruce Denniston Bone Marrow Society
Dr. David Allan Canadian Blood and Bone Marrow Transplant Group
Ms. Heather Mingo Physicians and Nurses for Blood Conservation
Ms. Josie Sirna Thalassemia Foundation of Canada
Mr. Bill Mindell Canadian Hemophilia Society
Mr. Chris MacInnis Regional Liaison Committee Atlantic
Ms. Denise Evanovitch Regional Liaison Committee Southern Ontario
Ms. Amalia Pempengco Regional Liaison Committee Prairies
Ms. Joanne Higgins Regional Liaison Committee NEON
Mr. Steve Raper Regional Liaison Committee BC & Yukon
Mr. Robin Hood Regional Liaison Committee Alberta
Mr. Fred Vecchio Regional Liaison Committee, Central Ontario
Ms. Mary Lye Childhood Cancer Foundation – Candlelighters Canada
Ms Lorna Warwick Leukemia & Lymphoma Society of Canada
Ms. Annie Bédard Canadian Society of Clinical Perfusion
Mr. John Andruschak Canadian Healthcare Association
Ms. Lorna Stevens Neutropenia Support Association Inc.
Mr. Edward Ferre Canadian Association of Transplantation
Dr. Robin Moore-Orr Anemia Institute for Research and Education
Mr. Michael Whelan Canadian Immunodeficiencies Patient Organization
Ms. Susan Borwick Canadian Arthritis Patient Alliance
Ms. Sahar Jamal Youth Representative, Queen’s University
Mr. Jean-Paul Bédard Vice President, Public Affairs, Canadian Blood Services
Ms. Lorna Tessier National Public Relations Director, Canadian Blood Services
Ms. Stephanie Kelly Senior Public Relations Manager, Canadian Blood Services
Mr. Marc Plante Public Relations Coordinator, Canadian Blood Services
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PRESENTERS:

Dr. Bill Sheffield  
Associate Director and Scientist, R & D, Canadian Blood Services

Ms. Sophie de Villers  
Vice-President, Strategy Management, Canadian Blood Services

Dr. Margaret Fearon  
Executive Medical Director, Medical Microbiology

Ms. Jane Hale  
Director, Clinic Services Support

Ms. Lisa Bussell  
Public Communications Manage

REGRETS:

Mr. Robert Teskey  
Canadian Blood Services Board of Directors (Co-Chair)

Ms. Mary Kim  
Canadian Arthritis Patient Alliance

Ms. Carole Ann LaGrange  
Canadian Society for Transfusion Medicine

Mr. Peter Ferreira  
Canadian Ethnocultural Council

Dr. Kevin Glasgow  
Crohn’s and Colitis Foundation of Canada

OPENING REMARKS

Jean-Paul Bédard welcomed everyone. He stated that the National Liaison Committee has helped Canadian Blood Services achieve its goals of effectively involving Canadians in the blood system. The relationships that have been established through this committee and the Regional Liaison Committees have allowed us to expand our reach into different communities and organizations you represent.

He then introduced the co-chairs for today's meeting. First, Dan Doran, from PEI is one of the new National Liaison Committee co-chairs. This is his second meeting; he attended the last one as an observer and this was his first official meeting in the capacity as co-chair. Dan is a member of the Canadian Blood Services Board of Directors, representing consumer interests on the Board. Dan indicated to the membership that the next meeting in September, 2010, would be his last.

Robert Teskey, the other NLC co-chair, was unable to attend due to recent heart surgery Bob did indicate that he is recovering well and sent his regrets. A card was circulated for members to sign to send him get well wishes.

Marilyn Robinson, also a Board Member, who represents the British Columbia and Yukon region, agreed to co-chair in Bob’s absence.

The chair welcomed all participants to the meeting and introduced new members:

- Josie Sirna, the new representative for the Thalassemia Foundation of Canada;
- John Andruschak, representing the Canadian Healthcare Association;
- Dr. Kevin Glasgow, representing the Crohn’s and Colitis Foundation of Canada - who sends his regrets.

The new members representing the Regional Liaison Committees (RLC):
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• Steve Raper – representing the British Columbia and Yukon RLC;
• Robin Hood – representing the Alberta and Northwest Territories RLC; and
• Chris MacInnis representing the Atlantic RLC.

Thanks were extended to Vikram Bhatija, Janene Flath, Dr. Sam Krikler and Margaret Rogers for their past contributions.

Susan Borwick attended on behalf of Mary Kim, representing the Arthritis Society of Canada. Denise Evanovitch, as well as representing the Southern Ontario RLC, attended on behalf of Carole Ann LaGrange of the Canadian Society for Transfusion Medicine.

There was a round table and the members introduced themselves and provided the organization or RLC they represent.

REVIEW OF AGENDA
The agenda was reviewed. Dr Moore-Orr inquired whether there would be an update on the Freeman Trial. Jean-Paul Bédard indicated that he would provide a brief update later in the agenda.

REVIEW AND APPROVAL OF September 20 - 21 SUMMARY NOTES
The date should be changed from 08 to 09. Change Pam Wishart’s spelling of complements to compliments.
Summary Notes were approved by Lorna Stevens and Mike Whelan

1. Regional Liaison Committee Reports and Q&A

RLC Summaries were distributed to members prior to the meeting for review, with time on the agenda for any questions or clarifications, to which there were none.

Amalia Pempengco mentioned the new initiative at the Prairies RLC. She created an RLC group site to store archives, photos, recipient stories, and other items that would keep the other RLC members engaged between meetings. Anyone wishing to take part must be invited and registered.

2 Research and Development Update and Q&A

Bill Sheffield, Associate Director and Senior Scientist in Research and Development with Canadian Blood Services, based at McMaster University, provided an update.

Questions
Q. Why did Canadian Blood Services use an external review company (KPMG) instead of peer review?
A. KPMG has been an expert in the auditing field for many years, and has performed exceptional auditing and advisory services (in terms of governance and performance) in the past.
Q. There was mention that money is allocated to three research hubs. Has there been any consideration of expanding the research hubs to the Prairies, particularly the University of Manitoba?
A. Although there have been moves and consolidations, there are historical reasons why the research hubs are where they are. When Canadian Blood Services took over from the Red Cross, the organization took on the doctors and researchers who were already established in their areas.

Q. What is the status of pathogen inactivation?
A. This is a major focus around the world. Currently there is no solution right now that treats all three components through pathogen inactivation – plasma is done, but slightly compromised. If this technology is delivered, it could address many of those unknown enveloped viruses.

Q. Can you comment on the student grant program?
A. Canadian Blood Services does have an intramural research grant program and separate training grants for graduate students. It is not limited to students studying with Canadian Blood Services scientists. There is a summer intern program as well, graduate fellowship and post-doctoral fellowship program, and there is the transfusion medicine residency program as well.

Q. Funding research recipients don’t always realize where the money comes from. Do the cheques identify Canadian Blood Services as the funder?
A. Yes. Letters of award clearly identify Canadian Blood Services as the funder.

3. XENOTROPIC MURINE LEUKEMIA VIRUS-RELATED VIRUS (XMRV) UPDATE AND Q&A
Margaret Fearon, Executive Medical Director, Medical Microbiology gave her presentation on Xenotropic Murine Leukemia Virus-Related Virus, or XMRV via teleconference.

Questions/Discussion

Q. The Canadian Hemophilia Society (CHS) is pleased that Chronic Fatigue Syndrome (CFS) patients are now being deferred. How is Canadian Blood Services identifying them? Additionally, CHS would like the question added to the donor questionnaire.
A. At the moment, people are self-identifying. Unlike the United States, Canada has a lot more questions as part of our screening process.

Q. It is not clear if people are identifying themselves with CFS. Are or can people recover from it?
A. Prospective donors used to come in when they felt better, but Canadian Blood Services no longer accept them. As part of the screening process, we do not ask specific questions such as “do you have chronic fatigue syndrome?”.

Comment. The Canadian Hemophilia Society does not feel that this is satisfactory and therefore would respectfully request that the members of the Board consider a proposal to add this to question 11 on the questionnaire. (See Appendix B)

Q. What is a white paper?
A. A white paper is an authoritative report or guide that often addresses issues and how to solve them. White papers are used to educate readers and help people make decisions.

4. FREEMAN CASE

Jean-Paul Bédard gave an update on where Canadian Blood Services is with the case. Essentially, we are waiting for the judge to pass her ruling, which is expected in late summer. Meanwhile, Canadian Blood Services has prepared several communications and stakeholder consultation plans and scenarios.

Comment. Congratulations on behalf of the NLC to Watson Gale and Canadian Blood Services for receiving an award from the Canadian General Council.

Questions/Discussion

Q. Are there many of these cases pending?
A. Currently there is only Freeman and another one pending in Quebec.

5. Multi-Skilled Workforce/Donor Care Associate Update

Jane Hale, Director, Clinic Services Support provided an update on the Donor Care Associate, multi-skilled workforce initiative.

Questions/Discussion

Q. What are the minimum education requirements?
A. High school education (Grade 12) to be eligible to apply for the Canadian Blood Services training, which is the same for phlebotomists.

Q. Have medical technologist/technician groups been consulted? In particular, the phlebotomists and technologists? Will they also be considered or can apply for this new position?
A. There are a variety of requirements other than a high school education, but someone with a higher level of education is certainly considered.

Q. Have there been any discussions with the Colleges of Laboratory Technologists e.g. CMLTO?
A. Not yet. This will be an item for follow-up.

Q. Will there be enough staff to cover absenteeism, vacations, and so on?
A. Safety will not be compromised. DCA’s will not replace the RN consultant. We will be looking closely at the RN consultant position.

Comment. This is an excellent opportunity for career advancement.
Q. What would the perception from the donor be if a DCA has to call over the nurse consultant?
A. In terms of perception, we want the comfort level at the clinic maintained. The DCA will screen in entirety (from start to finish) and if there is a question, they will say 'I'll check with the nurse'. It's fairly common to consult with nurses. Malaria is an automatic nurse question clarification.

Q. Have you taken into account the donor experience?
A. Donor satisfaction is critical. We have received feedback from comment cards, Ipsos-Reid, on-site clinic visits, focus groups and so forth so donors understand the proposed changes.

Q. Will there only be one nurse consultant on site?
A. It depends on the size of the clinic, but generally there would be one or two and of course there will be ongoing monitoring to ensure proper staffing levels.

Q. Will you be looking to hire internally first, and then extend the job posting externally?
A. We will not post the job externally if we don't have to. Currently, we have sufficient staff internally. The focus is the existing employees, with internal candidates to be considered first.

Q. Is the compensation less than an RN?
A. Yes, as the DCA does not have same qualifications as an RN.

Q. Will RN’s do the training and will it continue? Will the RNs cease to be the experts in time?
A. The RN consultant role will always be there, and won’t be going away.

Q. New RNs won't have the necessary organizational background, and therefore wouldn’t have the expertise?
A. RNs would be able to take some of the specific modules that would address the absent skills (such as screening).

6. ELEMENTARY SCHOOL PROGRAM UPDATE AND Q&A

Lisa Bussell, Manager, Public Education provided an update on the Elementary School Program.

Questions/Discussion

Q. Is there an age for What's Your Type (WYT)?
A. No, however WYT is geared more towards high school students. We do not collect blood samples in the class.

Q. I'm surprised as to why the program is focused on Gr. 7-8? Seventeen year-olds are eligible to give, and high school students are required to do 40 hours volunteer service, so shouldn't the program be targeted more to them?
A. You are correct, however Canadian Blood Services already has many established programs in high schools, so now the focus is a younger demographic to raise awareness before their date of eligibility.
Q. Because Bayer is a major sponsor of this program, what type of exposure would they get, especially as a drug company?
A. They would receive recognition in a few articles, subtle logo placement, but we are still working on the specific details

Comment. I prefer calling the program “Learn now, Give Later”

Q. A similar program in the United States is very successful. Wouldn’t a target of Gr. 5-6 be better for impact?
A. In Ontario, it is part of the Grade 5 curriculum.

Comment. Grades. 7-8 are good ages to target because they are already faced with other health information and taking responsibility.

Comment. I have a 15 year old, and she has been asking to donate blood since she was 11. It's never too early to start education. Something to consider - you can have competitions between classes.

Comment. I am very pleased with the current programs. Blood donation awareness needs to be addressed at a young age. Keep up good work.

Q. You should hit them all with blood, tissue, and stem cells. Will you have a technologist look at the final program details to verify the information?
A. Yes

Comment. The program needs more of a ‘call to action’. At that age, students are more used to the ‘pledge’ idea – competitions are good. Also, an evaluation at high schools on the effectiveness of the programs to see how things are working should be done. Consider calling the program ‘Learning to Save Lives’.

7. TASK TRACKING CALENDAR
Stephanie Kelly discussed the pending tasks and their status. An updated version will be sent out electronically with the summary notes.

Items to be highlighted include informed consent and Corporate sponsorships.

Comment. Under completed ones, the Canadian Blood Services Foundation, Dr. Moore-Orr has issues with direct mail pieces from the organization, and wonders if this program is advisable during these tough economic times?
A. This is probably a good time to add this to the Fall agenda (for the fundraising office to present)

Comment. A NLC member thinks mail solicitation is quite effective, likes the flyers, etc. The NLC has had presentations in the past and members have known this was coming, as we've had follow-ups in the past. It's been developing for the last 5 years.

Comment from Dr. Moore-Orr. Mail solicitation to the general public is generally money not well spent.
8. Organ and Tissue Donation and Transplantation Update

Sophie de Villers provided an update on the Organ and Tissue Donation and Transplantation initiative which was followed by a facilitated discussion.

Members were placed into three groups and were asked to discuss two questions:

Q1. What are the risks with regards to CBS's involvement in the design and implementation of an OTDT system in Canada?
Q2. What steps should we take to mitigate these risks?

Results of the breakout groups and the discussion that followed are attached in Appendix A.

9. 2010 NATIONAL LIAISON COMMITTEE SATISFACTION SURVEY

Marc Plante provided the group with some information on the annual satisfaction survey.

The anticipated date for the launch of the annual survey is June 29. The closing date is in two weeks, which is July 12.

Last year the RLC participation rate was 65% and the NLC participation rate was 82%. Please help us attain an even higher response rate this year, this process allows us to capture what is working well and where you might see some opportunities to bring some improvements. There were no comments or questions.

NOTE:
The next NLC meeting which will be on September 20 and 21 in Ottawa.

The September meeting will include the Honouring our Lifeblood evening event on the 20th, a half day meeting with the Board of Directors on the 21st, and an extended meeting with all of the RLC representatives in the afternoon of the 21st.