

**Organ and Tissue Donation and Transplantation
Steering Committee Meeting
April 29, 2010
Sheraton Gateway Hotel, Toronto**

Minutes

Attendees:

Dr. Graham Sher (Chair)	Dr. Brian Postl
Dr. Andrew Baker	Dr. Judith Shamian
Dr. John Hamm	Dr. Michael Strong
Commodore Hans Jung	Dr. Simon Sutcliffe
Dr. Maurice McGregor	Dr. William Wall
Honourable Anne McLellan	

Canadian Blood Services Observers:

Dr. Peter Nickerson, Chair, Organ Expert Committee
Dr. Locksley McGann, Chair, Tissue Expert Committee
Ms. Sophie de Villers, Vice-President, Strategy Management
Dr. Sam Shemie, Medical Consultant, Organ Donation
Ms. Kimberly Young, Executive Director, Organs and Tissues
Ms. Sylvia Torrance, Director, Strategic Planning
Mr. Mathias Haun, Director, Strategic Planning (Tissues)
Ms. PJ Vankoughnett-Olson, Senior Program Manager, Organs and Tissues

1. Welcome and Follow-Up of Action Items:

Graham welcomed the committee members to the meeting. The agenda and follow-up action items were then reviewed.

- The SC meeting minutes from October 14, 2009 were approved by the committee.
- The SC meeting minutes from January 20, 2010 were approved by the committee, with the following change: Page 5, revise last sentence: “Each province should not have different criteria, ~~except where there is agreement.~~”
- Feedback from the Organ and Tissue Expert Committees, Trillium Gift of Life Network and Transplant Quebec on the Case for Change document was reviewed. With the following changes, the committee endorsed the Case for Change document.
 - The apparent discrepancy in table 2.2 needs to be corrected
 - The document should note the number of patients with diabetes, and that only 3,000 of them get on the wait list; many get excluded because of the shortage of organs
 - On page 11, 3rd paragraph, the wording should be changed to “a few” (not “many”) provinces have registries.
 - Section 1.3 – include that, for DCD donors, withdrawal of care will take place because there is not chance of recovery.
 - Confirm the number of DCD donors
 - Page 14, corrections were needed on the role of London HSC
 - Section 3.2 – clarify that lengthy work-ups for patients are typical for renal patient
 - Section 4.1 – clarify there is no auditing on the quality of data.
- The committee agreed to complete conflict of interest disclosure forms.
- The committee was informed that a photographer would be taking pictures in the afternoon and those who did not want to be in the photos should inform the chair.

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2. Activity to Date

The strategic planning process was reviewed with the committee, and an update was given on the public, expert and government engagement activities. A summary of the feedback from the public dialogues and expert consultation sessions was also provided. The committee discussed various ways to ensure that the OTDT recommendations would be acted on by the Ministers of Health. They felt that it was important that OTDT partners (including patient advocacy groups) support and promote the same message to governments. The provinces would need to be convinced of the added value in participating and cooperating with each other in a national system. The benefits for each province would need to be explicitly described. The role of the federal government should also be explored, in terms of the financial contribution and leadership it can bring to promote a pan-Canadian approach.

The OTDT principles as developed by the committee were quickly reviewed. Sophie noted that Canadian Blood Services was planning a review of the principles and system design by a panel of ethicists. She requested that members send her any comments on the draft principles documents.

3. Organ Strategy Map

Sophie presented the process and tools used to develop the strategy map. The draft strategic destination statement and the draft strategy map were reviewed and Peter provided the feedback from the Organ Expert Committee on the strategy map. Peter noted the changes that the OEC requested:

- Research and Development is a gap that needs to be addressed
- The objective for optimizing outcomes needs to include all other allocation principles
- The term “self-sufficiency” was confusing and subject to different interpretation. It was suggested that this be changed to something that all could understand without additional explanation.
- The term “fairness” should be added to strategic destination statement

The Steering Committee discussed the themes of collaboration and accountability, and felt that there would be benefit in analyzing incentives, disincentives, and barriers that could impact this.

4. Organ System Design

Peter outlined the emerging system design for organ donation and transplantation and walked through the recommendations from the open questions that had been discussed at the Organ Expert Committee meeting. In response to questions, the following clarifications and comments were made:

- The Organ Expert Committee did consider the balance between safety and availability of organs, but supply of organs was considered a higher priority in the strategic plan because of the shortage of organs and the urgency of the medical need for patients. With a single IT framework, it was felt that this would facilitate surveillance and traceability and improve the link to the tissue system.
- The importance of showing value of an integrated system to individual provinces and the federal leadership and financial contribution was raised again.
- There needs to be an evaluation of which stakeholders roles will change, and a need to engage them on this change.

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5. Presentation by Dr. Gary Levy

Graham introduced Dr. Levy, the Director of the Multi Organ Transplant Program at the University Health Network in Toronto. Dr. Levy, who recently chaired the Ontario Organ and Tissue Transplantation Wait Times Expert Panel, provided an overview of the report and gave an update on actions stemming from the report. The report, completed in June 2009, outlined 26 recommendations to improve OTDT in Ontario. The government accepted the report in December 2009 and action teams have been created to implement some of the recommendations. Work is also proceeding to develop an integrated donation and transplantation service for Ontario. Dr. Levy believed that the recommendations would be successfully implemented because of political support from the Ontario government, and the engagement and buy-in of hospital CEOs and other stakeholders. He also saw opportunities for collaboration with other provinces, including sharing of lessons learned, formal sharing agreements for organs (highly sensitized and urgent status patients), and shared innovation and technologies.

6. Tissue Strategy Map

The draft tissue strategic destination statement and the draft strategy map were reviewed. Sophie noted that the tissue strategy focused on quality and safety of product and security of supply. There was some discussion of putting less emphasis on dental products, as these were highly processed with less risk of disease transmission. They also have a different funding model, being primarily paid for through patients and private insurance. It was noted that the challenge was in obtaining data to develop the financial business case. Brian Postl indicated that Manitoba had data that could be provided. The value proposition for provinces would need to be made on safety and quality to a large extent.

7. Tissue System Design

Locksley outlined the emerging system design for tissue donation and transplantation. There were discussions on the need to link surveillance and traceability between organ and tissue donors, as there were donors who provided both types of donations. The shift from independent banks to coordinated, integrated banks would be a large change for the country. Because of the number of hospital based programs, there would be many implementation challenges.

8. Wrap-Up and Next Steps

Graham then outlined some of the next steps that would be taking place:

- The draft principles would be taken to a group of bioethicists for review.
- Canadian Blood Services was organizing a Research & Development round table to discuss how the research agenda could be enhanced by coordination.
- More work would be done to synthesize results from the expert committees and would be brought back to the group at the next meeting
- Graham would be presenting the case for change at the Federal/Provincial/Territorial Deputy Ministers meeting on June 7, 2010.
- The next meeting of the Steering Committee will take place on June 16, 2010. While this is the last meeting of the group, Graham indicated he may convene a meeting or conference call in the fall, in order to be able to have the plan endorsed by the group and potentially prepare for the meeting with the Deputy Ministers in the late fall.

Graham thanked the members for their participation and adjourned the meeting.