

**Organ and Tissue Donation and Transplantation  
Tissue Expert Committee Meeting  
June 30, 2009  
Sheraton Gateway Hotel, Toronto**

**Minutes**

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**Attendees:**

Dr. Locksley McGann (Chair)	Mr. Dermot Kelly
Mr. Mike Bentley	Dr. Sarvesh Logsetty
Dr. Brian Berry	Mr. Sean Margueratt
Mr. Scott Brubaker	Dr. Hassan Moghadam
Ms. Mary Gatien	Dr. Jutta Preiksaitis
Dr. Michael Gross	Mr. Christopher Snow

**Regrets:**

Dr. Frank Hohn  
Dr. David Howarth

**Canadian Blood Services Observers:**

Dr. Graham Sher, Chair, OTDT Steering Committee  
Ms. Sophie de Villers, Vice-President, Strategy Management  
Ms. Kimberly Young, Executive Director, Organs and Tissues  
Ms. Sylvia Torrance, Director, Business Initiatives  
Ms. Lorna Tessier, Director, Public Relations  
Ms. Tracy Brand, Director, Organs and Tissues  
Mr. Jim Mohr, Senior Program Advisor, Tissues

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**1. Welcome and Administrative Items**

- Locksley McGann welcomed all Members and thanked them for attending the first face-to-face meeting of the Tissue Expert Committee.
- Minutes from the Committee's conference call on May 21, 2009 were approved.
- Ground rules for the Committee were discussed. The following decisions were noted:
  - Canadian Blood Services will look into developing a web site for the Committee
  - A proposed agenda will be sent to Members before meetings, and requested changes or additional items will be submitted to the Chair prior to the meeting
  - Members who are unable to attend a meeting, but wish to express an opinion on a particular agenda item will submit a report to the Chair, who will read it at the meeting
  - Opinions of the Members will be brought to Committee meetings for discussion

- All media requests will be referred to Canadian Blood Services, to ensure a consistent message
  - Committee membership will be published
  - E-mails of Committee Members will be shared with all other Committee Members, including the OTDT Steering Committee and Organ Expert Committee
  - Meeting discussions and materials will not generally be confidential. Exceptions may be identified in specific instances
  - Key messages and future meeting dates will be developed at the end of each meeting
- The Terms of Reference was approved with minor changes:
    - "Purpose: The TEC will ~~support~~ **work with** the OTDT Steering Committee ...." This was changed to reflect the actual relationship between the Committees.

## 2. Current State Briefing

Kimberly Young gave a presentation on the current state of tissue donation and transplantation in Canada. Members noted some additional information, namely:

- The US FDA should be included in the government framework slide, as they played an important role for tissue crossing the border
- Committees should be aware of the supply chain and similar issues with reproductive cells
- Medical examiners and funeral directors should be included in the stakeholder communication plan
- Tissue distribution intermediaries should also be considered in the strategic plan

## 3. Introduction to Canadian Blood Services

Sophie de Villers provided information on Canadian Blood Services, including its history and success in transforming its operations using the Balanced Scorecard strategic planning methodology. Sophie answered several questions from Members:

- Several of the executive management team have been with Canadian Blood Services since its inception, including the Chair of the Board
- Canadian Blood Services is not considering setting up a plasma fractionation plant in Canada because of the enormous capital costs required
- While Canadian Blood Services has developed guidelines for the use of certain plasma products, it does not have the authority to audit utilization
- Canadian Blood Services' insurance policy covers current activities related to organ and tissue donation and transplantation. The policy would be re-examined once Canadian Blood Services' role has been clarified to ensure sufficient coverage.

## 4. Review of Methodology to Design National System

Sophie de Villers provided a review on the methodology that will be used to develop the strategic plan, including the process steps that will be followed. She indicated that the Case for Change was a key deliverable for the first phase. The timelines were also reviewed. The work of the Committees is expected to be completed by March 2010.

## 5. Review of 2008 National Consultation Results

Kimberly Young gave a presentation on the OTDT Stakeholder Consultation hosted by Canadian Blood Services in September 2008. She briefly went through the objectives of the meeting, the Syntegration process that was used for the consultation, the topics discussed, and the key learnings from the meeting.

## 6. Draft Case for Change

Sophie de Villers provided an overview to the draft Case for Change, including its purpose and how the document was structured. Along with suggestions to the text, the following general suggestions were made by Members:

Problem 1: The current TDT system in Canada lacks a coordinated approach to systematically assessing and ensuring safety and quality.

- Because of the lack of data available, the language in the problem statements should reflect the inconsistent nature of the Canadian system, rather than making global statements about poor quality.
- While there was no national data on adverse events, it may be possible to obtain that type of data from individual banks, to support the Case for Change.
- There was much discussion on whether Canadian donors represented a lower safety risk than American donors. While processing may bring the residual risk down to similar levels, the benefit with Canadian donors would be the ability to control the selection criteria.
- It is difficult for surgeons to track patients for many years, and this would need to be considered in any solution for traceability.

Problem 2: Current tissue supply planning practices do not ensure security of supply.

- The ability to donate in Canada is very limited. The opportunity to donate needs to be expanded, yet needs to be balanced with financial considerations and demand
- There should be nationally consistent messaging to the public to improve donor rates
- It is difficult to evaluate the cost implications of importation, because of the variability in tissue products, i.e. a tissue from one company may be very different from the same tissue from a different company, because of differences in processing methods, quality, testing, etc.

Problem 3: The TDT model of independent, uncoordinated tissue banks results in inefficient inventory processing and management.

- Most tissue banks are not only uncoordinated, but don't have enough tissue
- The funding mechanism would need to consider how to fund a national inventory model
- Tissues collected from Canadian donors should be available to help all Canadians (national inventory)
- Provinces such as Manitoba have been able to negotiate significant cost savings by moving from a hospital ordering model to a regional ordering model. This may be helpful to review as part of potential benefits for a national model

- Within the existing framework, there is extra capacity in some tissue banks for processing more tissue at minimal cost
- More input was needed from end users as to what types of products they were currently using, as well as what they would be using in the future

Problem 4: The current TDT system lacks the measurement and accountability mechanisms to drive consistent, system-wide performance improvement.

- Utilization should also be identified as an issue (appropriateness and effectiveness of product use)
- There is no systemic funding – some areas are better funded than others
- There is a business case to be made based on costing, through centralized purchasing and cheaper processing of certain tissue products in Canada

Locksley McGann stated that Canadian Blood Services would update the problem definitions as per the comments from the Committee and provide them back to the Committee Members.

## 7. Discuss the Solution Design Topics

The Committee then discussed which issues needed further analysis and review. Topics were grouped under four categories: donation, transplantation, processing and supply planning and governance.

- The donation discussion needs to consider security of supply
- Any solution would need to be a system that Provinces could afford. A range of options should be presented to Deputy Ministers. There also needs to be recognition that new investment will be needed.
- All options, from local solutions to a highly centralized system, need to be discussed.
- The plan should consider the different types of products and services that need to be fit into the framework.
- The group felt it would be useful to map out the blood system in detail and identify areas where tissue would fit in and areas where there were significant differences. **(To be completed by Canadian Blood Services).**
- The Committee would like to see information on other countries including how their systems are set up, and benchmarking data. **(To be compiled by Canadian Blood Services).**
- **Canadian Blood Services will send out recommendations on the Australian National Clinical Taskforce on Organ and Tissue Donations to Members.**
- If there were opportunities to improve things quickly, they should be acted on, e.g. centralized TD testing.
- The Committee felt that provincial barriers were a major impediment to improving the system and suggested that the Steering Committee may be able to provide advice on how to break these barriers down.
- The Committee recommended that an End-User focus group be held.

## **8. Wrap Up and Next Steps**

Locksley McGann requested the Committee to consider additional expertise they might need to conduct their work. Members felt that they would need access to an economist to assist with the costing work. One Member suggested that a representative from RegenMed, an independent tissue bank partnered with Life Net, may add a useful perspective to the group.

Locksley indicated that the Committee may be contacted over the summer, in preparation for the meeting in October. There may be sub-groups to look over the data or short conference calls to look at specific issues. Locksley and Canadian Blood Services will follow up with members to arrange any extra meetings or call.

Locksley thanked the Committee Members for their participation in this process. The next meeting will be held on October 29, 2009 in Toronto.