

Board Meeting Minutes

Date and time: June 23, 2020
2:45 – 5:30 p.m. ET

Session type: Open

Chair Mel Cappe

Recording secretary Ashley Haugh

Attendees **Board:** Bob Adkins; Kelly Butt; Craig Knight; Dr. Brian Postl, Dunbar Russel; Dr. Jeff Scott; Glenda Yeates; Victor Young

Executive Management Team: Dr. Graham Sher (Chief Executive Officer); Jean-Paul Bédard (Vice-President, Plasma Operations), Judie Leach Bennett (Vice-President, General Counsel and Corporate Secretary); Dr. Christian Choquet (Vice-President, Quality and Regulatory Affairs); Dr. Isra Levy (Vice-President, Medical Affairs and Innovation); Ralph Michaelis (Chief Information Officer); 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)

Guests

Regrets Anne McFarlane; Lorraine Muskwa; David Lehberg; Judy Steele

1. Call to order (M. Cappe)

Mel Cappe, Chair, called the meeting to order at 2:45 p.m. ET and welcomed all in attendance to Canadian Blood Services' first virtual open board meeting.

1.1 Acknowledgment of traditional territory (M. Cappe)

As the meeting was held in a virtual format, it was acknowledged that the land on which the chair was located is the traditional territory of many nations including the Mississaugas of the Credit, the Anishnabeg, the Chippewa, the Haudenosaunee, and the Wendat peoples.

1.2 Introduction of board members and executive management team (M. Cappe)

Members of the board and executive team were introduced.

2. Approval of agenda (M. Cappe)

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

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

There were no conflicts of interest declared.

4. Patient story

Canadian Blood Services' commitment to patients is a primary focus for the board. The board reinforces this commitment by starting each board meeting with a patient story; in-person or by video.

Jerry Glubisz shared his story as Canadian Blood Services' first convalescent plasma donor. He was very sick with COVID-19 and was very glad to be able to turn a negative into a positive and donate convalescent plasma and be part of leading research (CONCOR-1 clinical trial). He has now donated convalescent plasma six times and will continue to do so weekly. During his donations, the donation centre employees have made him feel special and have been very professional. He looks forward to donating blood once the clinical trial is over and will continue to promote blood and plasma donation.

5. Report of the Chair (M. Cappe)

M. Cappe, Chair, shared:

- Since the last open board meeting, a lot has changed. The world is dealing with COVID-19 and Canadian Blood Services has had to be agile and adapt to continually new information about the pandemic.
- Administrative employees had to quickly pivot to working at home while managing care for their children or elderly family members. Many staff continued to work in our facilities and donation centres while still also juggling family and personal responsibilities. On behalf of the board, thank you to Canadian Blood Services' dedicated employees and volunteers, especially those on the frontlines, for providing excellent service and keeping Canada's Lifeline strong.
- At the beginning of the pandemic, there was an increase in the number of cancelled appointments, but Canadians answered our calls to donate and have continued to do so.
- The recent violent deaths of George Floyd, Ahmaud Arbery, and far too many others have surfaced issues of racism and inequity which profoundly impact Black communities, Indigenous people, racialized people, and ethnic minorities in the US and here in Canada. These events have brought many important conversations to the forefront, and have led employees, stakeholders and members of the public to ask important questions about diversity, equity and inclusion at Canadian Blood Services. Canadian Blood Services' diversity, equity and inclusion program, has existed for some time, but has been invigorated by recent events. This program is working to build a more diverse and inclusive culture, which will better reflect both donors and patients.
- We as a board acknowledge the very real gaps we have in terms of diversity. Canadian Blood Services is working to improve diversity, equity and inclusion internally. Externally, we emphasize our commitment to listen to and serve broader communities by focusing on how we serve and interact with diverse donors and stakeholders, especially members of visible minorities, Indigenous people, and members of the LGBTQ2+ community.

6. Report of the CEO (G. Sher)

Dr. Graham Sher, CEO of Canadian Blood Services, presented the 2019-2020 end of year review and provided an update on COVID-19 related activities and impacts. The presentation provided an overview of:

- Key achievements in 2019-2020: Met or exceed nearly all key performance indicators in safety, quality, productivity, and financial performance; advanced the plasma proof-of-concept program; completed new Calgary operations site; maintained strong fresh blood inventory; responded to the COVID-19 crisis in a controlled and agile way
- Responded quickly to rapidly changing COVID-19 environment: Managed volatile demand and supply; implemented robust business continuity management governance; supporting convalescent plasma trials and seroprevalence study; prioritized employee and donor safety; maintained consistent focus on employee engagement, wellbeing and psychological health
- Fresh blood products
 - Stable inventory and collections positioned the organization well to respond to the COVID-19 crisis
 - Meeting hospital needs with strong inventory and order fill rates – even during the pandemic
 - Reviewed red blood cell (RBC) shipments and whole blood collection; RBC inventory and discard rates; platelet shipments and collections; safety and surveillance
 - Transmission risk remains low among blood-borne viruses
- Plasma protein products (PPP)
 - Continuing to mature the PPP program: Enhanced capabilities in formulary management; progressed new products; issued amber advisory for subcutaneous immune globulin (SCIg) for part of Q2 due to supply management issues; developed interim product selection process with CADTH; hosted a hereditary angioedema forum in December 2019
 - Working to minimize potential immune globulin disruption from COVID-19: Plasma collection in US estimated to decline 10-15% in the longer term; working with National Emergency Blood Management Committee (NEMBC) to monitor supply chains and for proactive planning; enhancing inventory holdings; contracted a national courier services hospitals may use to deliver products to patient's home during the pandemic
 - Reviewed usage of immune globulin; factor VIII concentrate; C1 inhibitors
- Stem cells
 - Continuing to grow the stem cell program: Improved efficiency; received multiple re-accreditations; facilitated 312 autologous transplants; facilitated 431 Canadian

- stem cells transplants and donations from 128 unrelated donors; distributed six cord blood unit
- COVID-19 has suspended some programs and required other operational adjustments: Fewer stem cell transplants; transplant programs increasingly seeking Canadian donors; suspended cord blood collection, but saw an increase in cord blood demand
 - Reviewed trends / statistics for the stem cell registry; cord blood bank; autologous stem cell program
 - **Organs and tissues**
 - Advancing the interprovincial organ sharing program to support more patients: Supported national approach for shipping kidneys which reduces patients travel; expanded program to include heart and high status patients; annual awareness campaign generate 120K intent to donate; working with partners to improve access to corneal transplants; created *Her Last Project* documentary
 - COVID-19 suspended many donation and transplant surgeries
 - **Research contributions**
 - Twenty-two (22) new funded projects / trainees; 78 major projects; supported 78 production improvements; 2,231 products distributed for research; 117 cord blood units distributed for research
 - Supporting national clinical trials to treat COVID-19 with convalescent plasma
 - Evaluating COVID-19 immunity among our blood donors (seroprevalence) to inform public health policies
 - **Strategy review**
 - Continuing to innovate our products and services to meet patient needs: Pathogen inactivation technology for platelets; innovative potential new products; continued work on non-invasive fetal testing and HLA next generation sequencing
 - Continuing to improve the donor experience: Implemented analytical tools; self-serve booking above 60%; donor-centric design changes to collection centres; connected mobile donor centre improves arrival experience
 - Donor satisfaction and engagement was strong
 - Made changes to keep donors and staff safe during COVID-19: Over 1,200 new donors in March and April; enhanced safety in collection centres; donor confidence in ability to protect their safety has remained above 90%
 - Working towards opening our plasma proof-of-concept sites: Sudbury, ON in August 2020 (at temporary site); Lethbridge, AB in December 2020; Kelowna, BC in June 2021
 - Over 1,000 plasma donations booked for Sudbury, exceeding the original target of 500

- Managing the impacts of COVID-19 on our plasma program: Training moved online; taking into account physical distancing and infection control in new centres
- Identifying critical areas to enhance the employee experience: Employee experience strategy to support employee “moments that matter”; quarterly pulse survey; continue to advance employee diversity; equity and inclusion
 - Supporting staff throughout the COVID-19 pandemic: Personal protective equipment (PPE) to frontline staff; 1,100 employees working from home; maintained financial security; augmented mental health and financial counselling resources; townhalls with the CEO; the majority of employees feel cared for and listened to during COVID-19 (per survey results)
- Occupational health and safety: Total injury rate at four-year low
- Commitment to excellence through several key initiatives: Hospital online ordering pilot; automated quality event management; met all productivity targets
- Reviewed quality indicators
- Financial results
 - Summary of financial results
- Delivered strategic change in 2019–2020 and effectively responded to the COVID-19 crisis

7. Public questions and answers

For the first time, a question and answer period, open to any member of the public, was held during the meeting.

Question: This period continues to remind us that trust is the most important currency between health care organizations and those we serve. Can you share some reflections? Any examples of how Canadian Blood Services has worked to maintain or even improve trust between your organization and those you serve during the period of COVID-19?

Answer: Trust is important to Canadian Blood Services – we have spent the last 20+ years building the trust of patients and donors. It is an important metrics the organization continually monitors, and we have continued to have high trusts scores. During the pandemic, management has supported our employees – those working at home and those working on the frontlines – through a variety of support programs. In donor centres we have physical distancing in waiting areas and between beds, enhanced cleaning protocols, asked donors to wear masks, etc. We have made sure we have a healthy inventory in order to deliver on our commitment to provide products and services to hospitals and patients.

Question: Many blood authorities are helping track COVID-19 cases in their jurisdictions. Can and will Canadian Blood Services play this role in Canada?

Answer: Yes. Canadian Blood Services collects blood samples from a large number of people every week. Before the organization was approached by the Federal Task Force to participate in the Canadian seroprevalence study, planning was already underway to conduct a seroprevalence study internally. The data collected by Canadian Blood Services

will be inform public health and others on how Canada manages future phases of the pandemic.

Question: What blood innovations do you see coming to hospitals in the next 1-3 years?

Answer: Would like to see more of an integrated system – from Canadian Blood Services to hospitals and to the clinical services hospitals support – supported by technology and data. More demand intelligence, supply and demand information, smart fridges, a block chain study, etc. Having real time data, Canadian Blood Services could build a more robust collection environment. Canadian Blood Services seeks to develop products to be aligned with clinical demand and is examining freeze dried plasma, fresh whole blood, freeze dried platelets, etc.

Question: Was Canadian Blood Services forced to restructure or create more jobs due to COVID-19?

Answer: Canadian Blood Services has not had to restructure, and no employee lost their job due to the pandemic. Management decided to keep our employees financially whole even if there was a change in work or type of work or there were changes in shifts due to COVID-19. There have been changes in process to ensure the safety of employees and donors – increased PPE, physical distancing, etc. We leveraged our business continuity management (BCM) process that was already in place to build a COVID-19 BCM governance structure and have a work stream dedicated to our people to ensure they are supported during the pandemic.

Question: The pandemic has brought ongoing concerns about blood shortage and inventory status. Does Canadian Blood services have a long-term strategy to increase the inventory intelligence and demand forecasting for hospitals and Canadian Blood Services?

Answer: Hospitals and Canadian Blood Services work together to ensure there is the appropriate inventory in hospitals and nationally. Pre-COVID, demand forecasts were within 1% of estimates. During the pandemic, it has been more volatile. However, Canadian Blood Services continues to meet patient and hospital needs. The pandemic heightened the need for more real time data using smart technology, etc. Canadian Blood Services currently has a pilot project in BC for real-time ordering and it has provided information on how to better manage the blood supply.

Question: I don't understand why in this day and age Canadian Blood Services doesn't collect blood from gay men. Can you explain the blood ban and when it will end?

Answer: While there is still work to do, in recent years, Canadian Blood Services has brought the MSM deferral period down from a lifetime deferral, to five years, to one year, and currently it is three months. Canadian Blood Services has made a commitment to evolve eligibility criteria based on the latest scientific evidence, as well as new developments and research into alternative screening methods. We have been supporting research to move away from time-based criteria to one based on risk activities. We are committed to evolving the policy. We are also looking at opportunities to bring MSM donors into plasma donation as there is an additional pathogen inactivation step in plasma manufacturing . This subject is discussed at every board meeting.

Question: For many patients, phenotype-matched blood is required. What is Canadian Blood Services doing to recruit greater diversity in its blood donors?

Answer: Many patients do require blood matched at high levels beyond the ABO blood type. Canadian Blood Services is partnering with diverse communities from across Canada to champion blood donation. Our diversity, equity and inclusion program has a donor component and we continue to promote blood donation in Canada's diverse communities.

Question: How can Dr. Sher say there was no shortage of immune globulin in 2019 when I had to wait an extra five months to switch from intravenous immune globulin (IVIg) and subcutaneous immune globulin (SCIg) due to the shortage. There were brand and vial size substitutions and there was talk we were taking away from American patients who were forced to stretch out IVIg treatment by an extra two to four weeks or told their treatment may or may not be available month to month.

Answer: There was no patient in Canada, to Canadian Blood Services' knowledge, that went without immune globulin. At one point in the year, there was concern there wasn't enough SCIg volume, so some patients had to switch from SCIg to IVIg or weren't started on SCIg. There were patients who didn't get the brands they wanted, but patients received treatment. We worked collaboratively with suppliers to make sure we could increase volumes. In Canada, and globally, there is the possibility for an immune globulin shortage because of COVID-19. Canadian Blood Services is doing everything to build inventory and make sure Canadian patients have access to immune globulin.

8. 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.

8.1 Dr. Joan Southworth, donor

J. Southworth, who has donated for 50+ years, expressed concern that Canadian Blood Services is missing out on large groups of potential donors in BC (and other rural centres across Canada) by focusing collection efforts in large urban centres. In smaller communities, Canadian Blood Services can tap into community pride and there is access to service clubs, schools, churches, etc.

Response: J. Southworth was thanked for her 50+ years as a donor. Decisions around the makeup of Canadian Blood Services' collections network are some of the most difficult ones the organization faces on an annual basis. Canadian Blood Services recognizes the importance of our collection events in the interior of BC, and they remain an important part of our network. As well, Canadian Blood Services will be opening a brand new plasma collection facility in 2021 in Kelowna that will play a crucial role in helping our organization collect more plasma for Canadian patients.

8.2 Whitney Goulstone, Executive Director, Canadian Immunodeficiencies Patient Organization (CIPO)

W. Goulstone shared CIPO's concerns regarding a potential shortage of IVIg in coming months, and expressed that patients are seeking reassurance they will have uninterrupted access to the treatment of their choice during the pandemic and going forward. She also expressed thanks for

the work Canadian Blood Services did with stakeholders to secure home delivery of some products.

Response: Canadian Blood Services is closely monitoring the supply and demand of immune globulin and related products. During the pandemic, the organization has significantly increased inventory of intravenous and subcutaneous immune globulin products. Canadian Blood Services is continuing to carefully assess that inventory and to maintain regular communication with suppliers to understand and anticipate any changes in their supply landscape.

Canadian Blood Services is working diligently to ensure that patients will have access to the therapies they need. In the interests of transparency, and to better address patient concern over availability of supply, inventory levels for plasma protein products are now available on the Canadian Blood Services website.

8.3 David Page, Board Member, Network of Rare Blood Disorders Organization (RBDO)

D. Page expressed that patients who require PPP can be vulnerable to COVID-19 and do not want to enter hospitals to collect products that are administered at home. Canadian Blood Services did work with the provinces and territories (PTs) to develop a home courier system, but not all PTs or hospitals took advantage of the program leaving some patients still needing to enter a hospital to pick up their products. As well, there needs to be enhanced tracking of these products from the manufacturer, to Canadian Blood Services to hospitals/blood banks, and ultimately to patients' homes to ensure if a product is recalled it can easily be found.

Response: The provinces and territories are aware of the home delivery program for PPP that Canadian Blood Services has made available, but it is in the purview of each jurisdiction to determine if they will make use of it or not based on alternate arrangements which may already be in place.

Canadian Blood Services does have confidence in the ability to track and trace products; however, there are investments that can be made to better optimize the system. Canadian Blood Services will continue to modernize the plasma protein products formulary and distribution systems to meet the evolving needs of patients.

8.4 Cleaven Pagani, Director, Alberta Chapter, Canadian Hemophilia Society

C. Pagani shared concerns regarding the timeline for the review of PPP, particularly for Hemlibra for patients without inhibitors.

Response: The review process for new products begins when the manufacturer makes a submission to CADTH. For Hemlibra, this is expected in the next few weeks. The CADTH review generally takes about six months. If the outcome of their review is positive, Canadian Blood Services' work would begin. Although some steps of the process are completed concurrently, it is estimated it will take up to five months before we are able to submit a recommendation to PT governments. If the decision is ultimately made that the product should be added to the formulary for patients without inhibitors, Canadian Blood Services will endeavour to make it available as quickly as reasonably possible.

8.5 Kat Lanteigne, Executive Director, BloodWatch.org

K. Lanteigne expressed concern regarding the reduction in plasma collection in the US and the potential impact on supply chains. She also expressed concerns about the private members bill in Alberta to repeal the *Voluntary Blood Donors Act*. She also indicated her interest in sitting on a blood safety committee and her willingness to share information on Chronic Wasting Disease (CWD) and other issues.

Response: Canadian Blood Services continues to closely monitor global supply and demand of PPP. Canada does need to be more self-sufficient in the collection of plasma, and less reliant on the US. Management is monitoring the progress of the private members' bill on the order paper in Alberta regarding the repeal of the *Voluntary Blood Donation Act*. While it is not Canadian Blood Services' role to intervene in government lawmaking in Canadian jurisdictions, management does have concerns with any legislative changes that may jeopardize the organization's ability to ensure the security of blood and blood products for the patients we serve. The board and management will continue to have dialogue with Alberta and other governments in Canada on this matter of significance to blood system operations. Management will follow-up separately regarding CWD.

8.6 Wendy Sauvé, President, Canadian Association for Porphyria/Association Canadienne de Porphyrie

W. Sauvé discussed the rationale for "urgent need" access to Panhematin, as well as prophylactic use, and whether physicians have clear insight into how urgent need is defined. She also expressed that the new product review process needs to be reexamined with a patient focus lens.

Response: Canadian Blood Services appreciated the input on the order form for Panhematin. There are prescribers successfully using the forms to access the product, and the organization is pleased with the results to date. Canadian Blood Services is committed to engaging patients and stakeholders throughout our processes.

8.7 Angela Diano, Executive Director, Alpha-1 Canada

A. Diano expressed her concern with the results of Alpha-1 Canada's efforts to secure a category review for augmentation therapy. Alpha-1 Canada will be supporting the submission of an alternate augmentation therapy that is not in the Canadian healthcare system and Alpha-1 Canada believes meets the criteria outlined by PTs to move forward with a category review.

Response: Canadian Blood Services is not yet aware of the new therapy being brought forward for consideration in Canada that was referenced. Once the manufacturer submits an application, it will go through the Interim Plasma Protein Product Review Process.

M. Cappe thanked the board, management, employees, stakeholder, and members of the public for participating in Canadian Blood Services' first virtual open board meeting.

The open board meeting adjourned at 5:45 p.m. ET

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