

## **Stakeholder Consultation in the Development of the National Plan for the Management of Shortages of Labile Blood Components**

### **Background**

When the CBS P/T Blood Liaison Committee requested NAC to prepare a National Plan for the Management of Shortages of Labile Blood Components (Plan) they specifically asked that the Plan be based on accepted ethical principles for the allocation of scarce health care resources. The ethical principles that were used are described briefly in the Plan and in more detail in Appendix D. An important element of these principles is the requirement for consultation with stakeholders who could potentially be affected by the Plan's recommendations. In order to include such a consultation in the development of the Plan, a draft Plan was prepared and circulated to stakeholders for comment. The consultation process, results and changes to the Plan and other subsequent actions are described in this appendix.

### **Methods**

#### Consultation process and compilation of the responses

The responsibility for the overall management of the consultation was given to CBS. The draft Plan, version 2009-10-27, was used for the consultation. CBS and the NAC-BSWG prepared a list of national societies, representing health care professionals and blood transfusion recipients, to be consulted. The P/T MOH (in the jurisdictions served by CBS) determined the list of provincial stakeholders to be consulted in their jurisdictions.

An on-line survey using Zoomerang<sup>®</sup> was developed for the consultation; it consisted of 45 questions with each question asking for comments on an individual section of the draft Plan.

The consultation was conducted from November 2008 through January 2009.

CBS conducted the consultation of the national societies using the on-line survey.

For provincial/territorial stakeholders, the consultation was conducted in 1 of the following 3 ways:

- CBS conducted the whole consultation i.e. contacted the stakeholders using the on-line survey and collated the results: Ontario, Newfoundland, Yukon.
- CBS and the P/T MOH conducted the consultation jointly, i.e. the P/T MOH contacted the stakeholders using the on-line survey and CBS collated the results: Manitoba, Alberta, New Brunswick.
- The P/T MOH conducted the whole consultation i.e. contacted the stakeholders using stakeholder meetings and collated the results, which were then forwarded to CBS: Saskatchewan, Nova Scotia, British Columbia.

CBS then compiled all the responses from all the provinces/territories and national societies in one electronic database, including the following details: province, affiliation, hospital or non-hospital and the number of participants contributing to the response.

### Review of the responses

In spring 2009, the NAC-BSWG held a 2 day face-to-face meeting and then a teleconference to review the compiled comments. The group reviewed each non-editorial comment separately and a response was determined and documented. In addition, a list of actions was developed to address the most significant and/or recurrent suggestions and concerns.

The draft plan was then revised to produce the final Plan.

## **Results**

### Responses received

There were a total of 57 responses to the consultation survey representing the input of 286 individuals (159 hospital based individuals, 127 non-hospital based). A total of 382 comments were received for all questions in the survey. Only 34 of these were considered to be editorial in nature; the remaining 348 were comments on the actual content of the document. The number of survey recipients, responders and responses, by province/territory or society is shown in Table 1. The list of national societies contacted and whether or not they responded is shown in Table 2.

No reviewer expressed opposition to the principle of establishing a national plan that could be used as a framework for the development of provincial and/or regional plans. Several very thoughtful comments and suggestions for improvement were submitted.

Common themes/concerns that emerged included:

- Education is required regarding the role of the NAC, the provincial Ministries of Health, CBS and the blood system as a whole.
- Ethicists should be consulted in the development of plans.
- Small facilities especially those in remote areas and/or those with limited resources will require assistance to develop plans
- It would be helpful to have clearer definitions on the level of reduced inventories that would trigger the declaration of amber and red phases.
- There were concerns regarding the exact way in which the determination of the allocation of blood for CBS to hospitals/RHA would be made.
- There were concerns that the NEBMC might be too large to function quickly and effectively in times of blood shortages.
- There were concerns about the communication challenges and the need for a very well defined communications plan.
- There should be a mechanism for monitoring compliance with the Plan and consideration of actions that would be taken if some hospitals/RHA were not complying with recommendations of the Plan.

- There were concerns about the possible medicolegal repercussions for health care professionals implementing the recommendations of the Plan.
- It would be helpful to have more guidance in determining appropriate blood transfusion therapy in times of blood shortages for patients with potentially massive requirements but in whom there is a very remote chance of benefit.

Actions subsequent to the review of comments received

The draft Plan was revised taking into consideration the comments received in the consultation. In particular, more precision about probable inventory levels in amber and red phase was added, a discussion of the possible methods of determining the allocation of blood components was added and the section on communication and the various emergency blood management committees was divided into 2 sections and the functioning of the national committee was described in more detail. In addition, the NAC-BSWG decided to establish two additional sub-committees, namely the Communication Sub-committee (described in Section 5.2.1 of the Plan) and a sub-committee to develop guidelines for discontinuing blood transfusion therapy for patients with potentially massive requirements but in whom there is a very remote chance of benefit.

**Table 1: Number of Survey Recipients and Responses**

Group	# Contacted	# Responses	Total # people participating **
National Societies	39 organisations	13	16
AB	90	7	53
BC	31	1	18
MB	121	3	62
NB	9	1	5
NF	27	2	18
NS	34	3 [compiled from 34 contacted respondents]	34
ON	77	8	18
SK	18 organisations	7 [compiled from 18 contacted organizations]	61
YK	2	1	1
PEI	1	0	0

Total =	57	286
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\*\* Number of people participating in a response is greater than # responses because some responses were a team effort.

## Table 2: National Societies Surveyed

### National societies contacted that responded:

Canadian Association of Emergency Physicians  
Canadian Anaesthesiologists' Society  
Canadian Association of Transplant  
Canadian Medical Association  
Canadian Paediatric Society  
Canadian Society for Medical Laboratory Science  
Canadian Society of Transplantation  
Canadian Bone & Marrow Transplant Group  
Childhood Cancer Foundation Candlelighters Canada  
Canadian Medical Protective Association  
Healthcare Insurance Reciprocal of Canada  
Sickle Cell Disease Parents Support Group, CHEO  
Thalassemia Foundation of Canada = 13

### National societies contacted that *did not* respond:

Anemia Institute for Research and Education  
Aplastic Anemia and Myelodysplasia Association of Canada  
Arthritis Society of Canada  
Association of Hemophilia Clinic Directors of Canada  
Bruce Denniston Bone Marrow Society  
Canadian Association of Critical Care Nurses  
Canadian Association of Neuroscience Nurses  
Canadian Cancer Society  
Canadian Critical Care Society  
Canadian Hematology Society  
Canadian Hemophilia Society  
Canadian Immunodeficiencies Patient Organization  
Canadian Liver Foundation  
Canadian Neurosciences Federation  
Canadian Nurses Association  
Canadian Society for Transfusion Medicine  
Canadian Society of Cardiac Surgeons  
Canadian Society of Transplantation  
International Society for Heart and Lung Transplantation  
Kidney Foundation of Canada  
National Emergency Nurses Affiliation  
Neutropenia Support Association Inc.  
Physicians and Nurses for Blood Conservation  
The Leukemia and Lymphoma Society of Canada  
The Society of Obstetricians and Gynaecologists of Canada  
Trauma Association of Canada = 26

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