# Meeting Minutes

**Meeting Purpose:** Blood Safety Strengthening Programme – External Meeting

**Date:** 17 June 2015

**Attendees:**

|  |  |
| --- | --- |
| **Name** | **Initials** |
| Carl Fourie | CF |
| Linda Taylor | LT |
| Daniel Futerman | DF |
| Tariro Mandevani | TM |
| Rhonwyn Cornell | RhC |
| Christine Bales | CB |
| Carolyn Smith | CS |
| John Pitman | JP |
| Pete Zacharias | PZ |
| Maleqhoa Nyopa | MN |
| Chrispen Dandavare | CD |
| Emily Avera | EA |

**Apologies**

|  |  |
| --- | --- |
| Chris Seebregts | CJS |
| Robin Nozick | RN |

## Agenda:

1. Introduction - CF
2. The BSSP Wiki - LT
3. Donor management queries - DF & LT
   * We would like to get your opinions on some questions we have related to the donor functionality within BSIS.
4. Any other business - ALL

## Minutes

1. **Introduction**

* **CF:** In our previous meeting we spoke about Jembi getting the award from CDC to continue the support of BSIS work and continue with the community process and keeping teams involved.
* We are also excited that AABB has a commitment with Lesotho and Jembi confirmed its commitment to Lesotho as the Beta information site.
* With our award from CDC the big focus has been directed to getting the BSIS tool to version 1.0 which is safe for deployment in country, our resources and effort has been directed to that. We are not going to be implementing a full version of the tool this month. We are excited to be engaging with everyone as we move with the process.
* **Pete** shared a brief report on the meeting of the recovery plan for various affected countries which he attended in Brazzaville on Blood Safety aspect of the Health Recovery Plan in countries like Liberia, Guinea, Sierra Leone, Ghana and several neighbouring countries who have the disease. We already have engaged with some of these countries. During the meeting there was a discussion on the need for a new IT tool for Blood service that came up. I used the opportunity to share this development and there is a lot of interest. We certainly have a lot of potential were we could install this tool in a relative short space of time in the next 12 – 15months. It is on their agenda and we should make sure that we are in a position to deliver. There are resources that are made available for Health Systems and not Blood Safety and a reasonable part of the agenda would be to use information technology to assist with Health strengthening in general and we have to be alert on how we install and maintain BSIS.
* **CF:** We have to touch base and see how we can engage with those countries.

1. **The BSSP Wiki - LT**

* We have put together public BSSP Wiki, no password is required to login.
* This Wiki is going to be a useful resource for the community. Our intent is to build the page for our community calls.
* All the community calls will be schedule and updated on the wiki.
* The Wiki will have all the minutes and the video recordings downloaded and can be viewed.
* **The development road map** – the roadmap will outline what we will see as the main releases that will be available quarterly and what will be in each of those releases. The wiki will be updated and as each release become available we will be adding release notes.

1. **Donor management queries**

* **We would like to get your opinions on some questions we have related to the donor functionality within BSIS**
* **DF: Questions on what needs to change** – **adding the two field for the donor that records their date of first donation and an automatic count of the number of donation that they have given in the system. When adding a new donor, there is a field where it says “Donor’s first donation”. Should this be editable field? Question will be on where new donors have donated previously – the system would be active every time but should this be added manually?**
* **Christine:** I believe the field should be editable and be able to add all the previous donors. It’s important to have the history of the previous donation and if it is not editable you cannot get the information there.
* **Pete**: It’s not a problem to have an editable button as long as there is a mechanism within the blood service to ensure the integrity of that process. We do not want people claiming that they have been previous donors and there is no way of verifying that.
* **DF: Question: Adding Address Fields on the Donor Demographic Fields**: The issue we are facing is that we have a set list of fields that certain countries will have different fields. We must agree on a list of fields to be used or if they should be configurable or if we can use a standard list that will cover 80% in the system?
* **Pete**: previously we spoke that the formatting of the fields are forced? The low case and upper case to be used to distinguish individuals. In the early days we spoke about the actual formatting of those. Is that still on or it has been abandoned that?
* **LT**: The formatting of the field is still forced? The question is on the layout of the actual address fields. We have at the moment 8 fields and they will vary from country to country. Should we go for a generic set of address and it has to be handled through training or should we be able to make those configurable?
* **Pete**: The ideal will be to make those configurable.
* **Christine**: I agree that it should be configurable. It depends on how much time it will take, but configurable makes it easy for the countries. It would be easier for the users and users will appreciate that.
* **Maleqhoa**: It’s better if it is configurable as some people change places and addresses.
* **CF:** The addresses are great for entering and capturing patient’s demographics but it is the reverse aspect when we doing report generation and any GIS, or donor recruitment and management that we may need to look at the type of address field and using the ISO standard to predefine some of the available ones and allow them to be configurable at a later stage and to export them to DHIS or GIS based aggregate data tool for reporting. As long as what we have here and be able to circulate fields that we have and validate, at least the Lesotho, on how they structure addresses breakdown for a person that would be great for us and save time.
* **Action Item:** Circulate List and hierarchy of the address fields to get validation for a good match for the address fields

1. **Question: When adding the donation the DIN number is displayed on the screen, and in the process of Beta testing we discussed that some additional donor information might be required to be on the same screen to ensure that you are linking the correct donor to the correct donation. What is the minimum information to be linked to the donor to make sure that we are actually linking a donor to the correct donation – e.g. name, donor panel, gender, demographic?**

* **Christine**: Not sure at what point the screen appears in BSIS and what functionality?
* **DF**: It is at the point of adding the donation where the DIN is linked to the donor number. What one has to do is scan the donor number bar code. This is additional information to validate that the bar code that you have scanned is the donor that you working with. It is a way to reduce risk of donor identification. It is at the point of adding the donation in the system
* **Christine**: In Lesotho they would go out and do clinic and someone would entering in the information. What you are asking is someone is available and have the system open to register the donation on their laptop?
* **CF**: I believe it is when there is a donation of blood as a unit and that donation is tied back to actual donor. It is a retrospective process that’s when you scanning you looking at system to see if the right information is coming up.
* **Christine**: Just in case it happens that there is similar donors or a duplicate donors, then you will be able to go and do an assessment. The demographic will be sufficient to link the donation to the donor history.
* **Maleqhoa**: Name, gender, and date of birth. It will be enough.
* **CF**: Is there any issue on data privacy, or access to data that will violate a different role in the clinic should not know? Is that an issue that we should be concerned with at this stage?
* **Pete:** The basic principle is not to cut corners during the development of BSIS. Security and integrity of data should be our core aim.
* **CF**: On the workflow of the user, the user will always have access, this is a verification for the safety of the system?
* **LT**: Yes , it’s an extra safe of verification

1. **Donation Batches:**

* **Question**: **The system will not allow you to add a donation without an open donation batch. Can you still add donors if you do not have a donation batch open?**
* **Christine:** I am not understanding, a donation batch will be a clinic?
* **DF:** This will be a session in the mobile clinic - all the donations in that clinic will be entered as a donation batch so that it groups them together or at the central servers a donation batch would be days’ worth of donation.
* **Christine:** Each mobile should have its own batch. This helps later-on if you have potentially have an air in tubes getting mislabelled then you know how to quarantine for problems solving. You have to quarantine by the batch. You would want the collection to be associated to the batch for problem solving. If you closed the donation batch and you have another donor coming in, you have to create even one donation because they came late. It is probably the best to require a new donation batch for that instant. We should open a new batch to allow that batch to be added.
* **LT:** would there be any cases where you will have to register a number of donors before you actually take any donations?
* **Pete**: A donor is only a donor when they have all the health checks and have blood taken.

1. **How to enter Haemoglobin (Hb) values.**

* **Question:** Is it optional to set Hb as a numeric or coded values if acceptable at this point?
* **Christine**: You can have that as a quantitative number (value) or qualitative (passive fail). Not everyone using a quantitative methods because they might screen first with a qualitative method because it is cost effective, then they can do quantitative on those that did not pass. You can use collar scale. You have the ability to have either quantitative and qualitative answer or response.

## Action Items and Decisions Made

|  |  |  |
| --- | --- | --- |
| **DECISION** | **BY** |  |
|  |  |  |
| **ACTION ITEM** | **RESPONSIBLE** | **DUE DATE** |
| Circulate List and hierarchy of the address fields to get validation for a good match for address fields | LT | 01/07/2016 |
|  |  |  |
|  |  |  |