# Meeting Minutes

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

**Date:** 01 July 2015

**Attendees:**

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| **Name** | **Initials** |
| Carl Fourie | CF |
| Linda Taylor | LT |
| Daniel Futerman | DF |
| Tariro Mandevani | TM |
| Rhonwyn Cornell | RhC |
| Christine Bales | CB |
| John Pitman | JP |
| Emily Avera | EA |
| Robin Nozick | RN |
| Pete Zacharias | PZ |

**Apologies**

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| Chris Seebregts | CJS |
| Maleqhoa Nyopa | MN |
| Chrispen Dandavare | CD |
| Carolyn Smith | CS |

## Agenda:

* Introduction - CF
* Requirements questions - see below LT
* wiki review - LT
* broader blood systems community call - a place for countries to come and engage with the project more – CF
* Upcoming Lesotho visit - CF
* Any other business

## Minutes

1. **Introduction – CF**

* Welcome note to the community.

1. **Requirements questions - see below LT**
2. **Wiki review – LT**

<https://jembiprojects.jira.com/wiki/pages/viewpage.action?pageId=50855950&moved=true>

* The Wiki page link was sent to the community to view and provide feedback. We request individuals to contribute more information or ideas to be added to the page. Individuals to contact Linda Taylor if they have any contribution.

1. **Broader blood systems community call - a place for countries to come and engage with the project more – CF**

* **CF**: Should we be considering to open a call schedule focused more towards BECS for low resource settings / BSIS country calls? If we can create once a month community call for other countries to join and engage with us. Is this something that we want to do?
* **Pete:** we need to be careful on this, we must keep this current project call as a business call so we can move this project forward. The community of practise is good, but we must separate these two calls.
* **Robin:** I agree with Pete. Although we can call clients or some other people for help but I don’t think we must involve them as we do not want clients to hear our discussion. These should be two separate calls.
* **LT:** I agree with that.
* **CF:** We will continue to have these as separate calls - (The community call and the developer calls) –consensus reached
* **Robin** : You might want to call it something else rather than community call – you might look at calling it “**Focus group”**

1. **Upcoming Lesotho visit – CF**

* The Jembi team (CF) will be joining Lesotho for the week of 20 -24 July. Christine’s plan to be in Lesotho during the same week - trip has been scheduled.
* Chrispen is joining, and the whole team will be there during that week.
* **CF**: Purpose of the trip is to see how the people are engaging with BSIS, and their experience and also to engage with Maleqhoa, meet with Christine and the rest of the team.

1. **Any other business**

* **CF: Uber conference call facilities:** How is the community finding it using Uber conference to connect to the call? Is it ok for us to continue using it for the community call?
* **Robin:** I did not have any problem with using Uber but does it have screen sharing? Yes it does (CF)
* **Christine**: It is working perfect for me.
* **CF:** you will have to use Firefox or google chrome as your browser to join uberconference.

**Requirements Questions**

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| Refine existing requirement)  Agree terminology for Donation Batch | **Question: This describes how donations are grouped together according to when and where they were collected. This is needed for traceability.  A “donation batch” must be open in order to add donations and once a “donation batch” is closed no further donations can be added to it.**    **We are proposing changing the name of this from Donation Batch (can be confused with a Test Batch) to Donation Session. It could also be called a Donation Clinic (but we think could be confused with a physical location)?**    **What is the generally accepted term for this**?  **Rob W (email response)**: I am in favour of retaining the term “Donation Batch” in this context i.e. the donations and specimens collected at a single venue during a single session. Although this batch may have different names in different countries, if we use it consistently there shouldn’t be any confusion.    Donation Session and Donation Clinic refer to the actual event or the location at which the event took place rather than to the donations and specimens collected.  **Robin:** Everyone use the term donation batch or Test Batch. I will stick with donation batch.  **Christine**: I do not see confusion between the two (donation batch or test batch). I agree with Robin.  **CF**: we have consensus on that |
| (Refine existing requirement)  The Donor Assessment data is the clinical data written on the medical questionnaire by the donor clinic staff member prior to bleeding i.e. Hb, Blood pressure, Weight | **Question: We propose that the Donor Assessment data SHOULD be allowed to be entered if the “donation batch/session/clinic” has already been closed.**  **This would most likely happen when the data capture of the medical questionnaires is not done during the clinics by donor clinic staff but is done back at head office by a data capturer. The risk of not having this information will not impact the safety of the donation** but may **impact the safety of the donor**.   * **Pete**: This will be a useful feature as it does allow post-processing as long as it does not undermine the objective of driving the blood services to real-time data capture which is best practice.  We need to be careful not to erode the principle of best practice by allowing bad habits to be accommodated or creep in.  Perhaps it could stay open for a 24 hr period.  Experience tells me that failing to do this will result in those data being three to six months in arrears very quickly.  If fact, I have not come across a single blood service, even those using spreadsheets and the old V2V, whose data are not over six month in arrears?  Such data are useless for any management purpose. * **Rob W(email response)**: This is an essential requirement. * **Pete:** It does have the potential to render those data useless for management as explained above * **Robin**: I am wondering why you want to get people entering this data and possibly making mistakes. If you not using the questionnaire to change the status of the donor, this donor questionnaire gets saved in as a pdf document with the information for the donor and safety of the donor is important. * **Christine**: one of the reason why the information was captured later is because the donor was not registered yet. In Lesotho they never got the ability to take their laptops and enter information. So they will come back and enter information afterwards. In most of the countries they do not have laptops at their disposal. * **Robin**: In states when they don’t enter donor questionnaire at the time of the donation, then usually what they just say whether the donor has qualified or not and then sign the questionnaire. I don’t see them trying to add all the donor answers to the questionnaire or just registering the donor after the fact? * **Christine**: In Lesotho they don’t enter all the information, they select some elements but I think most of the information was donor registration. * **Robin**: I was worried that we were trying to enter the donor information after the fact, that is dangerous, so yes that has to happen. * **Christine**: I know they are not entering all the questions. In some countries the questions are long. * **Pete:** From our previous discussion we agreed that we will try and use the tool to guide people towards this practise and give them time to gather data after the fact. There should be real time capture as possible. Assuming that they will not have laptops at their disposal and it should be within the 24 hours. |
| (Refine existing requirement)  What coding to use for paediatric packs? | **Question: Currently the requirements state add a suffix of 001, 002 etc. to the main donation identification number DIN in order to identify paediatric packs created by splitting the main pack? Is this sufficient?  Should this be a configurable option?**   * **Pete**: I think it is the accepted practice.  Their size is the usual giveaway. * **Rob (email response)**: The original requirement was to add a suffix to the pack number in the form of “A”, “B”, “C” or “D”, with the number of packs to be prepared (between 2 and 4) to be user selectable. The example pop-up provided was as follows -     This is similar (but not the same) as the ISBT requirement, where, as an example, the full Product Code  for apheresis platelets for a volunteer donor would be E3087V00  and when divided into three paediatric aliquots in a closed system, the Product Codes would become E3087VA0, E3087VB0. and E3087VC0’  **DF**: We need a code for the paediatric packs ….adding a, b c, on the suffix number. Is it useful to have that configurable  **Pete**: As per Rob’s comment, it’s better to use that standard.  **Robin**: Using suffix in the following order of “A”, “B”, “C” or “D”, is better and you must stick to that. |
| The system will not allow you to add or register new donors if there was no open batch. | **DF**: Robin, are you saying we should be able to add donors when the batch is closed?  **Robin**: I am not sure what closing the batch does. There is no problem in leaving the batch open until all the process has been done. I have seen many large clients that would enter the donor information after the blood has gotten back from the donor, from a mobile. We must just make sure that no one tries to put the entire questionnaire. If the batch should stay open to do this, then I say it must remain open for that period of time.  **DF**: to distinguish the test batch and donation batch – the test batch will need to remain open until verified if blood is ok or not. The logic to add a test batch is you can only add donation batch that are being closed off, you cannot add samples to test batch until someone has said we are closing this batch and it’s ready for testing.  **Robin**: I need to think about this, I have been in a large donor and when the blood comes back they even don’t know who the donor is and they have already started processing units and separating, even testing and the donation information is still being entered in the system. If the batch still need to stay open but the testing need to begin, then there is an issue there.  **Christine**: The donation information is always answered if you don’t take real time after the fact and testing being immediately as the two are not connected until they come together to say is the unit ok or not.  **DF**: I think it is useful not to call it closing a donation batch, you just add the donation batch to that. You can’t add additional donation batch to that. We might have to look at what we mean at closing donation batch?  **Robin:** You need to allow donation data to be entered on a closed batch. I understanding that it is closed to enter new donor but allow to add more information for the donor.  **John**: This is logical, adding donor to new donation and allowing individual records to be added during the process. |

## Action Items and Decisions Made

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| **DECISION** | **BY** |  |
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| **ACTION ITEM** | **RESPONSIBLE** | **DUE DATE** |
| Adam to be added to the mailing list for BSSP Calls |  |  |
| To send the link to the group for the wiki | LT | 01/07/2015 |
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