# Meeting Minutes

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

**Date:** 07 October 2015 at 3:00pm – 4:00pm

**Attendees:**

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| **Name** | **Initials** |
| Carl Fourie (Chair) | CF |
| Linda Taylor  | LT |
| Daniel Futerman | DF |
| Tariro Mandevani | TM |
| Robert Wilkinson | RW |
| Carolyn Smith | CS |
| Christine Bales | CB  |
| Robin Nozick | RN |
| Michele Chevalier | MC |
| Maleqhoa Nyopa | MN  |
| Drammeh Bakary | DB |

**Apologies**

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| Chris Seebregts | CJS |
| Pete Zacharias | PZ  |
| Jono Gebers  | JG |
| Rhonwyn Cornell | RhC |
| John Pitman | JP  |
| Chrispen Dandavare | CD |

## Agenda:

* Change Request for Donor Eligibility Rules
* Lesotho Implementation
* Production of the initial components
* AOB

## Minutes

1. **Change Request for Donor Eligibility Rules**
* CB: Yes, each DIN must be tracked.  There should be a category for adding the DIN to the donor record and the donation must be quarantined and discarded for its final disposition.  Also, some type of non-conformance should be generated.  The system when used real-time and not on a file upload from a mobile should block the donation event from occurring.  When the donation takes place while BSIS is used remotely, it must capture the donation via the upload, to complete the donor record and the products must be handled appropriately.
1. **QUESTION: SHOULD BSIS ALLOW DONATIONS TO BE CAPTURED EVEN WHERE THE DONOR IS CURRENTLY OR PERMANENTLY DEFERRED?**
* **There is a need to account for each DIN and for each donation so how should BSIS handle the case where a donation is taken in error i.e. A DIN was issued and a donation was taken even though donor was or should have been deferred**.
* Pete > If they are following SOPs correctly this should be a rare event as the decision to bleed is based primarily on the donor questionnaire which can only be of two types: 1) paper-based (the most likely) and 2) real time capture using lap tops.  There is little anyone can do about donors who lie during the process.  My guess is the problem is more likely with a FRD and first-time VNRBD than for repeat donors. The experts in the group need to comment on the impact of deferral criteria that are not likely to manifest during the testing procedures.
* **This is most likely to occur when the system is not in real-time use i.e. where the data is back entered post-clinic, when there is a power outage and the system is not available.**
* Pete>: This is true but again SOPs should ensure data are not more than 24 hrs. behind irrespective of the vagaries of services and utilities.  Failure to do so renders this system close to useless.
* **These donations will be tested, and according on the policy of the blood service, may even be used to produce components depending on the reason why the donor was/should have been deferred e.g. the donor was pregnant**.
* Pete>: This may not be as big a problem as we think.  Many services go to processing to components before the results of the tests are known so this scenario needs to be accounted for anyway. Until the blood is released for labeling, it all should be flagged a quarantined*.*
* **In the system however, it is proposed that ALL components are flagged for discard (surely this is quarantine?), irrelevant of the type of deferral and the resulting impact on the donor and the blood**.
* Pete>: I am not sure I follow the logic here. Ordinarily, deferred donors are not bled if the donor counselling and health questionnaire is managed according to the approved SOP.  This being the case, such errors should be rare and invoke disciplinary action.  Frankly the system should not be let loose on an organization where the TA provider has not investigated their state of readiness, especially in donor management and blood collection.  We agreed, nearly two years ago, that this was an important principle in developing this tool. If we have lost this principle, we may well be doing more harm than good.

* **LT:** In order to account for each case within the system you will be able to enter a donation even in circumstances were donor is deferred probably in the normal case were you doing back entry data rather than in the live capture of data. We were proposing that the system never blocks a donation. BSIS doesn’t distinguish those 2 different workflows. The system should never block any entry of donation. What we are proposing is that when this happens any components or donation were the donor is deferred are automatically flagged or discard. What this means is that the system will never block the entry of a donation. We are also proposing additional step on the work flow screen as client capture a donation were donor is deferred, you get additional warning to make it clear that they are accepting this donation.
* If you bleeding the donor and donor should not be bled what happens on testing of the unit or tubing? I am worried about those being mixed up.
* The way the system works is it takes it as a donation but flag it for discard.
* What happens with the unit, that is not accountable in the system and take the unit for quarantined. What happens when system is offline on a mobile, when they draw the unit?
* You will have the supervisor to enter unit against the donor and it is immediately quarantined.
* If donor is not a good donor, the FDA in USA will not allow blood to be drawn. I agree with CB.
* How important is it to account for every DIN?
* It is crucial to account for each unit. It is also critical that a donor in real-time is not drawn. Each DIN has to be accounted for. If the label was destroyed they have to bring back the bags. There has to be a way BSIS will have reports to track those.
1. **Lesotho Implementation**
* Due to the fact that we cannot find accommodation during the week of 25 November – 04 December because of the Roof of Africa event in Lesotho, we are suggesting postponing implementation to the week of the 7th Dec.
* CF to discuss offline with CB on how moving the implementation by a week will impact AABB’s schedule.
* CB>AABB was going to be there on the 23rd and the 30th. Chrispen will be able to be in Lesotho on the week of the 7th December 2015.

**Summary Agreed Outcome based on meeting discussion and email feedback**

* All DINs need to be traceable
* All donations collected need to be traceable
* In a real-time workflow, all donations from donors who are ineligible because they are deferred MUST be blocked from entry into the system. This is the same whether the deferral is temporary or permanent, and is applicable for any deferral reason
* In an off-line, back-entry workflow, in the exception cases where a donation has been collected although the donor was actually deferred there is still a need to capture this donation information

## Action Items and Decisions Made

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| **DECISION** | **BY** |  |
|  |  |  |
| **ACTION ITEM**  | **RESPONSIBLE**  | **DUE DATE**  |
| To discuss with CB on how moving the implementation to the 7th of Dec will affect AABB  | CF | 07/10/2015 |
| To add –  Drammeh Bakary on the BSSP mailing list  | TM | 07/10/2015 |