Canadian Blood Services: The road to regaining public trust

The need for blood is constant; so is the need for donations. Every day, all the hospitals and clinics in Canada need blood and blood products to treat patients, since most surgical interventions and a great number of medical procedures require blood transfusions. This is where Canadian Blood Services comes in. Canadian Blood Services is a non-profit charitable organisation with a mission to manage the bloody supply for Canadians and provide a safe, secure, cost-effective and accessible supply of quality blood, blood products and their alternatives. We spoke with Canadian Blood Services’ CEO Dr Graham Sher at Research Features, to discuss this and more, in greater detail.

In the 1980s, more than 2,000 people in Canada were infected with HIV and over 30,000 with hepatitis C after they had been administered tainted blood products. In the wake of disaster, an inquiry led by Justice Horace Krever exposed years of negligence, bureaucratic inertia and at times corruption at the Canadian Red Cross Society, then in charge of the blood donation system. In consequence of Krever’s recommendations, 1998 saw the foundation of Canadian Blood Services that replaced Canadian Red Cross Society in managing national blood supplies. It took nearly 20 years of Canadian Blood Services’ leadership and dedication to rebuild the Canadian blood system, make it an international success story, and regain the public trust.

Can you tell us what attracted you to Canadian Blood Services and what your role there involves?

When I was asked by the newly founded Canadian Blood Services to join the organisation as a vice-president of medical, scientific and clinical management back in 1998, I worked as a physician and scientist on staff at the Toronto Hospital and on faculty at the University of Toronto. I had no plans to leave my research lab or teaching role, but the opportunity to move beyond the individual patient level and have a greater impact on the wider health-care system, and ultimately, serve more patients, was too appealing to pass up.

A few years later, in 2001, I became a CEO. Since then, I have been leading the organisation through a multi-year transformation journey aimed at redesigning the entire service delivery model.

Patients depend on us to manage a safe, secure and cost-effective blood system.

We recently caught up with Dr Sher at Research Features and talked with him about the organisation’s role, his role as CEO over the last 20 years and the future of blood donation in Canada.
We draw in experts from various disciplines who together can bring innovative thinking to bear on real problems

Today, whether patients are in Victoria, Iqaluit, St. John’s, or anywhere in between, they can count on the same high-quality product when they need it, without geographical or financial barriers. When new pathogens emerge, like West Nile virus, SARS, H1N1, or Zika, Canadian Blood Services is at the forefront of an international community of scientists working together to protect patients at home and around the globe.

Can you describe Canadian Blood Services’ role in the national formulary of plasma-derived medicine, and synthetic alternatives? What are the benefits and disadvantages of this system?

What role does Canadian Blood Services have in improving the national levels of blood and organ donation?

Improving the national inventory of blood is ongoing. We help hospitals improve blood utilisation and surveillance and have focused on educating donors, physicians and other health professionals on the role of utilisation of blood and blood products.

Our work in organ donation and transplantation may be less well known. Let me name a few of our initiatives aimed at improving matters in this field. Through the Kidney Paired Donation (KPD) programme, we facilitate medically compatible kidney transplants through chains of donor exchanges from medically incompatible pairs. The Highly Suspected Patient Kidney (HSP) programme improves chances of a kidney transplant for hard-to-match patients. The National Organ Waitlist Network (NOW) is a real-time data system for organ donation.

We work with stakeholders, partners and physician groups to evolve knowledge, policy and technology. This leads to increased donation and transplantation rates, gives patients the best possible chances to receive transplants with optimal outcomes, and gives families the opportunity to honour their loved one’s wishes to become an organ donor.

With more than 800 transplants resulting from the KPD and HSP programmes combined, many Canadians have received transplants that may never have otherwise occurred.

You are a haematologist by training, and an expert in transfusion medicine. How did you first become interested in this field?

In short, while doing my undergraduate medical training, I was interested in neurology, and therefore, destined to become a neurologist. I even did a PhD degree (simultaneous with my medical degree) in my second to last year of medical training, while rotating through a general medical unit, I became the responsible physician looking after a young patient with acute myeloid leukemia. As such, we need to recruit more blood and organ donors. We are focused on connecting with an ever-changing population of donors; the population in Canada is shifting to metropolitan areas, and we need to go where the people go to operate as efficiently as possible and make blood donation as convenient as possible for donors.

For more information on the Canadian Blood Services, their ground-breaking research and blood donation, please visit their website at blood.ca/en.

We are running national and territorial supply of blood, blood products, stem cells and products, and play an integral role in organ and tissue donation and transplantation.

Our responsibilities also include running national and territorial cord blood donation and transplantation; operating the OneMatch Stem Cell and Marrow Network, which matches donors to patients that require stem cells transplants, as well as Canadian Blood Services’ Cord Blood Bank.

Moreover, Canadian Blood Services is involved in research and development efforts focused on several areas of transfusion and transplantation science and medicine. We draw in experts from various disciplines who together can bring innovative thinking to bear on real problems.

Why was the decision made to centralise Canada’s blood services in 1998? What have been the organisation’s key achievements in this sector?

Back in 1998, we inherited a fragmented blood supply system plagued with critical quality failures, badly ageing facilities, and structural complexity. When I became CEO, I recognised that to transform the system in a long-term and sustainable manner we needed to move from crisis to continuous improvement. I set about creating a business framework that allowed us to plan for changes over a long horizon and to move the organisation to a much higher level of operational stability and performance success. Since then, the organisation has integrated about a dozen regional, disconnected supply chains into one seamless national system.

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Can you give us an overview of what Canadian Blood Services does and what its aims are?

Canadian Blood Services manages the national supply of blood, blood products, stem cells and related services for all provinces and territories (except Quebec). We operate within the larger health-care system of transfusion and transplantation medicine in Canada. Patients depend on us to manage a safe, secure, and cost-effective blood system. The organisation collects, tests and manufactures blood, blood products and stem cells, and plays an integral role in organ and tissue donation and transplantation.

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