IHN General Assembly

9.00 to 12.45 on Wednesday March 9th 2016
Novotel Eiffel Tower, Paris

MINUTES

Participants

Name	Country
Peter Tomasulo	USA
Ingrid van Veen	The Netherlands
Martin Schipperus	The Netherlands
Ruzica Stimac	Croatia
Auristela Maciel Lins	Brazil
Micheline Lambermont	Belgian
Dominique Goossens	Belgian
Christine Steinsvåg	Norway
Oystein Flesland	Norway
Naoko Goto	Japan
Jo Wiersum	The Netherlands
Lorenz Amsler	Switzerland
Clive Richardson	Greece
Constantina Politis	Greece
Jean-Claude Faber	Luxembourg
Panagiotis Sampanis	Greece
Luc Noël	France (guest)
Maria Antónia Escoval	Portugal
Jorge Condeço	Portugal
Kevin Land	USA
Akanksha Bisht	India
Orieji Illoh	USA
Nigar Ertuðrul Örüç	Turkey
Gamal Gabra	UK/Egypt (guest)
Giancarlo Liumbruno	Italy
Neo Moleli	South Africa
Hassan Abbas Zaheer	Pakistan
Barbee Whitaker	USA
Thabiso Rapodile	South Africa
Jeroen van Liempd	France/NL (strategic planning advisor)
Erica Wood	Australia
Paula Bolton-Maggs	UK

1. **'Welcome and apologies**
   Erica Wood (IHN President, chair) welcomed all to the meeting. Participants introduced themselves – see list of attendees.
   Two guests/observers: Luc Noel from WHO and Gamal Gabra working with some groups in Africa/Middle East/Turkey.
   New staff: Ingrid van Veen from TRIP (NL) present – see below.

   Apologies noted from Finland, Serbia, Denmark and Singapore.

2. **Approval of minutes of IHN general assembly from Washington 2015.** No amendments proposed. PT moved for their approval – approved by meeting.

   As well as on site participants in Washington, many people had participated online or dialed in. EW asked for feedback from external participants. Oystein Flesland (Norway) said he found it worthwhile and a good alternative and should be offered more often.

IHN ACTIVITIES:

3. **Board update**
   - **Membership:** New members – welcomed haemovigilance programmes from India, Iran, S Korea, Turkey and Serbia.
     No additional applications received although some systems are considering joining in the future (Indonesia and Malaysia have expressed interest).
   - **Administrative support:** Identified as a priority to support IHN into the future and relieve burden on volunteer Board. Support now to be provided by Ingrid van Veen in the TRIP office. Thanks expressed to SHOT for previous years of support.
   - **Haemovigilance research collaboration**: informal research meeting will take place on Friday afternoon. There was an informal kick off in Barcelona 2014, summary circulated and further discussions in Washington with a small group of people present on the day. Many ideas were expressed.
   - **Strategic planning activity**: see summary below.

4. **Financial report,** presented by Martin Schipperus, honorary treasurer
   - Review of current bank balance and anticipated income - need for membership fees to be paid on time.
   - Strategic planning investment about 35,000 Euros.
   - Cash deposit for Paris about 63,000. Deficit for Barcelona was 17,500. Budgeted deficit for Paris 5000 Euros but hopefully less.
   - Need for financial investment in data platform – currently ISTARE hosting and maintenance.
   - Membership fees shown in list for all countries. Membership fees will stay the same for now. Comments on discount rate but need to review whether existing/new low HDI countries are still eligible for lower rate.
   - EW comments: The activities of IHN are supported by membership fees. Income is small for an international organization. We do not have a lot of reserve and need to be careful about our finances. We need to think about how seminars can cover their costs and support other IHN activities. Very challenging to secure sufficient sponsorship for meetings. We should consider how IHN can broaden its activities to provide more benefit for members and have a more diverse income stream.
   - EW: Thanks to Martin for the report.

5. **ISTARE report,** presented by Constantina Politis
   - Reviewed briefly how the ISTARE database works, what is collected, and what can be provided to member countries. Charts are available for national use.

- Presentation of preliminary data for 2006-2014.
    - 149 reports in total from 28 countries and 3 countries have promised results shortly. Participation of 21-23 countries per year in recent years.
    - 64% countries (18) are European, Asia 14%, (4), Americas 11% (3 N and S) , Africa 4% (1), Oceania/Pacific 7% (2).
    - Data on 171 million units issued, and 65 million units transfused. Donor complications also collected.
    - 150,000 adverse reactions - 87 per 100,000 units issued, (but needs more careful analysis) deaths 495, so 0.28 per 100,000 units issued (no imputability data?)
    - Most common reactions are febrile and allergic. Deaths 24.5% TACO, 17.6% TRALI, 13% TAD, allergic 12.3%, ie pulmonary complications are major cause of deaths (55% total). HTRs 6% deaths.
    - TTIs 69% bacterial, 29% viral – 7 HIV, 84 HBV, HCV 13, "other" 59, 2% parasitic (562 cases or 3.3 per 100,000 units issued).
- Noted need for technical improvements in the data collection tool and its functionality, as well as attention to detail in entering data. A quality survey has been prepared and will be sent to all participating countries.
- Dina responded to questions about denominator for donor numbers and a comment that the data collected represents >1/10 world's production of blood.
- ISTARE's purpose is for data sharing and projects using the data. Project ideas welcome.
- Two abstracts to be presented at this seminar. Manuscript in preparation.
- EW: Thanks to Dina for the report and to the ISTARE technical team and ISTARE committee.

6. **Collaboration with ISBT**, presented by Jo Wiersum
    - ISBT working party on Haemovigilance – 80 full members of ISBT and others in email contact who are not full ISBT members.
    - The committee is undergoing its own strategic planning.
    - Annual meeting, 35-50 people attend. Activities in between, email and telecons.
    - Discussions of the donor vigilance group – donor iron status, ISBT harmonized definitions generated and need to be validated. This is an important step forwards.
    - Recipient group – need for definition revision of TACO still in draft. Work on paediatric definitions (Amy Keir) subgroup convened.
    - Huge difference between countries on how they report errors and incidents. Sentinel events are agreed, all definitions are available on the website of ISBT. Need to define quality indicators, and open invitation for people to join and contact Maria Antonia Escoval or chair-elect Kevin Land.
    - Questions: JCF added need for quality indicators to cover blood donors. No other comments.
    - EW: Thanks to Jo for her hard work and the great collaboration with ISBT.

7. **IHN Seminars**
    - 2016 - Thanks to local committee in Paris. Names of LOC listed and sponsors also listed and acknowledged. Thanks to Sophie and colleagues at MCI.
    - Future IHN Seminars:
        - Need for a seminar committee to oversee. See strategic planning discussion section (below).
        - Expressions of interest will be sought to host seminar in future years.

8. **IHN Award and Medal** – thanks for nominations received. IHN Award is for contribution to HV at national/international level, IHN Medal for contribution specifically to IHN contribution but usually that person has a wider influence too. Awardees will be announced on Friday with the presentation and award lecture. Nominations invited for future years.

9. **Other business** – none

10. **Thanks and close**

IHN STRATEGIC PLANNING PRESENTATION AND DISCUSSIONS

EW commenced this section by presenting a summary of issues to the General Assembly. Key points were outlined on powerpoint slides which will be available for those who want to see in more detail:

- EW described **the strategic planning process** and thanked JvL from MCI for his guidance and advice.
- **What do members and others want from IHN?** List of activities summarized in a document sent to the OCPs in advance of this meeting. Can be shared more widely. Ingrid van Veen can forward a copy to those who request it.
- **To achieve our aims, do we have the right structures/governance? Admin and communication arrangements? Finances? What is possible, desirable, realistic?**
- **Two Board face-to-face meetings and a series of teleconferences,** have been held, facilitated by JvL. In the meetings, the Board reviewed the IHN vision, mission and strategic objectives – see below. **For discussion with members at and following General Assembly, and then need to design a programme for implementation.**
- **A survey of OCPs and members** was undertaken as part of the process. Key questions and messages from surveys:
    - Relevance of IHN Articles? Most felt still appropriate to meet IHN objectives. Several other objectives were identified,? broader scope, more education including online, better use of website for education and information.
    - Changes in practice were identified which will affect what we do and how (new technologies, patient blood management, etc).
    - Reason for joining IHN? Learning how to build a system, understanding best practice, networking, sharing data.
    - General assembly: 70% had attended a GA, range of comments received.
    - Seminars: 89% had attended at least one seminar, strengths and weaknesses noted, and suggestions made.
    - Access to IHN? Only 54% said they felt they could readily contribute. (? People may not be very clear about the IHN structure and access to it.)
    - Does the IHN structure support function? Yes 58%.
    - Excellent suggestions made about membership, communication, more laboratory input, professional support, greater collaboration with ISBT, membership structure (especially where there is no existing national HV system).
- **Review of IHN mission, vision and strategic objectives**. Diagram of proposals from the Board (see powerpoint slides):
    - **Vision** *(future state we wish to achieve):* **that health services around the world will have effective HV systems in place.**
    - **Mission: to promote HV internationally, to support HV systems worldwide, to be the leading HV resource.**
    - **To achieve our vision and mission, IHN must be a financially sustainable organization and the governance structure must be aligned to pursue this. Underpinning this are three pillars of objectives.**

Presentation opened for comments.

Summary of comments and discussion:

BW (USA, AABB) great start, mission pillar no 3 – she suggests a link to Notify library as HV has been added to this. BW: country-specific things are limited, international ones are better. EW noted the importance of collaborations.

CP (Greece): 4 IHN members are taking part in European review focusing on HV and BioV. Giancarlo knows more. Jorge Condeco (Portugal): noted next project meeting in late April. Similar to Notify. IHN needs to support HV in Africa and needs to integrate into this project.

NM (S. Africa): developing countries who might not be members need easy access to website and contact details where there is an OCP and who to talk to. EW agreed current website severely inadequate ("hopeless") and a priority for redevelopment.
PT (USA, IHN Board): these comments have not been v helpful so far! What do you want from the IHN please? Education and training has been mentioned but we are not organized to do this today. How would we do that? On the screen, 7 points on the cartoon. Please look at them and respond in the near future. We are looking for specific feedback on those items. Is there a deliverable in there?
JC (Portugal): noted Martin showed a negative balance on the finance but we need to go ahead with changes and we need additional funding for activities. Currently we have not enough financial support.
GG (guest): suggested we include case studies of attempts to establish HV systems. WHO initiative on global HV [*refers to GloSCH (Global Steering Committee on Haemovigilance)]* in the past led by Canada. Was this successful? Other initiatives in individual countries have been paralysed – we need to understand these better.
LN (guest): For WHO the environment in which the house is situated is as important as the house itself. The key issue is dialogue between front-line operators and higher. Executive of WHO recognizes the exceptional issues related to materials of human origin and need to work together to have a shared view of use of human components. HV and broader vigilance identified with global support, IHN is one important party, and agrees with need to make more information available and to learn from errors. EW: Board agrees with these concepts and IHN needs to identify how, who to engage wit and how we implement IHN's plan of work.

EW requested **feedback on whether the concepts around the mission and vision are acceptable.** General acceptance of and **no objections to vision and mission concepts.**

EW presented the **Board recommendations (see powerpoint slides)**:

Seminars: IHN should plan, sponsor and present seminars to report and share data that can lead to improved outcomes, can support development of effective programmes, and to measure effectiveness of HV, and to provide mechanism to create/support a community of people working in HV.

Data: IHN should develop a data strategy for IHN to receive, store and analyse and feed back data to participants and external stakeholders. We need to use consistent definitions, and provide data for benchmarking. IHN needs a data committee to oversee this work that is wider than only ISTARE. Who is the audience? How would we prioritise data and research?

Membership structure and finances: to be reviewed to ensure they support our objectives.

How do we turn this into action?
Need SMART objectives i.e. Specific, measurable, attainable, relevant and time-based.

EW identified the next steps in a summary slide:
- **Member feedback now**
- **Development of a business plan**
- **Establishment of new committees (particularly a seminar committee)**
- **Communication plan**
- **Industry engagement strategy**
- **Professional help in implementation (e.g. website, business planning)**

Committees to be formed:
- **Seminars**
- **Membership**
- **Communications**
- **Data [incl ISTARE]**

- **Finance and external relations**
- **(Research committee to be confirmed)**

Summary of comments and discussion:

Seminars: MS noted we should start with Seminar, how to go forwards. What do people want in future? Who would like to participate in a committee? Annual or not? Other activities instead of seminars.
NM (S Africa): annual seminar is important for update. Two years would be too long while we are trying to improve.
HAZ (Pakistan): wants seminar every year to broaden the scope and strengthen HV systems. EW: noted discussions in the board about annual seminars for profile and engagement but it is very expensive to run a meeting. Barcelona did not make a profit. Meetings need to be financially viable and we struggle with industry support where we compete with other meetings, such as ISBT. There are increasing constraints on industry on how they sponsor so it is increasingly difficult. Is it responsible of the board to arrange meetings which are not financially viable? Should we partner with a HV national scheme to participate in a national meeting?
KL: occasional meetings with IHN in local countries including how that country implemented HV – hear from different levels how it works for hospitals for example. Think in terms of how we build a house.
GG: noted we are working as groups of countries working together and these have benefited from ISBT academy to contribute.
JCF: would prefer more input from participants here; he believes annual seminars are necessary. We have had financial 'accidents' but others have broken even or profited. These seminars need to be an investment.
AL (Brazil) We must evaluate what is ideal X what is possible. If we could not promote one seminar by year, we must do alternative events like the regional seminars. Besides this, the cost is too much to come to the seminar every year. Brazil can collaborate with other LA countries.
JvL noted that there is a trend for compliance rules for industry means they cannot sponsor individuals but want to sponsor conferences and events. Need to discuss the other ways, educational activities or the organization rather than an event.
Maria Antonia (Portugal) – the seminars are very important for benchmarking and a forum for networking which is vital. Why not international one year and local the next?
Lorenz Amsler (Switzerland) noted that the seminars are very important for networking.
EW noted we are not planning to stop the seminars, just consider what we want to achieve with them and how we deliver them.
Webinars? Positive reception.

Membership:
EW noted we need perhaps a more diverse membership base/structure.
BW (AABB) agrees we could have individual and institutional membership as AABB has done for some years. Need Seminars and provide better website. We have two organisations IHN and ISBT who have worked well together. IHN is based on country membership, ISBT individual members, so we must be careful. In favour of regional or institutional membership but not individual because then we are the same as ISBT (although they do many things other than HV).
NM (South Africa): thinks if doctors want to get involved they should be able to join independent of ISBT as they get into HV.
Maria Antonia (Portugal): Not individuals. Hospitals and transfusion services.
AB (India) Wants one nodal person to interact with IHN, thus National Haemovigilance Programme should be given membership of IHN and so believes no individual memberships.
EW: broader membership models could include a greater diversity of participation eg. transfusion practitioners.

Data:
CR (Greece) IHN is moving to a more professional organization, which is necessary. Data collection should continue, via ISTARE or in some way. Why don't all countries take part? A fresh look is needed at ISTARE.

AB (India) At present India has not submitted the data to IHN as the data of India is in process of review by Quality Review Panel. A set of Questionnaire or Feedback form can be circulated to all Non- Reporting Members of IHN who have not submitted the data for better understanding between IHN & members likewise in India feedback forms are sent from time to time to non- reporting Centres enrolled under Haemovigilance Programme of India so as to understand, analyse the issues & facilitate the reporting of reactions by the Centres. Further, the website of IHN should be more interactive like WHO web Portal. Who should report? The access of Indian Haemo-Vigil software via which adverse transfusion reactions are reported is restricted to Head of Transfusion Medicine Department so as to avoid the duplication of the reports in the data base of the Software.

Other:
JCF (Luxembourg): remember our roots. First European meeting was the time when countries got together; the first EU meeting on blood safety was convened by the European Commission in Adare, Ireland in 1996; The rapid alert system was another activity and this only seems to be noted as historical; what do we do now? What do members think about this which has been put on ice. Is it still something IHN should do in future? Maria Antonia (Portugal): Rapid alert system – participate and do receive into from EU Rapid Alert System on Blood (Epidemiological situations, medical devices and quality and safety of the product alerts), but they do not receive information at international level, outside Europe, so she agrees with JCF that we should include this in the strategic plan.

Prioritising:
EW: we need to determine IHN's top (3-5?) priorities and timing of activities to support objectives. We cannot do everything. The Board needs your input to prioritise.
PT: Asked two questions of the General Assembly: what do you want to get out of our seminars, and why are you here? Not everything is related to the seminars, we need your feedback – please respond!

NEXT STEPS:

General Assembly minutes to be circulated with strategic planning document (previously circulated).
Board to consider feedback at strategic planning meeting after Paris Seminar.
Process for establishment of committees, work plan and participation by members to be developed by Board with input from JvL (MCI).

Minutes: Paula Bolton-Maggs, honorary secretary, Erica Wood – president, 23 May 2016