

# ANNUAL REPORT

## 2003-2004



**Christine**  
Heart transplant  
15 transfusions



**Charles**  
Road accident  
2 transfusions



**Catherine**  
Immunodeficiency  
Monthly transfusions



**Jonathan**  
Leukemia  
10 transfusions



**Patrizia**  
Leukemia  
213 transfusions

FIVE YEARS ALREADY



# Mission

Héma-Québec's mission is to efficiently provide adequate quantities of safe, optimal blood components, substitutes and human tissues to meet the needs of all Quebecers; provide and develop expertise and services, along with specialized and innovative products in the fields of transfusion medicine and human tissue transplantation.

# Vision

Becoming the North American leader in its field by 2005.

# Values

Authenticity and transparency

Solving problems at the source

Getting it right the first time

Always thinking "customer"

Héma-Québec's licence numbers  
10862-A (Montréal facility)  
10862-B (Québec City facility)

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# Message from the Chairman of the Board and the Chief Executive Officer



Dr. Francine Décarý  
Chief Executive Officer



Mr. Claude Pichette  
Chairman of the Board  
until December 17, 2003



Dr. André Lebrun  
Chairman of the Board  
since December 18, 2003

Héma-Québec celebrated its fifth anniversary on September 28, 2003. Five years already! During this period, we have worked hard and enthusiastically, and we have succeeded in completing all of the start-up stages required of a new organization. We are proud of these accomplishments. Not only have we met these start-up challenges, but we have also become a model for the blood product supply system in North America and around the world.

Every day, Héma-Québec effectively and efficiently ensures the adequacy and safety of its products, in order to meet the important needs of Québec hospitals and their patients. In this report, to highlight our first years of operations, we present you with a five-year review of our major corporate accomplishments. You will also find a report of our activities for the 2003–2004 financial year.

This past year has been particularly affected by a number of safety measures that were introduced to counter the effects of the West Nile virus on the blood supply, as well as a series of precautionary procedures adopted in the face of the appearance of severe acute respiratory syndrome. Furthermore, an additional screening test was introduced to detect the presence of the hepatitis B virus in donated blood. Héma-Québec also introduced a system for the detection of bacteria in platelet donations by apheresis.

As for product adequacy, a supply strategy integrating various kinds of traditional and innovative collection methods has been initiated. It will be introduced over a five-year period. Several corporate projects have required major investments of time and human resources, including the BDPE project (Blood Donation Positive Experience) that is in full swing, the opening of the Globule Blood Donor Centre at Place Laurier in Québec City, and the introduction of ten new pieces of equipment for collecting platelets by apheresis at the Globule centres.

Héma-Québec once again fully met the demands of Québec hospitals in 2003–2004. Our new television campaign was an enormous help in raising the awareness of Quebecers about the importance of donating blood and in increasing their intention to donate. For the very first time, the advertisements have introduced the public to donors, as well as recipients. The theme of the campaign is “Give blood. Give life.” These goodwill ambassadors can also be seen on the cover of this report.

Out of a concern for transparency, our board has held a public meeting every year since 1999—either in Montréal or Québec City—to present a summary of Héma-Québec’s activities to the community and to become closer to you, the people we work for. This year, the format for our public meeting was improved to allow more people to participate.

With the help of an external firm, we also conducted an opinion survey of our employees. The survey covered six topics: Héma-Québec’s orientation and management, supervision, work, career development, work environment, and information. As promised, the results of the survey—that had a high response rate of 63%—were presented to the entire team.

On the whole, our staff finds working conditions at Héma-Québec satisfactory and expressed their overall agreement with Héma-Québec’s mission and values. They are proud to be working for this cause and like their work. That being said, we would have preferred better results with regard to some aspects of the survey. For this reason, we have already begun to introduce an approach that engages management and employees in a follow-up process based on openness and consultation.

We are extremely grateful to all the blood drive organizing committees, as well as to our volunteers and donors for the important contribution they make to Héma-Québec’s activities and the well-being of all Quebecers. We would also like to thank and congratulate the Héma-Québec team for its professionalism, expertise and dedication. Our staff members are the driving force behind our work. We would also like to extend a big thank you to the members of our board and the various Héma-Québec advisory committees for their contribution to our organization and the Québec blood system.

Héma-Québec would not be able to fulfil its mission without the participation of all of these stakeholders. Together, we form a great team with an equally great mission. We will continue to work in such a way as to achieve Héma-Québec’s vision: to become the North American leader in its field in 2005.

We look forward to the next five years with a great deal of enthusiasm!





# Review of 2003–2004 Activities

## Labile Blood Products

Héma-Québec's responsibilities with regard to providing a safe blood supply involve efficiently ensuring both the safety and adequate supply of products.

In 2003–2004, Héma-Québec adopted several measures to help it fulfil its responsibilities as a producer of labile blood products.

Labile blood products (LBP) are perishable blood components. They include:

- packed red blood cells (42-day shelf life at a temperature of 2° to 6°C);
- platelets and platelets by apheresis (five-day shelf life at a temperature of 20° to 24°C);
- plasma products (one-year shelf life at a temperature below -20°C); and
- cryoprecipitates (one-year shelf life at a temperature below -20°C).

## Product Safety

During the year, Héma-Québec had to manage a number of projects, including those dealing with the emergence of the West Nile virus and severe acute respiratory syndrome, in order to ensure the safety of blood products.

### West Nile Virus (WNV)

#### *Development of an integrated action plan*

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In the fall of 2002, it was confirmed in the United States that the WNV could be transmitted by transfusion. Given this new transfusion-related risk and the fact that there was no WNV screening test, the stakeholders in the Canadian blood field, including Canadian Blood Services, Health Canada, Héma-Québec and Roche Diagnostics, agreed to do everything possible to develop a WNV detection test in order to be able to screen all blood donations with such a test by July 2003.

Héma-Québec hastened to develop an integrated action plan to counter the effects of the WNV on the blood supply. This plan, set out in an efficient manner and in a record short period of time, allowed for the proper conduct of operations.

#### *Supply of frozen plasma products*

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For this reason, from January to June 2003, Héma-Québec stockpiled an inventory of frozen plasma products. Collected during the winter, when there was no virus in Québec, these products could be used without danger during the summer of 2003.

# Review of 2003–2004 Activities

## *Introduction of an additional donor qualification criterion*

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Héma-Québec added a question to the blood donation file in order to determine whether or not potential donors presented symptoms related to WNV. If they do, such people are not permitted to give blood for a period of 55 days.

## *Developing an experimental in-house screening test*

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Given the uncertainty around the date for the introduction of an experimental commercial test, Héma-Québec's R&D division developed an experimental test that enables the detection of the WNV in donor blood. We were able to make use of this test for several days prior to receiving and introducing a new experimental test developed by the Roche Diagnostics company (Roche). Thanks to the test that was initiated in-house, all labile blood products produced by Héma-Québec were tested for the WNV as of June 18, 2003.



## *Introduction of an experimental test developed by Roche*

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Roche subsequently supplied an experimental test (which is presently at the request for experimental testing authorization stage) that replaced the test developed by Héma-Québec's R&D team. All blood donations made after June 25, 2003 were analysed using this new test.

## *Other measures*

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During the entire month of June 2003, Héma-Québec held 55% of its blood drives outside those areas where human cases of WNV had been identified during the summer of 2002. A special telephone hotline (1 877 VNO-HÉMA) was also set up for persons with questions about the effects of the WNV on blood donations.

## *A team success*

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The development and introduction of an integrated WNV action plan in a short period of time required a major effort on the part of the entire Héma-Québec team. Héma-Québec succeeded in introducing its own WNV test and the experimental test supplied by Roche in the space of six months, thanks to the dedicated work of its staff and the active collaboration of stakeholders such as Health Canada. More specifically, the work included:

- drawing up Standardized Manufacturing Procedures (SMPs) necessary for the implementation of the two new qualification tests for labile blood products;
- planning the material resources required for implementing the two tests;
- supervising modifications to the laboratories;
- integrating the data produced by the new screening technology into the blood management software (Progesa);
- validating the technique of the WNV test developed in-house, the new equipment required for the experimental test supplied by Roche, and the new qualification procedures for blood donations;
- preparing two separate submissions for Health Canada: one for the experimental test developed in-house and one for the other experimental test;
- training laboratory technicians, as well as blood drive staff;
- manufacturing and assembling screening kits for the test developed in-house;
- monitoring the introduction of the experimental test supplied by Roche, with a particular view to optimizing the related procedures;

# Review of 2003–2004 Activities

- developing and implementing both an internal and external communications plan (see the *Public Affairs and Communications* section for more details).

By the end of the year 2003–2004, no blood donation tested by Héma-Québec for the WNV had been confirmed positive, and no case of WNV infection by transfusion had been discovered in Québec.

## Severe Acute Respiratory Syndrome (SARS)

Since the appearance of SARS in the fall of 2002, Héma-Québec has been exercising a continuous vigilance with regard to the situation, along with Canadian Blood Services and public authorities in Québec and Canada.

Even though it has not been proven that SARS is transmissible by transfusion, Héma-Québec added additional blood donor qualification criteria in April 2003 with the intention of temporarily prohibiting individuals who risk being infected by SARS from donating blood.

Therefore, any person who has been in contact with a person suffering from SARS cannot give blood for a period of 21 days after their last contact with that person. In the same manner, individuals who have received a SARS quarantine notice are subject to a temporary 21-day prohibition from donating blood following their release from quarantine. Individuals who have been diagnosed with SARS must wait for a period of 180 days following the disappearance of symptoms and/or the end of their treatment before making a blood donation.

## New Screening Test for the Hepatitis B Virus

Héma-Québec has introduced an additional test, called the anti-HBc test, to detect the presence of the hepatitis B virus in blood donations. Héma-Québec was already using a surface antigen (HBsAg) test. Some people—those with a chronic infection, for example—can, however, present an HBsAg level below the detection threshold of this test.

The new test, in use since April 7, 2003, serves to detect antibodies produced in the human body by the presence of the antigen of the nucleoid of the hepatitis B virus. The use of the two tests (HBsAg and anti-HBc) ensures an even safer supply of labile blood products.

Héma-Québec is the first Canadian supplier of labile blood products to introduce the anti-HBc screening test.

## Detection of Bacteria in Apheresis Platelets

In order to maintain their integrity, apheresis platelets must be stored at a temperature of between 20° and 24°C before transfusion. However, this storage temperature promotes the growth of pathogenic bacteria that could cause an infection in recipients of these labile blood products.

In order to counter these risks of bacterial infection, Héma-Québec has introduced an additional safety measure with regard to platelets collected from thrombapheresis. Since March 5, 2003, Héma-Québec subjects each apheresis platelet to a bacterial culture test. Apheresis platelets that test positive are withdrawn from the inventory and destroyed.

# Review of 2003–2004 Activities

## Adequate Product Supply

In order to ensure an adequate product supply for hospitals and their patients, Héma-Québec must constantly seek out, design and adopt effective means for achieving its blood collection objectives. Since its creation, the demand for labile blood products has increased by nearly 5% every year. After five years of operation, Héma-Québec has reviewed its activities in order to optimize its blood supply capacity and to determine how to make additional collections to meet the growing needs of Québec.

## Blood Supply Strategy

Héma-Québec has, therefore, developed a blood supply strategy to be introduced over a five-year period. This strategy integrates various methods of collection and business plans to hospital demand. Héma-Québec intends to optimize traditional methods of collection (blood drives) and apply, in a continuous manner, innovative collection methods, such as the Globule Blood Donor Centres and the collection of platelets by apheresis, as part of this strategy, which was adopted in 2003–2004.

## Blood drives



### *New approach*

During the year, Héma-Québec finalized its BDPE project, a complete overhaul of its blood drive procedures, with a view to providing a better environment that will be more conducive to blood donation. With the introduction of this new approach to blood drives, Héma-Québec intends to recruit more donors, develop their loyalty and achieve an increase in the frequency of donations.

The BDPE has three major thrusts: improving the overall presentation of blood drives; improving the blood donation procedure (APDS: Amélioration du processus de don de sang); and improving customer service. Héma-Québec has continued to modernize the equipment and furniture used for its blood drives, and it began to put them into service towards the end of this year. The technological infrastructure of the mobile drives was reviewed in order to enhance its quality; a new wireless computer station for registration staff was developed and approved. In October 2003, Héma-Québec introduced a new blood donation procedure that aims to manage blood drive operations in an optimal fashion and, more particularly, to reduce the time it takes to make a gift of blood.

We should also make mention of a customer-service and donor-contact-management training program that was developed for employees involved with blood drives. Héma-Québec expects to complete the introduction of all the essential elements of the BDPE program in 2004–2005.



donor clinic

To our 1,500 organizing committees  
and our 25,000 blood drive volunteers

Thank you!

GIVE BLOOD. GIVE LIFE.

# Review of 2003–2004 Activities



## *Blood drives and partnership development*

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At the beginning of the year, and in order to meet the anticipated demand by hospitals for labile blood products, Héma-Québec increased the number of blood drives in several locations with a strong potential for recruiting new donors. Some 1,500 volunteer committees have contributed to the organization of blood drives across Québec. It is also important to mention the support and collaboration of the Association des bénévoles du don de sang.

This year, Héma-Québec also created more partnerships with the education community, involving young people from various educational institutions in the organization of blood drives. The business community also helps Héma-Québec accomplish its mission, and more than 150 businesses participated as blood drive hosts.

Héma-Québec also developed a partnership with the Ministère de la Santé et des Services sociaux for a monthly blood drive at the Québec National Assembly. Finally, a new electronic magazine, entitled *The Blood Drive*, was launched on Héma-Québec's Web site. This magazine serves as a link between blood drive organizing committees and Héma-Québec.

## **Blood Donor Centres**



Héma-Québec has also pursued the development of its Globule blood donor centres. These permanent centres, located in cities with high population

densities and whose hours are adapted to donor availability, were specially designed to facilitate blood donation.

## *Opening of the Place Laurier Globule*

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On November 3, 2003, Héma-Québec opened its first Québec City Globule in the Place Laurier shopping centre. The centres at 325 Croix-Rouge Street and 2535 Laurier Boulevard were closed and consolidated under the new banner. The new centre, where the public can donate blood, plasma or platelets, not only provides aesthetic and logistical improvements to the donor experience, but also ensures improved rates of donor traffic. Whereas the objective for the Place Laurier Globule's first year of operations was set at 350 donors per week, Héma-Québec is actually welcoming as many as 420 donors per week after only several months of activity.

## *Change of status for the Côte-Vertu Globule*

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The Place Laurier Globule joins the two other Globule centres—both located in Montréal, in Place Versailles and on Côte-Vertu—that have been welcoming donors since the winter of 2001. In 2003–2004, Héma-Québec changed the status of the Côte-Vertu Globule. It was originally conceived as a centre for special donations, but is now open to all donors. It is possible to make an appointment to give blood there, as well as make special donations, including autologous donations.

## *Marketing plan*

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A marketing plan was developed for each Globule centre, on the basis of their specific donor recruitment needs and in such a way as to optimize donor traffic for each centre.

Héma-Québec has begun to promote the Globule concept at its blood drive locations through the use of various marketing tools. Sponsorship weeks (or Globule theme weeks) have also been organized with a number of large companies.

# Review of 2003–2004 Activities

The Globule concept has been very successful during 2003–2004. Together, the three Globule centres welcomed approximately 800 donors per week.

## Collection of Platelets by Apheresis

The thrombapheresis procedure enables the collection of the same quantity of platelets from a single donor as the number contained in five bags of blood collected from different donors using the traditional method. The collection of platelets by apheresis offers increased safety for patients by reducing the number of donors to whom they are exposed. Héma-Québec intends to deliver an increasing proportion of apheresis-obtained platelets to hospitals.



### *Acquisition of TRIMA ACCEL™ (TRIMA) machines*

In 2003–2004, Héma-Québec began using ten new TRIMA machines for platelet collection by apheresis in its Globule centres. The TRIMA technology improves the donation experience because it substantially reduces the length of the procedure, which both facilitates time management for donors and increases collection centre productivity. The number of thrombapheresis procedures carried out in a day can be increased by 40% without having to modify human resource requirements or the Globule centres' hours of operation.

## New Awareness Campaign

Héma-Québec relies on the contribution of the public to maintain an adequate blood supply. Advertising campaigns constitute an effective means of raising the awareness of Quebecers about the importance of donating blood and, at the same time, encouraging them to make a first donation and motivating regular donors to increase the frequency with which they give blood.



In the fall of 2003, Héma-Québec broadcast a new awareness campaign, the third since its creation. For the first time, donors, in addition to recipients, were featured.

The goal of the 2003–2004 awareness campaign is to heighten Quebecers' awareness of the necessity of giving blood and its beneficial effects for the community as a whole, to convince non-donors to make a donation for the first time, and to reinforce the entire experience for veteran donors. The campaign itself presents an imaginary meeting between donors and recipients, as well as communicates the idea that it is a pleasure to give. The advertising strategy consists, first of all, in using television as a medium to stir up viewer emotions, complemented by roadside billboards that should induce them to reflect more fully on their potential act.

# Review of 2003–2004 Activities

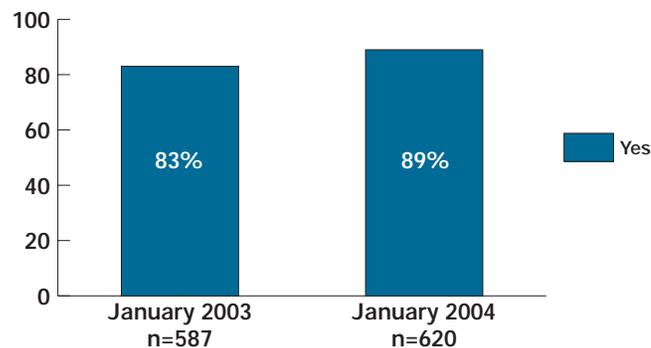


In terms of top-of-mind and raising awareness about the importance of donating blood, as well as persuading people to make a blood donation, this campaign rapidly produced results superior to those of the

preceding campaign. According to a survey conducted in January 2004 by an external firm, nearly one Quebecker in two had seen the campaign on television, one Quebecker in five had seen a billboard, and 89% of the people who had taken notice of the campaign (television and/or billboard advertising) stated that it had made them more aware of the importance of giving blood. In comparison, the previous campaign, conducted one year earlier, resulted in 83% of people stating that their awareness concerning this subject had been heightened.

## Raising awareness about blood donation

Did Héma-Québec's advertising about blood donation that you saw on television or on a billboard raise your awareness about the importance of donating blood?



The proportion of respondents who agreed that their awareness had been raised increased by 6% over the 83% level achieved by the previous campaign.

At the same time, 30% of those who saw the new campaign (television or billboard) agreed that it had a positive influence on their intention to make a donation.

## Intention to give blood following the awareness campaign

Did Héma-Québec's advertising about blood donation that you saw on television or on a billboard...

	JANUARY 2003 (n=587)	JANUARY 2004 (n=620)
lead you to make a blood donation	7%	5%
increase your intention to make a blood donation	25%	30%
Subtotal for positive impact	32%	35%
have no impact on your intention to make a blood donation	63%	59%
reduce your intention to make a blood donation	0%	0%
Don't know	5%	6%

A 5% improvement in comparison with the January 2003 result.

# Review of 2003–2004 Activities

## Regional Public Meetings

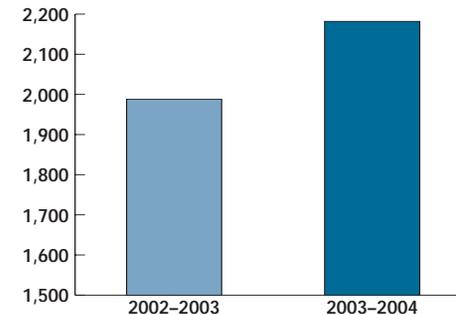
In January 2004, Héma-Québec began holding a series of public meetings that will take it to some twenty cities by next fall. Héma-Québec representatives take this opportunity to explain the organization's activities, present a summary of its 2002–2003 accomplishments, and describe its major projects. Another goal of these meetings is to raise participant awareness about the importance of community involvement and the roll of blood drive organizing committees, as well as the need to prepare the next generation of volunteers and donors, given the fact that our population is ageing. Ways to raise awareness about donating blood and conditions for a successful blood drive are also discussed.

## Labile Blood Products: Results of Operations

During the year, 1,351,131 telephone calls were made to members of the public in order to recruit donors, which is approximately 76,000 more calls than the previous year.

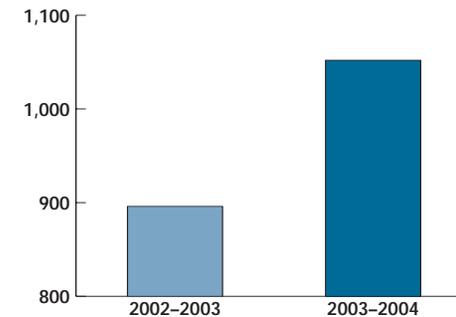
Community organizations, with the help of Héma-Québec, organized 2,182 blood drives, an increase of approximately 10% over the previous year. The year also counted 1,052 blood drive days at donor centres, an increase of 17% over 2002–2003.

### Number of blood drives



*An increase of 10% in the number of blood drives held.*

### Number of blood drive days at donor centres



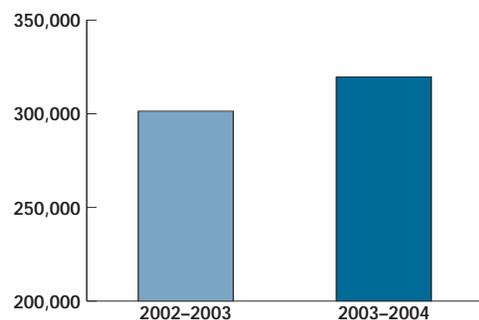
*An increase of 17% in the number of blood drive days at donor centres. The opening of the new Globule Centre in Québec City contributed to this increase.*

# Review of 2003–2004 Activities

A total of 319,628 donors—including 25,071 new donors—were welcomed, an increase of 6% over 2002–2003.

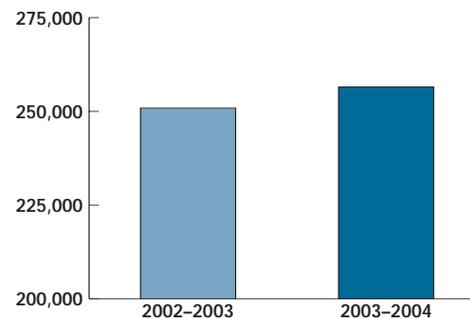
These donors were responsible for donating 256,518 bags of blood, as well as 7,216 donations of platelets and 10,056 donations of plasma, the latter two by apheresis.

## Number of donors welcomed



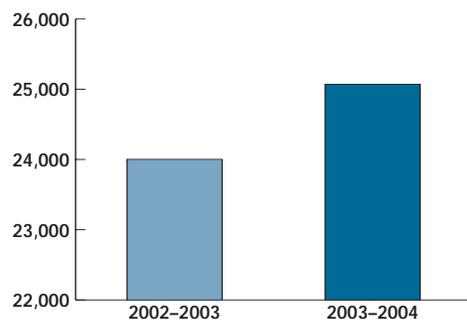
An increase of 6% in the number of donors welcomed.

## Number of bags of blood donated



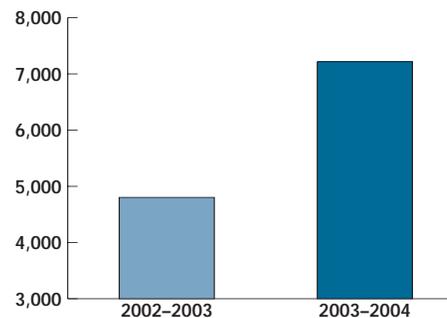
An increase of approximately 2.3% in the number of bags of blood donated.

## Number of new donors who gave blood



A total of 25,071 new donors gave blood in 2003–2004, an increase of 4.5% over the previous year.

## Number of donations of platelets by apheresis



An increase of approximately 50% in the number of donations of platelets by apheresis, a method figuring in Héma-Québec's supply strategy.

# Review of 2003–2004 Activities

With an average six-day reserve of blood, Héma-Québec has enjoyed a period of optimal inventory.

## Labile blood products delivered to hospitals

	2002–2003	2003–2004
Packed red blood cells	221,659	223,723
Whole blood-derived platelets	107,612	98,114
Apheresis platelets	4,234	6,775
Platelet equivalents*	21,170	33,875
Whole blood-derived plasma	39,324	46,090
Apheresis plasma	8,200	8,231
Cryoprecipitate	12,685	12,888
Cryoprecipitate supernatant	6,593	10,866
Granulapheresis	50	38
Red blood cells	-	67
<b>Total*</b>	<b>417,293</b>	<b>433,892</b>

\* A bag of apheresis platelets is equivalent to the amount of platelets derived from five bags of whole blood. The total number includes the platelet equivalents and not the number of apheresis platelets.

Héma-Québec has, once again this year, fully met the needs of Québec hospitals. In total, the organization delivered 433,892 labile blood products, including 223,723 units of packed red blood cells, which represents a decline in demand in comparison with previous years. On the whole, deliveries of labile blood products to hospitals increased by approximately 4% over the preceding year.



## Packed red blood cells

Storage period:  
42-day shelf life at a temperature of 2° to 6°C



## Platelets

Storage period:  
Five-day shelf life at a temperature of 20° to 24°C



## Plasma

Storage period:  
One-year shelf life at a temperature below -20°C



## Cryoprecipitates

Storage period:  
One-year shelf life at a temperature below -20°C

# Review of 2003–2004 Activities

## Specialized Labile Blood Products

Providing various specialized products to Québec hospitals is an integral part of Héma-Québec's mission. For that reason, the organization helps its hospital clientele identify and use the type of blood required in complex transfusion situations, for example, when patients require a rare blood type or their blood has particular antigenic properties that could provoke transfusion reactions.

Antigen systems correspond to proteins on the surface of red blood cells; they are also found on the surface of platelets and white blood cells. Certain antigenic variations can stimulate the production of antibodies against certain types of blood, which causes hemolytic reactions or blood group incompatibility.

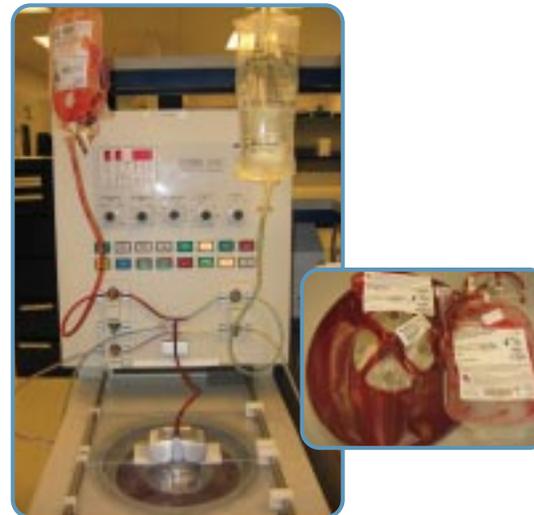
Héma-Québec supplies the following specialized blood products:

- **phenotyped packed red blood cells:** phenotyping analyses are used to determine the particular characteristics of an individual's blood or blood antigen systems in a more detailed manner than basic blood typing (A, B, O, Rh);
- **washed packed red blood cells:** repeated washings of the packed red blood cells remove all traces of plasma (this procedure is necessary, for example, in the case of certain allergies);
- **rare blood:** the bank includes 700 bags of blood that contains systems or combinations of rare antigens.

In 2003–2004, Héma-Québec conducted more than 82,300 phenotyping analyses of blood and supplied over 12,000 phenotyped products to hospitals. Héma-Québec also distributed 1,500 washed packed red blood cells to hospitals in the same year. Furthermore, for reasons of increased efficiency, activities related to the management of the rare blood bank were centralized at the Montréal facility.

### Specialized labile blood products supplied to hospitals

Phenotyped packed red blood cells	12,000
Washed packed red blood cells	1,500
Units of rare blood	70



# Review of 2003–2004 Activities

## Fractionated Products

Fractionated products have a longer shelf life than labile blood products, which explains their qualifier. Héma-Québec acts as the distributor of fractionated products for Québec. Fractionated products are obtained by fractionating the various proteins contained in human plasma or through recombinant manufacturing techniques that require little or no plasma. They are used for various therapeutic purposes.

The categories of fractionated products distributed by Héma-Québec include:

- intravenous immunoglobulins (IVIg)
- coagulation factors (recombinant proteins)
- coagulation factors (plasma-derived proteins)
- albumin
- hyperimmune immunoglobulins

Intravenous immunoglobulins and recombinant antihemophilic factors represent more than 70% of the budget for fractionated products. Furthermore, the value of fractionated products distributed to Québec hospitals represents more than half of Héma-Québec's total budget.

## Transfer of Fractionated Product Management



After several months of work and planning, Héma-Québec proceeded to take over all aspects of management related to its fractionated product distribution activities on April 1, 2003. Prior to that date, the supply of fractionated products, as well as the management system related to it, were administered by Canadian Blood Services (CBS). The management of fractionated products was the last Red Cross activity to be transferred to Héma-Québec from CBS.

During the year, Héma-Québec integrated the management of fractionated products (including the negotiation and maintenance of agreements with suppliers and the implementation of its own computer management system for these products). This operation allows Héma-Québec to assume a more efficient control over its supply of fractionated products and improve their availability to Québec hospitals.

## Agreements with Suppliers

Héma-Québec and CBS formed a purchasing committee in order to negotiate agreements with suppliers of fractionated products. As of today, Héma-Québec manages 11 fractionated product purchase agreements.

During the year, in the perspective of maintaining an optimal supply chain, Héma-Québec adopted a system of performance indicators with which it can evaluate the performance of its suppliers. Based on the notion of transparency, this system enables Héma-Québec to build and maintain good relations with its partners, to whom it regularly presents such performance reports.

# Review of 2003–2004 Activities

## Introduction of an Information Management System

As part of the transfer, Héma-Québec also introduced a fractionated product information management system (SIPS). This computer system allows the organization to optimize the management of agreements with the various suppliers, inventory, resupply and distribution to hospitals. Configured and parameterized by a multidisciplinary Héma-Québec team with the support of an outside firm, this system, which utilizes an SAP platform, is adapted to the organization's specific needs.

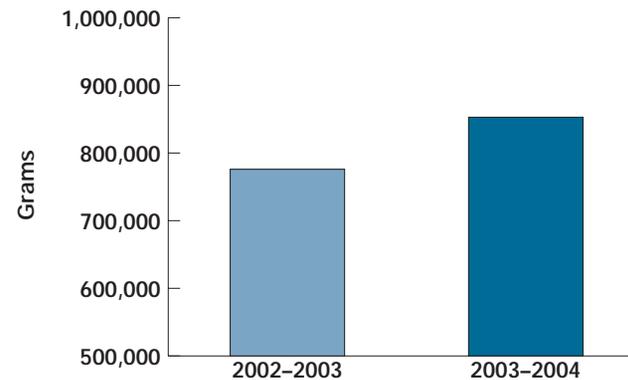
## A Team Success

The implementation and integration of SIPS during the year were completed successfully. This assumption of responsibility for fractionated products and the development of SIPS provide convincing examples of the synergy to be found within Héma-Québec. Thanks to the work of its entire team, Héma-Québec made the procedures for managing fractionated products the most efficient possible, in such a way as to ensure an improved supply to Québec hospitals. Indeed, this system has now become a model for other distributors of fractionated products.

## Delivery of Fractionated Products to Hospitals

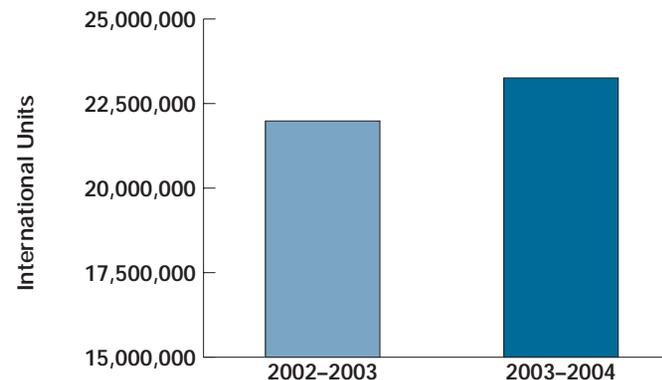
In 2003–2004, Héma-Québec distributed a whole range of fractionated products to Québec hospitals—including 852,948 grams of intravenous immunoglobulins (IVIg) and 23,257,878 I.U. (international units) of recombinant antihemophilic factors (FVIIIr)—with a total value of CAN\$132,624,872.

### Deliveries of intravenous immunoglobulins



*An increase of approximately 10% in the amount of intravenous immunoglobulins delivered to hospitals.*

### Deliveries of recombinant antihemophilic factors



*An increase of nearly 6% in the amount of recombinant antihemophilic factors delivered to hospitals.*

# Review of 2003–2004 Activities

## Specialized Services

The provision of consultant services to Québec hospitals is also an integral part of Héma-Québec's mission. The organization provides the following specialized services:

- **erythrocytic immunology service:** specialized analyses for complex hospital cases of erythrocyte serology;
- **erythrocytic genotyping by molecular biology:** a new service designed by Héma-Québec's R&D group (see the *Research and Development* section for more details);
- **leucoplatelet immunology service:** specialized analyses for complex clinical cases of platelet serology; analysis of antigen systems on platelet surfaces.



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### Specialized services provided to hospitals

Erythrocytic immunology	specialized analyses for 1,152 patients
Leucoplatelet immunology	specialized analyses for 240 patients
Erythrocytic genotyping (new service)	115 requests

# Review of 2003–2004 Activities

## Hematopoietic Stem Cells

Héma-Québec is also working in the field of hematopoietic stem cells under ministerial authority granted by virtue of the *Act respecting Héma-Québec and the hemovigilance committee*. Stem cells are responsible for the production of red blood cells, white blood cells and platelets. They are found in bone marrow, a soft and gelatinous tissue rich in fat located in the centre of the bones. Umbilical cord blood is another rich source of these stem cells.

## Bone Marrow Registry

Héma-Québec draws up and manages Québec's non-related bone marrow donor registry. This is a computerized bank of the names of individuals who might consent to donate their bone marrow to a patient requiring it. Héma-Québec is, therefore, responsible for recruiting bone marrow donors. It also carries out the HLA (human leucocyte antigen) testing—also known as tissue typing—of potential donors. This testing involves analyses of the characteristics of the proteins on the surface of white blood cells that enable the determination of the compatibility between a non-related donor and a bone marrow recipient. It should be noted that hospital staff harvest the bone marrow for transplant purposes.

## Recruiting Bone Marrow Donors

In Québec, 3,000 new names were added to the non-related bone marrow donor registry last year, bringing the number of Québec donors registered to a total of 36,445 as of December 2003. The number of Québec donors listed in the registry has dropped in comparison with last year's figure, however, because of the recent worldwide policy that has lowered the upper age limit for inclusion in a registry from 66 to 60 years, thereby excluding a number of individuals who had previously been registered.

The bank of potential bone marrow donors in Québec is linked to the Canadian registry, as well as to other registries throughout the world, which enables the search for a compatible donor to be conducted on an international scale. The Canadian registry listed 218,500 donors (including those from Québec) as of December 2003, while the number of non-related bone marrow donors worldwide totalled 9,000,000.

## Number of non-related bone marrow donors listed in the registry

	DECEMBER 2002	DECEMBER 2003
Québec	36,867	36,445
Canada	223,430	218,500
Worldwide	8,500,000	9,000,000

*Fewer donors were listed in the Québec and Canadian registries in December 2003 than at the same time the preceding year due to the lowering of the maximum age for registration.*

## HLA testing

During the year, Héma-Québec conducted some 2,800 HLA (human leucocyte antigen) tests. The HLA system is so complex that it is difficult to find a compatible non-related donor for a patient. In fact, the chances of finding a compatible donor for a patient can vary from 1 in 450 to more than 1 in 750,000 (depending on the patient's HLA typing). In 2003–2004, Héma-Québec succeeded in matching seven Québec bone marrow donors and seven recipients—three from Canada (including one Quebecker), three from Europe and one from Australia.

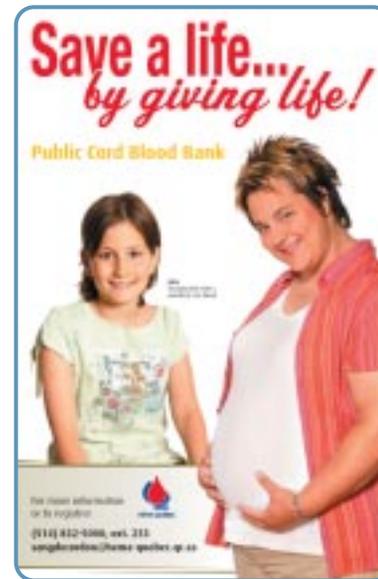
# Review of 2003–2004 Activities

## Public Cord Blood Bank

Harvested from the umbilical cord and placenta, cord blood can be used for transplanting hematopoietic stem cells in patients weighing less than 50 kg and who are suffering from otherwise fatal illnesses. Since January 2003, Héma-Québec has been working in partnership with Hôpital Sainte-Justine and St. Mary's Hospital Centre to develop a public umbilical cord blood bank in Québec.

The objective is to establish a bank of 5,000 units of cord blood. The cord blood will be harvested by the staff members of partner hospitals, with the authorization of mothers giving birth in these institutions. As manager of this bank, Héma-Québec's role will include supervising the harvesting process, ensuring the quality of the harvested blood, freezing and storing the cord blood donations that meet the relevant selection criteria, and distributing them.

During the year 2003–2004, Héma-Québec and its partners developed and validated numerous policies and procedures for the operation of the Public Cord Blood Bank, particularly with regard to the recruitment of pregnant women, their informed consent, the harvesting of cord blood and its processing. In September 2003, we began a testing period designed to verify the procedure for storing cord blood donations and to choose the appropriate instruments and equipment. The new program should begin operations during the year 2004–2005.



# Review of 2003–2004 Activities

## Human Tissues



The supply of optimal quality, safe human tissue in sufficient quantity to meet the needs of Québec's population is another integral part of Héma-Québec's mission. Histo-Québec is the Héma-Québec division that acts as a supplier of human tissue for transplant. Its activities are based in Québec City.

There are various categories of human tissue. Histo-Québec supplies bone grafts to hospitals. It is also working to eventually supply heart valves. In addition to other uses, surgeons employ bone tissue to secure orthopedic implants and to treat patients who have had a piece of bone removed because of a tumour. Most crucially, the quality of patients' lives can be improved through the use of human tissue.

The Histo-Québec division consolidated its activities during 2003–2004.

## Work Processes and Quality Control Systems

In concert with its quality and standards team, Histo-Québec completed an upgrade of all its standardized manufacturing procedures, including the development and validation of new work methods, in anticipation of the transfer of its activities to the new Héma-Québec facility in Québec City. Clean rooms (facilities offering optimal conditions for the collection and treatment of human tissue) also were designed as part of this relocation (see the *Special Projects—Relocation of the Québec City Facility* section for more details).

## Microbiological Qualification

Again with the support of the quality and standards team, Histo-Québec implemented a microbiological qualification management system (for evaluation and quality control) for the human tissue it collects.

## Request for Accreditation from the American Association of Tissue Banks

The American Association of Tissue Banks (AATB) is, at the present time, the institution of reference in terms of standards that human tissue banks must meet. This U.S. organization has some 82 members. For its part, Health Canada requires a licence from the Medical Devices Bureau for activities related to heart valves.

In February 2004, therefore, Histo-Québec filed an application with the AATB for accreditation to collect, treat and distribute bone grafts. It also is working to obtain a licence from the Medical Devices Bureau for the collection, treatment and distribution of heart valves.

It should be noted that, in 2003–2004, the Histo-Québec division was able to assume continuous heart valve collection activities. For the moment, these tissues are treated externally by another firm and then distributed to patients throughout Québec.

# Review of 2003–2004 Activities

## Raising Awareness about Human Tissue Donation

Finally, Héma-Québec has designed a plan to heighten awareness about human tissue donation and the activities of its Histo-Québec division. This plan includes a range of communications and marketing activities to be spread over a two-year period. These activities were chosen according to the particular groups targeted, including the hospital staff involved in referring individual tissue donors, as well as their families.

Meetings were organized with the organ and tissue donation committees of several Québec hospitals, as well as with a number of surgeons and emergency room heads, in order to impress upon them the importance of their respective roles in the accomplishment of Héma-Québec's mission in respect to human tissue.

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## Number of bone grafts distributed to hospitals in 2003–2004

Tibial shaft	1
Distal femur	5
Proximal femur	2
Proximal femur (without head)	39
Shaft of the femur	5
Hemipelvis	3
Iliac crest	1
Head of the femur	12
Proximal tibia	14
<b>Total</b>	<b>82</b>

The Histo-Québec division was able to distribute human tissue to hospitals for the use of their patients thanks to 35 tissue donors and their families.

# Review of 2003–2004 Activities

## Compliance and Approval/Quality Control

Héma-Québec does all it can to provide safe, optimal quality products to Quebeckers. The organization always operates in such a way as to comply with the highest standards.

The Quality and Standards division applies a panoply of quality control procedures to ensure that labile blood products produced by Héma-Québec respect the standards in effect.

### Quality control of LBP, 2003–2004 results

TYPE OF PRODUCT (N=NUMBER)	ANALYSES PERFORMED	COMPLIANCE (%)	ACCEPTABLE VALUE	ACCEPTABLE PERCENTAGE
AS-3 units (n=656)	Residual leukocytes	99.8%	<5.0 x 10 <sup>6</sup> /bag	100% of bags tested
	Sterility	100%	No contamination	100% of bags tested
Platelet concentrate (n=1,384)	Residual leukocytes	99.9%	<5.0 x 10 <sup>6</sup> /bag	100% of bags tested
	Platelet count	88%	≥5.5 x 10 <sup>10</sup> /bag	75% of bags tested
	pH	100%	≥6.0	100% of bags tested
	Sterility	100%	No contamination	100% of bags tested
Apheresis platelets	Residual leukocytes (n=4,126)	100%	<5.0 x 10 <sup>6</sup> /bag	100% of bags tested
	Platelet count (n=7,096)	94%	≥3.0-5.1 x 10 <sup>11</sup> /bag	75% of bags tested
	Sterility (n=7 096)	100%	No contamination	100% of bags tested
Granulapheresis (n=49)	White blood cell count	100%	≥1.0 x 10 <sup>10</sup> /bag	75% of bags tested
	Sterility	96%*	No contamination	100% of bags tested
Cryoprecipitate (n=280)	Fibrinogen	99.7%	≥150 mg/bag	75% of bags tested
	Factor VIII	96%	≥80 I.U./bag	75% of bags tested
Fresh frozen plasma (n=348)	Factor VIII	79%	>0.70 I.U./mL	75% of bags tested
Fresh frozen plasma by apheresis (n=149)	Factor VIII	83%	>0.70 I.U./mL	75% of bags tested
	Sterility	100%	No contamination	100% of bags tested

\**Staphylococcus capitis*

Results obtained for the quality control of labile blood products in 2003–2004 meet the standards in effect.

# Review of 2003–2004 Activities

## Inspections Performed by Héma-Québec

In order to ensure a safe supply for Quebeckers, Héma-Québec performs:

- Self-inspection of internal operations at each of its facilities (Montréal and Québec City);
- Periodic inspection of critical material and fractionated product suppliers;
- Evaluation of potential suppliers as to their ability to respect good manufacturing practices (GMP) for the work requested.

These inspections are integral to our continuous improvement process, which enables the employees and managers concerned to perform the corrective measures required to maintain the highest level of compliance with standards.

## Self-inspection

Throughout the year, all regulated departments (18 at the Montréal facility and 17 at the Québec City facility) were the subject of 119 days of inspections.

## Periodic Inspection of Suppliers

Héma-Québec inspected 17 of a total of 45 critical material suppliers and 11 fractionated product suppliers. These 17 entities maintained their approved supplier status.

## Evaluation of New Suppliers

Throughout the year, three potential suppliers were visited following a request from Héma-Québec's purchasing team. All of these suppliers were found to comply with GMP and were retained for their services.

## Annual Inspection by Health Canada

Héma-Québec is subject to an annual inspection by Health Canada. Health Canada representatives ensure that the safety measures it requires and the conditions of the operating licence awarded to Héma-Québec are respected.

This year's annual visit was held between November 24 and 28, 2003, at the Québec City facility and between January 19 and 30, 2004, at the Montréal facility. Héma-Québec once again passed the inspection with flying colours and Health Canada inspectors renewed the organization's operating licence. Only a minor number of observations concerning a few activities without significant effect on the safety of the relevant manufactured products were made. Corrective measures related to these observations have already been taken.

# Review of 2003–2004 Activities

## Renewal of American Association of Blood Banks Accreditation

Following the recommendation of Mr. Justice Krever and the report issued by the Commission of Inquiry on the Blood System in Canada, Héma-Québec had its blood products' production procedures evaluated by a number of third parties, including the American Association of Blood Banks (AABB).

In February 2004, Héma-Québec was audited by the AABB as part of the process to renew the accreditation it had received in 2001. The AABB is a reputable U.S. organization of some 2,000 member institutions from the United States and 80 other countries. The mission of the AABB is to establish and promote the highest standards in care given to blood recipients and donors, and, as such, in all aspects incumbent to blood banks, transfusion medicine and hematopoietic, cell and gene therapy, as well as human tissue transplantation. AABB accreditation is renewable every three years.

With excellent inspection results, Héma-Québec had no problem in renewing its accreditation. The AABB auditors were particularly impressed with the expertise of the Héma-Québec staff, especially in terms of its training, as well as by the organization's respect of standardized manufacturing procedures, its laboratories and the unidirectional process flow.

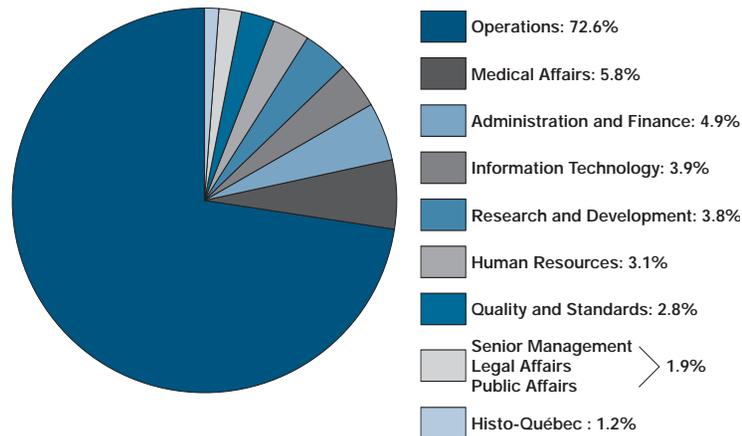


# Review of 2003–2004 Activities

## Human Resources

As Héma-Québec is an organization that requires a high-calibre work force, the quality of its human resources management is of the utmost importance to the organization's success. The Human Resources team has devoted itself to fostering a work environment where people are respected and to contributing significantly to the achievement of organizational objectives.

### Number of employees per division as of March 31, 2004



*Héma-Québec had 1,337 employees as of March 31, 2004.*

*Most of the organization's employees are part of the Operations division, which is primarily responsible for recruiting donors, organizing blood drives in collaboration with the community, qualifying donated units of blood, processing blood into labile blood products and distributing these products.*

## Labour Relations

About 930 of the 1,337 Héma-Québec employees are members of one of the organization's nine accredited unions. While it concluded three collective agreements in 2002–2003, in 2003–2004 the organization finalized the negotiation of four collective agreements reflecting its mode of operation.

Héma-Québec thus concluded an agreement with each of the following unions:

- Syndicat des assistants(tes) techniques de laboratoire d'Héma-Québec (CSN)
- Syndicat des techniciens(nes) de laboratoire d'Héma-Québec (CSN)
- Syndicat des travailleuses et travailleurs d'Héma-Québec (CSN)
- Union professionnelle des infirmières et infirmiers du Québec

These agreements are for five years. This extended duration, as well as the launch of labour relations committees, will encourage the integration within the organization of the values and philosophy of interest-based (or win-win) negotiation.

# Review of 2003–2004 Activities

## Human Resource Development



Héma-Québec continued to conduct its management training program, in partnership with the Executive Education Centre of the École des Hautes Études Commerciales. Nearly 100 managers and professionals participated in a conflict

management training activity.

Furthermore, Héma-Québec introduced change management training activities aimed at training and supporting its staff during the various changes that are taking place within the organization, such as the Blood Donation Positive Experience project and the relocation of the Québec City facility. Several of these sessions were held throughout the year. Most staff members had the opportunity to take different courses, either in-house or elsewhere, that corresponded to their specific needs.

Finally, Héma-Québec organized two events in recognition of the years of service of 186 employees who have worked five years or more for the organization.

## Benefits Programs

Héma-Québec reviewed all of the retirement, group insurance and salary continuance programs offered to its employees, with the goal of bringing these programs more in line with available budgets, as well as offering better coverage to its staff. Héma-Québec was committed to reviewing its programs, which, until this time, matched those of the Red Cross, in order to adapt them to the particular needs of its personnel.

## Pay Equity

Under the *Pay Equity Act*, Héma-Québec has undertaken to implement seven separate pay equity programs. The joint committees have evaluated 175 job categories. The first salary adjustments, if applicable, will be paid in 2004–2005.

## Health and Safety in the Workplace

Héma-Québec continuously strives to offer an extremely safe work environment. This year, the organization increased its preventive measures and activities to combat accidents in the workplace (e.g., analyses and inspections of work areas). It intends to continue such initiatives in 2004–2005.

## Employee Opinion Survey



After five years of operations, Héma-Québec intends to develop a new human resources strategy. Seeking input from employees for this project, the organization, with the help of a firm that specializes in this area, conducted an opinion survey of its entire staff in December 2003. The survey's 86 questions covered six areas: the orientation and management of Héma-Québec, supervision, work, career development, the workplace, and information.

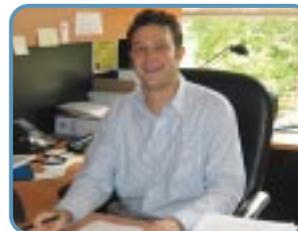
the workplace, and information.

A total of 814 employees completed the survey, resulting in a response rate of 63%, which demonstrates the interest employees have in expressing their opinion. Furthermore, it is representative of the general opinion of the entire staff. Another major aspect of the survey results is the impressive number of comments made by respondents (1,936 comments). Management made it their duty to pass the survey results on to the employees.

# Review of 2003–2004 Activities

Overall, employees expressed their commitment to Héma-Québec's mission and values. They are proud to work for this cause and like their jobs. They are also satisfied, on the whole, with the training and technical support they are given, as well as with the respect supervisors grant to members of their team. In addition, the great majority of Héma-Québec employees are satisfied with their working relations with colleagues. A few problems were raised; however, staff members indicated that they would like to work with supervisors in finding solutions.

Furthermore, Héma-Québec management began to implement an approach that will involve it and employees in a follow-up procedure based on openness and consultation, the goal primarily being to improve certain elements in the workplace. An action plan will be established and, in addition to all the steps taken to follow up on the survey, shared with Héma-Québec employees as developments proceed.



# Review of 2003–2004 Activities

## Research and Development

Héma-Québec develops innovative products and services in transfusion medicine and human tissue transplantation. In 2003–2004, various research and development projects were undertaken and/or completed.

## Operations and Bioproduction Research

### Experimental WNV Test Developed Internally

As previously mentioned, the team from Héma-Québec's Research and Development division fine-tuned an experimental test to screen for WNV (see the *Product Safety—West Nile Virus* section for more details). This test was developed within very tight deadlines and, following an inspection by Health Canada, was made available for the Operations division's use in countering the effects of the WNV on the blood supply as of summer 2003.

### New Erythrocytic Genotyping Technology

In certain special cases, an individual's red blood cell antigens can stimulate antibody production, which could result in transfusion reactions or recipient incompatibility with certain blood types. The search for compatible blood for such an individual thus becomes more complex.

In 2003–2004, the Research and Development team developed a new genotyping test for Rh D, Rh C/E, Kell, and Kidd and Duffy antigen systems in humans. The new test makes it possible to analyse the DNA or the gene segment that codes certain variations of these antigen systems, thereby identifying blood groups through molecular biology.

This technology facilitates the search for compatible blood and, in certain cases, may be more effective than the traditional serological method. It has been transferred to the Medical Affairs team responsible for this area of activities, which will use it to resolve complex transfusion cases referred to it by the hospital clientele (see the *Specialized Services* section for more details).

### Blood Bag Storage at 20–24°C

Throughout the year, Hématech, the testing group of the Research and Development division, assessed whether the total time that blood bags could be stored before being processed into various blood components could be increased from 8 to 24 hours at 20–24°C. Such an increase would make it easier to plan blood processing, which would result in increased operations efficiency. The results of this study will be known next year.

## Cellular Engineering

The objective of the cellular engineering program is to develop blood substitutes. Its primary projects are the development of blood substitutes for platelets and for immunoglobulins. At the request of Héma-Québec's Scientific and Medical Advisory Committee, a team of independent specialists was mandated to evaluate these research projects (including their underlying hypotheses, scientific approach and progress), as well as the cellular engineering program personnel and work facilities. The team of six specialists visited in October 2003.

# Review of 2003–2004 Activities

Overall, this team was impressed by the quality of research conducted. It made positive comments on the progress of the work on immunoglobulin production using *in vitro* culture of human B lymphocytes. In terms of the project on *in vitro* production of platelets, the specialists expressed reservations about the feasibility of the project in its current form, especially in relation to the use of umbilical cord blood as a source of stem cells for the mass production of platelets. All comments about these two principle focusses of the cellular engineering program's research were duly noted by Héma-Québec's Board of Directors and the Research and Development team.

Furthermore, this team of experts was of the opinion that the transfer of Research and Development division operations to the new Héma-Québec facility on the Université Laval campus will allow for major scientific advances in the years to come (see the *Special Projects—Relocation of the Québec City Facility* section).

## Collaboration with Université Laval

Relocating Québec City-area Héma-Québec employees to its new facility on the Université Laval campus will promote collaboration between the university and the organization (see the *Special Projects—Relocation of the Québec City Facility* section for more details). Researchers at Héma-Québec and Université Laval's Department of Biochemistry and Microbiology already work together, and six individuals who work for Héma-Québec are Université Laval associate professors.

This collaboration is a win-win situation for both parties as it affords them, for one, access to a critical mass in scientific research. For example, Dr. Alain Garnier, of the Université Laval's Department of Chemical Engineering, received a Strategic Project Grant this year from the Natural Sciences and Engineering Research Council of Canada (NSERC) for the development of platelet production processes. Héma-Québec's Research and Development team will participate in this work, which is directly related to the organization's cellular engineering program.

## Research Grants Awarded in 2003–2004

*Bayer–Canadian Blood Services (CBS)–Héma-Québec–Canadian Institutes of Health Research (CIHR) Partnership Fund:*

Grant of \$178,180 over two years, awarded to Réal Lemieux, PhD, and Renée Bazin, PhD, to fund the project entitled *Biological activity of autoantibodies isolated from intravenous immunoglobulins*.

*Bayer–Canadian Blood Services (CBS)–Héma-Québec–Canadian Institutes of Health Research (CIHR) Partnership Fund:*

Grant of \$157,300 over two years, awarded to Daniel Jung, PhD, and Sonia Néron, PhD, to fund the project entitled *Production of human IgG using adenovirus-transduced normal B lymphocytes*.

## Training in Research

Héma-Québec is responsible for training the future generation of specialists in the area of blood and transfusion. The Research and Development team is training 10 graduate students enrolled at Université Laval. The organization also welcomed eight students during the summer of 2003, three of whom were the recipients of grants from the Natural Sciences and Engineering Research Council of Canada, enabling them to take part in a work study program.

# Review of 2003–2004 Activities

## Special Projects

Héma-Québec managed three notable special projects in 2003–2004: the hospital billing pilot project, the relocation of its Québec City facility and the upgrading of the organization's technology infrastructure.

### Hospital Billing Pilot Project

Since April 1, 2003, Héma-Québec has conducted a billing pilot project, without an exchange of money, with Québec hospitals for the supply of fractionated and labile blood products. This trial is due to a government decision stemming directly from the recommendations made in the Géliveau Report, and as stipulated by the *Act respecting Héma-Québec and the hemovigilance committee*.

Previously, hospitals did not receive an invoice for the products they used, nor did they pay for them. The Government of Québec defrayed the costs of products delivered by Héma-Québec out of a central budget. The project thus made hospital administrations aware of the cost of blood products. Héma-Québec went through a period of adjustment to this new way of operating, and had to see to it that its hospital clientele understood the billing process.

## Relocation of the Québec City Facility



During the year, Héma-Québec made major strides in the relocation project for its Québec City facility.

The move of Québec City-area Héma-Québec employees and the transfer of their respective operations to the new building was a huge challenge. This project called on the support,

in one way or another, of the entire Héma-Québec team.

### Construction of the New Building and Gradual Transfer of Operations

The Merlin-Pomerleau consortium completed construction of the new Québec City building, built on a 7,300-square-metre area of land turned over by Université Laval under the terms of a 30-year emphyteutic lease. This land is located on the Laval campus, southwest of the Ferdinand-Vandry pavilion.

The new building has been specially designed to house the Research and Development (R&D) and Histo-Québec divisions, as well as the staff of the Québec City operations responsible for the collection, processing and distribution of labile blood products.

The gradual transfer of staff operations began during the year with the relocation of the R&D division and administrative personnel, and will be completed in early 2004–2005.

# Review of 2003–2004 Activities

## Operations Efficiency

This relocation to a more appropriate building will allow for increased operations efficiency for the organization in the Québec City area. As operations have quickly evolved in the past five years, the old facilities at 2535 Laurier Blvd. had become too cramped and no longer met the standards and needs of the organization.

## Upgrade of Technology Infrastructure

This year, Héma-Québec changed its technology infrastructure, in order to achieve economies of scale and optimize its procedures.



These changes include improved telecommunications links. This project to upgrade its technology infrastructure included the consolidation of servers supporting the organization's activities (except those related to operations), as well as the upgrade of workstations through the use of Microsoft

Thin Client™ technology. A robust antivirus infrastructure was also introduced. All of these changes were made and implemented at the new Québec City facility, and the Information Technology team is looking to enhance the organization's infrastructure at its Montréal facility by autumn 2004.

Furthermore, Héma-Québec has reviewed its administration and finance business processes within its SAP Gestion system. In particular, this enabled the organization to implement a performance indicator system (see the *Fractionated Products—Agreements with Suppliers* section for more details).

Information Technology also collaborated with Human Resources on a project to develop an integrated human resources management system. The systematic entry of all human resources data that underlies best management practices will result in increased staff productivity and enable generation of certain performance indicators required in decision making.

# Review of 2003–2004 Activities

## Public Affairs and Communications

Consolidation was the theme for the year's corporate communications initiatives. Integrating new practices into those already in place resulted in the establishment and enhancement of standards aimed to optimize Héma-Québec's communication tools and activities.

### West Nile Virus (WNV) Integrated Action Plan

In order to counter the effects of the virus on the blood supply, the Public Affairs division co-ordinated the development and deployment of a WNV integrated action plan for the entire organization. As part of this plan, several safety measures related to the WNV were implemented (see the *Product Safety—West Nile Virus* section for more details). Héma-Québec maintained a continuous watch on the WNV situation, integrating its efforts with those of the Québec and federal public authorities.

An internal and external communications plan was created and implemented to inform and raise the awareness of various target audiences, including the greater public, about the development of the WNV situation and the Québec blood supply, as well as the work carried out by Héma-Québec to manage the appearance of this virus and ensure the safety of its labile blood products.

## Various Projects

The Communications division also developed a crisis communications plan that, given the nature of the organization, is truly an indispensable tool. A new video (infomercial) discussing all the stages along the blood transfusion route, from donor to recipient, was also produced. Several activities for Héma-Québec's fifth anniversary were organized. The Communications team also co-ordinated the activities surrounding the official opening of the Place Laurier Globule in Québec City.

### Some 2003–2004 statistics

- More than 235 requests for information from media representatives
- 148 media interviews conducted
- Distribution of 24 corporate news releases
- More than 9,500 blood drive calendars sent to media representatives
- More than 320 news releases to promote blood drives
- An average of 8,700 visits per month to the Héma-Québec Web site
- About 4,000 requests for information sent to [info@hema-quebec.qc.ca](mailto:info@hema-quebec.qc.ca)

# Review of 2003–2004 Activities

## Visits

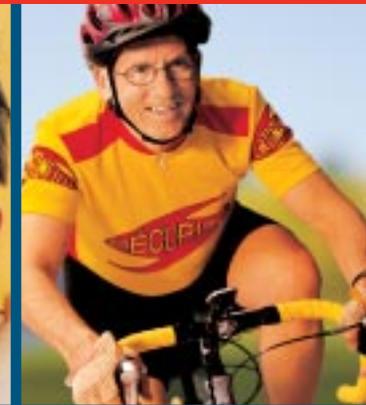
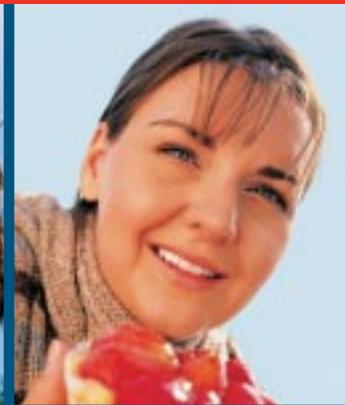
Every year, Héma-Québec receives visitors who are interested in its activities and recognize its role as a leader in its field. In 2003–2004, Héma-Québec welcomed such honoured guests as Québec's Minister of Health and Social Services, representatives of the American Red Cross transfusion service and of America's Blood Centers, as well as representatives from Algerian and European transfusion centres.



*From left to right: Dr. Philippe Couillard, Québec's Minister of Health and Social Services, Mr. André Roch, Vice-President of Public Affairs and Dr. Francine Décary, Chief Executive Officer.*



Each year, some 80,000 patients receive blood products in Québec.





In 2003-2004, close to 320,000 blood donors helped recipients regain their health.