Video Transcript


As part of our work on the 2020 Annual Report, we performed a value-for-money audit of Blood Management and Safety.

Ontarians receive blood provided by Canadian Blood Services when they have blood loss, or they need it to treat certain health conditions that require regular blood transfusions.

Blood consists of blood components—for example, red blood cells and platelets, and blood products made from plasma, such as immunoglobulins.

The Ministry of Health relies on Canadian Blood Services as Canada’s national blood authority, responsible for providing a safe, secure and affordable supply of blood. Canadian Blood Services is funded by all provinces and territories in Canada except Quebec. Ontario paid Canadian Blood Services $562 million in 2019/20 for blood components and products.

We assessed how the Ministry of Health, with Canadian Blood Services, performed in their mandate to provide Ontarians a safe and sufficient supply of blood components and products that met their health-care needs.

We found that Ontarians have had a safe, and largely reliable and secure supply of blood for many years. While sufficient safeguards are in place to ensure that blood remains safe, the Ministry of Health should monitor hospital blood bank inspection results conducted by Health Canada. The COVID-19 pandemic has led to growing concerns about the risk to the supply of domestically sourced blood plasma. Plasma is needed to manufacture immunoglobulins that many Ontarians rely on for life-saving treatments.

We found that:

- Canadian demand for immunoglobulins increased from 4 million grams to 6.5 million grams from 2013/14 to 2019/20. But the proportion of the plasma, needed to produce immunoglobulins, that is collected in Canada has been declining steadily, from 22.7% to 13.7%. As a result, Canada has had to rely more now on immunoglobulin manufacturers in the United States.
- Ontario hospitals all use their own unique systems to record how blood is used. Neither the Ministry nor Canadian Blood Services has the information needed to help inform whether hospitals use immunoglobulins appropriate and according to provincial guidelines.
• The Ontario Regional Blood Coordinating Network’s mandate includes improving hospital practices around blood transfusion. However, the Network, which is funded by the Ministry, cannot require hospitals to adopt best practices.

• For 18 years, the Ministry has funded the Ontario Nurse Transfusion Coordinators program to improve patient outcomes by reducing transfusions. However, the Ministry’s assessments of the program are limited because there were no comparisons between transfusion rates at hospitals with nurse coordinators, and hospitals without nurse coordinators.

Our report contains 13 recommendations, consisting of 30 actions, including that the Ministry of Health:

• obtain results of Health Canada inspections of Ontario hospital blood banks and Canadian Blood Services blood donor centres,

• develop an IT solution to gather data on blood use from hospitals and share this information with Canadian Blood Services, and

• clarify how Canadian Blood Services will ensure equitable distribution of immunoglobulins to patients most in need in the event of a sudden shortage.