



American Red Cross
Pacific Northwest
Blood Services Region

Testimony of John Kelly - May 6, 2015

Chair Monnes Anderson and members of the Senate Health Care Committee, my name is John Kelly and I am a Collections Manager for the American Red Cross Pacific Northwest Blood Services Region. I am here today on behalf of the Red Cross to oppose House Bill 2541-A, which would reduce access to blood drives in support of patient needs without evidence of improvement in the quality or safety of blood drive operations, and would increase healthcare costs passed on to consumers in the state of Oregon.

Blood Collections and Availability

Every day, the hospitals that we serve rely on our consistent ability to provide the blood products that are needed for their patients. It is crucial that we never have an interruption in our supply of blood because it is a perishable product with a limited shelf life. Unfortunately, the mandate provided for in House Bill 2541-A, requiring a nurse at every blood drive, will potentially force the cancellation of blood drives when a nurse is not available and thus, will decrease the amount of blood we collect, jeopardizing blood availability for local hospitals.

Imagine if you will, the volunteer blood drive chair in your local community who has put countless hours into planning a successful blood drive, signing up donors, recruiting committed volunteers and more. When the nurse is not available we have to call that volunteer blood drive coordinator and tell him or her that we can't hold the blood drive because one of our staff called out sick and we cannot get a replacement in time. Through experience, we know that we have the staff capable of executing a safe blood drive, but instead of doing that, we send those staff home for the day because one person is not available. Blood donors with appointments, averaging about 30 at each drive, are unhappy because they cannot donate. Staff members assigned to that blood drive have their schedules changed at the last minute because that nurse is not available.

- It is unlikely that these blood donors will want to reschedule when we stood them up at the last minute.
- It is unlikely that are our staff members will want to continue working for us when we change their schedules at the last minute.
- And, it is unlikely that we will be able to meet hospital demand for blood when we cancel blood drives because of that need for a nurse.

These points have negative consequences for blood availability, for licensed and non-licensed staff who choose blood collection as their profession, for hospitals who rely on a steady supply of blood products at a competitive price, and for our volunteers who tirelessly plan blood drives across our state every day and those who generously come in to these blood drives to donate.

Over the life of the current Oregon Nurses Association (ONA) American Red Cross bargaining agreement, we have consistently maintained 92 percent of blood drives with a nurse on them. We consistently schedule 100 percent with a nurse and despite our best attempts to keep these blood drives staffed, unplanned absenteeism and turnover equates to 92 percent coverage. One result of House Bill 2541 will be the cancellation of another 5 percent of blood drives on any given day. These cancellations could result in significantly lower collections of blood products locally and a greater need to import blood from other states to Oregon. It is already challenging to collect enough blood to meet patient needs, particularly in the winter and summer months. Anything from severe weather to school breaks to holidays can affect our ability to collect blood – and each can result in blood shortages. What this bill proposes – mandating a licensed staff person – would create another significant obstacle to ensuring patients have the blood they need when they need it.

The Red Cross collected 167,494 units of blood at 5,556 blood drives held in Oregon in 2014. In addition, blood drives originating from other Red Cross sites are out of scope of this requirement and currently operate without an Oregon licensed nurse in every case. Those sites include Richland and Yakima, Washington, and Boise and Lewiston, Idaho. In those areas, we held 144 drives in Oregon in 2014. House Bill 2541 would either result in adding full time Oregon-licensed nurses to teams in these four cities or no longer collecting blood in Oregon with them- given the difficulty and expense of hiring Oregon-licensed nurses to work predominately in Washington and Idaho.

In regions that do not have a requirement for a nurse at each blood drive, all staff can be unlicensed and have various levels of education and experience. As Dr. Hanna just spoke, all Red Cross Collections staff which include our technicians and licensed staff, are trained in Red Cross Standard Operating Procedures (SOPs) in exactly the same way and we ensure compliance with all regulations set forth by the Food and Drug Administration (FDA). There is no fast tracking. Our expectations for successful performance are the same for technicians and licensed staff.

Rural Nurse Staffing

Recent statistics for the time it takes the Red Cross to fill a nursing position show alarmingly long periods of searching to find the right candidates. In fact, one of the last nurse positions filled in Bend took 125 days and Roseburg 135 days. Klamath Falls has seen more than a year to fill a nursing position,

complicated by a lack of full time work. The likelihood of creating daily blood drive cancellations from these long-term shortages of nurses is real and will directly impact blood availability in Oregon hospitals.

48-hour Notice Provision

House Bill 2541 was amended to include a provision that blood drives can be held as scheduled without the presence of a nurse if that nurse calls out with less than 48 hours notice. While this amendment offers some relief to the restrictions of the original bill, it still presents operational challenges that will directly lead to the cancellation of blood drives or the suspension of blood collection operations entirely in certain parts of the state.

It typically takes four to six months to recruit a nurse and three months to fully train staff, for a total of up to nine months before a position is filled with a qualified individual. In addition, staff schedules are established four months in advance of blood drives, so cancellations with just 48 hour notices are not helpful in reducing the significant impact on the ability to meet blood drive commitments.

And again, it is especially difficult to recruit nurses in rural areas. Extended position vacancies will mean that blood collection operations will cease in those areas.

Employee Impact

If this bill is enacted into law, I am concerned about how it would affect staff here in Oregon. We would need to reduce the number of technician positions to account for an increased number of nurse positions. As I have mentioned, we have a difficult time attracting and retaining nurses as the schedules and work hours are variable so that we can accommodate our donors and blood drive sponsors.

In addition, when a nurse is not available or has to take medical leave, another nurse will need to be relocated to ensure we are not forced to cancel a blood drive. If no other nurse is available, all the technicians scheduled to work at that blood drive will miss out on a full day and possibly days of work. This will affect our employee's quality of life.

Potential Impact on Jobs in Oregon

Also, the transfusion medicine and blood banking industry is very competitive. As hospital systems consolidate to meet the requirements of a cost effective health care model, blood centers are responding with consolidation of their own in order to serve across multiple states and geographies. Blood centers will collect blood where it is the least expensive to do so and distribute blood wherever it is needed.

House Bill 2541 would do more to increase the cost of collecting a unit of blood in Oregon and likely have unintended consequences, as collections are reduced to offset expense increases, blood will begin coming into Oregon from other states to satisfy hospital demand.

Commitment To Nurses

It has been stated in previous testimony that the Red Cross is trying to eliminate nursing positions within the organization. This claim is untrue. In fact, the Red Cross entered into a collective bargaining agreement with the Oregon Nurses Association which states that we will “make every reasonable effort” to staff licensed nurses at blood drives held in the state of Oregon, which we comply with an average of 90 percent of the time. Furthermore, we just hired five new nurses who started this week and are currently sitting in new hire orientation today in Portland.

Conclusion

In conclusion, the Red Cross respectfully opposes House Bill 2541-A. We owe our communities, our volunteers, our donors, our hospitals, and our licensed and unlicensed team members better than this bill provides. We will continue to provide the high level of care our donors and blood recipients have come to expect nationwide as a result of our highly proficient and well trained workforce, whether or not House Bill 2541-A passes. Please help us to do this in Oregon at a cost that makes sense to hospitals and blood collectors alike.

Thank you for the opportunity to testify before you today.