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## **Abstract**

*The Blood Operator Manager's  
toolkit*

(Lean Management, Operations  
Research, Psychology, Marketing, Management  
Accounting, Structuring Organisations)

## **1. INTRODUCTORY OVERVIEW OF THIS MASTER CLASS**

The organisers' expectations, which could be viewed as learning objectives, were as follows. Share an experience of a managing director, very focused both on performance improvement and safety for patients and donors.

Show importance of leadership on motivating employees and donors for a safe and cost effective blood supply.

Underline need for open views for good ideas from different sciences outside your own profession.

These objectives will be implemented through two illustrative experiences and analysis of lessons learned, to highlight success ingredients and how to extend the benchmarking and Lean culture.

## **2. ILLUSTRATION 1: IMPROVING COLLECTION PERFORMANCE**

Participation in an EBA Benchmarking WG workshop on collection performance in 2009 allowed to flag important weaknesses in the collection management of EFS Pays de la Loire and to benefit from solutions having already been successfully implemented at Sanquin.

The main weaknesses were as follows.

- Absence of manager accountable for collection performance.
- Absence of simple indicators to daily assesses performance.

The main solutions derived from the EBA BMG were as follows.

- To appoint a manager accountable for each collection session.
- To provide him / her performance indicators at the level of each collection session.

A collaborative work conducted locally led to make daily available to collection managers simple indicators for their monitoring. The main indicator to assess collection efficiency was the number of whole blood equivalent collected / working hours in FTE. The analysis of this indicator showed wide variation of collection between collection sessions (see below).

### **Figure 1**

The interventions of the managers based on the monitoring of this indicator led to improve the collection efficiency in the Nantes collection in a short period of time (6 months), both for mobile collections (4.4 %) and the fixed site (4.3 %).

## **3. ILLUSTRATION 2: LEAN MANAGEMENT APPLIED TO COLLECTION**

EFS Pays de la Loire was one of the first BEs to implement Lean methods, aiming at improving performance in identifying and reducing wastes and losses of resources in the daily work, with commitment from each employee. This first concerned the collection staff and activities. As a first illustration, a team work was set up to organise a donor calling cell, with the objective to improve the donor attendance rate of a fixed site. Simple actions led to raise the appointment made before collection for the next one from 19% to 48% in 4 months.

As a second illustration, the use of main Lean tools (Value Stream Mapping, spaghetti charts,

problem lists) led to design and implement a new flow chart for collection activities in a fixed site. This resulted in quick performance improvement, with apheresis collections growing from 9 to 19 per day and number of nurses per separator going from 1 for 3 to 1 for 4. And in parallel this brought also improvement of donor safety (safer process with fewer movements), as well as improved donor satisfaction (nurses more present) and staff satisfaction (better working conditions).

## **4. LESSONS LEARNED: SUCCESS INGREDIENTS**

The analysis of this experience of Lean manufacturing applied to BE activities, in constant discussion with the EBA BMG, led to identify the following success ingredients.

**Permanent interactive learning** was developed within the BE (360° learning concerning all staff), within the EBA BMG, and beyond (eg discussion of collection efficiency indicators with the DOMAINE team for the manual).

**Implementation management** requires cultural adaptation (Lean). Such cultural change for staff management should combine development of : i) Top-down management, with crucial importance of leadership, mainly for decision making; ii) Bottom-up management to encourage emergence of solutions coming from the daily life; iii) Collective work, meaning active staff participation and ultimately staff satisfaction (which could be objectively measured and monitored).

**Need for simple indicators and accountable managers** for assessment and monitoring of implemented changes, in the perspective of continuous improvement.

**Acknowledgment of staff** in relation to progresses accomplished should be viewed as

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the engine of a **virtuous spiral of interactive learning.**

Interactive learning should benefit from **multi-disciplinary cross-fertilisation.** As illustrations, benefits came from i) Experts in psychology (I. Veldhuizen, theory of planned behaviour applied to donors); ii) Experts in marketing (S. Daigneau, Héma-Québec, donor marketing introduced in DOMAINE methods of donor recruitment and retention); iii) Experts in Structuring and accrediting Organisations (“Investors in people” standard implemented at EFS Pays de la Loire); iv) Experts in Human Resources (development and assessment of staff satisfaction); v) Experts in Supply chain management (transposition of SCM principles to the blood supply chain in the CoE and ISBT WGs on blood supply management).

**5. EXTENDING THE BENCHMARKING AND LEAN CULTUREV**

Benchmarking has been successfully implemented in other areas of the blood supply chain, as processing and testing. It has also been applied to compare variations in blood use between countries (RBC / 1,000 pop), and beyond to compare average RBC use per clinical indication and per surgeon, to induce consumption reduction as good clinical practice. Recently, benchmarking has been applied to cost and prices of the transfusion chain (NL vs other countries). Lean manufacturing methods have been successfully used in other areas of BEs and in hospitals. All this vast experience has shown that extending the use of benchmarking and Lean culture to the full transfusion chain is feasible and would help to simultaneously improve quality / safety of blood components for patients and efficiency. Presentations to come in this

EBA Benchmarking Master class with illustrate further how this has been successfully achieved for different segments of the transfusion chain, in different countries.

**6. CONCLUSIONS**

Before concluding I hold to acknowledge ABO and Graham Sheer for having introduced benchmarking in BEs, my (patient) teachers of the EBA BMG (Eric Jansen, Steve Morgan, Vaughan Sydenham and Akif Ali), and numerous colleagues who helped in all these experiences. And I wish all participants in the Master class to enjoy it and, when back in their working environment, ask them to share what they will learn in the interactive learning spiral, for the main benefit of patients and donors.

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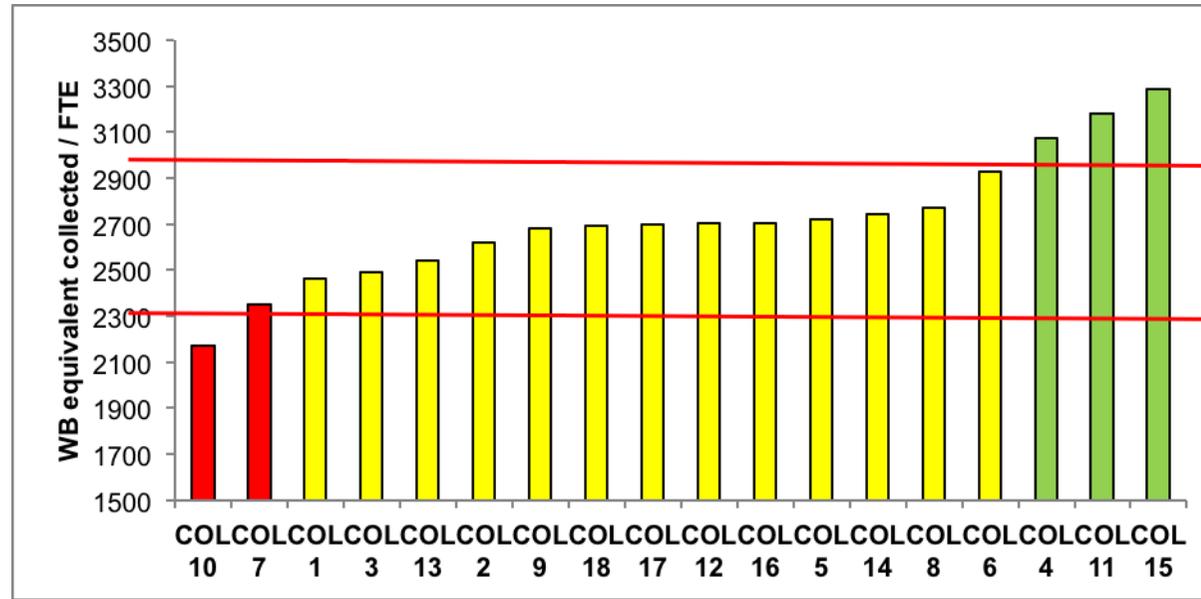


Figure 1