

OPSEU Presentation
Board of Directors Meeting
Canadian Blood Services
June 25, 2009
Ottawa



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My name is Sean Allen. I am president of Local 477 – CBS, Ottawa Centre and Chair of the Canadian Blood Services and Diagnostics Division of OPSEU.

Here with me today are:

Shirley Johnny, Local 210, Sr. technologist and treasurer of the Division.

Katherine Zan-Payne, Local 160 president, phlebotomist and secretary of the Division.

We are here today on behalf of the more than 1200 employees of the Canadian Blood Services who are members of the Ontario Public Service Employees Union (OPSEU).

First, we would like to thank you for the opportunity to meet with the Board today.

In preparation for today's session, we asked our colleagues to identify the most difficult challenges they face in working for the Canadian Blood Services.

During the next 5 minutes, we will comment briefly on five of the issues identified:

- I. Impact of organizational change on the workforce
- II. Safety of the blood supply
- III. Quality assurance and continuous improvement
- IV. Rising costs
- V. Opportunities for staff development

At the end of these remarks, we will lay out a series of undertakings that we seek from Canadian Blood Services.

I. Change -- At What Cost?

It is surely no surprise to those working in the health care field that organizational restructuring and downsizing tend to create upheaval in the lives of employees. Canadian Blood Services is no exception. For many members of our union, the whirlwind pace of change over the last ten years has been unrelenting.

From the move to the leucoreduction method in 1999 ... to the consolidation of donor testing in 2003;

From the creation of a new management structure with altered reporting relationships in 2003/2004 ... to the national implementation of the Buffy Coat production method between 2005 and 2008;

From the implementation in 2003/2004 of the ill-fated SAP payroll system ... to the announcement in 2008 of a brand new production facility.

By force of history and circumstance, the CBS workforce has lurched from one new initiative to another. Through it all, we have acquitted ourselves with professionalism, skill and commitment.

Quite apart from the success or failure of these transformations, however, the cumulative impact on staff is staggering.

We are here today to deliver a message to this Board on behalf of the employees we represent...the Phlebotomists, Clinic Assistants, Clerical Staff, Transport Staff, Laboratory Assistants, Data Entry Clerks, Administrative Assistants, Stores Accountants, Utility Persons, Donor Services Representatives and Technical Support Analysts, , Medical Laboratory Technologists, Senior Technologists, Charge Technologists, Quality Assurance Associates, Biomedical Technologists, Equipment Specialists, Tele-recruiters, Donor Service Representatives, Donor Recruitment Assistants, Plasma Assistants, Donor Recruitment Coordinators, Phlebotomist Trainers, Customer Service Representatives, Call Sheet Clerks, Clerk (Reception), Data Reporting Assistants and Training Assistants, Campaign Administrators, and Schedulers.

While it is frequently agreed that some change is positive, reputable studies show that too much change can be detrimental to the health and welfare of the workforce. A survey conducted by Human Resources Development Canada in 2003, for example, identified a link between rapid organizational change and poor work/life balance.

Having investigated the impact of downsizing, restructuring and amalgamations upon 10,000 respondents in the federal public sector, the report concluded that those workers still employed experienced a spike in workload that left them feeling overwhelmed and unable to cope.¹ This is a scenario not entirely unfamiliar to staff at CBS.

Similarly, findings in two studies published in the Lancet in 1997 and 2004 associated downsizing and a rapid pace of organizational change with increased health risks, use of long term sick leave and employee hospital admissions.² This coincides with the experience of many colleagues during the last several years.

Finally, to complete this bird's eye view of organizational health, we provide an insight offered by Robert Bacal, a respected Canadian business and management consultant:

“We now see the effects of downsizing on those that remain....They feel a lack of executive commitment to their function, confusion about the priorities of the organization, increased workloads...a sense of being betrayed by executives and managers, a profound sense of distrust, a sense of futility with respect to long term planning and a feeling of being undervalued and unappreciated....”³

Sadly, these comments resonate for our members. They have told us that the work culture they experience at CBS is one of uncertainty and intimidation. This situation demands a serious re-think and fix, not wellness kits.

We are professionals. We take pride in our work. The most recent announcement of a new clinic model has exacerbated the level of unease present at our worksites.

OPSEU believes that the concept of a “multi-skilled worker” is deeply flawed. We fear it can only aggravate already strained relations between ourselves and the nurses and supervisory staff. Worse, it will likely affect our relationship with the public.

Let me be clear.

It would be wrong for the Board to assume that our interest lies only in the future of our jobs. Of course that is central. But like many Canadians -- especially given our not-too-distant past -- we share a concern that the safety of the blood supply not be compromised. That is the yardstick by which we choose to evaluate the most recent proposed changes in practice.

II. Safety of the Blood Supply

Our members deal with the blood supply at all levels of production. As front-line workers we exercise caution at every step in the blood supply system, from procuring donations to production and testing-related processes, to the delivery of blood to hospitals and ultimately, the patient.

We are committed to ensuring that the blood supply is not contaminated and that the health of neither donors nor recipients is compromised.

A central plank of the 1997 Krever Commission Report was the rigorous adoption of a precautionary principle at every step in the process. It was asserted – and subsequently adopted by Canadian Blood Services as well as its immediate predecessor – that waiting for definitive evidence of harm is ill-conceived in such critical conditions.

As you know, Judge Krever asserted that donated blood is a public resource and that Canadian Blood Services must act as a trustee of this public resource in the interest of all persons in Canada. The principle that the safety of the blood supply system is paramount and must supersede other policy concerns remains true today. Canadian Blood Services has achieved considerable progress in this regard thanks, in part, to the expertise and commitment of those around this table.

As front-line workers we share that commitment.

In our view, the new model has the potential to drive that security principle into the ditch. So-called “multi skilled workers” will share responsibility for everything from donor screening to taking blood, charting and labeling product. Very, very few nurses will be found on site.

Not only would this raise the possibility of error, it also increases our members’ potential liability. OPSEU believes that this approach constitutes a hazard to the donating public.

CBS asserts publicly that the reasoning behind this model is the shortage of nurses. In our view, the model is more properly characterized as a short-sighted cost-cutting exercise. Cutting corners in this fashion will certainly not boost donor confidence.

III. Rising Costs

Clearly, the cost of maintaining a safe blood supply is substantial. Some have argued that costs have increased at rates that outstrip the overall costs of healthcare delivery.⁴ It is also true, however, that cost increases have mirrored the more sophisticated scientific methods instituted to prevent contamination.

As Kumanan Wilson and Paul C. Hébert commented in the Canadian Medical Association Journal

When evaluating these policies, it is important to remember that many of the benefits of safety measures may not be fully known at this time or may never be known. The blood system has chosen to introduce these measures in a precautionary manner, having learned the lessons of waiting for definitive evidence of benefit. The introduction of these measures, however, demonstrates to the public that the blood system is acting proactively, a benefit that cannot be captured by traditional cost-effectiveness analyses. It would not necessarily be a wise policy to rely solely on cost-effectiveness analyses to determine which measures should be introduced.⁵

Given the complexity of the enterprise and danger to public health in the event of error, this is a level of caution that the Ontario Public Service Employees Union endorses heartily. We suspect that the public would agree.

IV. Quality assurance and continuous improvement

As mentioned previously, the climate of fear that tends to reign at our worksites has the potential of undermining the safety of the blood supply and in some instances, our members' safety. In a very recent occurrence at one work site, a fluorescent light in a walk-in refrigerator had burst, leaving glass and an unknown substance on the units of blood. Lab assistants believed the blood might be compromised and they told supervisory staff that it should not be processed and issued. They were over-ruled. Consequently, these employees filed a work refusal under the province's Occupational Health and Safety Act.

Subsequently, supervisory staff was found to be using a basting brush to whisk the glass off the units and then vacuuming the blood. No lab assistant was willing to engage in this activity.

A clerk was ordered to look at the units of blood to ascertain if they were acceptable for release. To that person's credit, they then filed a work refusal.

The matter was only put to rest when an elected OPSEU representative told management that unless proper action was taken, an immediate phone call would be made to Health Canada. In the end, 2000 units of blood were recalled and disposed of. Although blood was released to area hospitals prior to resolution of the situation, none of the implicated units had been transfused.

The handling of this situation indicates quite clearly that there is a problem. Lab assistants, OPSEU members, acted in good conscience. It takes a great deal of courage to stand up and blow the whistle, especially in a workplace already rife with uncertainty.

In the pursuit of excellence, CBS needs to examine its practices and management accountability systems. Why would work refusals be needed when the safety of the blood supply was in question? These workers acted with integrity. CBS needs to ensure that employees do not fear punishment should they blow the whistle.

Our members have also expressed a related concern. It stems from the Total Quality Management (TQM) program. OPSEU has encountered such programs in other settings with similar results.

In theory, TQM is meant to lead to greater creativity and problem-solving on the part of employees. This, in turn, is meant to lead to ongoing improvement of workplace practices and outcomes.

In a climate of mistrust and trepidation, however, employees are reticent to report errors for fear of sanction. Although managers tell staff that no action will be taken against them, workers' individual records are tracked. Presented in the guise of a cooperative effort to improve conditions and outcomes, TQM becomes a tool with which to discipline the workforce. Our members fear that this work climate leads to the covering up of mishaps and mistakes, rather than exposing them to scrutiny.

V. Opportunities for staff development

CBS announcements to date extol the virtues of a multi skilled workforce, suggesting that opportunities for skills development will prove an asset to employees. Before this claim can be fully evaluated, it is important that our members know precisely what those skill-sets are and, moreover, how the skills training will occur.

Another word for what CBS is calling a “multi-skilled worker” is the term “generic worker”. Typically utilized in health care settings, the term “multi-skilled” has often meant that, in practice, employees must *multi-task* to a far greater extent. New, substantive and portable skills are not necessarily part of the bargain.

Additionally, as a highly regulated enterprise, CBS has a host of protocols to guide staff. What would the new operating procedures look like? What new or different performance demands would be put in place? Will staff have a multitude of different standard operating procedures to follow? Does CBS propose to train all clinic staff to carry out the functions of a phlebotomist?

Phlebotomists follow a prescribed curriculum and training. At present, a phlebotomist must have at least one year of experience prior to working at the Plasma Site. This job requirement has been reduced significantly -- from three years, then two, and now to one year. Under the new plan, only in-house training will be required. This decision is extremely worrisome in professional terms and also risks frightening willing donors.

While CBS documents speak broadly about in-house training, it is unclear what that means or how it relates to current skill-sets and licensing requirements.

What training will be offered? Will it be only in-house or include broader applications taught in post-secondary institutions? Our members have told us they would be interested in learning new skills for which they receive some level of certification; skills that would be recognized by a future employer, for example.⁶ At present, there is little information as to this aspect of the proposal.

VI. The CBS Contingent Workforce

CBS employs a large number of part-time workers. We know (as with other sectors of the labour market) that many working people would not opt for part-time employment if offered the choice.

In answer to a question posed recently by an employee on the EMT, Mr. Ian Mumford indicated that there would be more opportunities for full-time work at CBS in future. OPSEU members would welcome this.

Furthermore, several functions of bargaining unit work have been contracted out. These include specimen drivers, stat deliveries to hospitals, in-house cleaning, site reception and the “What’s Your Type” outreach, among others.

To be blunt, OPSEU members need more than reassurance. We are looking for answers as to how CBS intends to develop its workforce. One union has received guarantees that lay-offs will not occur. Our members deserve equivalent treatment. We need an undertaking that no lay-offs will occur in the OPSEU bargaining units.

In conclusion, we seek the following undertakings:

1. That CBS broaden its publicly stated no-layoff guarantee to include employees who are members of the OPSEU bargaining units.
2. That CBS develop a culture that encourages and rewards employee vigilance and whistle blowing.
3. That the development of training modules includes substantive participation of front-line staff and union representatives. Further, that these programs assist bargaining unit employees to obtain new skills that are recognized outside the agency.
4. That CBS engage in meaningful consultation with the union in all aspects of planning and implementation.

As members of the Canadian Blood Services Board of Directors, it is in your power to safeguard the blood supply and to improve employee working conditions and morale. OPSEU members look to you for leadership to this end.

Endnotes

¹Human Resources Development Canada, Labour Program. *Voices of Canadians: Seeking Work-Life Balance*. January 2003, p. 5.

²*Effect of organizational downsizing on health of employees*. J Vahtera et al. LANCET 10/1997 1124-1128 and *Workplace expansion, long-term sickness absence, and hospital admission*. H. Westerlund et al. LANCET 04/2004 1193-7.

³*Downsizing – The Long Term Effects*. Work911/Bacal & Associates Business & Management. <http://work911.com/>

⁴ *The challenge of an increasingly expensive blood system*. Kumanan Wilson and Paul C. Hébert. Canadian Medical Association Journal. April 29, 2003; 168 (9)

⁵ Ibid.

⁶ In other settings the establishment of a “common core” certification, involving a combination of classroom instruction and practical training, is the norm. Employees must learn and then demonstrate competency in a prescribed set of skills. That certification is then portable, rather than restricted to one employer’s business.