

## Nursing shortages prompts procedural and staffing changes at blood clinics

The juice and cookies will remain, but faced with problems maintaining the blood supply and a shortage of registered nurses, Canadian Blood Services will this fall conduct a pilot program of new staffing models and procedures for collecting blood at donor clinics.

When potential donors sit down for standard health screening, they will be greeted by a trained clinic worker, not a registered nurse as in the past, says Mark Donnison, executive director of donor and clinic services with Canadian Blood Services.

This is part of a larger staffing overhaul that will introduce “multiskilled” workers, able to work at any station within a clinic, Donnison says.

The model is expected to alleviate pressure from staffing shortages, as well as allow clinics to run more efficiently, Donnison says.

At least 2 registered nurses will continue to staff each clinic, but in newly created roles: clinic supervisor and nurse consultant, for complex cases.

The change is driven largely by the shortage of nurses in Canada, Donnison says. “We’ve had a number of instances in different parts of the country where it’s been having an impact on our ability to collect blood and blood products. So we’ve had to either cancel or reduce the number of beds in different clinics because we don’t have enough staff to actually work in the clinics.”

“Our primary mandate as an organization is safety,” he adds. “We have no



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Canadian Blood Services is moving to adopt blood clinic staffing models based on systems that are now used in the United States and the United Kingdom.

intention of introducing any additional risk into the blood system.”

With the Canadian Nurses Association itself projecting a national shortage of 78 000 nurses by 2011, President Kaaren Neufeld says it’s understandable that Canadian Blood Services is looking at new staffing models. But, she adds, “We need to ensure that, if the registered nurse is no longer performing that function, what is the process they have put in place to ensure that we have safety for patients.”

Donnison says that similar staffing models are used by blood collections systems in the United States and the United Kingdom, but Neufeld isn’t entirely convinced. “What we want to

make sure is that it’s an evidence-based decision,” she says.

A pilot program will begin in the fall, Donnison says, although the location has yet to be determined. Canadian Blood Services is working with Algonquin College in Ottawa, Ontario, to develop a curriculum for training the clinic workers. The pilot clinic will subsequently be audited and, if it proves effective, the new staffing model will be rolled out in 2010. Should that happen, Donnison forecasts a significant reduction in the number of registered nurses — currently about 400 — required at blood clinics across the nation. — Claire Biddiscombe, Ottawa, Ont.

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