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# Saving LIVES

The Australian Red Cross Blood Service is improving its business efficiency and investing in leading-edge research to ensure it continues to live and work by its vital mission.

Images by Estelle Judah Photography

As a not-for-profit that deals with the issues of a manufacturing company, like testing, processing, and distribution, the Australian Red Cross Blood Service (Blood Service) has a truly unique challenge before it. Jennifer Williams, CEO of the Blood Service, spoke to *The CEO Magazine* about how the business has evolved in recent years to become more efficient and cutting-edge.

**The CEO Magazine:** You came to the position in 2009 after running several hospital networks and working in the private sector. What attracted you to the Blood Service and the not-for-profit sector?

**Jennifer:** My background had been in health, with seven years as

CEO of Austin Health and then five years as CEO of Alfred Health. Of course, I knew about the Blood Service, but I had not had direct dealings with it. Obviously, they were products that the hospitals that I worked in consumed but I didn't have any direct relationship with them, so it was an organisation that I really had little knowledge of. I didn't understand the full range of complex functions required to get a transfusable product from a donor into a hospital fridge.

As I went through the process of talking to the headhunters, the organisation really came to life. I never really think about jobs in terms of 'this is public', 'this is private sector'; it's really about the actual job, where the organisation is, what I can contribute to the organisation, and what I can get out of it.

It's really an incredibly interesting sector. The blood sector in Australia is quite specialised, and it sits across both the community sector, in terms of the blood donors, and the complex manufacturing sector, in the testing, production, and distribution of the product. In many respects, we're like a pharmaceutical company. In the product we provide, the difference is that we start with a donated product from a human being. That puts us in a unique position.

The complexity of the business and its national coverage was really something that interested me. It had transitioned from a state-based organisation to a national organisation in the period prior to my joining, and it was a fully national organisation by the time I joined. The Blood Service itself is funded 63 per cent by the federal

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government, and the balance is made up by each of the states and territories. We are a microcosm of the whole health sector.

### What was your initial brief when coming into the role?

The brief from the board was that they thought it was a highly functioning organisation that was doing well and they wanted to continue that development. I was not brought in to turn around a troubled organisation; they wanted me to continue to develop the organisation and add value.

When I started in the job, I spoke to the federal and state governments and our major customers, and the biggest thing that came across was that we were a very highly regarded organisation but we needed to improve by reducing expenditure, driving efficiencies, and delivering reduced costs to government and hospitals.

Having come from the public hospital sector, I was well practised in running hospitals with less money than you really needed and always driving cost reduction. The Blood Service was an organisation that was financially sound, but we hadn't really been seen by our funders to be efficient in how we were running things.

What I've been doing is putting a more business-oriented culture within the organisation where we look a lot more carefully at how we spend our money and routinely carry out cost-benefit analyses of our investment decisions. I think we're still on that journey of shifting our culture with some of our staff; however, most of our staff have accepted the new focus and culture.

One of the things that can attract staff to the Blood Service is our not-for-profit status and the high regard that the Red Cross has, which I term 'the halo effect'. Some potential staff are interested

in working for us because they think we're a soft organisation and not after the hard outcomes. That's something that we've definitely had to change. We want the very best people in all of our roles, and we want people who are motivated by our mission, which is to save lives.

Our mission is something that resonates with many people, and that can be really motivating. However, we also need people who are at the top of their game in whatever field they're in, whether it's scientific, medical, cold-chain management, quality systems, or finance.

We're repositioning the organisation's image and have a new employee value proposition that is aimed at exciting people about working with the Blood Service. It also helps to demystify the Blood Service so that they understand the complexity of what we do and that we strive to be leading-edge in everything that we do.

We're different from the typical not-for-profit because we're fully funded by government. We don't ask people for money; we ask them to donate blood to help a patient. Only 3 per cent of Australians donate blood; however, one in three people will need blood in their lifetime, and only one in 30 donates. We have around 700,000 people who are donating blood, many of whom donate multiple times in a year.

We're always recruiting new donors and trying to increase the number of people that donate. It's a perishable resource and we need it 365 days a year. Red cells have a life of 42 days, but platelets have a life of only five days.

### How do you encourage innovation and advancement in the Blood Service?

I think that's the great thing about the Blood Service: staff want to be the best. As we're a monopoly provider, we compare

our performance to blood services overseas. We're a member of a number of collaboratives that include the English, Canadian, European, US, and Asian blood services. We have quite sophisticated benchmarking to ensure accurate comparisons with them to drive performance improvement.

I want to position the Blood Service as one of the leading blood services in the world. Our new strategic plan has set a goal to be in the top 25 percentile of blood services in a number of specified areas, which include processing, testing, and collections. While it's going to take some time before we can say that we're right up there with the best, we can continue to see that there are significant improvements and savings that we can make.

We also have an important research and development program. The Australian Defence Force approached us over two years ago >



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when the Dutch left Afghanistan. They asked us to research frozen blood and platelets so that we could provide these products to Australian forces, as the Dutch had been doing.



We've nearly completed the research and development on frozen red cells, and we've got an application with the Therapeutic Goods Administration; and approval will also be required from the National Blood Authority. Our research on frozen platelets continues and is very promising. This work will be groundbreaking and the first of its kind around the world. As platelets have a shelf life of only five days, a frozen platelet will make an enormous difference and reduce wastage.

**As the blood service continues to develop, how are you ensuring that it continues to advance, particularly in relation to its deferral policies in regard to the LGBTI community?**

We have a number of short- and longer-term deferral policies, or reasons that people can't give blood, and these include a donor being unwell or travelling to a malaria country, and for some sexual activities. These deferrals ensure that the product is as safe as possible when it's transfused,

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with no infectious or bacterial contamination which could be passed to the patient. Our laboratory testing is among the best in the world, but very early infections can't be detected.

One of the deferral reasons is that men who have sex with men cannot donate for 12 months after they've had sex. This is a controversial guideline for blood services around the world, and often people in the LGBTI community see the blood service as discriminatory. Our deferral policies are based on population-wide data that show that the incidence of HIV in the men-who-have-sex-with-men population is higher than in the heterosexual population. It's not about sexual preference; it's about behaviour. According to the Kirby Institute, men who have sex with men have a 50-times greater risk of

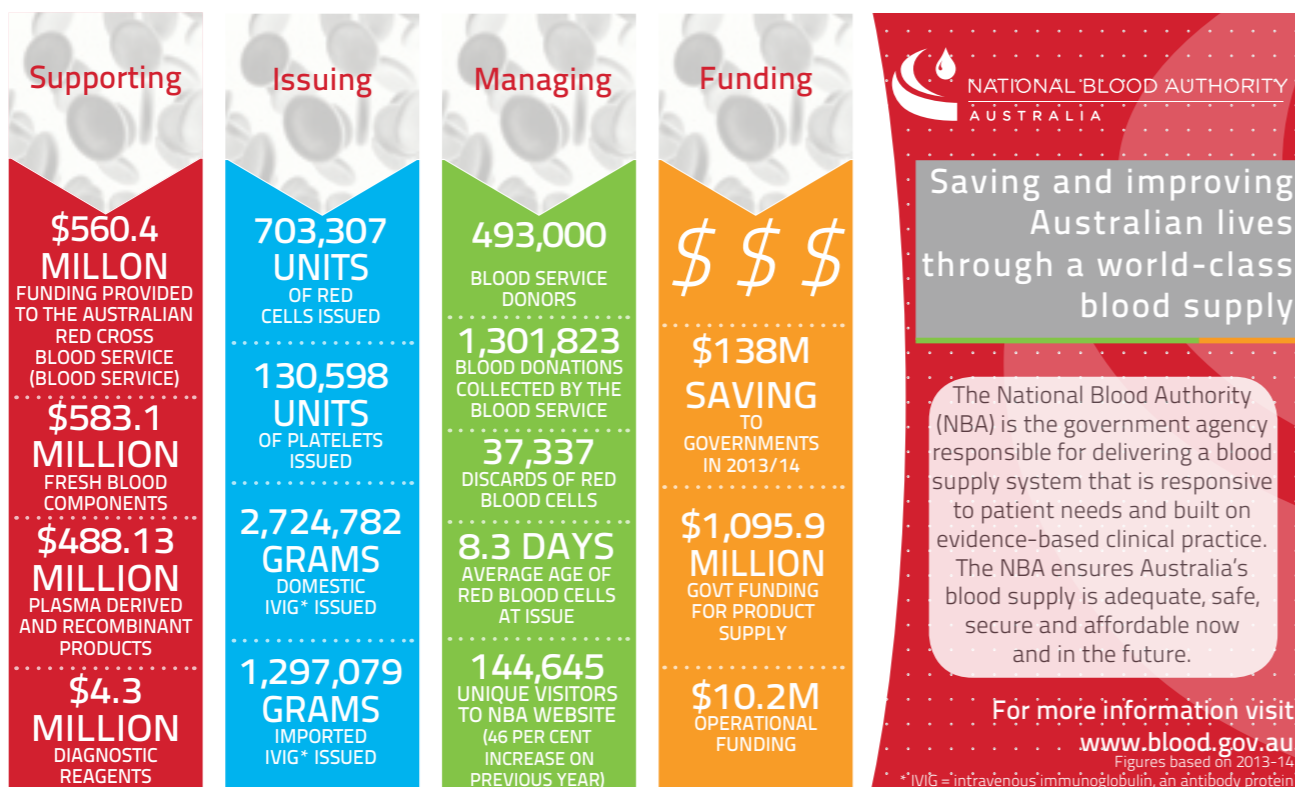
HIV than a heterosexual person with a new partner. This deferral policy is similar to deferring donors temporarily who have had a tattoo recently or acupuncture, to avoid a possible hepatitis C infection.

In the US, if you're a man and you've ever had sex with a man, then you can't give blood. In Australia, our policies are more liberal because here the deferral is for 12 months. We did an extensive review of this recently and concluded that the deferral could be reduced to six months with no increased safety risk. We put this to the Therapeutic Goods Administration and unfortunately they didn't accept it.

We also introduced a program to make us a better employer in terms of diversity in the workplace. We're now the twentieth top employer in the country for LGBTI inclusiveness and number one in the not-for-profit sector. I'm really proud of that achievement because I think it was an issue in my workplace. ●



*"Working with the Blood Service is a strategic journey where Datacom, as a partner underpinning their ability to deliver a critical service, truly understands their business objectives. We enable them to focus on their core business while helping with their technology." - Alexandra Coates, Director, Datacom Victoria*



**Datacom. Proud to work alongside the Australian Red Cross Blood Service.**

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