Tele-recruitment for Donor Retention

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Abstract Blood transfusion services are the integral part of health care system and these services have safe blood transfusion as the major goal. Voluntary blood donation is the key to safe blood and this safety is further enhanced when the voluntary blood donors become repeat/regular donors. Retention of donors is therefore a very crucial strategy to ensure enhanced blood safety. Tele-recruitment is an effective medium of recruiting and more importantly retaining donors via means of telephone/Short Message Service. This study was carried out at a standalone blood bank during the period from January to December 2011 with objectives of donor retention, relationship management with the support of personnel with good communication skills, Donor data base, Integrated software and communication facility. For Initial 4 months there was no tele-recruiter, then for 2 months two tele-recruiter and for next 6 months three tele-recruiter were dedicated. Only impact of tele-recruitment on in-house donation was taken into consideration. 2,091 donors were recruited through tele-recruitment in this eight-month period. This was 63 % of in-house donations and 13 % of total donations. In other words out of every five in-house donations, three donations were from people contacted through tele-recruitment. Repeat voluntary blood donation is the safest donation. Tele-recruitment does this by converting ‘first-time’ donors into repeat/regular donors. Simple intervention like reminder calls on telephone can be highly effective tool to retain donors. Tele-recruitment helped the blood center

establish relationships with individual donors, and, maybe, even the society at large. Tele-recruitment is a very low-cost model which can be easily replicated in all kind of blood banks, be it standalone, or a hospital based. Even the blood centers which are largely dependent on replacement donors can possibly have good results and convert replacement donors into repeat/regular voluntary blood donors.

Keywords Voluntary blood donation · Donor retention · Relationship management

Introduction

Blood transfusion services are the integral part of health care system and these services have safe blood transfusion as the major goal. An uninterrupted supply of safe blood in an efficient, coordinated and cost-effective manner to all those who need it is recognized as essential functions of health services.

According to World Health Organization, voluntary non-remunerated donation is the safest form of blood donation and strenuous efforts must be developed for a strong programme using a core with a high percentage of regular donors in order to maintain the highest possible quality of blood supply [1]. There are enormous efforts in creating awareness about blood donation and recruiting blood donors and it makes so much sense to retain them. Retention of donors is therefore a very crucial strategy to ensure enhanced blood safety.

Many blood centers have dedicated personnel to recruit donors. They could be honorary social workers or paid employees. Their main task is to bring in blood donations by motivating people for donation and arranging blood donation camps. They reach out to several groups/organizations for recruiting donors but almost all the recruited donors remain ‘first-time donors’.

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Tele-recruitment is an effective medium of recruiting and more importantly retaining donors via means of telephone/Short Message Service (SMS). However, there is no published report on effectiveness of tele-recruitment in India. We, therefore, undertook a systematic study to understand this.

Materials and Methods

Place and Period

This study was carried out at a standalone blood bank (Regional Blood Transfusion Centre) located at Dehradun, Uttarakhand working on principles of cent per cent voluntary blood donation. The study was conducted from January to December 2011.

Objectives of Tele-recruitment Office

A dedicated tele-recruitment office was set up with the following objectives:

1. Donor Retention: Donor retention by calling donors and requesting them for repeat donations.
2. Relationship management: To establish 'one to one' contact with the donor(s) and donor organizer(s) for recalling the donors, getting repeat blood-drives and handling their complaints/grievances.

Requirements of Tele-recruitment Office

It was realized that an effective tele-recruitment office would need the following:

1. Personnel with good communication skills
2. Donor data base
3. Integrated software
4. Telephone/SMS/Internet facility

Personnel

The personnel were selected through an interview process which was based on analyzing their communication skills and empathy. They were imparted structured training in basic knowledge about blood donation, motivation techniques and to be 'good listeners'. Initially two personnel were recruited and one personnel was added after 2 months (July 2011). Every working day, at the start of the day, data was compiled to arrive at the possible number of calls to be made. There were Standard Operating procedures (SOP) for calling and the script for SMS.

Donor Database

Donor data base had the full name, age, sex, occupation, address, phone number and blood group of the donor.

Integrated Software

Integrated software was available to facilitate access of donor database and it was regularly updated. It had provision to retrieve and compile information from the donor database as per the requirement for calling donors i.e. blood group-wise, area-wise. It also gave details of donors called, their response, and their frequency of earlier donations. It also had an option of de-activation of a name from the 'call centre database' in certain situations. These situations were of various kinds, for e.g. the donor was not willing to come back for donation, or the donor was not eligible for donation (after the upper age limit of 65 years was crossed or his transfusion transmissible disease result was reactive).

Telephone Facility

There were three dedicated telephone lines which were used by the tele-recruiters. Even the donors were able to contact the call center personnel for any queries or suggestions. SMS were sent in 'bulk' to many donors, simultaneously.

Collection of Data

Twelve months call-data between Jan 2011 and Dec 2011 was collected (initial 4 months-no recruiter, 2 months-two recruiter, 6 months-three recruiter). Call-data collected included telephone calls & SMS sent. There were instances where a donor could not be contacted for reasons like 'this number has changed', 'not picking up', 'number does not exist'. Successful calls were considered as those where donor could be reached and were interested in repeat blood donation. These donors were then followed up. Grievances, if any, were either sorted out by call centre executive or the medical doctor. Almost all of these grievances were either related to not receiving the "thank you letter cum blood group report" or some doubt/apprehension which could be clarified. Upon resolution of grievance, they were then requested to donate & this was again considered as 'successful call'. In addition, birthday & anniversary wishes were also sent through SMS.

In-house Donations Through Tele-recruitment

The donor questionnaire form had the columns for 'recruitment by/at'. These were Blood Mobile/Tele-recruitment/

Table 1 Percentage of donations by tele-recruitment in comparison to total donation

Month	Donations by tele-recruitment and SMS	Total in-house donations	% age of donation by tele-recruitment in total in-house donations	Total donations	% age of donation by tele-recruitment in total donation
No tele-recruiter					
Jan-11	0	260	0	1,061	0
Feb-11	0	278	0	2,108	0
Mar-11	0	294	0	2,351	0
April-11	0	290	0	2,918	0
Two tele-recruiters					
May-11	125	305	41	1,360	9
Jun-11	143	390	37	2,279	6
Three tele-recruiters					
Jul-11	264	483	55	1,477	18
Aug-11	285	454	63	2,625	11
Sep-11	327	462	71	2,291	14
Oct-11	309	473	65	1,781	17
Nov-11	362	421	86	2,607	14
Dec-11	296	347	85	2,018	15
TOTAL	2,091	3,335	63	16,438	13

Self-motivated. However, only the blood donations made at the blood-bank facility (in-house) were considered to evaluate effectiveness of tele-recruitment process. Donation through tele-recruitment could be much higher, if those mobile donations were also included for which the lead came through tele-recruiters (but were followed-up by social marketing personnel).

Statistical Analysis

ANOVA single factor was applied to compare ‘In-house’ donations without tele-recruitment, with two tele-recruiters, and with three tele-recruiters.

Results

As shown in Table 1, 2,091 donors were recruited through tele-recruitment in this 8-month period. This was 63 % of in-house donations and 13 % of total donations. In other words out of every five in-house donations, three donations were from people contacted through tele-recruitment. Figure 1 shows comparison of in-house donations without tele-recruiter, with 2 & with 3 tele-recruiters respectively. Table 2 shows analysis of telephone calls made, approximately 60–96 % calls were successful (mean: 75.83 %) and out of which people donating blood were 7–11.5 % (mean: 9.18 %). On application of 1 ANOVA single factor it was found that average number of donations is directly proportional to number of tele-recruiters.

Discussion

Repeat voluntary blood donation is the safest donation. According to studies conducted at University of Cambridge, United Kingdom first-time Voluntary blood donation is not safer than family/replacement donors and improved blood safety can only be achieved by repeat voluntary blood donation [2]. Tele-recruitment does exactly this by converting ‘first-time’ donors into repeat/regular donors. You only need few personnel with good communication skills, a donor data base and a facility to make telephone calls. Integrated software, if available is like a proverbial “icing on the cake”.

In a study conducted by Harrington et al. through telephonic interview it was observed that waiting for blood

Fig. 1 Comparison of in-house donations

Table 2 Analysis of telephone calls made

Month	Telephone		Percentage of call pick-up (Call picked-up/Calls made $\times$ 100)	Successful calls (those who promised to come for blood donation)	Percentage of successful calls (successful calls/Calls picked-up $\times$ 100)	Blood donations through tele-recruitment	Percentage of blood donations in respect to successful calls (donations/Successful calls $\times$ 100)	Percentage of blood donations in respect to picked-up calls (donations/picked-up calls $\times$ 100)
	Calls made	Calls picked-up						
May 2011	6,016	2,487	41	1,489	60	105	7.0	4.2
Jun 2011	5,271	2,190	42	1,520	69	113	7.4	6.0
Jul 2011	7,078	3,122	44	2,520	81	230	9.1	7.4
Aug 2011	7,123	3,800	53	2,729	72	245	9	6.4
Sep 2011	8,929	3,164	35	2,599	82	298	11.5	9.4
Oct 2011	9,532	3,027	32	2,911	96	280	9.6	9.3
Nov 2011	8,983	4,777	53	3,737	78	332	9	6.9
Dec 2011	9,830	4,144	42	2,750	66	258	9.4	6.2

donation request (asked to donate blood!) was among the major cause of not donating blood [3].

In the present study, we could prove that a simple intervention like reminder calls on telephone can be highly effective tool to retain donors. To understand the entire perspective, it needs to be appreciated that amongst donors who promised to come; only 10 % actually came. However, even this relatively small percentage resulted in more than 60 % of ‘in-house’ donations happening exclusively because of tele-recruitment. This not only reduces the pressure on mobile sessions, it optimizes the in-house infrastructure and manpower created for the purpose of blood donation. We also need to appreciate that while mobile sessions are convenient to the donors; for in-house donations, the donors not only invest their time, they also commute to and from their place of work/residence.

Moreover, the tele-recruitment helped the blood center establish relationships with individual donors, and, maybe, even the society at large. Many issues which might be considered trivial from an overall management perspective were important for the donor community. This can be illustrated by the fact that majority of grievance were

related to non-receipt’ of customary ‘thank-you letter cum blood group report’. Simple tasks like sending these reports immediately by fax/e-mail/post resolved the grievances and generated ‘good-will’.

This model of tele-recruitment is a very low-cost model which can be easily replicated in all kind of blood banks, be it standalone, or a hospital based. Even the blood centers which are largely dependent on replacement donors can possibly have good results and convert replacement donors into repeat/regular voluntary blood donors.

References

1. Wylie B (1993) Which methods of donor recruitment give the safest donors? *Malays J Pathol* 15(2):99–103
2. Allain JP, Sarkodie F, Asenso-Mensah K, Owusu-Ofori S (2010) Relative safety of first-time volunteer and replacement donors in West Africa. *Transfusion* 50(2):340–343
3. Harrington M, Sweeney MR, Bailie K, Morris K, Kennedy A, Boilson A, O’Riordan J, Staines A (2007) What would encourage blood donation in Ireland? *Vox Sang* 92(4):361–367