



College of Medical
Laboratory Technologists
of Ontario

CMLTO Interprofessional Collaboration (IPC) Case study

Case study #1: Responding to clinical needs with laboratory procedural changes

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Introduction

As one of Ontario's self-regulated health professions, medical laboratory technologists (MLTs) are governed by the *Regulated Health Professions Act, 1991* (RHPA). The RHPA was developed to protect the public's right to safe, competent, and ethical healthcare. The RHPA requires each health regulatory College to develop and maintain Standards of Practice that outline the expected level of quality and safety for professional services provided by its members. Legislation, regulations, bylaws, Standards of Practice, practice guidelines, and the Code of Ethics collectively establish a framework for medical laboratory technology practice.

The Ontario government, through the RHPA, defines CMLTO's objectives. These expectations include promoting and enhancing interprofessional collaboration (IPC) among MLTs, and with other members of the healthcare team. Further, the CMLTO is expected to support MLTs' abilities to respond to changes in the healthcare environment.

What is a case study?

A case study describes a relevant professional practice scenario or issue to enable MLTs to critically analyze a situation and identify opportunities for learning and development. Members can apply these learnings when faced with similar situations in their own practice. Expanding current professional behaviours empowers MLTs to share their knowledge and expertise with other health professionals to support improved patient care.

How can I use this case study in my professional practice?

CMLTO's professional practice resources are intended to support, not replace, an MLT's professional judgment. Reading through case study materials, and reflecting upon the professional practice issues or opportunities supports an MLT's ability to develop effective strategies and skills for handling similar situations in the future. MLTs reading this case study may not experience the exact same scenario in their own workplaces. However, similar key themes may exist locally making the case study useful in identifying issues and opportunities for improving their professional practice.



Case study reflection and discussions may be done independently, or as a group. In either situation, MLTs should reflect on the scenario's enablers and barriers to identify both personal and organizational opportunities to improve their professional practice. Thinking about case studies from both perspectives and articulating those reflections will enable MLTs to develop successful strategies and solutions.

Case study 1: Responding to clinical needs with laboratory procedural changes

Case study highlights

- A hospital department identifies a clinical issue that requires rapid and consistent turnaround times.
- A team, that includes MLTs, drafted solutions and presents them to their local administration.
- Due to an unexpected delay, the physicians who identified the issue found an alternative approach.

In a medium-sized rural hospital, emergency department physicians identified the need to provide point-of-care testing (POCT) for fecal occult blood to diagnose potential gastric bleeds. Currently, emergency department physicians perform some POCT and laboratory testing during the evening when there is no MLT on site. The emergency department head brought this issue to the attention of both the Medical Advisory Council (MAC) and the Emergency Committee (EC).

The hospital's Director of Patient Care is a member of the MAC, the EC, and the Point-of-Care (POC) team. The POC Team met to discuss this issue and agreed to develop draft policies, processes and procedures for the Director of Patient Care to present to the MAC for approval. The POC team includes the Chief Nursing Officer, Laboratory Manager, Education Coordinator, POCT Coordinator (an MLT), and two POC laboratory specialists (both MLTs).

Based on the physicians' needs, the POCT Coordinator developed an information package which included draft standard operating procedures (SOPs), pros, cons and limitations of the processes and procedures, as well as training and recertification information. The POC team reviewed and approved the final documents. The director of patient care now had the necessary documents to present to the MAC. The director of patient care, a nurse, felt it best that she present the information to the MAC.



After a six-month delay, the MAC reviewed the draft information package. The bulk of the discussion came from the nursing staff who questioned the technical limitations of the test. As the primary contact for the emergency department physicians, nurses advise them about tests. Through the discussion, it became apparent to the emergency department physicians that in addition to taking on another POC test, they would need formal training, certification, and they would be responsible for even more documentation. The MAC decided that it was no longer interested in pursuing the proposed processes due to the hospital's and laboratory's testing requirements. During the same period, the laboratory extended their hours and the emergency department physicians indicated that they were satisfied with the care being provided through current processes.

The fecal occult blood procedure was not implemented as a POC test in the emergency department. However, physicians became aware that with minimal training, they could implement the required processes and SOPs.

Enablers and barriers

| | Institutional/organizational | Personal |
|-----------------|--|---|
| Enablers | <ul style="list-style-type: none">• The POCT team membership brings together diverse healthcare professionals.• Efficient processes and committees are in place for health professionals to voice their concerns. | <ul style="list-style-type: none">• Thorough engagement of MLT expertise in process and procedure development.• Healthcare professionals are working together for continuous quality improvement. |
| Barriers | <ul style="list-style-type: none">• A 6-month organizational delay in presenting information the MAC.• The presentation focused on technical limitations and not the added benefits of POCT. | <ul style="list-style-type: none">• Physician workload is too high to take on an additional POC test.• The rigor used to ensure quality laboratory test results may be viewed as cumbersome by other healthcare professionals. |



Individual reflection and group discussion questions

The following questions are meant to guide individual reflection and/or group discussion. Writing responses down may be helpful in preparing an action plan for a specific professional practice issue.

1. What was the most challenging factor in this situation (e.g., multiple Committees, presentation delay, healthcare workload)? What would you do to overcome these obstacles?
2. Which stakeholder(s) were the most effective communicators and why?
3. If this situation occurred in your professional practice setting, what personal and organizational enablers or barriers would be similar? What would be different?
4. Do you think the outcomes would be similar in your institution? Why or why not?

Conclusion

CMLTO's role includes a legislated requirement to promote the ability of members to respond to changes in the healthcare system including IPC. The CMLTO develops case studies to prepare MLTs to effectively analyze and reflect on professional practice scenarios involving IPC.

Please contact CMLTO at memberrelations@cmlto.com to discuss this case scenario, other professional practice IPC scenarios, and to share your own experiences.

Additional resources for MLTs

CMLTO provides additional resources for MLTs that may help address local professional practice issues. Please visit the Members section of www.cmlto.com for the most recent professional practice resources for MLTs.