



College of Medical
Laboratory Technologists
of Ontario

CMLTO Interprofessional Collaboration (IPC) Case study

Case study #2: Simplification of laboratory processes for clinicians

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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 2: Simplification of laboratory processes for clinicians

Case study highlights

- A remote laboratory with many referring locum clinicians initiates a process improvement project to streamline ordering procedures.
- A collaborative healthcare professional group works together to identify a process that allows physicians to efficiently order laboratory testing.

A Supervisor (MLT) of a small remote laboratory is responsible for coordinating and communicating with seven local health centres in the surrounding towns. Access to the health centres varies based on location. In the summer, two centres are only accessible via road and ferry, and the others via plane. In the winter, four of the health centres are accessible via ice road and the others by plane. The laboratory is in a town with a population of about 4000 and the surrounding communities range from 100 to 1100 people.

The supervisor realizes the importance of working with other departments to improve their familiarity with the laboratory. Questions and issues related to laboratory processes are discussed in real time by telephone and in person at biweekly interdisciplinary rounds. During one of their meetings, a group of physicians expressed frustration that their procedures for ordering laboratory tests seemed disconnected and overly complicated. Most of the doctors and nurses who rely on the core laboratory are locums, as many of the referring clinicians do not live in the local community. One of the staff physicians, whom the supervisor regularly communicates with, asked for the laboratory requisition to be simplified to reflect the tests locum clinicians order most.

The supervisor changed the requisition within a week and worked with the referring clinicians to try to align processes. In collaborating with the clinicians, the supervisor would adjust the requisition and process, and discuss it with the clinicians until the



process ran smoothly. At the same time, the Supervisor worked hard to simplify the processes for the new locums to learn and understand their needs, and to make the laboratory a friendly place that welcomes locums and their concerns.

The Supervisor found the locum clinicians to be very helpful and willing to invest time to improve and streamline the processes, especially if it meant reducing the number of forms to fill out, which freed them to spend more time with patients. While the improvement initiatives and communication continued, the new laboratory processes improved relationships between the clinicians and the laboratory. Clinicians are now comfortable coming to the laboratory with questions which has improved cooperation among departments. Ultimately, patient care was improved as laboratory test ordering became more efficient, leading to decreased testing turnaround times.

Enablers and barriers

	Institutional/organizational	Personal
Enablers	<ul style="list-style-type: none">• Referring clinicians were open to change and focussed on improved outcomes.• Ability to meet with referring clinicians and explore issues and potential solutions.	<ul style="list-style-type: none">• MLT expertise in process and procedure development.• Willingness of MLTs to change and communicate with referring clinicians.
Barriers	<ul style="list-style-type: none">• Geographic issues with referring clinicians in remote areas.• High turnover of referring clinicians.	<ul style="list-style-type: none">• Reluctance to discuss concerns before it becomes an issue.



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. Do you think the geographic challenges were a major contributing factor in this scenario? Why or why not?
2. What are the specific steps you would have taken to resolve the physician's test ordering issues?
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.