



College of Medical  
Laboratory Technologists  
of Ontario

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# CMLTO Interprofessional Collaboration (IPC) Case study

## Case study #4: Reducing specimen integrity issues

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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 4: Reducing specimen integrity issues**

### **Case study highlights**

- An incorrectly labeled specimen enables laboratory and nursing staff to work collaboratively to resolve process related issues.
- Information sharing led to a better understanding of department processes and positive changes to reduce specimen rejection and turnaround times.

Laboratory staff in a small community hospital repeatedly received samples from the Emergency Department (ED) that were inappropriately labeled or drawn in the wrong tube for the test requested. When laboratory staff called to talk to the nurse who drew the blood to ask for a resample, they occasionally experienced hostility. In one instance, a porter delivered a biohazard bag with three tubes and a requisition, but the tubes were not labelled. When the MLT called the ED, the nurse who drew the sample told them to trust that the blood tubes belonged to that patient. The MLT explained that the lab could not accept the specimen as it was. The nurse hung up the phone and 45 minutes later, a new set of specimens showed up that had a hand written label with a new requisition.

Staff raised these concerns at monthly laboratory management meetings on numerous occasions, and the laboratory director assured staff they would speak with their counterpart in the ED. However, it seemed that nothing changed, so the MLTs continued to clash with the ED nurses about laboratory requirements.

Being a smaller community, one of the laboratory supervisors was an acquaintance of an ED nurse and this topic arose in conversation outside of work. As a result, both realized that they did not understand each other's local pressures and policies. Upon returning to work, the MLT and nurse shared what they had learned with their respective directors, and requested a meeting to explore process improvements through knowledge exchange and education between the two departments.



In the first meeting, co-facilitated by the directors, they shared information about their processes and discovered many barriers that neither group knew about. For example, the hospital had not yet installed systems so that the ED nurses could print specimen labels at the point of collection. Further, the ED purchasing processes followed a standardized ordering set meaning it did not take into consideration fluctuations in resource use including blood tubes. When they ran out of a certain kind of blood tube, the nurses did not think they could ask the laboratory for additional stock, nor did they fully appreciate the implications of using the wrong tubes. The laboratory staff, for their part, did not fully appreciate the stress and pressure of working in the ED department. Both groups agreed to hold biweekly meetings, chaired by a nurse and an MLT, to improve high-risk processes. They also agreed to arrange tours of both of the lab and the ED to experience “a day in the life” for each group of professionals.

Within three months, the number of inappropriate specimens decreased by 64% and turnaround times improved by 48%.

### Enablers and barriers

	Institutional/organizational	Personal
<b>Enablers</b>	<ul style="list-style-type: none"><li>• Small community and facility can enable staff to identify clear communication channels.</li><li>• Effective communication between health professionals sharing a common goal.</li></ul>	<ul style="list-style-type: none"><li>• Management support and leadership fosters a collaborative working environment.</li><li>• MLTs and nurses realized the potential benefits of working together.</li></ul>
<b>Barriers</b>	<ul style="list-style-type: none"><li>• A lack of understanding of individual professional roles and practice issues.</li></ul>	<ul style="list-style-type: none"><li>• A lack of understanding in other healthcare professional challenges.</li><li>• Initially front line staff demonstrated little interest resolving a common issue.</li></ul>



### **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 knowledge and communication challenges limited the initial MLT and nurse to identify process improvements?
2. What are the effective communication strategies the laboratory supervisor and ER nurse used to initiate change?
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 process improvements and 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](mailto: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](http://www.cmlto.com) for the most recent professional practice resources for MLTs.