



College of Medical  
Laboratory Technologists  
of Ontario

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# CMLTO Interprofessional Collaboration (IPC) Case study

## Case study #7: Supporting others in providing quality laboratory services

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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 7: Supporting others in providing quality laboratory services**

### **Case study highlights**

- A long-term care (LTC) home contacts a local laboratory to help them improve the quality of their point-of-care testing (POCT) for glucose.
- A laboratory Supervisor visits the LTC home to observe their POCT practices and identifies many quality improvement opportunities.

The chemistry supervisor of a large urban hospital receives a phone call from a local LTC home. The home's director informs the supervisor that they have recently implemented glucose POCT and states there have been a few instances where the POCT results were discordant with a resident's personal glucose meter. The director explains the nursing staff are responsible to conduct and review the sufficiency of the glucose POCT. The director has limited experience and exposure to clinical laboratory testing and asks the supervisor if their laboratory would be open to collaborating on a POCT practice audit. The supervisor speaks to their manager and laboratory director who agree to support the supervisor in spending a few hours at the LTC home reviewing their POCT practices.

The supervisor and the LTC director arrange a day for a visit with the goal of identifying practice improvements and to assist them in standardizing their operating procedures. The supervisor feels confident in their ability to make practical recommendations as the POCT device used in the LTC home is the same one used at the hospital.

On the day of the visit, the supervisor first meets with the LTC director and asks to see the standard operating procedures (SOPs). The supervisor discovers that the LTC home has SOPs in place, but the majority are from the POCT device vendor. There does not appear to be a quality framework around the device usage including monitoring inventory expiry dates, quality control, record keeping, or training records.



The LTC director introduces the supervisor to a staff nurse who will demonstrate how they use the POCT device during their rounds. Once on the floor, the nurse and the supervisor visit a patient and the nurse proceeds to use the POCT device. The nurse receives an error message from the device that states the low control testing has not been completed. The nurse clears the message, proceeds testing the patient's glucose, records the results, and continues onto the next patient. The nurse states that staff never had any formal training on the device. The supervisor notices that staff are not following the SOPs, including error documentation, and processing quality control samples.

After shadowing the nurse using the POCT device in six different resident rooms, the supervisor reports back to the LTC director. Based on their observations, the supervisor is concerned about the POCT testing quality being performed in the LTC home, and provides the Director with a summary report outlining a number of key recommendations.

### Enablers and barriers

	Institutional/organizational	Personal
<b>Enablers</b>	<ul style="list-style-type: none"><li>• The LTC home and laboratory have collaborative environments focussed on quality laboratory results.</li><li>• The supervisor's management was supportive of the joint initiative.</li></ul>	<ul style="list-style-type: none"><li>• The supervisor was willing to assist the LTC Director.</li><li>• The LTC director is committed to continuous quality improvement.</li><li>• The staff nurses were receptive and honest in their POCT testing procedures.</li></ul>
<b>Barriers</b>	<ul style="list-style-type: none"><li>• There was insufficient staff training and written procedures.</li></ul>	<ul style="list-style-type: none"><li>• The director was unaware of quality control principles and why they are important in laboratory testing.</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. How would you interpret the nurse's actions and statements regarding their POCT procedures? Are there any additional steps you would have taken in this scenario? Why or why not?
2. What recommendations would you make to the LTC director? How would you communicate your concerns while fostering a collaborative environment?
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](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.