



Canadian Society for Medical Laboratory Science
Société canadienne de science de laboratoire médical

Culture for Quality in Canadian Laboratories

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csmls.org
scslm.org



Drivers of Change

- **Health care landscape**
- **Quality of work life**
- **HHR shortages**
- **Mental health**
- **New grad uptake**
- **Technology shift**

Evolving Landscape

- Regulation of MLT (X - PEI, territories) **BC in progress**
- Delegation of Controlled Act – phlebotomy
- Employer Demand – lazy HR departments, not terribly interested in lengthy on-boarding, Orientation
- Evolving Technology – lab on a chip – POCT – global market
- Regulatory challenges - Canadian marketplace entry

Evolving Landscape

- HHR – MLT program downsizing in the 90s
- Devolution of duties – cheapest pair of hands
- Global Migration – expect portability
- Starved for clinical placements
- Aging Demographics - Boomers demand stuff (23 and Me, \$\$\$\$)

Impact to the Workplace

- Reported Stress, Burnout
- Harassment, Bullying



Mental Health

Mental Health Toolkit

CSMLS SCSLM
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Take Charge Learn Search Emergency Help

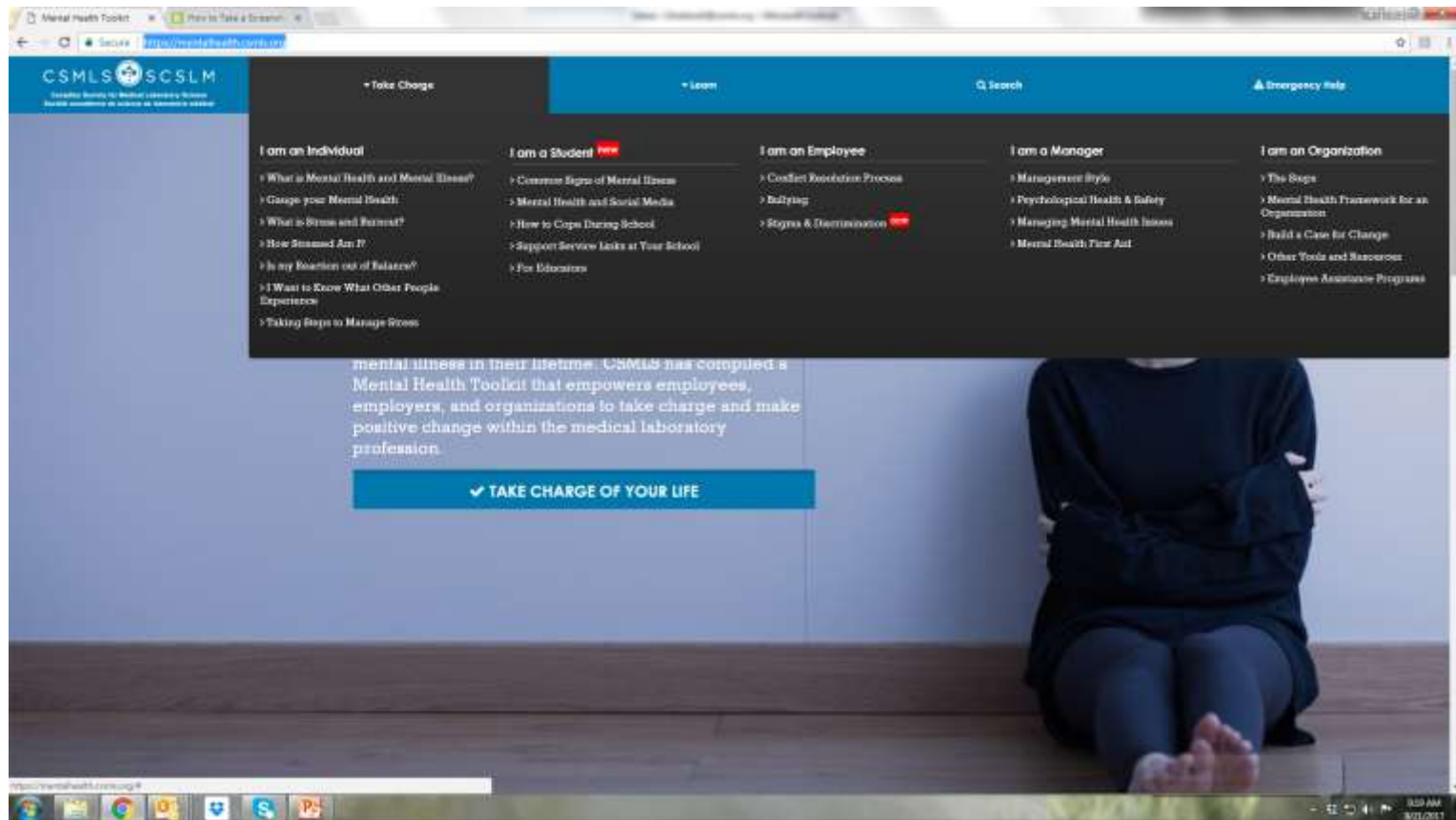
ARE YOU MENTALLY HEALTHY?

One in five Canadians will have a clinically defined mental illness in their lifetime. CSMLS has compiled a Mental Health Toolkit that empowers employees, employers, and organizations to take charge and make positive change within the medical laboratory profession.

✓ TAKE CHARGE OF YOUR LIFE

csmls.org
scslm.org

MH Toolkit



MH Toolkit Usage Stats: ~ 1 year

- 2,164 users – 2.6 pages at a time (they stay...)
- 31% return visitors (they come back...)
- Adding in testimonials, student section
- Recently announced – Canadian Society of Association Executives: Award of Merit



Code of Ethics*

1. Safe Practices
2. Confidentiality
3. Professional Development
4. Accountability
5. Behaviour and Attitude

**In addition to Regulatory Bodies CofE (MLT) – for all MLAs.*

C of E: CSMLS

The screenshot displays the CSMLS website's 'Code of Ethics' page. At the top, the CSMLS logo and name are visible, along with navigation tabs for 'About Us', 'Medical Laboratory Professionals', 'Membership', 'Certification', 'Professional Development', 'Advocacy', 'Research', and 'Career Centre'. The main content area is titled 'CSMLS Code of Ethics' and contains several paragraphs of text. The first paragraph states that the Code of Ethics was developed in consultation with its members and serves to define and expand on the inherent ethical concepts contained in the CSMLS Code of Professional Conduct. The second paragraph notes that the ethical principles are not listed in order of importance but rather should be considered in relation to each other during their application. The third paragraph mentions that MLTs shall practice in compliance with all current provincial and federal legislation for the protection and integrity of patients and their families, colleagues, health care providers, society, the environment and their self. The fourth paragraph states that MLTs shall uphold the vision of the CSMLS Code of Ethics by adhering to the following principles of ethical conduct, as well as the underlying concepts.

Safe Practices

- 1.1 Practice only those disciplines within the medical laboratory profession for which CSMLS certification has been achieved.
- 1.2 Practice only those procedures for which qualification has been achieved or officially delegated to an appropriate institutional authority, whose role includes the current requisite knowledge, skills and judgment to ensure and demonstrate competence.
- 1.3 Recognize high-risk situations in order to minimize harm to patients, staff and self.
- 1.4 Utilize professional and institutional mechanisms to intervene when ethics is unclear, inconsistent or unethical.

Explore:

- CSMLS Code of Ethics
- Working Principles
- Fact Sheet
- Principles of Bioethics
- FAQ
- CSMLS Code of Conduct
- Order Printer
- Download the Outcomes Document

Course:

Check out 'The Science of Ethics: Understanding the CSMLS Code of Ethics' course to further your comprehension of the Code and how to apply these principles in real-life situations.

PDF forms will be assigned after successful completion of the course.

- Take the course

Discuss:

Need an opinion on how to deal with an ethical dilemma? View



HHR

- Are we **actually** in a health human resource crisis? Rural-remote
- Will the boomers **ever** retire?
- Will MLAs dominate the market place?
- **Foreign Qualification Recognition** – we identify the gaps, WHO helps the clients fill them? Role of higher education, govt – largely absent

New Grad Uptake: 2015 Grads

n=203/1159 – 18% participation rate

- ✓ 97% MLTs employed
- ✓ 83% MLAs employed
- ✓ 22% moved to another province for work
- ✓ 31% moved within province for work
- ✓ 7% moved to another country

New Grad: Types of Work

MLT:

- Still experiencing casual (6%), permanent PT, temp FT, temp PT – only 48% permanent FT

• MLA:

- Still experiencing casual (35%), permanent PT, temp FT, temp PT – **only 10% permanent FT**

New Grad: Satisfaction

The job meets my expectations

MLA 85%, MLT 93%



I have the job I want

MLA 80%, MLT 88%

Considering my experience, education and training, I am satisfied with my job.

MLA 76%, MLT 89%

Generational Differences: Work

- Traditionalist – Lifetime career (one place)
- Baby Boomer – Same industry (likely not same place, often not their choice)
- Generation X – Likely loyal to the profession, not the institution
- Generations Y – Expect mobility, promotion, raises quickly

Canadian Medical Association Accreditation

- MLT - since 1941, MLA - since 2007
- Ensure integrity of ALL programs – private and public

Jan 1 2018 – CMA dissolves Accreditation

csmls.org
scslm.org





CMA - Accreditation

- Accreditation Canada: Coming soon!
- Incredibly stressful if you are an Educator!



Unfinished Journey of Regulation

- PEI and territories remain unregulated
- MLAs **not regulated in any province**
- Multiple jurisdictions have requested MLA regulation but **denied**
- **BC/PEI** interested in MLA umbrella regulation
- Ontario – voluntary rostering, a precursor to regulation



In Pursuit of the “Magic Bullet”

- Rapid change in technology (slow uptake in Canada, transdermal, Google glasses)
- Focus on molecular genetics, diagnostics and targeted therapies



- What is funded depends on province – individual willing to pay? The boomers are coming... and diagnostic services are for sale...



Sweeping Changes in Diagnostic Cytology

- HPV molecular testing vaccines
- Pap smear in decline – change of screening matrix, change in screening algorithm – less Cytotechs needed
- Competency Profile Review - 2014 - included **histology** prep and screening, performing **molecular** techniques, some **PA** duties
- Process for recognition for practitioners available: PLI available





Crystal Ball – Within 20 years

Will MLTs evolve into biomedical specialists – more in line with the rest of the world?

- ✓ **Core Lab Technologist** (chem, heme, TM)
- ✓ **Pathology Technologist** (histo, cyto, PA) - problem with Clinical placements
- ✓ **Micro?** – problem with Clinical placements
- ✓ **Clinical Genetics Technologist** (cyto, molecular) >>> *Is karyotyping a thing of the past?*





Crystal Ball – Within 20 years

- MLA perform (not interpret) most lab tasks –automation
- Degree as entry to practice?
- What about advanced practice?
- Will we become Big Data Agents?

Crystal Ball – Within 20 years

- Dark Daily – ***Significant Numbers of Primary Care Doctors Are Uncertain About the Correct Clinical Laboratory Tests to Order***
- Will the NEW technologist become more involved in schedule of test, **referral patterns, advising** on appropriateness? Will anyone LISTEN?
- Designer genes, diagnostics and therapies
- Is molecular now everyone's job?
- Full automation (larger numbers of MLAs)

Choosing Wisely Canada

choosingwiselycanada.org/

- *...a campaign to help clinicians and patients engage in conversations about unnecessary tests and treatments, and make smart and effective care choices.*
- Is anyone listening? PEI is...

Champions of Patient-centered Care

- Molecular diagnostics
 - Targeted therapies
- Point of Care testing
 - Bedside and homes
 - QA crucial
- Changing roles
 - Outside of the lab and in the communities





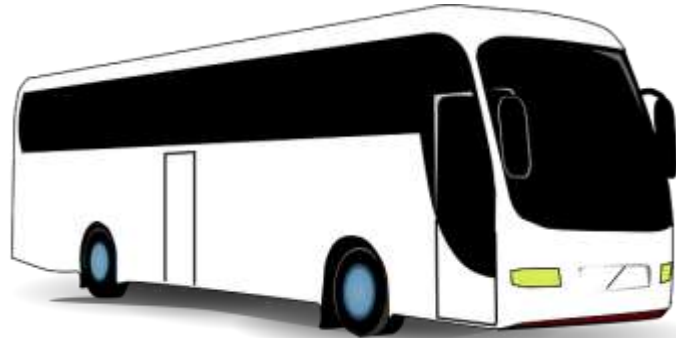
Champions of Patient-centered Care

- Lab Bus – biomedical laboratory scientist and nurse
- Local doctor or Emerg requests bus attend home of patient: collection in home, analyze blood, discuss with nurse, who relays information to physician
- Transfer lab data to HIS via internet (reliable results – reduce unnecessary patient testing)



Champions of Patient-centered Care

- Reduced admissions by 70-80% - particularly for elderly or infirm patients
- www.youtube.com/watch?v=CD_5t2VWu2M



Questions?

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