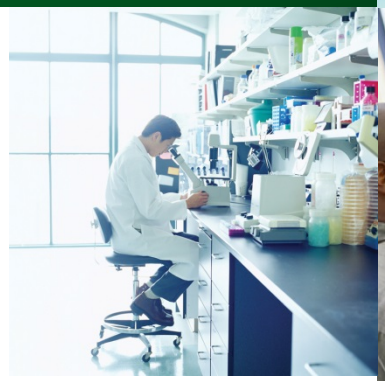
Provincial Laboratory Medicine Services (PLMS)



Looking Ahead

November 24, 2019

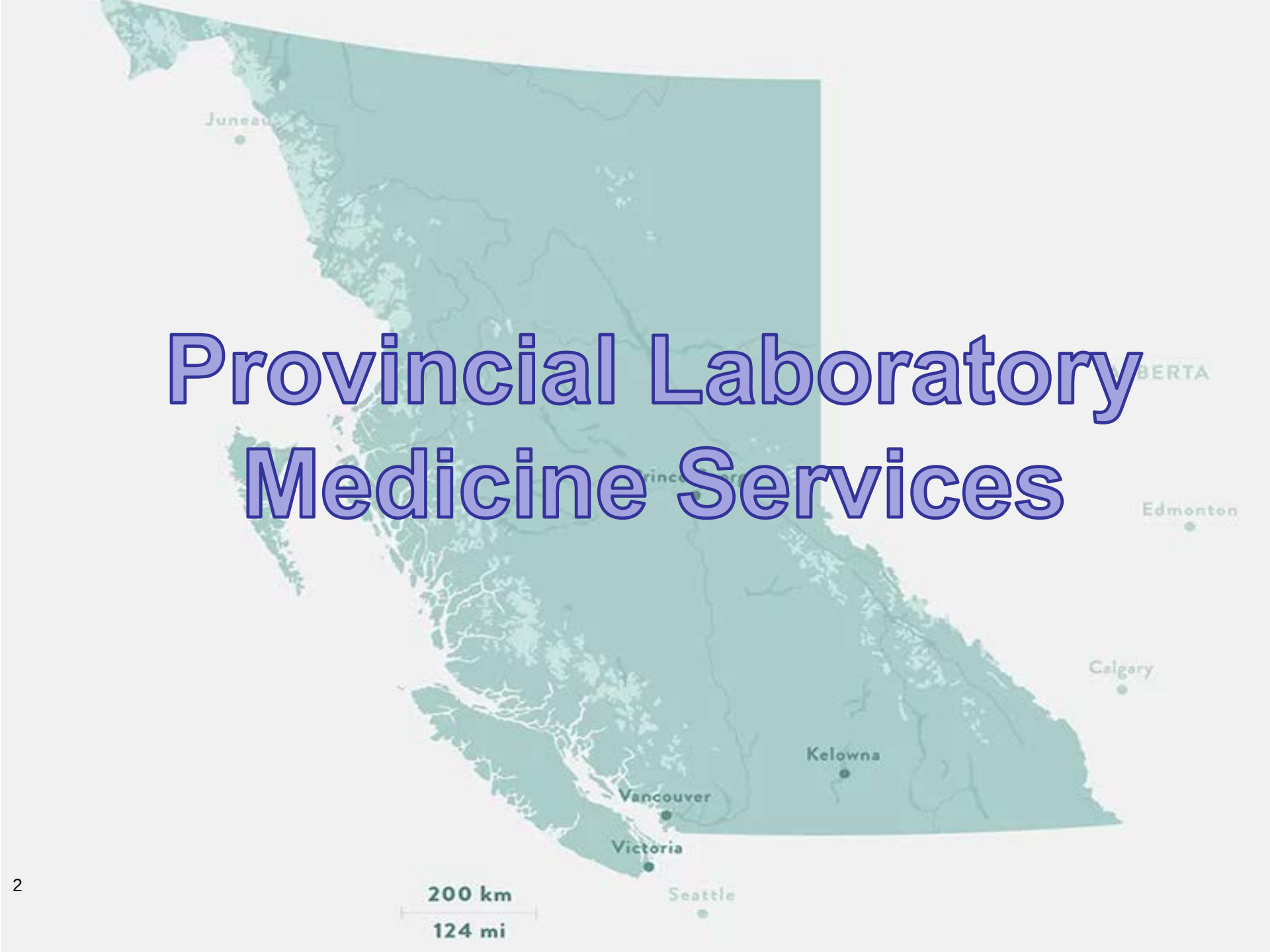
30 minutes total (515-545pm)

2019 POLQM CONFERENCE

Laboratory Quality Management

"Meeting the needs"

St. Paul's Hospital Conference Centre
1081 Burrard St, Vancouver, BC



Provincial Laboratory Medicine Services

PLMS Service Delivery Model

PROVINCIAL LABORATORY MEDICINE SERVICES

Regulatory Function

- Administer delegated oversight of regulatory responsibilities under the *Laboratory Services Act*
- Provide regulatory framework for interaction with non-public providers
- Oversee and manage consistent standards for service delivery

Policy and Engagement Functions

- Develop provincial target operating model for laboratory clinical service delivery
- Maintain standard operating policies and procedures knowledge base
- Oversee and manage laboratory and pathology physician workload
- Enhance relationships and manage agreements of outpatient service providers
- Manage relationships and communications to the public and other stakeholders

Clinical Service Delivery (Operations)

- Deliver exceptional laboratory services that respond to local considerations and geographic realities through regional testing and service delivery models that address:
  - Inpatient / Outpatient
  - Community, primary and urgent care and point-of-care
  - Residential, academic / clinical research
  - Transport and logistics of specimens
- Provide public health laboratory services
- Execute service and operational planning
- Manage key initiatives including capital equipment planning and acquisition

Current status to full implementation of the Proposed Service Delivery Model:

95% 

60% 

60% 

Support Functions

PLMS: Provincial Quality and Patient Safety

Quality is our foundational principle; we recognize that Education and Research are essential components of a Quality foundation. In order to support a sustainable health care system, the pillars of Provincial Laboratory Services must be:

- Efficient (productivity and cost)
- Effective (meeting clinical needs of the patients and population of BC)
- Accessible (available in an equitable and timely way)
- Sustainable (all principles balanced on a solid foundation of quality)

Provincial Health Services Authority
Province-wide solutions. Better health.

Accreditation

- Diagnostic Accreditation Program of BC (DAP) Laboratory Medicine standards
- College of American Pathologists (CAP)
- American Board of Forensic Toxicology (ANAB-ABFT)
- American Association of Blood Banks (AABB)
- Accreditation Canada (AC-IQMH)
- Clinical and Laboratory Standards Institute (CLSI) standards and guidelines
- International Organization for Standardization (ISO) standards
- Canadian Safety Association (CSA) standards
- Health Canada regulations
- BC Patient Safety and Quality Council Quality Matrix
- Patient Care Quality Office (PCQO)
- Canadian Patient Safety Institute (CPSI)

Provincial Health Services Authority
Province-wide solutions. Better health.

CAP Accreditation Requirement

Ensure that the laboratory participates in the monitoring and evaluation of the quality and appropriateness of services rendered within the context of the quality assurance program appropriate for the institution, regardless of testing site(s).

- Written Quality Plan
- Annual review & approval
- Accuracy of results (analytic)
- Integrity of pre & post-analytic processes
- Quality improvement of organizational performance
- Safety plan integrated or separate

http://webapps.cap.org/apps/docs/education/lapaudio/pdf/021809_presentation.pdf

Provincial Health Services Authority
Province-wide solutions. Better health.

Quality Plan – example (AP)

- Standardization of Immunohistochemistry (IHC) platforms and special stains
- Internal proficiency testing for special stains, IHC, H+E, cytology
- Increased auditing and monitoring of preanalytic, analytic and post analytic processes (require resources)
- Review and analyze non-conformances found in audits and form strategies for correcting deficiencies
- Increase staff continuing education
- Continue to provide training sessions with OR and other clients handling pathology specimens

Provincial Health Services Authority
Province-wide solutions. Better health.

HIROC Risk Reference Sheets and Checklists

Do you know the top 10 risks in your institution?

- Acute Care Facilities, Chronic Care and Rehabilitation Facilities, Community Health Centres. others
- Failure to Appreciate Status Changes/Deteriorating Patients
- Misinterpretation of Laboratory Tests
- Failure to Perform/Communicate Critical Test Results
- Failure to Identify/Manage Hyperbilirubinemia
- Failure to Perform/Communicate Therapeutic Drug Monitoring
- Wrong Patient/Site/Procedure

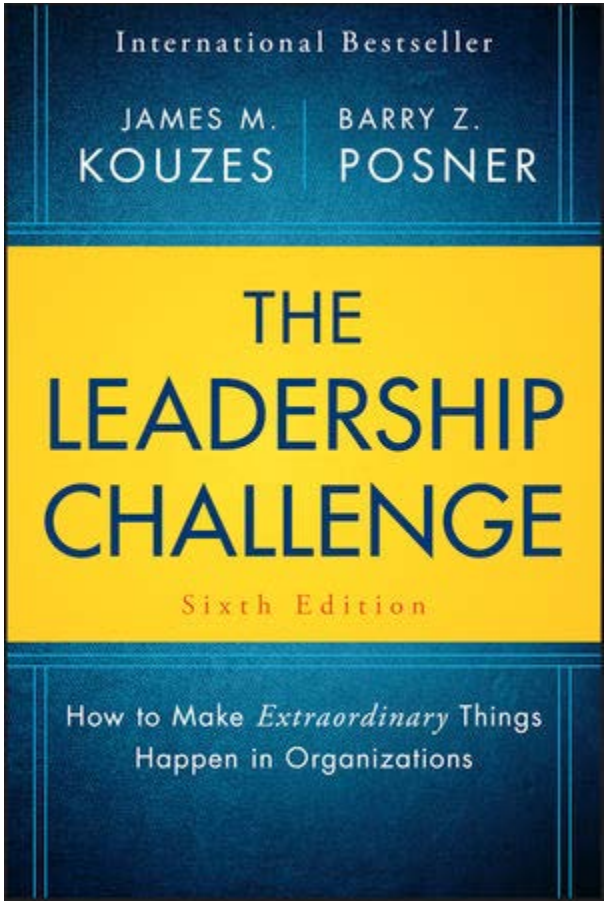
Priorities – Prioritize

Clinical impact

Seven Competencies for Quality Leadership

1. The ability to lead change.
2. The ability to work and engage with doctors, nurses and other health care providers.
3. Knowing how to partner with patients.
4. Comfort with using data for improvement.
5. Familiarity with social media.
6. Knowing the basics of quality improvement.
7. Accepting and working with failure.

https://www.hqontario.ca/Blog/quality-standards/seven-competencies-for-quality-leadership



1. Model the Way
2. Inspire a Shared Vision
3. Challenge the Process
4. Enable Others to Act
5. Encourage the Heart

Credibility is the foundation of leadership

The Kouzes-Posner First Law of Leadership:

If you don't believe the messenger, you won't believe the message.

- o "they practice what they preach"
- o "they walk the talk"
- o "their actions are consistent with their words"
- o "they put their money where their mouth is"
- o "they follow through on their promises"
- o "they do what they say they will do"

Provincial Health Services Authority
Province-wide solutions. Better health.

"In order to become a leader…it's important that I first define my values and my principles."

Olivia Lai, Hong Kong University of Science and Technology

© James M. Kouzes & Barry Z. Posner. All Rights reserved.

Doing the Right Thing…

Do the right thing…

…at the right time…

…for the right reason

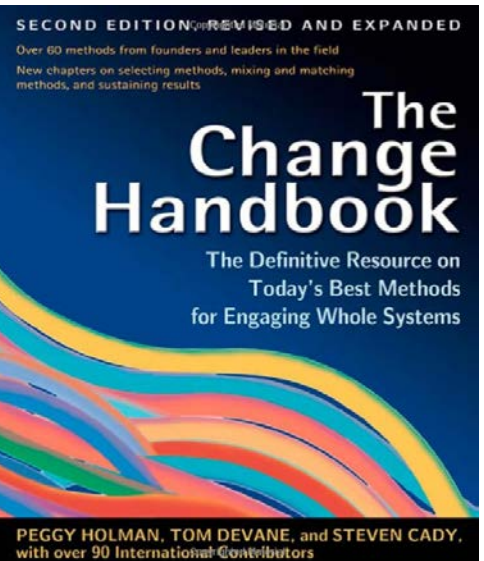
the patient!

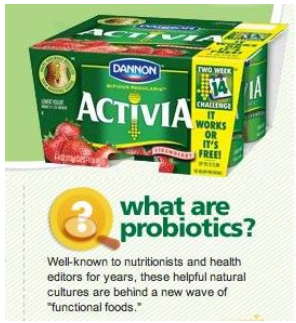
…isn’t supposed to be easy!!!

Culture Change not Change Management

"Culture is not something that you can manipulate easily. Attempts to grab it and twist it into a new shape never work because you can't grab it. Culture changes only after you have successfully altered people's actions, after the new behavior produces some group benefit for a period of time, and after people see the connection between the new actions and the performance improvement."

– John Kotter





Health care leaders frequently face additional challenges because:

1. They face disparate stakeholder groups
2. Health care organizations have multiple missions (e.g., provide health care to their communities, remain fiscally solvent and - frequently - be a primary employer in the community)
3. Professionals such as physicians and nurses value professional autonomy, and their decisions influence a major portion of health care expenditures
4. The information necessary to manage the change process is often sorely lacking in health care organizations.

Provincial Health Services Authority
Province-wide solutions. Better health.

Facilitating Change across Professional Cultures

- Any form of change requires a shift of behavior.
- Professionals tend to resist change, operating instead on the premises of internalized norms and care strategies, developed through professional socialization, training, experience, peer culture and organizational structures.
- The leader must take care to determine which tool and which approach are most appropriate to the context of the change and the scope and breadth of the change.

Provincial Health Services Authority
Province-wide solutions. Better health.

Six-Sigma – what is “excellence”?

- The statistical representation of Six Sigma describes quantitatively how a process is performing. To achieve Six Sigma — statistically — a process must not produce more than 3.4 defects per million opportunities. A Six Sigma defect is defined as anything outside of customer specifications. A Six Sigma opportunity is then the total quantity of chances for a defect. Process sigma can easily be calculated using a Six Sigma calculator.
- Over 16M lab requisitions producing almost 200M results = 55 requisition errors (assuming 1 requisition per patient = 55 patient errors) or over 650 results errors = up to 650 patients receiving a wrong result)

Provincial Health Services Authority
Province-wide solutions. Better health.

Just Say No: 10 Common Medical Tests That May Do More Harm Than Good

Forbes

From the creators of Diligent Boards.
Best-in-class and award-winning onboarding, training, support and client partnership.

Stop! Do you really need that PSA test or pap smear? Did you know experts don't think most women shouldn't have a bone density test? And what about heartburn - did you know that your PPI (proton pump inhibitor) might be doing more harm than good?

Too Many Tests Can Cause Lifelong Harm – A *Choosing Wisely* Patient Story

January 14, 2016

This is one in a series of patient stories collected by Consumer Reports to share how people are Choosing Wisely about their health care.

"I've had 17 MRIs since the year 2000 due to some chronic pain issues, mostly in my back. That was 15 too many.

Chronic pain can be frustrating for a doctor, and my MRIs were handed out like candy. Most of them f their office to 'prove' nothing was wrong with me. They're even ave mild back pain.

U.S. EDITION Mon, Mar 05, 2018 **Newsweek**

U.S. | World | Business | Tech & Science | Culture | Sports | Health | O

SOME MEDICAL TESTS, PROCEDURES DO MORE HARM THAN GOOD

BY SHARON BEGLEY ON 8/14/11 AT 10:00 AM

CTV NEWS Video Shows Canada World Politics Entertainment Sci-Tech Health Autos Business Sports CTV News

Unnecessary tests draining Canada's health care system, prolonging wait times: report

CBC news | Manitoba

LIVE Manitoba
CBC News Winnipeg
Watch Live

Home | Opinion | World | Canada | Politics | Business | Health | Entertainment | Technology & Science | Video

Canada > Manitoba

OPINION | Unnecessary medical tests potentially harmful, strain Canadian health-care system

Outcomes for patients could be improved by ending unnecessary tests, says Choosing Wisely Canada

By Wendy Levinson, for CBC News Posted: Apr 22, 2017 5:00 AM CT | Last Updated: Apr 22, 2017 5:00 AM CT

CNN Health » Too many medical tests may harm, not help, older patients Live TV U.S. Edition +

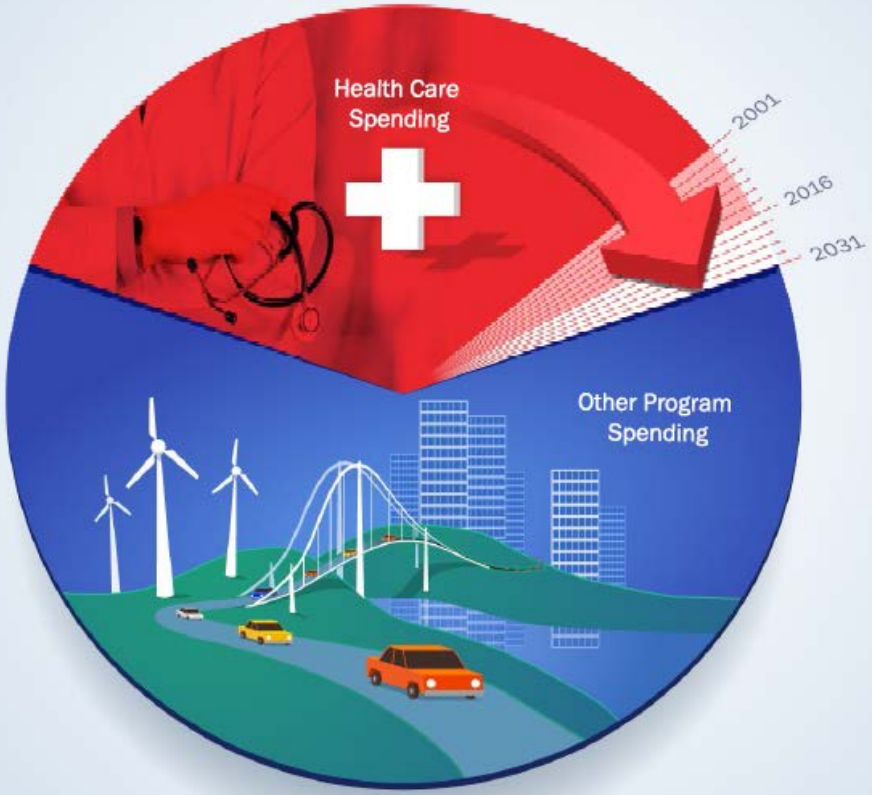
Too many medical tests may harm, not help, older patients

By Liz Szabo, Kaiser Health News
Updated 4:24 AM ET, Wed January 3, 2018

Provincial Health Services Authority
Province-wide solutions. Better health.

The Sustainability of Health Care Spending in Canada 2017

Bacchus Barua, Milagros Palacios, and Joel Emes

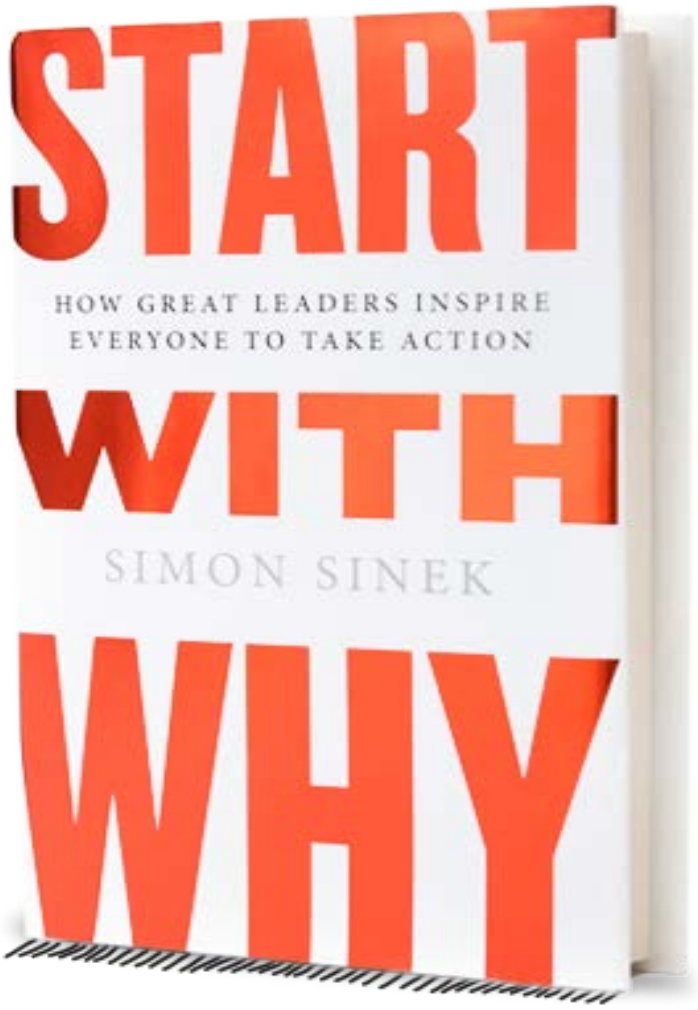


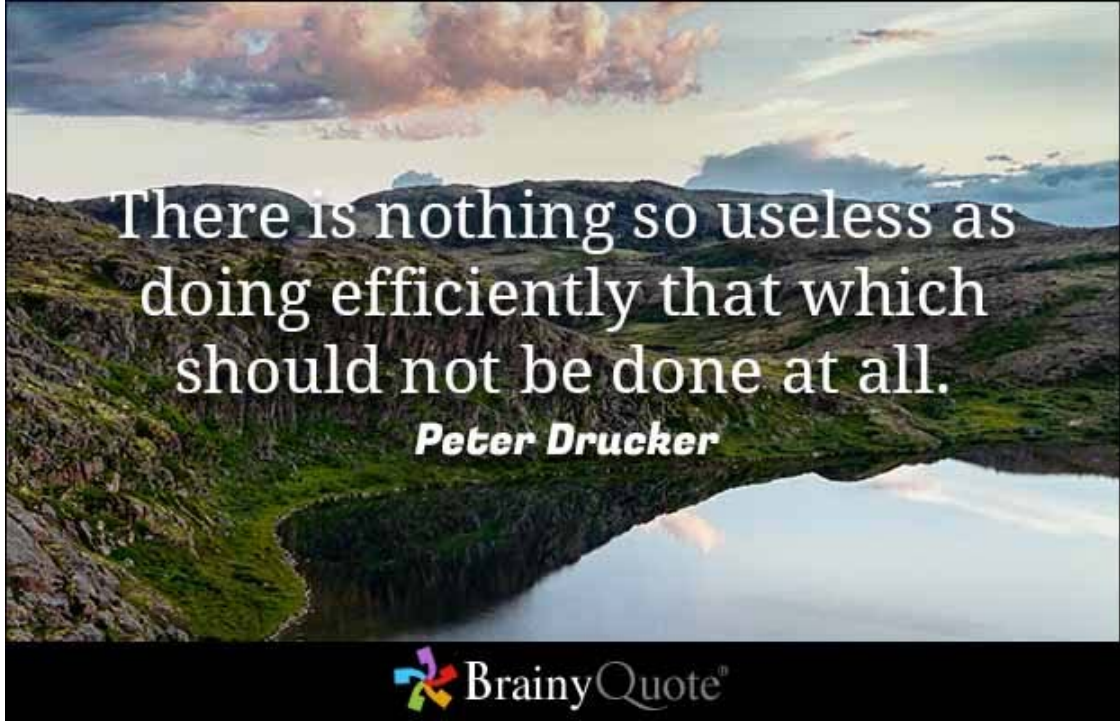
FRASER INSTITUTE

March 2017

MORE IS
NOT
ALWAYS
BETTER

Choosing Wisely Canada™





- The primary barrier will be resistance to practice change.
- The biggest challenge will be communicating evidence-based, best-practices and following-through on uptake and adoption in regular clinical practice

Are we really adding clinical value?
Are we improving patient outcomes?

Physician Role Conflict?

- Doing best for each and every patient?
- Ensuring sustainable resources to serve all patients across the system?

Clinical Value Proposition

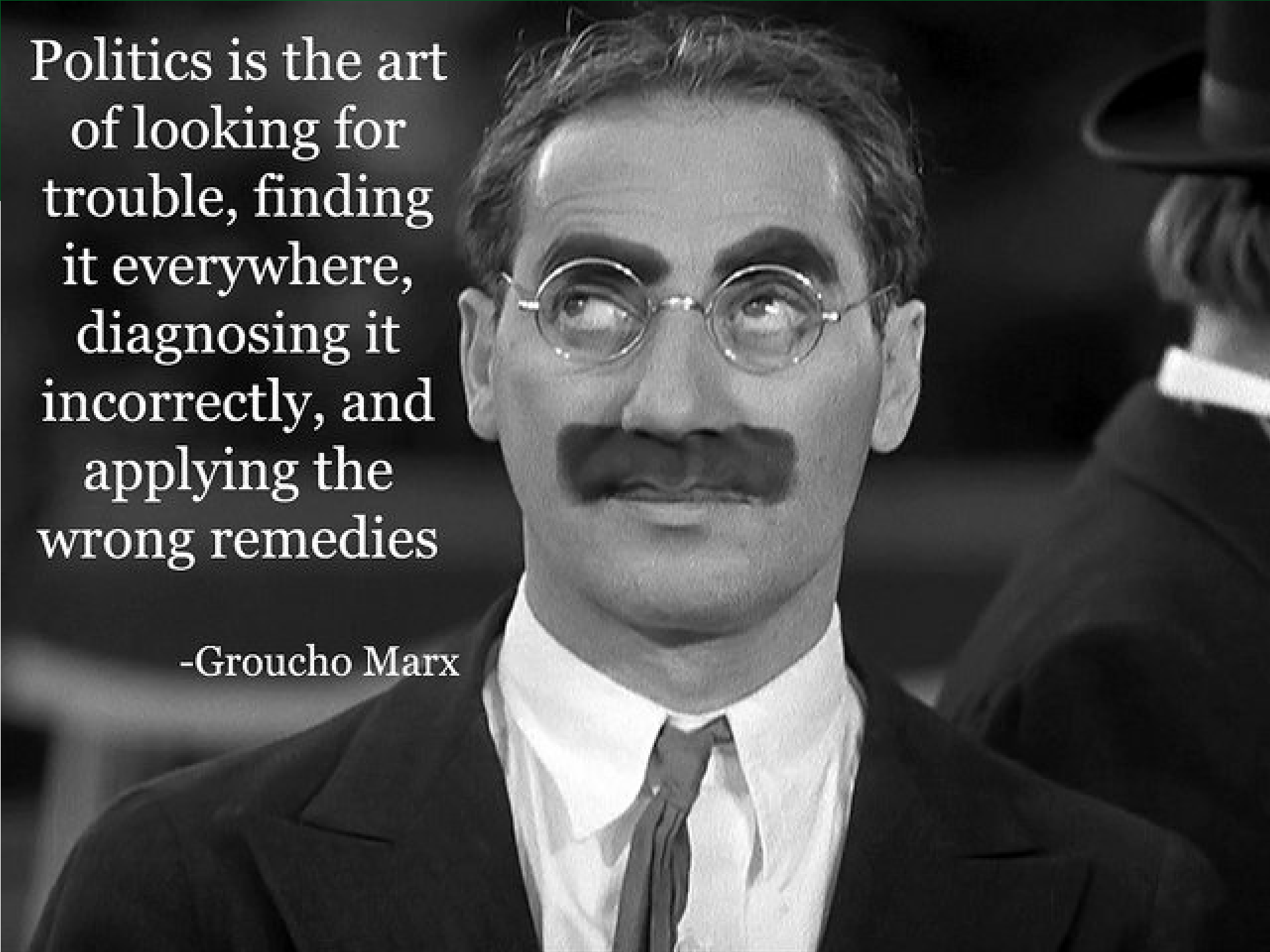
- A clinical value proposition is a promise of clinical value to be delivered. In a nutshell, the clinical value proposition is a clear statement that:
  - explains how your proposal solves a problems or improves the system (relevancy),
  - delivers specific benefits (quantifiable clinical value),
  - provides a compelling reason why your proposal should be approved amongst all other competing interests in the health care system (unique differentiation).

- A value proposition is something people will understand. It is best described and defined using the language of the “customer” (i.e. who is your target audience and how will they benefit?).

Evaluation Criteria

1. Is there good clinical evidence for the test; and its utility and value for patient treatment that will
2. Are there clinical criteria and an agreed algorithm to determine which patients are eligible and will benefit? (We can't afford to test unless it's really necessary).
3. Is there a good quality, validated test available at an accredited lab? (There are many new tests available from many different labs that may not meet our clinical, quality standards).
4. Are there good reasons to offer this test locally or should it be referred-out? (Sometimes it is not about the cost).
5. Are there documented measurements and review processes (data analysis, business analysis, clinical analysis) to support these tests as standards of clinical care?
6. Is there clinical agreement to review outcomes data and clinical relevance post-implementation?
7. How does this serve all British Columbians?

Provincial Health Services Authority
Province-wide solutions. Better health.


Politics is the art of looking for trouble, finding it everywhere, diagnosing it incorrectly, and applying the wrong remedies
-Groucho Marx