

Fall/Automne, 1999

[www.cmlto.com](http://www.cmlto.com)

# F O C U S



**EXCELLENCE, ACCOUNTABILITY, PRIDE**  
**EXCELLENCE, RESPONSABILITÉ, FIERTÉ**

# F O C U S

**FOCUS** is the official newsletter of the College of Medical Laboratory Technologists of Ontario.

**FOCUS** is distributed quarterly to over 7000 medical laboratory technologists in Ontario.

We welcome your contributions to **FOCUS**. To be published, subject matter must help to fulfill the key objectives of this newsletter.

Our objectives are to: promote a two-way dialogue between members and the College; provide access to information that will enable members to succeed in their positions; and to build awareness of the important role that medical laboratory technologists play in protecting the integrity of Ontario's health care system.

#### Editorial Board

Gail Chipperfield, Joe Healy, Patti Johnson, Marion McChesney, Harry McCosh, Irene Walsh, Claire Watson

#### Editor

Sheila Woodcock

#### Associate Editor

Bernadette Seward

#### Copy Editor/French

Brenda Lesperance

#### We welcome your contributions!

##### Please send your articles to:

College of Medical Laboratory Technologists of Ontario  
10 Bay Street, Suite 330  
Toronto, Ontario M5J 2R8  
Tel: (416) 861-9605  
Fax: (416) 861-0934  
Toll Free: 1-800-323-9672  
Internet: www.cmlto.com

Cover Debbie Lauzon

**FOCUS** est disponible en français.

*Not to be reproduced in whole or in part without the permission of the College.*

#### College of Medical Laboratory Technologists of Ontario

##### 1999 Council Members

President, Kathy Wilkie  
Vice President, Colin Stone  
Vice President, Harry McCosh

##### Professional Members of Council

Gail Chipperfield  
Betty Anne Clark  
Joe Healy  
Keith Hutcheson  
Patti Johnson  
Kelly Marcon  
Marion McChesney  
Colleen Tew Papadopoulos  
Irene Walsh  
Claire Watson

##### Public Members

David Bourne  
Ethel Douglas  
Peter Henderson  
Michael Kamatovic  
Dale Lapham  
Miriam DeWildt Neale  
Paul Suppa  
Robert Wight

## INSIDE THIS ISSUE – HIGHLIGHTS

### 4 Communication skills for an integrated health care system

In an increasingly integrated health care system, MLT staff and leaders often find themselves sitting at the table with the entire health care team discussing ways of working together to improve patient care and health care outcomes.

Here's some excellent advice from the experts on how you can get your message across.

Reprinted with permission from *Difficult Conversations* by Harvard professors

*Douglas Stone, Bruce Patton and Sheila Heen.*

### 6 College issues new Point of Care Testing (POCT) Position Paper

A Point of Care Position Paper has recently been distributed to Ontario media to foster a dialogue on the need for change. The Position Paper outlines how regulation can assist with the development of regionally consistent and medically appropriate Point of Care Testing: policies and procedures; process and utilization management criteria; education and training requirements; quality control and quality assurance; records management criteria; and sample collection safety requirements.

*By Sheila Woodcock*

### 8 A day in the life of a POCT coordinator

Karen Bourlier, MS, MT (ASCP) is a Medical Laboratory Technologist and POCT Coordinator at Henry Ford Hospital, Detroit Michigan. Karen has been working in a regulated POCT setting for many years. FOCUS interviewed her recently to find out what it is like to be a POCT Coordinator.

### 10 The Future of Medical Laboratory Technology in the Transfusion Laboratory

Little has changed over the last 50 years on the principles of blood grouping, notwithstanding the introduction of monoclonal antibodies, column agglutination which is easy to automate, and the development of new blood components.

However, the clinical transfusion laboratory has not been left out of the molecular revolution.

*By Greg Denomme*

### 12 Practice environment and quality results aligned at Soldier's Memorial Hospital in Orillia

In Canada, one of the most prestigious honours you can receive if you are an organization willing to do what it takes to achieve excellence is The Canada Award for Excellence. In 1997, the team at Soldier's Memorial Hospital in Orillia, Ontario, earned this prestigious national award. How are they doing now, almost two turbulent years later? FOCUS interviewed Judy Sherman, an MLT, ART, working in the Soldier's Diagnostic Cytology laboratory to find out.

# Many MLTs are seizing the opportunity that reform offers to promote who we are and share what we do

by Kathy Wilkie

I just visited an excellent web site to view a new laboratory test database for the public to access when they want to learn more about lab tests. It is one of the many sites that the College has linked to via our own web site.

We are making the links as a result of hearing from many employers responding to our recent post card campaign. With this campaign, we asked employers to share their innovative practices with us.

I am happy to be able to tell you there is a great deal of innovation and best practice stories occurring in laboratories today. Sharing best practice articles is a great way for us to understand how regulation of the profession and practice excellence are interconnected. We can all benefit from learning about what others are doing to make a difference in Ontario's laboratories.

After discussions with MLTs during recent visits to the field, I found it refreshing to see so many individuals who feel they have an important role to play in reforming our laboratory system. Many MLTs are seizing the opportunity that reform offers us to:

- get more involved in shaping the future;
- communicate proactively;
- put the patient first;
- work in integrated teams; and
- demonstrate excellent listening and learning skills.

## Getting involved

I think that getting involved in change helps to ensure our future success. Consider becoming involved in one of the College committees or working groups or on one of your employer's project teams. If time is an issue (and it is for all of us today) ask your employer whether or not you could develop an internal process to collect and share your ideas for improvement or perhaps identify opportunities for the development of practice guidelines.

## Communicating proactively

If your laboratory is doing something you think is innovative and important to share with other laboratories across Ontario, talk with your manager about the importance of sharing your success story. If you share them with the College, other MLTs and laboratory stakeholders across Ontario can easily access and learn from your experience.

## Putting the patient first

I am sure that you are very familiar with the increased emphasis on client centred and patient focused service. When it comes to the latest trends in health care, patient service and improved patient outcomes are at the top of any list. Is there an opportunity for you to volunteer on teams in your organization to ensure the value of the laboratory in improving patient care is well known?

## Working in integrated teams

When you and your colleagues can agree on the changes that need to take place in your organization, to better serve your clients, you will be more likely to view these changes in a positive light. Successful teams need individuals with excellent communication and conflict resolution skills. What are you doing to ensure your skills are up-to-date in this area?

## Demonstrating excellent listening and learning skills

Finally, I think a part of the solution to improving quality in Ontario's laboratories lies in our ability to listen. Everyone has a stake in change. It is essential to make every effort to listen to the needs of all of

our customers and stakeholders as changes are implemented.

Many visionary laboratory leaders across



Sheila Woodcock, CMLTO Registrar, Ruth Pierce, CSMLS President, Kurt Davis, CSMLS Executive Director and Kathy Wilkie, CMLTO President discuss the challenges facing MLTs in Ontario.

Ontario are busy inspiring their teams to come up with unique solutions to the new challenges that public and private laboratories face. We must all join in this responsibility. While I think there is still much more that needs to be done to discover the innovative ways MLTs can contribute to improved patient outcomes, it is great to hear about so many initiatives already underway. We have included a number of examples of the excellent work that laboratories are doing in this issue of FOCUS. Orillia Soldier's Memorial Hospital, The Hospital for Sick Children and MDS Laboratories are just a few of the organizations that you will find highlighted inside this issue. In the future, we hope to provide you with many more examples of excellence.

To all of you who are working creatively and diligently to seize the opportunity that reform offers us to improve quality service – thank you! Sharing your initiatives widely enables all of us to clearly see the important link between practice excellence and the provision of quality laboratory services in Ontario. □

# Competency testing pilot project underway this month

## MLTs across Ontario testing new online learning technology

**T**anya Knopf is one of 70 MLTs trying a new College software program this month. The software promises to change the way MLTs measure their competency in Ontario. The software is called CQIOS, an acronym for the **CMLTO Quality Improvement Opportunity System**. CQIOS is developed to make it possible for MLTs to test their competency and learn online in one stop.

Tanya works at Lake of the Woods District Hospital in Kenora. She says she appreci-

ates the convenience CQIOS will offer her. "I don't have extra time to run around and try to keep my skills up-to-date," she says. "Testing myself via the Internet will make it more convenient for me to keep my skills refined," explained Knopf.

Tanya's enthusiasm about the new technology does not surprise Vince D'Mello, Director of Quality Practice for the CMLTO. "What professional wouldn't want a tool they could use, via the net to test their skills and also learn for free,"

says Vince. "Online learning is the wave of the future and we're getting ready now to stay in tune with what members need tomorrow to ensure their success," he explained.

The CQIOS software program will complement the existing College Quality Assurance program which include: a Professional Portfolio and Practice Review. More information on CQIOS and the CMLTO Quality Assurance program is available by contacting the College. □

---

## New *Life in the Lab* photography competition

Participate and win a new computer!

**P**icture this: the College is launching a new photo contest designed to raise awareness of how *life* can be saved by early detection.

You still have plenty of time to enter the Life in the Lab Photo Contest and win a Pentium Computer!

The contest is being launched in partnership with the *Ontario Heart and Stroke Foundation and the Ontario Cancer Society whose internet sites are packed with information for the public.*

### It's easy to enter the contest

All you need to do to enter the contest is to take a picture of what you think best exemplifies who you are and what you do. Anything goes! Or, you could send the College a picture of your electron or light microscopy. It's up to you.

### You could win a great prize

1st Prize – Pentium Computer  
2nd Prize – \$250.00  
3rd Prize – \$100.00

### Judging

A team of 12 partners and sponsors will identify the top 50 photo entries and post them on the web. People across Ontario will then be asked to vote on the photograph that they like the best by visiting the CMLTO web site. Visitors will also learn about the importance of early detection in saving lives. All Ontario voters will have a chance to win a Palm Pilot.

### Preparation of Entries

All entries must be sent to the College by the extended deadline of October 15, 1999. Your entries must be accompanied by a letter noting your name, the category of entry, the title of your entry, a brief

description of the photograph and your e-mail address and telephone number. All photographs will be accepted.

**THE LIFE IN THE LAB contest promises to make a difference in many lives. You can make a difference by sending your lab photo to:**

### LIFE IN THE LAB PHOTO CONTEST

c/o College of Medical Laboratory  
Technologists of Ontario  
10 Bay Street, Suite 330  
Toronto, Ontario  
M5J 2R8

This contest is made possible due to the generous sponsorships of **Clarke Henning LLP** and **Competitor Communications Inc.**

Please visit [cmlto.com](http://cmlto.com) for full contest details. □

# Member's Forum program provides College with great ideas

by Bernadette Seward, Communications Coordinator

The College Council is hosting a series of discussion forums throughout the Province this year to foster continued member awareness, involvement and commitment to ensuring MLT regulation in Ontario is the best it can be. The forums provide the President, Registrar and Council members with an excellent opportunity to listen to members' suggestions and solutions for improvement.

The most recent forum took place in Ottawa. While hundreds of members were invited to attend, only a handful of those randomly selected participated. Those who did find the time to share their ideas with the College offered many excellent suggestions on what the College could do differently to make an impact on Ontario's laboratories. Suggestions included:

- Offering one-stop shopping to MLTs by adding a learning news section to the

College web site. Learning information on the web would include information on educational programs offered by the Ontario Society of Medical Laboratory Technologists, Canadian Society for Medical Laboratory Science providers;

- Increasing the amount of communication to keep laboratory staff more informed of College volunteer opportunities and initiatives (such as sending out flyers on what's new to post on their local bulletin boards);
- Enlisting volunteers (e.g. Communications Ambassadors) across Ontario to provide the College with feedback on brochures, practice guidelines and the overall needs of MLTs in their respective laboratories;
- Including more solutions to laboratory issues in FOCUS and on the web site; and

- Promoting the important role MLT's play in ensuring Ontario's health care system is excellent.

The next Member's Forum is scheduled for **September 30, 1999** at the Sault St. Marie Riverview Centre Auditorium, 969 Queen Street East between **5:30 and 7:00 p.m.**

Forums will also take place in Niagara Falls on October 21 and in Windsor on December 8, 1999. Sheila Woodcock, CMLTO Registrar, welcomes everyone to attend. "If you don't believe the laboratory is well understood by the public and other laboratory stakeholders then our 1999 forum program is an excellent way for you to work with us to do something about it," says Woodcock. □

Did you know that there is a children's section at [cmlto.com](http://cmlto.com)?



Don't forget to contact us with your local success stories.

## MLT staff at Hospital for Sick Children excited about new human genome database

Toronto's Hospital for Sick Children (THSC) has landed an international genetic research database that puts it at the leading edge of the worldwide gene hunt," reads a recent Toronto Star headline. "The move means Sick Kids is one of the hot spots for the world's gene hunting researchers," reads another front-page major daily. It's big news at the hospital too. According to Yili Yang, Laboratory staff are as excited as the media about this project!

"I think it's great!" says Yili Yang, an MLT working in the genetics lab at the Hospital. "I think it will be very helpful for genetics research. The fact that it is centralized here means it is better for the people working

here to learn. It will help us to understand the location of genes and be a huge help to patients in the long run." Yili also said she feels genetics will continue to play a more important role in patient treatment plans in years to come.

Maryanne Eliou, another MLT working in the field of molecular genetics at THSC, agrees with Yili. "The more genes are discovered, the more work it creates for us in the long run," said Eliou. "I used to work in micro but thought I needed to make a change. I feel more secure working in this area than I did in some others. I had to make an effort to go back to school and receive more education, but, I definitely feel more

secure here – especially with the fact that our hospital is so innovative."

The THSC genome database is the central registry for the Human Genome Project. The database provides researchers and MLTs, around the world, with information on the location of disease genes, genetic markers, gene differences and human gene mutations. Researchers submit data to the project, and the computer uses the information to map the human genetic pattern.

The acceleration of research going on in this area will come to a culmination some time in the early part of the next century. The CMLTO will increasingly monitor regulatory needs in this area as it evolves. □

# Communication skills for an integrated health care system

by Douglas Stone, Bruce Patton and Sheila Heen



Visit the links section of [mlto.com](http://mlto.com) for great links to other sites!

**T**he *Standards of Practice for Medical Laboratory Technologists* state that medical laboratory technologists are expected to communicate effectively with patients, fellow medical laboratory technologists and other health care providers. Today, in an increasingly integrated health care system, many MLTs are finding themselves sitting at the table with the entire health care team, discussing ways of working together to improve patient care and health care outcomes. While many of us make efforts to create “learning conversations” at these meetings, sometimes we get stuck in blame, feel attacked, interrupted or even judged when we participate in challenging discussions about health care and the role the laboratory can play in the process. This article, Reprinted with permission from *Difficult Conversations* by Douglas Stone, Bruce Patton and Sheila Heen (Viking Press, 1999), provides MLTs with tools to use when they encounter difficult conversations.

## Powerful skills for difficult conversations

If you run into a difficult conversation you need special skills to help you work with the health care team. If your conversation is going to get you anywhere, you need to learn how to take the lead.

There are three powerful “moves” you can make during conversations – reframing, listening and naming the dynamic – that can help keep the conversation on track, whether the individual or team is cooperative or not.

When the other person(s) head is in a destructive direction, reframing puts the conversation back on course. Listening is the only skill that lets you into another person’s world and naming the dynamic is useful when you want to address a troubling aspect of the conversation.

## Reframe, Reframe, Reframe

Reframing means taking the essence of what the other person says and translating it into something more helpful. For exam-

ple, if the other person is setting up a choice between what you think and what they think, you can reject that choice by moving to the “and” stance. For example, “You might be right. It may be that all of my efforts won’t turn up anything. And it’s still important for me to try. Here’s why...” You can reframe anything another person says.

They say: This is your entire fault!  
You reframe: I’m sure I have contributed to the problem. I think we both have. Rather than focus on whose fault it is, I’d just like to look at how we got here – at what each contributed to the situation.

## Listening

You can’t move the conversation in a more positive direction until the other person feels heard and understood. And they won’t feel heard and understood unless you’ve listened.

## Forget the words, focus on authenticity

Scores of workshops and books on “active listening” teach you what you should do to be a good listener. People “read” not only your words and posture but what’s going on inside you. If your “stance” isn’t genuine, the words won’t matter. If your intentions are false, no amount of wording or good posture will help you. Listening is only powerful and effective if it is authentic. Authenticity means that you are listening because you are curious and because you care, not just because you are supposed to. The issue then, is this: Are you curious? Do you care?

## The commentator in your head: become more aware of your internal voice

Left unattended, our internal voice blocks good listening: to the extent you’re listening to your own internal voice, you’re at best only half listening to the other person. Take a moment to locate the commentator in your head. It’s saying something like “Hmmm, this internal voice is an interest-

ing concept” or “What are they talking about? I don’t have an internal voice” That’s the voice. Don’t turn it off, turn it up! Perhaps surprisingly our advice is not to turn off your internal voice, or even to turn it down. You can’t. Instead we urge you to do the opposite – turn up your internal voice, at least for the time being and get to know the kinds of things it says. In other words, listen to it. Only when you’re fully aware of your own thoughts can you begin to manage them and focus on the other person.

## Managing your internal voice

How then can you give the other person(s) your full attention and listen with curiosity when your internal commentator is chattering away? You can try two things: First, see if you can negotiate your way to curiosity. See if you can get your internal voice into a learning mode. If this doesn’t work, and sometimes it won’t, you may first have to express your internal voice before trying to listen to the other person.

## Negotiate your way to curiosity

If you find your curiosity failing, you can work to rev it up. Remind yourself that the task of understanding the other person’s world is always harder than it seems. Remind yourself that if you think you already understand how someone else feels or what he or she is trying to say it’s a delusion. There is always more to learn. Remind yourself of the depth, complexities, contradictions, and nuances that make up the stories of each of our lives.

## Don’t Listen: Talk

Sometimes you’ll find that your internal voice is too strong to take on. You try to negotiate your way to curiosity, but you just can’t get there. When you find yourself in this situation, let the other person know that you want to listen and that you care about what they have to say, but that you can’t listen right now. Often it’s enough to give a headline of what you’re thinking: “I’m surprised to hear you say that. I think I

disagree, but say more about how you see it," or "I have to admit that as much as I want to hear what you have to say, I'm feeling a little defensive right now." With that on the table you can get back to listening, knowing that you've signaled your difference and will get back to your view in time. In some cases, you may decide you can neither listen nor talk. This may be because you're too upset or confused or simply because you need to be doing something else. Rather than give the other person half your attention, it's better to say, "This is important to me, I want to find a time to talk about it, and right now I'm not able to."

**Name the Dynamic: make the trouble explicit**

Reframing and listening are powerful tools, and most conversations call on both.

Sometimes, though, they are not enough. No matter how well you listen, no matter how many times you reframe, the other person will continue to interrupt, attack or dismiss you. At times like these naming the dynamic can help. In a sense, you are acting as your own "conversation doctor" diagnosing the problem and prescribing a way back to health. These kinds of diagnoses sound like this:

*I've noticed that we keep running out of time whenever we start talking about this. Maybe we should designate an hour when we can both really focus on this and address it then.*

*I've tried to say what I was thinking three times now, and each time you've started to talk over me. I don't know whether you're aware that it's happening but I'm finding it*

*very frustrating. If there's something important that you're saying that I'm not hearing then please share it. And then I want to be able to finish what I'm saying.*

**Conclusion**

The secret of powerful communication is knowing that you are an expert on what you think, how you feel and why you've come to this place. If you think it or feel it you are entitled to say it, and no one can legitimately contradict you. You only get into trouble if you try to assert what you are not the final authority on – who is right, who intended what, what happened. Speak fully the range of your experience and you will be clear. Speak for yourself and you speak with power. □

**DIFFICULT CONVERSATIONS CHECKLIST**

<b>PROCESS</b>	<b>HOW TO GET THROUGH THE PROCESS</b>
<input checked="" type="checkbox"/> <b>Sort out what happened</b>	<b>Where does your story come from? Theirs?</b>
<input checked="" type="checkbox"/> <b>Understand emotions</b>	<b>Explore your emotional footprint.</b>
<input checked="" type="checkbox"/> <b>Ground your identity</b>	<b>What's at stake for you about you?</b>
<input checked="" type="checkbox"/> <b>Check your purposes</b>	<b>What do you hope to accomplish? Sharing? Learning? Problem solving?</b>
<input checked="" type="checkbox"/> <b>Decide</b>	<b>What is the best way to address this issue and achieve your purposes?</b>
<input checked="" type="checkbox"/> <b>Share</b>	<b>Share your purposes. Invite them to join you as a partner in sorting out the conversation together.</b>
<input checked="" type="checkbox"/> <b>Explore their story and yours</b>	<b>Listen to understand. Share your own viewpoint. Reframe.</b>
<input checked="" type="checkbox"/> <b>Problem solve</b>	<b>Invent options. Look to standards. Talk about how to keep communication open.</b>

**PLEASE NOTE**  
**The CMLTO office**  
**WILL BE CLOSED FROM NOON, DECEMBER 24, 1999 TO 8:00 A.M. ON JANUARY 3RD, 2000**

## New Director of Ontario Government Laboratories Branch

The Ministry of Health and Long Term Care announced Dawn Ogram as the Director of the new Laboratories Branch within the Health Services Division. The Laboratories Branch is responsible for operational policy for Ontario's medical laboratories, (including all laboratory reform initiatives), as well as for the operations of the Province's 12 public health laboratories, and licensing and inspection services. The Branch is also responsible for the administration of OHIP payments for private medical laboratories.

Dawn's background in working with stakeholders is extensive. Dawn began her career as an MLT in a South African public health laboratory. Since coming to Canada in 1973, she has worked in private and hospital laboratories, moving from bench technologist to progressively more responsible roles while completing a degree in economics at York University and doing extensive volunteer work. During the last decade, she also worked as consultant on a number of high level consulting projects on restructuring.

"I have appreciated the willingness of all laboratory professionals to provide advice and creative ideas on how we can make the laboratories system sustainable in the long run," said Dawn Ogram during a recent interview with FOCUS. "Much of this feedback has been through formal sessions during the past three years, which many of your members attended. Some has been through less formal routes. But what matters is that we continue to hear your ideas and work with you on opportunities for improving the system."

Serving on the Michener Institute's Board for eight years and working with the Canadian Society for Medical Laboratory Science (CSMLS) were two volunteer roles that demonstrate Dawn's commitment and knowledge of medical laboratory sciences. While volunteering for the CSMLS, Dawn authored three courses – one on quality assurance, one on risk management and the other on total quality management. She also authored a regular column for the CSMLS journal.

Dawn was also involved in several committees that provided the Laboratory Services Review with advice from 1992-1994. Following the review, she was appointed to the Laboratory Services Review Implementation Committee (1995). Building on her experience through the review process, she was seconded to the Ministry in 1996 as the new Director of the Laboratories Services Restructuring Secretariat. While working at the Ministry, Dawn visited every region of the province to outline and solicit feedback on the Ministry's planning objectives for Laboratory restructuring and to new ideas from the field. "The Ministry's approach is to encourage regions to develop plans to suit their individual needs," explains Dawn. Earlier this year the Ministry launched a request for proposals for laboratory service pilots. □

# College issues new Point of Care Testing Position Paper

by Sheila Woodcock

New technology continues to change the face of health care in Ontario. However, some of the most current Point of Care Testing devices may not be appropriately monitored and measured at every point of service because of a lack of regulation.

A new College POCT Position Paper states that the same standards should apply to all laboratory testing - regardless of location or instrumentation. To foster a dialogue on the need for change, the Position Paper is being distributed to Ontario media and organizations in Ontario to foster a dialogue on the need for change in this important area. The Position Paper outlines how POCT regulations can assist with the development of more consistent and medically appropriate POCT:

- Policies and procedures;
- Process/utilization management criteria;
- Education and training requirements;
- Quality Control and quality assurance controls;
- Records Management criteria; and
- Sample collection safety requirements.

For more information on the POCT Position Paper, visit our web site at [www.cmlto.com](http://www.cmlto.com). Copies are available to members upon request (no charge). □



Want to talk about POCTs? Visit the cmlto web discussion forum at [cmlto.com](http://cmlto.com).

## POCT pilot project launched with CMLTO partners

The CMLTO is launching an exciting POCT pilot project in partnership with the Laboratory Proficiency Testing Program (LPTP), the College of Physicians and Surgeons, and the Laboratory Services Branch of the Ministry of Health. Dr. Harry Richardson, Director of LPTP, is the project manager of the pilot. He says the pilot will help to establish the feasibility of external POCT quality assessments. "The pilot recognizes that there is concern over the quality management of Point of Care testing," said Dr. Richardson. "It recognizes that a number of health care facilities have moved from operating a full laboratory to using POCT testing. It also recognizes that there is no legislation in place to ensure that POCT is being used appropriately in Ontario," he said.

The POCT pilot project team will be conducting a survey of blood glucose meters usage in acute care settings. "We hope to be able to determine whether the external assessment of POCT testing can have the same impact as the external quality assessment of laboratories. While external assessments will never be a substitute for any internal quality program, they are critically important to quality assurance," said Dr. Richardson.

For more information on POCT or if you wish to obtain a copy of the College's POCT Position Paper, please call the College or visit [cmlto.com](http://cmlto.com). □

# Special working group to prepare response to HPRAC regulatory review

The Health Professions Regulatory Advisory Council (HPRAC) has recently launched a comprehensive review of the *Regulated Health Professions Act*. The rationale for the review is best explained by Rob Alder, M. Med.Sc., Ph.D., Chair of the Health Professions Regulatory Advisory Council, in the report entitled *Weighing the Balance*. In this report, Dr. Alder states that when the *Regulated Health Professions Act* (RHPA) came into effect on December 31, 1993 it was widely



*HPRAC Regulatory Review Project Team – Back row, left: Sheila Woodcock, Devika Stefansson, Mary Anne Cecutti, Front row, left: Harry McCosh, Gerri Wong, Colin Stone and Karen Longlade.*

regarded as a ground breaking piece of legislation. The purpose of the review, some five years later, is to determine whether it has fulfilled its key objectives and provided a regulatory system that is effective, efficient, flexible and fair.

Focus groups, public hearings and other communication methods are being used by HPRAC to obtain feedback from thousands

of stakeholders for the Minister of Health's consideration.

A special working group has been set up by the College to prepare a response to HPRAC. The members of the working group are Colin Stone, Harry McCosh, Mary Anne Cecutti, Karen Longlade, Devika Stefansson and Gerri Wong. While this working group aims to reflect the current and future needs of the profession, your ideas, suggestions and comments are welcome by both the College and the Health Professions Regulatory Advisory Council. You can provide us with your feedback anytime via [www.cmlto.com](http://www.cmlto.com) or toll-free 1-800-323-9672 or you can contact HPRAC directly at 1-888-377-7746 ([www.hprac.org](http://www.hprac.org)). □

## Point of Care testing improving patient service at Thunder Bay Regional Hospital

According to a Canadian Journal of Emergency Medicine article (April, 1999) the application of Point of Care testing at Thunder Bay Regional Hospital (TBRH) for chest pain diagnosis in emergency departments has improved patient flow, increased bed availability, and enhanced nursing and laboratory efficiency.

Dr. David Mutrie is a TBRH emergency room physician studying the impact of POC tests as a component of their hospital's chest pain strategies for patients. He says the results of using POC tests improves patient service, but also resulted in savings in excess of \$500,000 a year by avoiding over 1000 patient stays. He says, "Patients really appreciate the fast turn-around-times we provide for diagnosis. When emergency rooms are under pressure POC tests can make a huge difference in our ability to effectively serve patients."

Dr. Joseph Wasielewski, the Laboratory Director and Chief of Pathology at Thunder Bay agrees with the approach the hospital has used to study the effectiveness of POC tests. "Dr. Mutrie ensured that the process took an integrated health care team approach in making decisions on when to use POC tests. He has also made special efforts to keep the laboratory team

informed and involved in the entire project to ensure the reliability of the tests," says Wasielewski.

MLTs have trained the nursing staff on the use of the POCT products at TBRH. They also have a senior technologist in place to oversee the entire program and ensure POC testing reliability.

The Thunder Bay laboratory team regularly conducts CK-MB tests parallel with POCT to check and double check POCT accuracy. "We found that the reliability of the device was acceptable during the trial," says Wasielewski, adding, "and patients discharged from the Emergency Department who were subsequently found to have "missed myocardial infarct" or "unstable angina with progression to myocardial infarct" has been less than 1%."

In 1996, TBRH realized that they needed a new approach to the evaluation of ED chest pain in the new health care environment. After performing an extensive review of the current literature, it was recommended that the emergency physicians use a rapid risk stratification model to determine a new process. The hospital financed a pilot project in which 3 point of care cardiac markers were introduced to ED. By using the markers in a more rapid

POCT format, they attempted to provide more expanded and more timely diagnostic information to support physician decision making in emergency.

After extensive pilot studies and most local physicians supporting the project, Dr. David Mutrie and his team determined that the Point of Care testing devices made good sense for both the community and the hospital. "Patients are benefiting from the new technology," said Mutrie. "Also, the result of working through this process with the departments of cardiology and laboratory medicine has helped us to develop a genuine understanding of our common issues and expectations", he says.

Every day, Canadian emergency physicians struggle to provide appropriate clinical evaluations for emergency department patients with chest pain. Few Canadian emergency departments have identified community standards for chest pain evaluation. Wide practice variability exists. The College of Medical Laboratory Technologists believes that regulated Point of Care testing will improve patient service by decreasing the practice variability and increasing consistent use of POCT devices in emergency and other practice settings throughout Ontario. □

# A day in the life of a POCT Coordinator

## What is it like to be a POCT Coordinator?

In the United States POCT is regulated. As a result, POCT Coordinator positions exist in most hospitals. Karen Bourlier, MS, MT (ASCP) is a Medical Laboratory Technologist and the POCT Coordinator for Henry Ford Hospital in Detroit, Michigan. Recently the FOCUS team interviewed Karen to find out what it is like to work in a regulated POCT environment.

### **FOCUS: What experience helped you get the job?**

KAREN: I am a Medical Technologist first, but I also have a strong understanding of regulations and how to apply them and educate the rest of the team on their value added to patients and the hospital.

### **FOCUS: How are you measuring quality?**

KAREN: First, we do accuracy and precision studies to make sure all test methods correlate with what we call our "gold standard" laboratory test. Secondly, we make sure that all testing personnel are properly trained and obtain a certain level of competency before performing the test. Thirdly, we run quality control on a daily basis. The manufacturers develop quality control programs that we follow in accor-

dance with our regulatory agencies.

### **FOCUS: How do you interact with the rest of the health care team?**

KAREN: We have a Point of Care Testing Advisory Committee. It consists of an integrated health care team. When people want to use new POCTs they need to go through this committee. Certain questions are asked about the test to determine if it will provide the organization and patient with the best results.

### **FOCUS: How do you communicate with the rest of the lab?**

KAREN: When we get a new POCT request we will start by talking to the customer (physicians) and lab supervisor to see if there is something wrong with how the test results are currently being delivered. We ask such questions as: "Were test turn-around-times a problem?" "Can they be improved?" "Is this test going to improve patient service?" We also do correlation studies with the laboratory experts and rely on their expertise to judge whether the test is accurate enough to be used on our patients. Manufacturers will always tell you their devices and instruments are fool

proof, but the lab helps us prove it and identify any issues. It's all about teamwork!

### **FOCUS: Are laboratory staff losing jobs because of POCT?**

KAREN: No. POCT does, however, change the nature of some jobs. We are increasingly consultants and trainers. We evaluate quality control, conduct troubleshooting and perform method evaluations. POCT has given us more hospital wide presence, changed our physical location and expanded the number of people we work with. The volume of Point of Care Testing will never equal the volume of testing in a large laboratory.

### **FOCUS: How do you keep up-to-date?**

KAREN: I read all of the time. I read a lot of Pathology articles and meet with vendors of POCTs regularly. I follow regulation, use the Internet, and learn from the associations I belong to.

### **FOCUS: What international web sites would you recommend your Canadian colleagues visit to find out more about POCTs?**

KAREN: [www.ascls.org](http://www.ascls.org) and [www.aacc.org](http://www.aacc.org) □

## Point of Care Testing at Hotel Dieu Hospital, St. Catharines

by Brenda Rafter-Tadgell, MLT, Laboratory Manager

The medical laboratory team at Hotel Dieu Hospital in St. Catharines is responsible for performing all glucometer testing in the hospital and hope other MLTs across Ontario can learn from their experiences. The decision for the laboratory to perform all Point of Care Testing at Hotel Dieu has resulted in a number of benefits for the hospital, patients and physicians including:

- Improved quality control - measurable reliability testing takes place every 8 hours to ensure the patients receive accurate Point of Care Test results;
- Reduced time and expenditures - monthly meter maintenance is conducted by a

small, properly trained team who know how to use the equipment and meet regularly with POCT sales representatives to ensure their skills are up-to-date;

- Reduced monthly meters - with decentralized POCT, 32 meters were required. With centralized testing, 6-8 meters serve the entire hospital efficiently and effectively;
- Improved diabetes database - the POCT results are maintained in the local laboratory information system for easy access by the entire health care team. Physicians are able to use the centralized data to improve patient care outcomes and look at trends and overall results.

Hotel Dieu's laboratory team is also involved in POCT in the Emergency Room.

Marion McChesney, CMLTO Council member, works at Hotel Dieu Hospital. Marion is proud of her colleagues' work in this area. "The hospital is undergoing some major change activities and this project is one of many that have given us focus and a way to deal with change," she says. "I think that patient contact has improved the profession's overall visibility here. The lab's involvement in Point of Care tests has been a great way for the public to gain a better understanding of the important role we play in an integrated health care team." □

# Elections update

*The recent College elections in Electoral Districts two, three and four have resulted in only one candidate in each of these areas being nominated to the Council. Congratulations are in order for Kathy Wilkie, Cindy O'Neill and Joe Healy who are all declared elected in their districts by acclamation. Kathy, Cindy and Joe are looking forward to developing next year's work plan to continue to move the strategic goals of Council forward.*

## CONGRATULATIONS



**KATHY WILKIE, MLT**  
**District 4 - Central East**

"Since the CMLTO was established in 1994 an enormous amount of energy has gone into developing the necessary

infrastructure to support and guide all of us in our profession," Kathy Wilkie, CMLTO President says. "While I am proud of how far we have come, there are many more challenges and opportunities ahead of us. I look forward to the opportunity to continue to advance the strategic directives of the College as we strive to meet the needs of our stakeholders. It is an honour and privilege to serve on your Council."

**CINDY O'NEILL, MLT, ART**  
**District 2 - Central West**



Cindy has been making contributions to the College since 1994, serving as a member of a Microbiology Working Group and a professional member of the Discipline Committee. She obtained her certification in Clinical Microbiology in 1980 and her Advanced Registered Technologist in Clinical Microbiology in 1986. Cindy has worked at The Michener Institute as a course coordinator and an MLT tutor and served as a Microbiology

examiner, for candidates advancing to ART certification. She has served her professional societies as a committee member for the OSMT Convention in 1996 and the national society at Congress '99.

In 1994, she was a member of the first Canadian Delegation of Medical Laboratory Technologists to participate in a professional exchange with the People's Republic of China. She has also served as a consultant to the Ministry of Health, Laboratory Services Implementation Secretariat. Cindy is presently employed as a Microbiology and Cytology Supervisor for MDS Laboratories in St. Catharines and is a member of the MDS Microbiology Technical Resource Team. Cindy has recently completed the Infection Control Course at Centennial College and is working towards a Certification in Infection Control.

**JOE HEALY, MLT**  
**District 3 - Metropolitan Toronto**



Joe graduated from the Medical Laboratory Technology program at the Toronto Institute of Medical Technology. He obtained his general RT certification in 1985 and began working as a bench technologist at Toronto Western Hospital. Joe obtained his B.Sc. from the University of Waterloo in 1986 and currently works at Toronto Medical Laboratories. He has been a Union activist since 1989 and believes strongly that bench technologists need to be more involved in the self-regulation of the profession. Joe is concerned about the future of the profession and the implica-

tions of today's economic realities and thinks regulation can make a difference. Joe was first elected to the CMLTO Council in 1997 but had previously served the College as a non-Council Committee member of the Complaints Committee. Joe has continued to serve on the Complaints Committee since 1997.

**PETER HENDERSON**  
**New public member of Council**



The College is pleased to announce the appointment of G. Peter Henderson as public member of Council.

Peter Henderson has been dedicated to public service for most of his life and brings significant experience to the Council from his many public service roles. Peter has served as President of the Sarnia Branch of Goodwill Industries, a member of the Board of Directors of the Sarnia Family YMCA, and is still serving the public as the Secretary Treasurer of the Canadian Centre for Pollution Prevention. Peter is also employed full time by the Organization Centre by the Bay, a not for profit organization renowned for its achievements in environment protection.

Peter holds a Bachelor of Political Science from Concordia University, and a Masters in Communications from Syracuse University. Peter hosted a radio talk show in Sarnia from 1975 to 1991. With the increased emphasis on public relations by the College, Peter promises to play a significant role in moving our public relations goals forward. □

# The Future of Medical Laboratory Technology in the Transfusion Laboratory

When asked what stories MLTs would like to see in FOCUS, more articles on what the future holds for the profession is always at the top of the list. In this article, Greg Denomme, CMLTO Committee Member, considers MLT opportunities in Molecular Diagnostics.

## Molecular Diagnostics in the Transfusion Laboratory Not Yet There but Close To It

By Greg Denomme,  
ART, PhD, Assistant Professor  
Department of Laboratory Medicine  
and Pathobiology, University of  
Toronto.



Much of what we know about the human genome would not be possible without the discovery of the polymerase chain reaction (PCR) by Mullis in 1987. Since that time, the application of

this technique has revolutionized how laboratory diagnostic medicine is performed. The typing of E. coli strains, the characterization of lymphomas and carcinomas, and the identification of inborn errors in metabolism and genetic diseases are made, in part, using molecular diagnostic techniques.

A list of the tests performed in the blood bank would indicate that there is virtually no impact with the use of this technology in transfusion medicine. Little has changed over the last 50 years on the principles of blood grouping, notwithstanding the introduction of monoclonal antibodies, column agglutination which is easy to automate, and the development of new blood components. However, the clinical transfusion laboratory has not been left out of the molecular revolution.

### The Prenatal Setting

The blood group of a fetus at risk for hemolytic disease of the newborn (HDN) can be determined by molecular means

using DNA derived from nucleated cells obtained by amniocentesis. Until recently, a fetal blood group was only possible using blood obtained by percutaneous umbilical cord sampling; a procedure associated with high risk of fetal morbidity and mortality (~4% in HDN). Now, when amniotic fluid is obtained for clinically indicated reasons, the epithelial and amniotic cells, which are removed by centrifugation before the  $\Delta OD$  450 nm is measured, are used to extract DNA and determine the antigen genotype of the fetus. On a purely statistical basis, the fetus will be antigen compatible with the mother slightly less than half of the time. What impact does this test have on patient care? At Mount Sinai Hospital we are attempting to determine the changes in the obstetrical management for these patients once the fetal blood group is known. Overall, when an antigen compatible fetus is identified, we see fewer clinic visits, cessation of antibody titre requests, and the pregnancy referred back to the primary care physician. Most importantly, patient anxiety is greatly reduced. And advancements have not stopped here. A recent study by Lo et al. in the December 10, 1998 issue of the *New England Journal of Medicine* demonstrated that it is possible to identify an Rh D positive fetus using DNA obtained from maternal plasma. If proven reliable, this test will establish the fetal Rh D status by a non-invasive technique. Furthermore, the test may ultimately result in withholding Rh immune globulin and the prevention of the exposure of the blood product for women with an Rh D negative fetus. However, extensive sensitivity and specificity analyses are required before the test can be used reliably.

### Antibody Investigations

The molecular basis has been characterized for most of the 200 antigens represented among the 25 known red cell antigen systems. Since DNA and not red cells is the analyte, the tests can be performed even when traditional serological tests are inaccurate or not possible, i.e. when the patient has received recent multiple transfusions or their red cells are coated with IgG. Donor-derived white blood cells do not affect the test since they are rapidly sequestered from the circulation. Thus, when a transfused patient is suspected of having a

clinically significant atypical blood group antibody, molecular genotyping using DNA obtained from the patient's white cells can be used to rule out clinically significant antibodies much like phenotyping the patient's red cells using antisera. For patients with warm autoimmune hemolytic anemia, as many as 40% may have an underlying clinically significant atypical blood group antibody [Branch and Petz 1999]. Typically, these antibodies are difficult to detect using conventional studies in the presence of autoantibodies. Molecular genotyping provides additional patient blood group information for these complex serological investigations.

### Blood Group Discrepancies

Molecular blood group genotyping will have a place in the blood collection facility and reference laboratory. Rare or unusual ABO and Rh variants detected at the time of donation or during routine blood grouping can be resolved easily at the molecular level rather than using complex absorption/elution studies or rare antisera. Furthermore, for Rh anomalies, molecular analyses of the Rh D gene will prove invaluable for the obstetrical patient. Rh immune globulin is not recommended for patients of the 'weak D' phenotype. However, the administration of Rh immune globulin is appropriate to prevent the formation of anti-D in the 'partial D' (Rh mosaic) positive woman. Current serological analyses rely on the use of monoclonal anti-D antibodies that detect changes to epitopes on the exofacial surface of the red cell; an indirect inference of a structural change in the gene sequence. Often, physicians will err on the side of safety and administer Rh immune globulin if the serological analyses are inconclusive. Now, the weak D phenotype can be easily characterized at the molecular level and the true Rh D mosaic identified versus the simple quantitative (reduced number of antigens) Rh D genotype. Rh immune globulin is given appropriately to the Rh D mosaic and exposure of the blood product is spared for the true 'weak D' patient.

### The Blood Collection Facility

Genome amplification testing (GAT) to detect HCV and HIV (the infectious agents in donor blood) will begin in the fall of

1999. The window period of an infectious agent going undetected in a blood donation will be shortened with the use of these tests [Murthy et al. 1999; Saldanha et al. 1999]. The implementation of this technology has distinct advantages. First and foremost, the public is provided with a safer blood product, albeit marginal improvements will be seen. Second, the expertise and hardware for automated DNA isolation and high throughput technology will be available for other applications in the transfusion laboratory setting. It is only a matter of time before molecular genotyping will be used to bank blood. Much as what we saw in the early '80s when murine monoclonal antibodies replaced human polyclonal antisera will be repeated again for molecular genotyping. We should see within the next 8-10 years that automated molecular genotyping using 'multiplex' PCR reactions (200-300 simultaneous genotypings in one tube) replacing serological banking of donor blood. Potentially, each unit could be genotyped for every clinically relevant blood group antigen and the information linked to a donor database. It may appear too costly to implement this technology. But, it is important to recognize that, although the cost of Taq polymerase for one PCR seems prohibitive (\$1.80), when applied to 200-300 tests performed simultaneously, molecular genotyping will cost less than a 1/2¢ per blood group antigen which is comparable with antisera costs per test. The major advantage is that the blood collection facility would have a larger database of antigen typed blood on hand. Requests for antigen-matched blood would be a database search rather than the labour-intensive mass serological phenotyping at the blood centre or by the requesting hospital. The collection facility would know instantaneously if antigen-matched blood is currently available and have a much larger database of potential donors for the blood product request.

### Implications for the transfusion technologist

Needless to say, all of this work provides new challenges for the transfusion technologists. A new body of knowledge and expertise must be learned. Recent graduates have a distinct advantage since they receive theoretical training in molecular biology during their education. At Mount Sinai Hospital, we provide students one week of 'hands-on' molecular training in the transfusion laboratory as part of their clinical rotation. Invariably, students are

enthusiastic at the chance to perform these tests. The 'up' side is that we have an excellent opportunity for technologists to apply their experience in transfusion medicine to this new arena. Should maternal plasma molecular genotyping be used to establish the Rh D status of a fetus and, if so, should the mother receive Rh immune globulin when the fetus is Rh negative? What are the real benefits to providing antigen-matched blood in certain transfusion circumstances? What are the real benefits of molecular blood grouping in the multi-transfused patient (e.g. stem cell recipient)

The development of new technology provides the opportunity for technologists to consider the impact in the transfusion laboratory. It is apparent that technologists will be required to understand the methodology, troubleshoot accordingly, and recognize where these tests provide added value and impact. They must be able to provide expert opinion on the molecular genetics of blood group antigens, its relevance in transfusion, and when they are appropriate – much the same way that they use their acumen for complex serological investigations. It's an exciting time for the blood transfusion technologists to expand their horizons. New avenues of opportunity for technical expertise and research are emerging. The overall prospect for technologists indicate an increased demand for these types of skills, now and more so as these applications are brought forward.

Dr. Denomme is a Canadian Blood Services scholar (a Bayer/CBS/MRC jointly funded program) and performs his research in transfusion medicine in the Department of Pathology and Laboratory Medicine at Mount Sinai Hospital, Toronto. He can be reached by e-mail at [gdenomme@mtsinai.on.ca](mailto:gdenomme@mtsinai.on.ca)

### BIBLIOGRAPHY.

- Branch DR and Petz LD. *Transfusion* 1999;39:6-10.
- Lo DYM, Hjelm NM, Fidler C, et al. *N Engl J Med* 1998;339:1734-1738.
- Mullis KB and Faloona FA. *Methods Enzymol* 1987;155:335-350
- Murthy KK, Henrard DR, Eichberg JW, et al. *Transfusion* 1999;39:6888-693.
- Saldanha J, Lelie N, Heath A. *Vox Sang* 1999;76:149-158. □

## College launches survey to examine MLT's perceptions of their workplaces

In an effort to better protect the public from poor laboratory practices, the College is sending Ontario's 8000 MLTs an environmental survey in September. The survey will ask MLTs to identify some of the current challenges in their practice environments.

The Chair of the Quality Assurance Committee, Harry McCosh, says the survey is being launched because MLTs ability to provide excellent service to their clients is directly linked to their practice setting. "There's a link between how well we perform our jobs and the environment we work in," he said, adding that "we need to listen to what our members have to say about their current work environments to determine what regulation can do to help."

The survey will tell the College more about member's perceptions of the current state of their laboratories. By understanding the existing climate, the College can better plan priorities to ensure excellent laboratory services are provided to patients in Ontario.

The survey, developed by the College's Quality Assurance (QA) Committee, is an important part of the College's mandate to establish better relationships with members and move the goal of laboratory excellence forward.

Joan Hauser, an MLT who also serves on the College's QA committee, thinks that the survey will give the College a better feel for what is going on in the work place. She explains, "The College is collecting very general information with this survey. However, when we see the data, we may be able to probe deeper in areas that need clarification. Once we know the problems and opportunities, we can take steps to address the issues either by ourselves, or more likely, in partnership with employers, and other laboratory stakeholders in Ontario."

The 1999 Practice Environment Survey is the first member's survey undertaken by the College. Related surveys underway include public opinion polls via the Internet, discussion forums, employer feedback methods and public surveys which will take place in the near future. □

# Practice environment and quality results aligned at Orillia Soldier's Memorial Hospital

The College's QA Committee believes that the environment MLTs work in has a significant impact on their ability to achieve practice excellence. The staff at Soldier's Memorial Hospital agree. In fact, in 1997 the laboratory team at Soldier's Memorial Hospital underwent an intensive review and revamping of their work environment which resulted in the Hospital earning the prestigious Canada Award for Excellence from the National Quality Institute. But how are they doing now, almost two turbulent years later? FOCUS recently interviewed **Judy Sherman, MLT, ART** working in the Diagnostic Cytology laboratory to find out.

**FOCUS: What's it like now – two years later?**

**JUDY:** Our laboratory has had to deal with change as have many other labs in Ontario. We've had to rethink how we do our business, changing some staff responsibilities and also reducing staffing. I still feel that there is a level of commitment to professionalism on every employee's part to do the best they can do while responding

to the challenge of meeting our goals. I think our ability to listen to the needs of physicians and other clients in the community has been critical to our success. Once we understand what is needed, our staff has credible ideas on how to improve process. They are a valuable source of ideas.

**FOCUS: Is it difficult to implement ideas that staff suggest to improve the organization?**

**JUDY:** Sometimes, but we have a process established to meet, discuss ideas and issues and develop action plans to meet our objectives. When you have gathered all of the facts it is easier to implement positive change.

**FOCUS: Once you win an award like this is it easy to rest on your laurels?**

Not at all. A great working environment is an ongoing process. It's all about trusting each other, listening to each other and being willing to change because the change makes sense for the community and the patient. Sometimes it is painful, and some-

times it's a celebration, but it's always about what we need to do to become a laboratory team dedicated to our community, our profession and each other.

**OSMH FACTS**

- 2nd hospital in Canada to win the National Quality Institute's Canada Award for Excellence
- Performs 15,000 dialysis treatments annually
- First hospital in the world to feature educational videos for patients and health care professionals
- Has formal teaching agreements with 12 universities and colleges
- 45,000 emergency department visits annually
- Performs 7,200 surgical procedures annually

**FOCUS: Can you tell our readers about a few ideas staff came up with and how they were implemented?**

GOAL	SOLUTION
<b>Improved patient care outcomes</b>	Staff and physicians work together to ensure an integrated patient care program is in place – from the laboratory to every other part of the hospital for the patient's benefit.
<b>Improve morale</b>	A Quality of Work Life Project was launched with a steering committee, project team and significant staff involvement.
<b>Environment</b> – staff had no private area to relax after intense work	New staff lounge was built with design input from team.
<b>Communication issues</b> – the right information was not getting to the right people at the right time	The agenda for the team meeting is posted before meetings. All staff are encouraged to write down topics for discussion. All agenda items are covered in meeting. Emphasis is on the team being in tune with laboratory trends, the hospital's vision, our future state and our budget.
<b>Understanding of importance of laboratory in patient outcomes</b>	Administration makes it clear to the entire hospital team that the laboratory is a key part to improved effectiveness in hospital. MLTs are on all of the patient care teams. They not only review utilization data but also we are involved in all of the issues relating to improved patient care and organizational effectiveness. Our staff have been involved in the development of care maps and what role that lab should play in care mapping today and in the future. As lab data continues to be used in health care I am certain the lab team will continue to play an increasingly vital role in higher performance health care.
<b>Salary issues</b>	A Fiscal Advisory Committee exists to bring pay issues and concerns to management in a way that respects the priorities for the community's needs and competing priorities. Feedback from this committee is shared with managers and staff so the entire team has a clear understanding of the links between strategy and day to day performance.
<b>Change management issues</b>	Everyone handles change differently. We have goals and objectives that need to be met and we use performance plans and reviews to ensure we are all in support of the best path for the hospital and the community, which is also the best path for ourselves.

# Towards Professional Accountability

by Kelly Marcon  
Chair, Discipline Committee

Many positive outcomes are mediated and settled by the College's Complaints and/or Executive Committee and do not result in a discipline hearing. However, when necessary, the Discipline Committee is ready to serve and protect the public.

The members of the Discipline Committee are polled prior to participating in a hearing to ensure that there are no conflicts of interest. Five committee members are

selected by the Chair to sit on any given panel. The Discipline Panel has its own independent legal counsel to consult. Panel members sit at arm's length from both the College and the member to ensure a fair and impartial hearing process.

The Discipline process can be extremely challenging and sensitive at times. It is important for all technologists to know that the Discipline Panel members are thoroughly committed to protecting the public and

maintaining professional integrity and accountability. All evidence is closely examined and panel members reach a decision after careful and conscious deliberation.

I would encourage CMLTO members to put their names forward for future discipline committees because of its importance to the profession. I think it is especially important to ensure the committee has representation from different regions, areas of practice and various work sites. □

---

## Discipline Case Summary

Sujoy Deyasi – Ottawa, Ontario

**Allegations:** Charged with professional misconduct and failing to meet the standards of professional practice (paragraph 1.20 of Ontario Regulation 752/93) in that he:

1. While complaining about the manner in which a complaint he had made was being addressed by the College Mr. Deyasi sent a life-threatening letter to the College on or about September 14, 1998 which in part read: "I am allowing the College thirty days from the date you receive this letter to admit that the College is reluctant to investigate this issue because the Ministry of Health's inspectors failed to notice this incompetence during their inspection in May, 1991.

If you fail to inform me within thirty days then I cannot guarantee neither you nor other members of the College's safety.

I will present myself at the College unexpectedly and will commit an act of violence. My intention is to harm either you or other members of the College for not investigating this.

I am a frustrated person who is compelled to take this path and will not hesitate to commit an act of violence."

2. On or about November 30, 1998 Mr. Deyasi sent another letter to the College Registrar that was life threatening. This letter stated:

"The thirty day limit has expired. Perhaps you prefer to answer me from inside a "body bag". Your wish is my command. You know what I look like and where I live, and I know what you look like and where you live. Do not underestimate my abilities."

**Member's Plea:** Mr. Deyasi was not present at the hearing. The Chairperson entered a plea on behalf of the member that the

member denies the allegations.

**Finding:** The Discipline Committee considered the evidence presented and agreed that the letters were threatening, inappropriate, and unprofessional. This conduct constitutes professional misconduct. The Panel felt the penalty imposed should reflect the seriousness of the offense. The Panel directed the Registrar to revoke the member's certificate of registration. Revocation of a member's Certificate of Registration is the most serious penalty that the Discipline Panel can order. This decision is never taken lightly. In addition the panel further ordered Mr. Sujoy Deyasi to reimburse the CMTO for the amount of \$5000.00 to cover some of the costs associated with the hearing.

NOTE: Criminal charges were laid against Mr. Deyasi. He was found to be not criminally responsible for his actions. □

## What's new on the annual fee payment forms

- Notices of annual fees are being mailed at the end of September;
- The annual fee payment form has been redesigned this year based on member feedback. Our goal is to make it more user friendly. A redesign of your Registration Card is well underway as well;
- We will be asking you for your e-mail address to improve our ability to communicate with you effectively;
- You can **post-date your cheque or credit card payment to December 31** this year and return your paperwork immediately;
- The new fee is \$200 for general and temporary members, and \$100 for inactive members. As always, the **entire membership fee is deductible dollar for dollar on your tax bill** reducing your taxable income accordingly.



## Why get involved in a College committee or work team?

by Harry McCosh, Public Member

**G**etting involved is a great way to make new friends, keep up-to-date on the latest medical laboratory knowledge and foster awareness, understanding and commitment to the role MLTs can play in ensuring excellence in Ontario's laboratories.

Getting involved gives you an excellent opportunity to:

- ✓ Share your ideas on what needs to be done to achieve excellence in Ontario's laboratories;
- ✓ Influence the profession as a whole;
- ✓ Increase your regulatory knowledge and leadership skills;
- ✓ Contribute to your profession and receive recognition for your contributions;
- ✓ Improve your chances of promotion in your workplace by demonstrating your commitment to excellence and volunteer work;
- ✓ Engage in challenging exchanges with the public and with your colleagues;
- ✓ Influence the projects the College enters into from year to year.

There has never been a better time to volunteer with the College. Please contact us today!

## Pourquoi être actif au sein d'une équipe de travail ou d'un comité de l'Ordre?

par Harry McCosh, membre du public

**L'**engagement offre l'occasion rêvée de se faire des amis, de maintenir ses connaissances à jour en ce qui a trait aux laboratoires médicaux, grâce au réseautage, et de favoriser l'excellence dans les laboratoires de l'Ontario.

La participation offre également au membre la chance :

- ✓ de partager de nouvelles idées sur ce qui doit être fait pour promouvoir l'excellence dans les laboratoires de l'Ontario;
- ✓ d'influencer l'ensemble de la profession;
- ✓ d'accroître sa connaissance des règlements et de parfaire ses qualités de leader;
- ✓ de contribuer à sa profession et de recevoir les honneurs associés à cette contribution;
- ✓ d'améliorer ses chances de promotion dans son milieu de travail;
- ✓ de participer à des débats stimulants entre collègues;
- ✓ d'influencer la direction des projets que l'Ordre entreprend d'une année à l'autre.

Il n'y a jamais eu de meilleur moment pour devenir bénévole au sein de l'Ordre. Veuillez communiquer avec nous dès aujourd'hui!

## Volunteer Fax Back Form/Formulaire de télécopie pour les bénévoles

*Check one (or more) of the boxes below and fax this form back to the College at / Veuillez cocher une case ou plus et retourner le formulaire par télécopieur au (416) 861-0934!*

I want to volunteer for one or more of the following activities / J'aimerais participer en oeuvrant bénévolement à l'une des activités suivantes :

- College Statutory Committees / Comités statutaires de l'Ordre;
- Special Project Team / Équipe de projets spéciaux;
- Working Group that looks at standards in \_\_\_\_\_ specialty / Groupe de travail chargé des normes dans le secteur \_\_\_\_\_;
- Write an article for the newsletter / Rédaction d'articles pour le bulletin;
- Send relevant lab news to College to post on web site / Expédition à l'Ordre de bulletins de nouvelles sur les laboratoires qui pourront être affichés au site Web de l'Ordre;
- Communications ambassador in my region to foster excellent communication between the College and members / Rôle d'ambassadeur des communications dans ma région afin de favoriser l'excellence en matière de communication entre l'Ordre et ses membres;
- Provide feedback on Practice Standards / Réactions aux normes d'exercice;
- Other / Autre : \_\_\_\_\_.

Number of hours I can volunteer monthly (please circle) / Nombre d'heures que je peux consacrer par mois aux activités bénévoles (encercler) :

1 hour / 1 heure      2 hours / 2 heures      5 hours / 5 heures      7.5 hours / 7,5 heures      > 7.5 / plus de 7,5 heures

Name: / Nom : \_\_\_\_\_

Registration Number / Numéro d'identification du membre : \_\_\_\_\_

Business Tel / Téléphone (bureau) : \_\_\_\_\_ Home Tel / Téléphone (maison) : \_\_\_\_\_

Fax / Télécopieur : \_\_\_\_\_ E-mail / C. élec. : \_\_\_\_\_