

BULLETIN

How lab workers addressed workload issues through coming together

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By Jennifer Edgar, HSA member



I write to share what happened when union members at my worksite took action, with support from HSA, to address workload issues in our laboratory.

Through working together to collect data, we successfully challenged the hospital's method for calculating what constitutes "reasonable workload," and we persuaded management to deliver concrete changes that have improved the work lives of medical laboratory technologists (MLTs) and medical laboratory assistants (MLAs) at our site.

Our workload issues have been longstanding. We had been talking with upper management about our workload problems since 2013 without success. We were told there was no money, and that their workload stats did not indicate significant increases in workload. We challenged what constitutes "reasonable workload," and we persuaded management to deliver concrete changes that have improved the work lives of medical laboratory technologists (MLTs) and medical laboratory assistants (MLAs) at our site.

Then in September 2017, we lost our on-site Professional Practice Lead Manager – and we really started to spiral. We had difficulty coping with management from a distance, particularly with two separate staff groups from two unions.

Morale hit rock bottom, and all MLT and MLA staff talked about how busy, overwhelmed, undervalued, and stressed out we were. Sick time and stress leaves increased – staff were very unhappy overall.

During the early part of 2018, staff started to talk about the need to contact stewards at the facility – MLTs

had an HSA steward and the MLAs were represented by the Hospital Employees' Union (HEU).

We started to talk seriously about how grieving our situation was the only avenue open to us. It was particularly stressed that if we were going to grieve, then both unions needed to file simultaneously and all staff should be agreeable, with no exceptions. We needed to present a united position.

We connected with our HSA steward, Gina Sanche. I have to say, she understood our perspectives immediately. After Gina consulted with the HSA head office, we started our homework.

Taking action: beginning data collection

Management bases its full-time equivalent (FTE) staffing upon workload - so we decided to give them the data. Medical lab assistant staff started recording the number of outpatients seen daily, and any unusual circumstances that contributed to workload. They recorded the number of shifts they worked short.

MLTs work alone from 6 to 10:30 p.m. without an MLA, so our data collection targeted the evening shift. We kept evidence of every test, every blood collection, every trip made to Emergency, every electrocardiogram performed, and any unusual circumstances that contributed to extra work.

We came to a consensus on the amount of time involved for each of these functions based on our own time study. We collected this information over four months and then we summarized the data. We totaled the actual number of minutes of work performed on the evening shift.

We created a graph to show how often during the evening shifts there was more work than one person could reasonably be expected to perform based on of the number of minutes required to perform that work. The graph demonstrated that 56.5 per cent of shifts in a four-month period experienced excessive workload. Some cases documented 13 to 15 hours of work in a 7.5 hour shift.

There has to be a reasonable expectation on how much work one person can physically perform. We demonstrated that the workload system used by management and tracked by our computer Laboratory Information System (LIS) is antiquated.

Every step in the lab has become more and more complex - outpatient registration into the LIS involves an increasing number of details. The hospital's workload statistics, however, have not accounted for this increasingly complex environment.

If you're not part of the solution, you're part of the problem

Midway through the data collection process, our labour relations officer, Bobby Chavarie, suggested our site make a list of solutions that staff felt would help address workload issues. Here is what we suggested:

1. Prohibit faxed requisitions except for urgent and out-of- town patients
2. Provide a telephone answer- ing system to manage the common questions (e.g. regarding operating hours, wait times, etc.) and direct calls to the appropriate de- partment
3. When an on-site profes- sional practice lead is not available, promote and code up an MLT to direct staff and solve day-to-day issues
4. Create an expanded Cardiac/Electrocardiogram Department that is effective- ly staffed, trained, and certi- fied to perform electrocar- diograms
5. Move a medical lab assistant position to later in the day to extend coverage to 8 pm.

Since 2014, we had been asking for a way to reduce the number of outpatient requisitions being faxed in. We were consistently told that physicians were allowed to fax and could not be restricted in doing so. We were receiving 50 -70 faxes per week, and sometimes more. Each had to be filed alphabetically and audited on a regular basis. And then, we received phone calls from patients asking if their requisitions were at the lab.

None of this work was being included in the workload statistics that management uses to determine effective staffing levels.

When we get organized, we win

The graph did it! Nothing like a picture to make an impact. Management was a bit flummoxed by this information, and we clarified during a grievance hearing how the statistics were compiled. Within one week of that hearing, the faxing of requisitions was restricted.

The professional practice lead position was later filled and morale is improving. We are still under water, but heading closer to the surface. The atmosphere in the lab is much lighter.

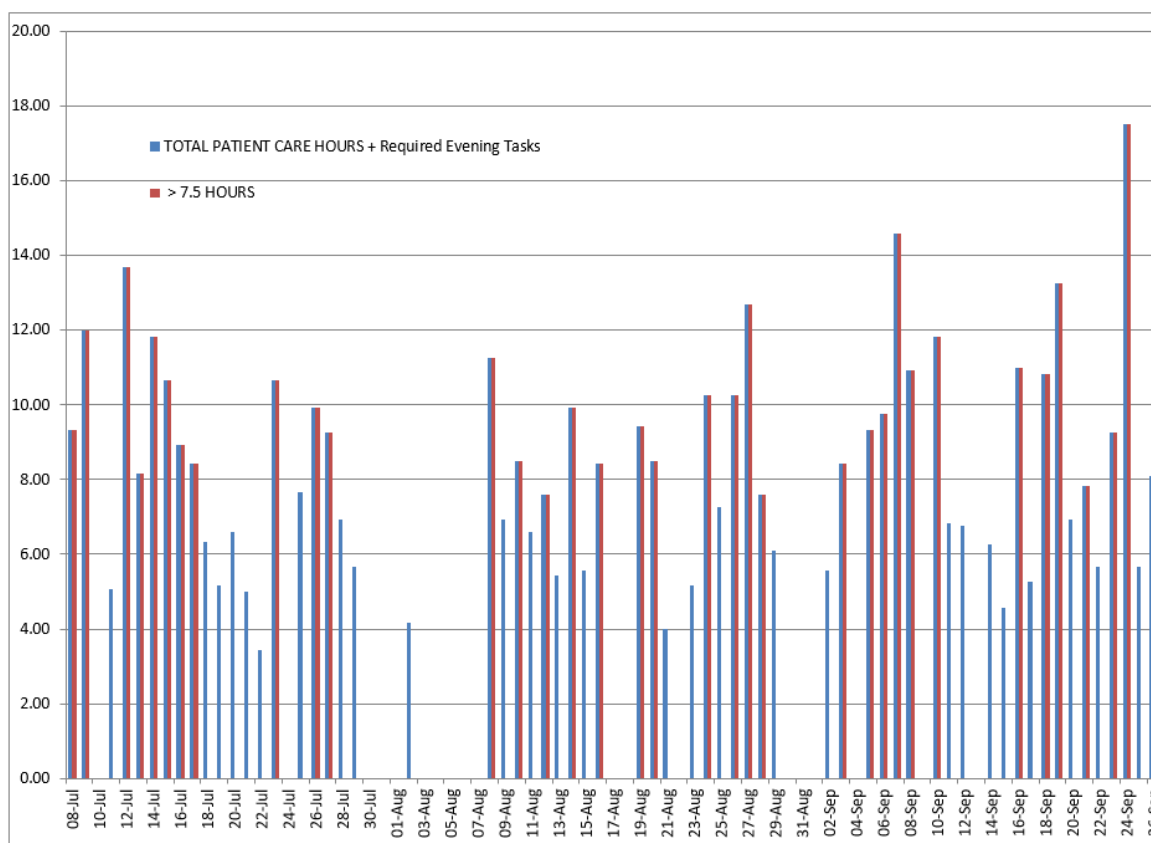
One MLA position has had its shift adjusted to 11a.m. to 7 p.m. in order to provide more support to the evening medical lab technologist. While we had asked for MLA coverage until 8 p.m., we see this as a move in the right direction.

These small victories have resulted in a huge difference. We must thank HSA and HEU stewards and staff for their efforts. It was the united front created by all of us that made the difference.

I write to express my thanks to my colleagues, our unions (HSA and HEU), our stewards, and our lab management team. Together, it's been a tremendous experience as a group: to identify the problems, suggest solutions, and negotiate logical conclusions. I encourage those currently experiencing similar situations to reach out, talk, and work together. We have a unique situation in the laboratory with two unions represented. We must encourage everyone to collaborate if we want to be effective and achieve results!

This article was originally published in the July 219 issue of *The Report Magazine*. [Click here to view the full issue.](#)

THIS GRAPH ILLUSTRATES THE AMOUNT OF TIME REQUIRED TO PERFORM EXPECTED TASKS DURING EACH 7.5 HOUR SHIFT. THE RED BAR INDICATES WHICH SHIFTS HAVE AN EXCESS OF 7.5 HOURS OF WORK, ACCORDING TO DATA COLLECTED BY STAFF.



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