Pathology & Laboratory Medicine
Lower Mainland Consolidation Project
Laboratory testing is a critical component of the overall patient care pathway, affecting 70 to 80% of all medical decisions by providing insight into the causes, nature and effects of diseases.

Lab Services:
1. Contributes to the patient’s medical history and supports clinicians with the application of specialized medical knowledge
2. Provides test results and interpretation for diagnosis
3. Enables and assists complex clinical care and treatment procedures
4. Contributes indicators to monitor the effects of treatment and patient status

Although lab testing represents less than 3% of overall healthcare spending, it impacts 70-80% of all medical decision making.
Pathology & Laboratory Medicine is recognized as a medical practice and a clinical service.

MoHS directed LM-HA leadership to consolidate within the lower mainland, corporate, back-office, and clinical support areas, which includes Pathology & Laboratory Medicine, Diagnostic Imaging and Pharmacy.

Expected outcomes of consolidation
1. Optimization (integrate, standardize, and consolidate) of lab services across the Lower Mainland to reduce redundant infrastructure and realize efficiencies.
2. Integration of lab operations under a single locus of accountability for publicly provided lab services in the LM.
3. Quality is maintained or enhanced as a result of integration.
4. Governance, organizational structure and service delivery model will enable a future provincial model.
5. Efficiencies will result in savings to address funding pressures.

PHSA named as the lead Health Authority for Pathology & Laboratory Medicine optimization.
1. The demand for laboratory services is placing pressure on the system’s affordability and outpacing the system’s ability to respond.
   - Aging population
   - Increased reliance on testing
   - Utilization management
   - Rapidly advancing technology and availability of testing
   - More informed patient population
   - Human Resource Pressures

2. Financial pressures concurrent with test volume increases.
   - Limitations to Operating Budget
   - BCMA/MOHS Discussions
   - Investing in modernization of test platforms
Vision and Scope for the Lower Mainland
Integration, Consolidation and Standardization

Vision for the Lower Mainland Pathology & Laboratory Medicine Service

- Is a **high quality, efficient and sustainable publicly delivered lab system.**
- Is an **integrated group of providers** including all laboratory physicians, scientists, technical and support staff within a single service system.
- Operates as an **integrated service delivery model** leveraging the strengths of the public lab providers.
- Utilizes a **performance measurement system** that evaluates key financial and quality indicators to manage and evaluate LMC Laboratories.
- Works within a **unified academic model** that achieves teaching, research, and innovation goals.
Critical Requirements for Success

- Organizational structure
- Engagement of key medical and technical staff
- Integrated Laboratory Information System
- Service delivery modeling
- Project management resource team
- “Lean” design
- Workforce plan
- Academic requirements
- Ongoing evaluation
Organizational Chart

Transitional Lower Mainland Pathology & Laboratory Medicine Organizational Structure
May 10, 2010

*Medical Advisory Council includes Heads of Department of Pathology & Laboratory Medicine
(SMH, RCH, ARH-CC, BUH, SPH, C&I, BCCDC, BCBA, VGH, LGH, RGH, UBC Head, VP Medical Affairs PHSA)
Lower Mainland Lab IM/IT Solutions (high-level)
Target state

Clinician orders, clinical decision support & results access
Lab operations
Management reporting & analysis
Out-patient results delivery
Provincial eHealth
Lab billing
Transition team formed with medical and administrative representation from Lower Mainland Health Authorities, UBC, Human Resources, Communications
- Terms of Reference
- Guiding Principles
- Validation of data (financial, test volumes, staffing)
- Input to proposed solution

Ministry of Health Services consultation over outpatient funding and options for the development of provincial lab strategy

Consults with past consultants, other jurisdictions (i.e. PLCO, CLS, EORLA)

Consults with corporate services (HR, LR, IMIT, Business Planning, SSO, Biomedical Engineering, Legal, Communications)

**Administrative Leaders**
- Minnie Downey (FH)
- Jane Crosby (PHC)
- Edward Ratnarajah (PHSA)
- Ricki Kruger (VCH)

**Medical Leaders**
- Dr. Arun Garg (FH)
- Dr. Enid Edwards (PHC)
- Dr. Diponkar Banerjee (PHSA)
- Dr. Robert Coupland (VCH)
- Dr. Mike Allard (UBC)

**Project Management**
- Kathryn Kolbuch (PHSA)
- MOHS
  - Dr. Stephen Brown, Jeremy Higgs, Jane Crickmore
Consolidation Guiding Principles

- Quality will be monitored and maintained using key quality indicators.
- We will involve physicians, scientists and senior technologists within Pathology & Laboratory Medicine to develop and move forward with detailed plans for system redesign and consolidation.
- We will recognize and accommodate academic responsibilities, and research and teaching programs.
- We will actively liaise with unions and professional associations.
- We will make changes where it makes sense to do so.
Consolidation Guiding Principles - continued

- We will endeavor to make the savings by non-labour cost reductions wherever possible.
- We will let affected people know of changes as early as possible.
- All changes must be made in the context of the required fiscal reductions.
- The desired outcome for patients is better value – reliable and accurate outcome, lower cost, equitable access.
- We will achieve medically necessary turnaround times.
- A single hub site will be utilized for all non-urgent testing unless it is more costly to prepare and transport, or quantifiable risk outweighs the benefit.
Approach by Discipline, Program and Site

Initiation
- Communication of Approach
- Select Medical and Technical Discipline Leads
- Form Medical Advisory Council
- Establish principles for consolidation
- Establish discipline consolidation objectives and targets

Detailed Planning
- Physician, staff and stakeholder consultation
- Develop standards
- Develop detailed project plan, including considerations for space, LIS, academics, specimen transport, HR, operating budget, communications
- Patient Safety & Quality Council recommendations to be incorporated
- Establish service level agreements
- Identify risks
- Consider sustainment

Execution
- Pilot implementation (if applicable)
- Physician, staff and stakeholder communication
- Project plan execution
- Risk Management
- Status reporting

Close-out
- Transition to operations
- Ongoing monitoring of implementation success, quality
- Course correct where necessary
- Capture lessons learned
- Monitoring and evaluating physician, staff and stakeholder satisfaction
Progress to Date and Next Steps

- Approval of approach by LM CEO Steering Committee – March 26
- Executive Team appointments completed – April 13
- Form Medical Advisory Council - April 27
- Initiate union liaison meetings – April 2010
- Operations Director-level Leader appointments – Projected completion May 31
- Site and stakeholder meetings, and site tours – Projected completion May 31
- Discipline and program teams formed – Projected completion June 11

NEXT STEPS
- LIS project initiation
- Discipline and program teams begin detailed planning

HOW TO GET INVOLVED?
- Participate in discussions with discipline, program and site teams
- Help to identify non-labour and workflow-related savings opportunities
- Email suggestions and feedback to LMLabs@phsa.ca
Questions?