



For Consideration by NLEG 25 Nov 2014

Systems Integration

NZMLWU and DHBs Heads of Agreement 13 February 2012 and reiterated in following agreement

The parties are committed to the following desired future states:

Interest – The future

Both parties desire:

- a) input into and commitment to delivering a national strategy for pathology services that meets stakeholder needs, and
- b) to create and maintain a workforce that meets stakeholder needs that will:
 - attract and retain medical laboratory staff; and
 - deliver work/life balance for medical laboratory staff; and
 - provide a clear and visible career path.

Interest – The parties Engagement/Relationship

Both parties want a relationship based on high mutual trust at all levels where:

- effective processes facilitate engagement; and
- all stakeholders perceive the medical laboratory workforce as an important and credible component in the provision of an effective health system.

Interest – Medical laboratory staff are acknowledged and recognised for the skill and expertise they bring to timely and effective patient interventions

Both parties desire medical laboratory staff to be willing and able to add value to clinical services, adapt to a changing, and more complex environment, whilst contributing to the improvement of patient outcomes. Similarly, both parties recognise the benefits of a medical laboratory workforce that feels motivated and valued and are committed to pursuing the tangible and intangible rewards that deliver the outcomes specified.

Interest – Affordable solutions

Both parties recognise that decisions on funding and resource allocation:

Need to be sustainable and balanced in the use of available resources; and

Recognise the importance in striving for efficiency and the need to balance increasing demands on the medical laboratory workforce with incentives that the workforce values

Interest - Changing to suit clinical demand

Adequately resourced pathology service will be proactive, integrated, collaborative and responsive to the changing clinical demand based on valid shared information. In responding to the changing clinical demand the parties recognise the benefits of retaining and retraining medical laboratory staff.



Interest – Support for Training and development

CPD and training are recognised as an integral component in the effective delivery of quality pathology services, achieved with minimal disruption to WLB that adds value to both medical laboratory staff and the employer

LLEG Feedback to Systems Integration paper Feb 2014

There is a consistent theme from LLEG's regarding a lack of notification in laboratory service level demand increases.

Examples include:

The employment of new physicians in a clinical services that result in higher levels of demand on laboratory and other allied Health areas.

“DHB/MOH Initiatives are not ‘sensed’ at a local or departmental laboratory level”, although CAPEX estimates have been entered to expand capacity and provide more automation.

“Management are now being informed of growth to services and are requesting more FTE when new services or increased services are occurring. Lab Management are also working on a service level agreement template to be used with other services that can be measured and reported quarterly. provide us with more FTE.”

“LLEG discussed several occasions where the Lab had not been appropriately consulted Mechanisms for raising profile of the Lab to ensure more robust processes for planning for service development is agreed across services particularly clinical services.”

“The group manager of Clinical and Support services provides communication and support around service changes that impact the laboratory. One of the recommendations indicated the need for improved representation of allied health and technical.”

One respondent provided a detailed plan of actions their service was doing to cope with demand.

Another respondent said that their director of allied and technical health was providing feedback to clinical areas about good laboratory practice.

Discussion

What is a perfectly integrated system?

From the laboratories perspective, is it that the laboratory has (perfect) knowledge of all parts of the wider system it affects and knowledge of what parts affect it so that it can respond to change rather



than risk being reactive. What parts of the system should therefore be interrogated, or to put it another way, where are the greatest gains to be had (in terms of outcomes) from those points of interaction.

Laboratories are there ultimately to provide successful outcomes for patient's health (Diagnosis/Prognosis/Treatment). The LLEG examples suggests that clinical decision making is having profound effects on demand in the laboratory. One of the formal processes for clinical decision making is the Multi-Disciplinary Meeting (MDM) process. This a natural portal (perhaps representing low hanging fruit) for an integrative opportunity with respect to the laboratory. Laboratory scientists are generally not involved or even present as observers at MDM's. This could arguably be a real opportunity to provide greater visibility and real laboratory integration into decision making and consideration of whether this is a priority place to start is warranted.

Barriers to MDM participation.

1. Time / workload / priority
2. Recognition / permission / confidence
3. Physical separation
4. Status (real or perceived)
5. Training

Stewart Smith & Trevor English