

# APPROACHES TO ACCOUNTABILITY- The case of Ontario's Medical Laboratory Sector(MLS)



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## Background

Accountability is a key component of many healthcare reform efforts.<sup>1</sup> To be accountable, "means having to be answerable to someone, for meeting defined objectives" This study, focuses on the approaches to accountability in the Ontario medical laboratory sector (MLS).

MLS is an important part of healthcare providing up to 85% of the objective data for diagnosis, monitoring, and treatment of patients.<sup>2</sup> The delivery of services continues to evolve as new technologies develop (e.g., genetic testing), the organization of the delivery of services continues to change (e.g., point of care testing, automated high volume testing, etc.) and the development of new quality assurance tools and standards.

## Objective

The overall objectives are to identify the approaches to accountability in Ontario's MLS and to ascertain stakeholder views on the advantages and disadvantages of the approaches used.

### What we need to know:

- Who is being held accountable?
- To whom they are accountable?
- What they are accountable for?
- What procedures will be used to hold "who is" accountable?

## Research Methodology

A case study design using a mixed methods approach to include quantitative (i.e., document review) and qualitative (i.e., 21 semi-structured interviews). The interview schedule involved a series of questions that dealt with the following topics:

- To whom is your organization accountable?
- Funding
- Approaches to accountability both internally and externally
- Views on the different approaches
- Process of implementing approaches
- What works best
- Challenges
- Specific questions about Health Services Accountability Agreement (HSAA) / OLA were chosen due to the impact of this legislation on the laboratory sector.

The interview data was analyzed using NVivo9™ software.

## Results

### Funding and Delivery

The majority of laboratory services in Ontario are publicly funded. Delivery is based on a mix approach. Laboratories are categorized in four sub-sectors based on public/private ownership.

Public/private Ownership	Laboratory
Public sector	Public health laboratories
Private not-for-profit	Hospital-based laboratories
Private for-profit small business	Laboratories found in physician offices
Private for-profit investor-owned	Community-based laboratories

## Interview Results

### Who is being held accountable?

*Short answer:* Everyone from the bench Medical laboratory assistant up to the medical director (e.g., medical laboratory technologists, section supervisors, department supervisors, department managers, laboratory manager, vice president, CEO, Board of Directors and the MOHLTC).

### To whom are they accountable?

*It varies and includes:* patients/clients, frontline healthcare providers, Board of Directors, MOHLTC, shareholders, regulatory bodies and accrediting bodies.

### What they are accountable for?

*It varies:* Financial ( balanced budget, profit), quality (reliability, validity, and timeliness), professional standards of practice, certification examination, entry level education and continuing education.

## Role of Regulation

All participants identified regulation as the most frequently form of accountability. For example, Ontario Laboratory Accreditation (OLA) is mandatory.

Note that all medical laboratories in Ontario with the exception of physician offices are licensed and are required to participate in Ontario Laboratory Accreditation.

### Thank you to research partners

1. Ontario Ministry of Health and Long-Term Care
2. Ontario Quality Laboratory Management Program: Laboratory Services

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## Views on Ontario Laboratory Accreditation (OLA)

According to laboratory managers:

- "the accountability requirements such as OLA accreditation were externally imposed on our organization by the OMA."
- "I think what it has done it has raised a different level of awareness for our profession and on some level has put on the map in terms of a more cutting edge approach to regulatory standards"
- "I believe that we are better off in Ontario I believe we are producing a better outcome for our patients as a result of a program like OLA." ( FP)
- "My preferences is that all jurisdictions in Canada have a model similar to Ontario with accreditation of program, certification of program, personnel, continuing competency requirements in both hospital and facility accreditation as a best practice."(FP)
- "The downside I would say is that it just took so much time. The manager was responsible for updating all the SOPs. I probably had about 500 and that's basically a full time job."(NFP)
- "regulation is what really drives our business. You know we have the Ontario Laboratory Accreditation process and then there are also other regulations just for best practice"

## Take Away Message

The laboratory sector is not homogeneous. There is considerable variation in how they are financed and organized. While medical laboratories are responsible for implementing OLA, how OLA is implemented varies due to a number of structural and organizational factors; 1) type of laboratory (for profit or not-for-profit); 2) location of the laboratory (rural vs. urban); 3) equipment used for testing (fully automated vs. semi-automated, desk top); 4) type of testing (acute vs. routine) and whether services are contracted out.

## Cited References

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