

## **Ten Principles for Modernisation of Laboratory Medicine**

- 1) **Accreditation** of all laboratories
  - a) Laboratory Medicine services to support patient and clinician requirements in the context of the ongoing transformation of the Irish health system
  - b) Think beyond ISO-15189, - include patient-centred QA and clinical audit
- 2) **Clinical Input** in all disciplines – to be increased
  - a) Appoint more specialist pathologists in the subspecialties
  - b) Provide more clinical audit
  - c) Provide more clinical services
- 3) **Networks** – develop a network of National, Regional, Local laboratories
  - a) Develop a directorate management structure
  - b) Incorporate Hot and Cold models
  - c) Centralise complex low-volume work to specialised centres, and high volume automated tests to core labs
  - d) Include education and training of pathologists and scientists
  - e) Include provision for R&D
  - f) Integration of primary and secondary care services
  - g) Appropriate development of subspecialty areas, including paediatrics
- 4) **Manage Demand** in Primary and Secondary Care
  - a) Develop clinical screening programmes with approved investigation strategies (CHD, Diabetes, prostate, thyroid)
  - b) Common investigation protocols, standardised test codes and test selection menus, national lab e-handbook
- 5) **IT Connectivity** – upgrade to support new network/hot and cold labs, to include:
  - a) Unique patient identifier needed
  - b) Electronic ordering and reporting
  - c) Interlab connectivity (e.g. for referred tests)
  - d) Clinical-Laboratory connectivity and GP connectivity
- 6) **Improved work practices**
  - a) Linked with patient needs, and ongoing clinical/hospital reforms
  - b) Extended opening hours, multidisciplinary teams (e.g. lab aides, basic medical scientists staffing core workstations;
  - c) Consider an integrated scientific staffing spine
- 7) Use **Core Labs** Technology
- 8) **Phlebotomy and Transport Logistics** – to be improved
  - a) Community phlebotomy centres
  - b) Access based on patient need (common waiting list), not ability to pay
- 9) Develop a **charging/ cost/workload model** using standardised test codes
  - a) Is it appropriate to continue to offer pathology testing free of charge at public facilities to all private patients (including those attending private hospitals)?
  - b) Which investigations would remain free of charge (e.g. testing as part of an approved clinical programme) and which are chargeable?
  - c) Charges for occupational testing, life insurance examinations?, etc
  - d) Eligibility
  - e) Value For Money (VFM) considerations
- 10) **POCT** – support implementation of National POCT Guidelines
  - a) Including an accreditation scheme for POCT facilities in the community (hospital POCT is covered by hospital accreditation schemes)