

Laboratory staff put halt to plans for closures and cutbacks - for now

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Concerned lab technologists and other health workers in the Thompson-Cariboo-Chilcotin health service area were appalled this summer when their administration announced plans to replace rural labs with a hand-held blood-testing device.

Hospital laboratories in rural towns including Lytton, Chase, Logan Lake, Ashcroft, Barriere and Clearwater were slated for outright closure or severe cutbacks — in some cases down to one full-time laboratory technologist for one shift only - even though the hand-held machine could not help doctors diagnose acute appendicitis or septicaemia. Administrators told hospital staff that in an emergency, patients needing the necessary [white-cell count differential] test could have their blood sample taken by taxi to the nearest hospital that still offered full laboratory services.

Edie Polderman, a medical technologist and chief steward at St. Bartholomew's Hospital in Lytton, explained the fatal short-sightedness of the plan: [White cell counts are one of the few tests doctors rely on, and is the deciding factor on whether a patient with suspected appendicitis or infection will be [shipped] to a major facility,] she said. [It's a basic test, and depending on what the results show, it's the difference between whether a patient gets admitted for further treatment or is sent home.]

[They wanted to send patients needing the tests in an emergency situation to Lillooet District Hospital, which is an hour's drive away. She added that since the Interior Health Authority has cut the number of acute beds at Lillooet District Hospital from 17 to six, patients are in further danger of being diverted to Kamloops, another two-hour drive away.

When she received this announcement, Polderman decided she had to act. [To save money, they were going to cut back the medical technologists in the region to lab aides, while others would be losing their jobs,] she said. [Lab testing would be done by nurses or doctors only, using the hand-held instruments. Not only would we be losing our professions, but doctors would also be losing our expertise.]

Polderman refused to believe that the hand-held device was a success in other workplaces. She started phoning. And what she found out helped stop this ill-conceived plan.

[I phoned other hospital laboratories around the province that were using these hand-held devices to enquire how they were being used, and for any other useful information. A lot of them said they only use them as a back-up instrument, and would not consider using them as their primary instrument,] she said.

[I got a lot of negative feedback. The laboratories I phoned were all shocked that [the administration] would

consider replacing laboratory technologists with a hand-held device to be used by nurses and doctors as a primary instrument. One place I talked to said they were only using one because they had been short a technologist and would discontinue once their newly-recruited technologist started in a month's time.

When the health administration came to Lytton for a meeting promoting the hand-held devices and laboratory consolidation, they were unprepared to answer many of the staff's concerns. "They didn't even have the instrument to show us, and this was six to eight weeks before they had slated to shut us down on July 13," Polderman said.

"And they still would have had to train the nurses and the doctors on how to use it. A doctor wanted to know what happens when it's after midnight, and he's on-call by himself without a nurse. "What am I supposed to do," he said, "I have to be the doctor, the nurse, and now the lab tech too?" In addition, he found out he wouldn't be able to bill for this procedure.

"But he's right. Their answer was, "send the blood sample to Lillooet." He has to find someone at midnight who is willing to drive two hours to the next hospital, and wait while that hospital gets their technologist out of bed and performs the test, when, like he said, "My own staff could do it in half an hour, so how's that going to save you any money?"

Polderman didn't stop there. "After the meeting they had here in Lytton, I sent the information I had gathered to other technologists in the region who were going to be visited next. They had also done some research, and together with their doctors voiced their objections and concerns. The next thing I knew there was an article in the Kamloops newspaper, saying they've scrapped the plan, or at least put it on the backburner for now."

While she says this is a temporary relief, Polderman has fundamental concerns with the reckless pace of health care reform. "If their whole plan can be undone by one person making a few phone calls, what does it say about their planning? Part of the problem is that they never consulted with the laboratories or the doctors this would affect. We see this in other areas as well; it's a rush to implement change without a well-thought-out plan, then plug the leaks later," she said.

"They've closed our acute-care beds, and our patients are supposed to be shipped to Kamloops, but Kamloops doesn't always have beds to receive them so they get rerouted."

Meanwhile, the long-term care facility at St. Bartholomew's Hospital has been given a three-month reprieve to find alternate accommodations for residents who were supposed to have been moved out by July 13. Then the staff cuts will continue.

Dani Demetlika, HSA's labour relations officer for St. Bartholomew's Hospital, praises the efforts of Polderman and other laboratory staff in the region who are standing up for patient safety.

"The administration had also not considered the significant liability issues that ensue: what happens if the test is read wrong?" she asked. "What happens if the test is not calibrated correctly? And sending patients to Kamloops hospital by ambulance would only increase health care costs even further. Many patients don't seek treatment until the very last moment," she said. "By the time they get to their local hospital, they may be acutely ill, and sending these patients to Kamloops would put them at further risk." 

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