



*Working to Keep Our Health care System Healthy™*

**Ontario Association of Medical Laboratories**

**Standards and Protocols for the Delivery of  
Laboratory Services in Long Term Care  
Facilities**

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## Introduction

Ontario's community laboratories provide laboratory services to patients in their homes, including to those in nursing homes and other long term care facilities. Laboratory personnel currently provide services to nearly 70,000 residents in over 570 licensed facilities.<sup>1</sup> We are proud of this element of our service to the people of Ontario and have worked with the Ministry of Health and Long Term Care to ensure that such services have always met the needs of patients, long term care facilities and the Ministry.

The 1999-2001 OAML- Ministry of Health Agreement called for the provision of routine laboratory services to Nursing Homes and Long Term Care Facilities. In response, the OAML developed a Policy Statement on the "Provision of Routine and Uninsured, Non-Routine Services to Long Term Care Facilities and Other Facilities". The policy statement also included a tariff schedule to serve as a guideline for OAML member laboratories in determining the fees they would charge for uninsured, non-routine laboratory services and other diagnostic and therapeutic procedures. Elements of that policy statement are reflected in the current document.

In 2001, OAML member laboratories and long term care facilities established individualized, written service agreements which stipulated the level of services that could be expected and the payment mechanisms for those services. Most services are funded through OHIP.

## Factors Affecting Service

### Impact of Geography

Community laboratories provide services in every region of the province and make every effort to ensure equity of access to services. However, in more remote regions of Ontario, specifically in the North West region, health care services are not delivered in the same way as they are in other regions. Geography is a determining factor.

### Role Definition

As the health care system evolves role definition is critical. It is not always the case that the role and mandate of community laboratories is well understood by those ordering services. Through clear communication of roles, providers can better ensure continuity of care.

### Criticality of Patients

One factor that affects the ability of community laboratories to respond to the needs of patients in long term care facilities is the change in hospital discharge policies. Another is the presence of fewer long term beds in hospital settings. Patients seen in nursing homes or other long term care facilities are often more

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<sup>1</sup> Source: Ontario Long Term Care Association, Third Quarter Statistics, September, 2003. Number of licensed beds: 68,373; number of licensed facilities: 571. Ministry of Health data indicate that an additional 10,856 nursing home beds will be added to the pool by the end of 2004.

acutely ill and the demand for some types of laboratory services may exceed the mandate or infrastructural capacity of community laboratories. Programming initiatives within the community have not kept pace with the demand created as a result of earlier hospital discharges.

### **“STAT” Testing**

Community laboratories cannot and do not do “STAT” testing, with guaranteed results reporting within four hours. “STAT” testing is not consistent with the mandate of community laboratories; patients in need of such prompt evaluation are more properly referred to a hospital where both testing and clinical intervention can be delivered.

However, the OAML has developed a “Protocol for Reporting Laboratory Test Results,” which addresses the availability of expedited reporting. That protocol is appended to this document and forms a part of the protocols for the delivery of services to long term care facilities.

## **Principles**

The following principles inform the standards and protocols which have been developed to address service provision to patients in long term care facilities:

- Patients in long term care facilities are entitled to a level of service consistent with that provided to other patients in their communities
- Each OAML member shall maintain a laboratory service that is administered in accordance with the highest ethical and professional standards
- Each OAML member shall comply with all applicable legislation and regulations pertaining to the practice of laboratory medicine and operation of diagnostic laboratory facilities
- No OAML member shall enter into any arrangement with practitioners from whom the member receives patients or specimens where the impact of such arrangements is the ordering of diagnostic procedures that are medically unnecessary
- Each OAML member shall establish and follow systems of quality control that ensure the quality of laboratory services meets or exceeds the standards set by the Quality Management Program- Laboratory Services.

## Policies

### Provision of Routine Laboratory Services to Long Term Care Facilities and Nursing Homes

#### ***Definition of Long Term Care Facilities***

*“Long term care facilities is defined to include nursing homes, homes for the aged and charitable institutions funded and regulated by the Ministry of Health and Long Term Care. “Long term care facilities” **does not include** retirement homes and facilities regulated by the Ministry of Municipal Affairs and Housing.*

#### **Definition of Routine Services**

The OAML’s Board of Directors has approved a policy defining routine services.

“Routine services” to be provided to long term care facilities is understood to be basic services that community laboratories will provide at no cost to residents,” and will include:

- laboratory testing
- provision of laboratory supplies as per OAML policy
- scheduled pick up of samples Monday through Friday

Long term care facilities are encouraged to follow the policy for the provision of routine services and to maintain pre-arranged schedules for visits by laboratory staff.

### Provision of Non-Routine Laboratory Services to Long Term Care Facilities

OAML member laboratories may provide non-routine services to long term care facilities, for a fee to be charged to the facility.

**Non-routine services** are defined as services other than those basic services that are provided at no cost to residents and include:

- attending at a facility to collect blood (“mobile blood collection services”)
- unscheduled services
- consulting services

### Tariff Schedule for Non-Routine Services (January, 2000)

*OAML Tariff Schedules are meant to serve as guidelines to member laboratories in their provision of laboratory services defined as non-routine services.*

*Fees charged "per patient" are to be interpreted as fees charged to the facility. These are not fees charged to the patient by the provider.*

Service	Definition/Policy	Fee
Blood Collection (phlebotomy & capillary)	Long term care facilities will provide blood collection services which meet the standards established by community laboratories to ensure specimen integrity	No fee
Scheduled Mobile Blood Collection Services	Community laboratories will provide blood collection services at scheduled times for a fee to be charged to the facility*	\$50.00 per visit + \$5.00 for the second and each additional patient
Unscheduled Mobile Blood Collection Services	Unscheduled blood collection services	\$75.00 per visit + \$5.00 for the second and each additional patient
Unscheduled Services	Unscheduled courier services	\$25.00 per visit
Consulting Fees	Fees will be charged for additional services provided by community laboratories, including but not limited to infection control, audits, accreditation committees, in-service education, etc.	As negotiated in service agreement.

\*Unscheduled services, such as creatinine collections during influenza outbreaks, must be arranged with the service provider

### Laboratory Tests Not Paid by the Ontario Health Insurance Plan (OHIP)

Some laboratory tests, which may be ordered by a physician and performed by a licensed medical laboratory, are not paid for by OHIP. In these instances, the costs associated with the test will be borne by the patient.



## Service Agreements

Community laboratories will negotiate service agreements with each long term care facility to which they provide services.

The agreements should stipulate the services to be provided, hours of service and fees for services not paid by OHIP. Agreements should include clear enunciations of the provider's policies regarding privacy and confidentiality, compliance with applicable accreditation and government standards, assumption of risk and insurance coverage.

Agreements should also stipulate the conditions of termination of agreements.

A model Service Agreement appears as Appendix B to this document.



### OAML Protocol for Provision of Supplies and Equipment to Long Term Care Facilities

In facilities where facility staff or a physician associated with the facility collects specimens, OAML member laboratories may provide supplies and equipment that are used exclusively for the collection and maintenance of specimens, at no charge to the facility.

The following table lists examples of supplies permitted for the procurement of specimens.

#### Examples of Supplies Permitted for the Procurement of Specimens

Vacutainers	Sterile urine/sputum containers
Multi-sample needles	24-hour urine containers + additives
Needle holders	Band-Aids
Alcohol swabs	Tourniquets
Cotton balls	Public health kits

This list is not inclusive.

Every item should be assessed in the context of whether the item is necessary or essential for the procurement and maintenance of the specimen.

Fixed items, provided by the laboratory corporation and used for the procurement of specimens remain the property of the laboratory corporation.