

Laboratory Modernisation - The Ten Principles

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
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.
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)