

# TAKING STOCK OF MEDICAL LABORATORIES

## HIGHLIGHTS



The OPTILAB reform was launched ten years ago as a vast project to improve the efficiency of public medical laboratories, whose crucially important services provide the basis for 85% of diagnoses.

Planned in the upper reaches of the health and social services ministry without consulting the employees who ensure the labs' functioning on a day-to-day basis, this wide-ranging reform was deployed like a bulldozer, tearing through everything in its path and causing repercussions far beyond laboratory walls.

**Ten years and two major reforms of the system later, the evidence is troubling: this imposed reorganization has not kept its promises.** Today, labs in the public system face worse problems than ever before as a result of a disastrous centralization project, an unprecedented labour shortage, and service breaks that are constantly on the rise.

With this assessment, the APTS is providing a lucid portrait of what's happening in medical labs, paving the way for concrete solutions to keep services accessible and preserve the system's capacity to meet Quebecers' needs, both today and in the future.

**Here are some key facts** about the impact of centralization on labour shortages, the current state of lab infrastructures, the SIL-P roll-out, and the repercussions of OPTILAB in Québec regions.

## A few figures

**5,203 APTS members** worked in Québec labs in 2025.  
Of these, in January 2026:

**15%**  
were on leave  
(maternity, paternity,  
without pay,  
etc.)



**5.9%**  
were on extended  
disability leave



### EVOLUTION OVER 5 YEARS:

**-7%**  
members employed  
in labs



**-8.1%**  
hours worked



**+15.1%**  
analyses completed



## Centralization and labour shortages: a devastating mix

Centralizing to achieve greater efficiency - really? The OPTILAB reform was intended to optimize the resources of public system labs. But it was badly planned, and in fact, it has:

- undermined biomedical analysis occupations;
- devalued jobs in partner labs;
- aggravated the labour shortage;
- led to a dramatic surge in workloads.

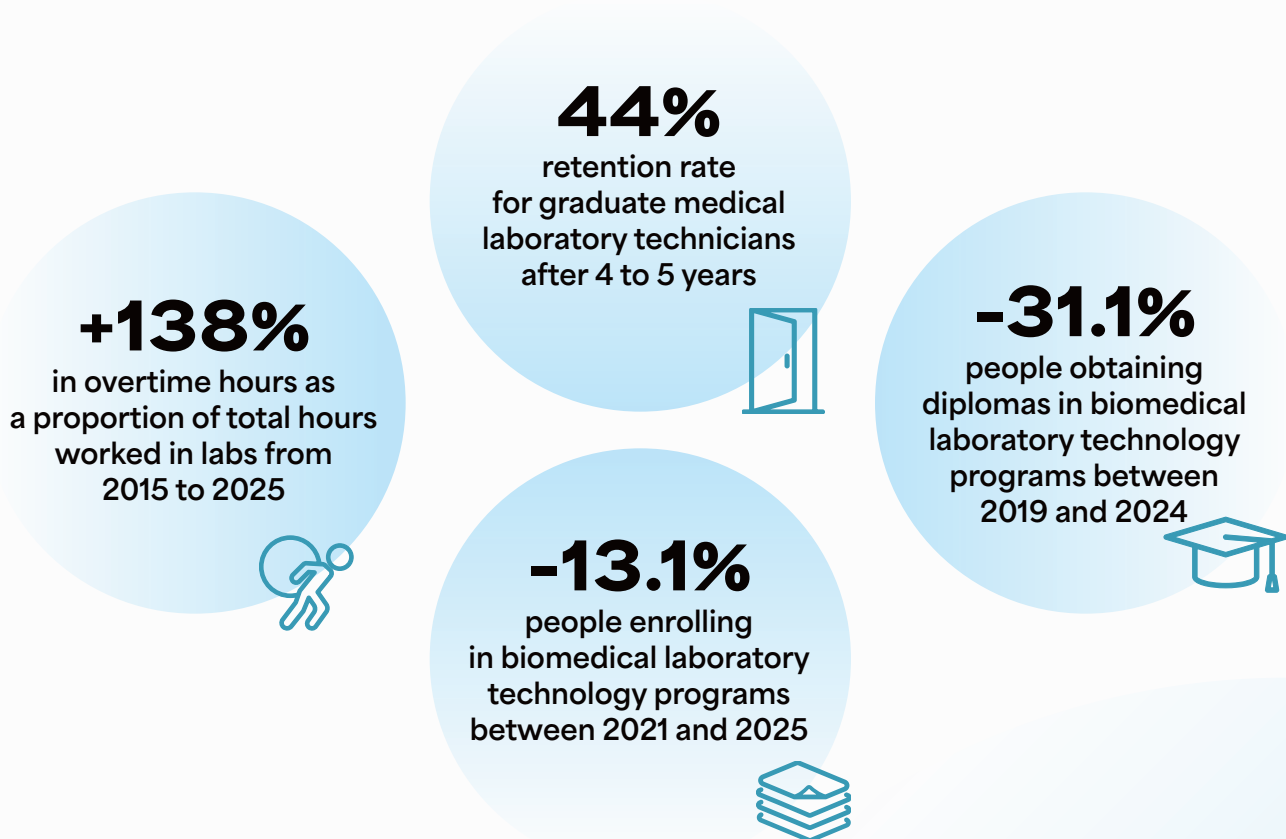
Not only is the public system straining to keep its employees, but CEGEPs are not able to train sufficient numbers of students, depriving us of vitally needed new recruits.

In addition, a number of remote regions are facing acute labour shortages that are directly jeopardizing service delivery. Unable to predict the future, and without any long-term vision on the part of the employer, existing teams are alone in shouldering a burden that keeps getting heavier.

Also part of this worrisome picture are an **increase in the volume of analyses and a defective work organization** that has caused overtime to double, as it is being used to compensate for the labour shortage prevailing since the OPTILAB roll-out.

## A few figures

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## Obsolete infrastructures

If you're going to implement a project on the scale of OPTILAB, you need to make sure the appropriate resources are available. But several pieces of equipment were already reaching the end of their useful life when the project was launched. And the arrival of Santé Québec in a context of austerity has made the problem worse.

New purchases have been postponed, and equipment has been maintained far beyond its useful life span, for something like ten years now. A number of labs are also showing significant signs of deterioration, undermining their ability to function and install new equipment and jeopardizing the health and safety of employees.

## A few figures

**44%**

of equipment is considered to be in “poor” or “very poor” condition, according to the government condition index (*Indice d'état gouvernemental*) for medical laboratory equipment.



**\$82.3M**

is the amount of money required to bring these pieces of equipment up to a “satisfactory” level.



**more than 33%**

of medical laboratory equipment exceeded its normal service life between 2019 and 2024.



## SIL-P: a rushed implementation disconnected from people on the ground

The OPTILAB reform was carried out at full speed. People on the ground were not consulted, nor were their needs considered. Goals were imposed without any concern for how they could be achieved or for the impact on employees and the organization of work.

The roll-out of SIL-P (*Système d'information des laboratoires provinciaux, or provincial laboratory information system*) is a telling example of the damage caused by this approach on the part of the health and social services ministry. SIL-P was supposed to ensure that all labs used the same computer systems; among other things, this would help them get ready for the implementation of the digital health record system (*Dossier santé numérique*).

The SIL-P roll-out has been taking place since 2022 in OPTILAB clusters, and this will continue until spring 2027. **Here's what APTS members who have gone through the process are telling us:**

- the process, carried out under pressure and chaotically, has undermined trust;
- it is characterized by lack of support and highly compartmentalized project management;
- institutions haven't been sharing what they learned;
- teams that are already overloaded have been forced to find solutions on their own to minimize the impact on services.

Without appropriate measures to reduce the volume of analyses during the roll-out period, teams have had to catch up on delays, avoid as many losses as possible and respond to regular requests, all while becoming familiar with the new system.

**Once SIL-P is implemented, the continuity and quality of lab services continue to be affected by:**

- lost analyses,
- communication problems between labs, care units, and physicians and other prescription writers;
- problems in adapting the software to some types of specialized analyses, leading to an accumulation of errors that have not been corrected to this day;
- frequent scheduled and unscheduled system shutdowns forcing a return to manual record-keeping.

## **Management disconnected from regional realities**

Because OPTILAB is divided into lab clusters, some hub labs serve more than one region, creating distance between those managing operations and reality as experienced on the ground. Physically, the hub lab may be located dozens or even hundreds of kilometres from its partner labs.

This is the case for the following regions:

- Abitibi-Témiscamingue (attached to the MUHC),
- Côte-Nord (attached to the Saguenay-Lac-Saint-Jean),
- Gaspésie (attached to the Bas-Saint-Laurent),
- Lanaudière and Laurentides (both attached to Laval).

Technicians work in their region's institutions, but the lab is managed remotely by an employer in a different region. This means that labour relations are more complex, occupational health and safety are neglected, and basic needs such as access to facilities or parking are forgotten. Each request must be sent to a distant administration that is not familiar with local realities.

**We have a clear diagnosis.  
Our labs are no longer in good health – and we need to get them back on their feet.**



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