ASCLS The American Society for Clinical Laboratory Science

NEWSLINKS

MARCH/APRIL 2024 AMERICAN SOCIETY FOR CLINICAL LABORATORY SCIENCE - MICHIGAN VOLUME 36, NUMBER 2

President's Message

Kyle McCafferty MLS(ASCP)CM

Spring is upon us!

I don't know about everyone else, but I am very much looking forward to seeing the daffodils bloom and trees begin to get their new leaves. As everything starts to wake up after the winter and come alive again, we should do the same. There are a lot of exciting events coming up, including Medical Laboratory Professionals Week, which will be kicked off with the ASCLS-Michigan Annual Meeting at the Soaring Eagle Casino & Resort on April 14-16!

I am excited to announce that I have formally requested a proclamation to be made by Governor Gretchen Whitmer to recognize April 14-20, 2024, as National Medical Laboratory Professionals Week! I have recently received an affirmative response from her office and a hard copy of the proclamation will be made available to us. Stay tuned for a picture of it in the next Newlinks Issue!

Lab Week will be a celebration of all the hard work we all do every day to ensure excellence in the practice of laboratory medicine.

Please join us for an excellent gathering at Soaring Eagle this April! Register here: www.asclsmi-conference.org

Inside This Edition:

ASCLS-Michigan 2024 Annual Conference

Soaring Eagle Casino & Resort

6800 Soaring Eagle Boulevard
Mt Pleasant, MI 48858
April 14, 2024 – April 16, 2024

Mark your calendars for next year's annual conference. The ASCLS-MI Annual Conference is the largest state meeting for laboratory professionals, vendors, educators, and students in Michigan each year. Our next meeting will be in a new venue in the center of the state.

Click below to

- Submit a session proposal or topic suggestion
- Join the exhibitor or sponsor interest list
- See updates on the meeting

We look forward to seeing you in April!

American Society for Clinical Laboratory Science Michigan

ASCLS-Michigan *Newslinks*

A bi-monthly publication of the American Society for Clinical Laboratory Science-Michigan. This newsletter is available on our website, distributed via email link to members and posted on the ASCLS-Michigan Facebook page.

Intended Content

Member submissions:
Articles focusing on the medical laboratory profession are encouraged, including case studies, workplace activities, district events, committee reports, technology developments, awards and any other relevant and necessary information.

Non-member submissions: .
Educational Institutions and Commercial Organizations: Sponsors of Annual Meeting will be recognized and may submit materials for approval by ASCLS-Michigan leadership.

(**Deadlines f**or articles are the 20th of Feb, Apr, Jun, Aug, Oct, & Dec. Articles must have name of author. Anonymous letters will not be published. The editor reserves the right to edit all materials submitted for publication. Articles appearing in *Newslinks* represent the opinion of the author and may not represent the opinion of the society.

Editor: Paul Guthrie
pfgu3@aol.com

Membership: Join ASCLS-Michigan by visiting the ASCLS web site:
Join ASCLS. - ASCLS
(https://ascls.org/join/)

ASCLS-MI Leadership: Visit our web site at
www.ascls-michigan.org

for a complete listing and contact information for all ASCLS-MI board members and a wealth of other information on the Society.

Turn Around Time Statistics

Part 1: What are we really counting?

Paul Guthrie MLS(ASCP)CM -Publications Chair

Turn Around Time (TAT) reports are often used to monitor a laboratory's level of service and quality. The College of American Pathologists (CAP) General Checklist GEN.20316 has this statement on TAT as a key indicator to monitor activities integral to patient care delivery:

> *"Test Turnaround Time: Collection-to-reporting turnaround time or receipt-in-laboratory-to-reporting turnaround time of tests ordered. This may include orders of a "stat" priority (e.g., emergency department or intensive care unit specimens), or routine priority, to include the percent of specimens with turnaround time that falls within an established limit (e.g., the time that represents the 90th or 95th percentile of turnaround times or less than 30 minutes)."*

A variety of assessments and decisions can be made from TAT data. It is important that the information is presented in an accurate and well-documented manner.

Typical time stamps for TAT metrics include:

- Time of order to time of specimen collection
- Time of specimen collection to time of receipt in laboratory
- Time from receipt in laboratory to result reporting.

In July of 2022, the laboratory where I work moved from a "stand-alone" Laboratory Information System (LIS) interfaced to the Hospital Information System (HIS), to an LIS that was an integrated module of the HIS. We had an ongoing monitor of average TATs for the Emergency department (ED) from the old system, and began running the same pre-defined TAT reports from the new system. There were some changes in the average TAT metrics, but nothing drastically different. This year we started a process improvement project and began looking at the TAT data in a different way; we looked at the incidence of delayed "outliers". The reasoning for that was the average TAT might look good. However, that average can hide many instances where getting test results took much longer than average. It's those "outliers" that are disruptive to efficient ED throughput. Often in those cases, ED staff need to

call the lab and ask when the results will be available. They are waiting on lab information needed to treat or discharge the patient.

As we began to study the data further, we learned much more about the new LIS and how it was different for TAT data than the previous. It was more complex, with many more time stamps, many of which were workflow dependent. Workflow is the process a user follows to complete a task in the HIS. That workflow can vary by the location and user role. For instance, phlebotomy may have a different workflow than nursing for sample collection activities.

Two of many new issues we uncovered are listed below.

- **Incorrect workflow:** If the collection activity (entering the sample collection time) was not completed by the collector in the ED, when the sample was received in the laboratory the current time defaulted as the collection time. The incidence of this issue was identified by Collect to Receive" TAT being the same, i.e. "0" minutes.
- **Unreceived Specimen ID:** When a sample was collected and the workflow generated more than one specimen label for a container (example urine sample with pregnancy test, urinalysis and urine culture) if one of the labels was not on the container, was not sent or not scanned to receive into the laboratory, that test would not show up on the "Outstanding List". In the old system, those would be on the "Pending List". These collected but unreceived samples could only be found by going into the "Receiving" activity and searching the "Expected List". This task was done once per shift, which was not sufficient to avoid delays. The incidence of this issue was identified by very long "Collect to Receive" TAT.

Discovering these two issues, led us to examine the TAT statistics generated. We found this to be an example where the "average" (aka "mean") may not tell the whole story. It was an illustration on how the mean, and the median can be helpful in better understanding the data.

A couple of definition and best uses:

- The **mean** is the sum of a collection of numbers divided by the number of numbers in the collection. It's best to use the mean to describe the center of a dataset when the distribution is mostly symmetrical and there are no outliers.
- The **median** represents the middle value of a dataset. It is calculated by arranging all of the observations in a dataset from smallest to largest and then identifying the middle value. It's best to use the median when the distribution of data values is skewed or when there are clear outliers.

The table on the next page is an example of mean and median values for collection to receipt in lab TAT.

- The first column has statistics from all the data that was collected. A mean of 20 minutes seemed a bit lengthy and a median of 0 minutes we knew was impossible. In this case, the difference in the mean and median suggested the need to investigate the validity of the data.
- The second column has only data from correct workflow. Here we see how the mean and median can be the same when the data is evenly distributed without outliers.
- The third column has all data with correct values. When you can review the raw data, the impact of the two outliers on the mean is obvious.

Example: Collect to Receive in Lab TAT Statistics (minutes)			
Categorization	**All TAT data**	**Correct Workflow Only**	**Date with Corrections**
Incorrect workflow	0		5
Incorrect workflow	0		5
Incorrect workflow	0		6
Incorrect workflow	0		6
Incorrect workflow	0		7
Incorrect workflow	0		8
Incorrect workflow	0		8
Incorrect workflow	0		9
Incorrect workflow	0		9
Incorrect workflow	0		4
Incorrect workflow	0		5
Incorrect workflow	0		3
Correct workflow	5	5	5
Correct workflow	5	5	5
Correct workflow	6	6	6
Correct workflow	6	6	6
Correct workflow	7	7	7
Correct workflow	8	8	8
Correct workflow	8	8	8
Correct workflow	9	9	9
Correct workflow	9	9	9
Unreceived Specimen ID	257		257
Unreceived Specimen ID	151		151
Mean	**20**	**7**	**24**
Median	**0**	**7**	**7**

If you only had the mean or median and were asked "How long does it usually take from collection to receipt in the lab for a urine sample?" what would you say? 0 minutes? 24 minutes? 7 minutes?

Seeing the numbers that go into the statistics is of great value, and is essential to validate accurate TAT reports. If you only had the mean or only the median from the 1st or 3rd column, you would not have an accurate picture of this time interval.

In our case, after better understanding the data, we made three objectives:

1) Determine why collection workflow is not consistently completed in ED and improve.
2) Find a way to get one collection label per container. Having more than one label per container with the current system leads to delays if all labels are not scanned/received in the lab.
3) Learn what can be done in the LIS to alert laboratory staff there are samples collected but delayed in receipt to laboratory receipt.

Our plan is to work on these and continue to monitor the TAT to assess the impact of any process improvements. In part two of this series we will discuss other issues impacting appropriate TAT statistics.

LAB WEEK RUN

Presented by the American Society for Clinical Laboratory Science

JOIN US FOR THE 2024 LAB WEEK RUN!

Saturday, April 13th 8:30am
Rain Date: Saturday, April 20st 8:30am

Your American Red Cross invites you to run, walk, bike, or stroll with us as we participate in the ASCLS Lab Week Run!

We will provide water, snacks, and a 5K route through Detroit's Historic Corktown

Stay after the run for a tour of the Detroit Red Cross facility which serves you every day!

Meet up and park at the Detroit Red Cross:
1415 Trumbull Avenue
Detroit MI 48216

RSVP by April 8th to kayla.waider@redcross.org

Participants are responsible for registering for the race on their own.
Registration information can be found at www.labweekrun.com

American Red Cross

If you can't make it to the Detroit run in person, you can participate in the event from anywhere!

Click here to Register or Learn More: ***Lab Week Run Race Packet – Lab Week Run***

The Lab Week Run is entirely not-for-profit. Everything we raise goes to our cause of helping medical laboratory science students and new medical laboratory professionals attend meetings, lobby senators and Congress on behalf of the profession, and become future leaders in this field.

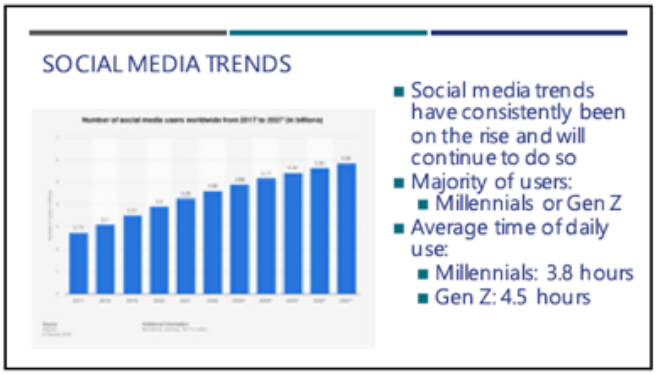
40th Annual Clinical Laboratory Educators Conference (CLEC 2024)

It's All Connected! Tell Our Story.

Amy Morris, MLS(ASCP)CM - District 1 Director

The ultimate purpose of Medical Laboratory Science is to provide exceptional patient care by our accurate, timely, and quality lab results. To accomplish this, we need to recruit and retain an excellent workforce. We have seen our hashtags: **#Lab4Life, #IamASCLS, #labvocate, #labucate**. We all know of the challenges that face our profession—retiring workforce, post-pandemic issues, competing degrees and careers, the lack of visibility and understanding in the medical community, etc. But all is not lost! We can impact change, we can promote, we can recruit and retain. Our profession already has the tools we need to continue the good work we do. After virtually attending many sessions of **the 40th Annual Clinical Laboratory Educators Conference (CLEC 2024)**, my confidence in the skills and abilities of our Medical Laboratory Science professional community was ignited. All that we do as educators, leaders and practitioners is connected. Recruiting, educating, certifying, training, and then continually developing are the keys to our longevity. These vital roles are all connected. Here are some of my valuable take-aways from the conference that support this idea.

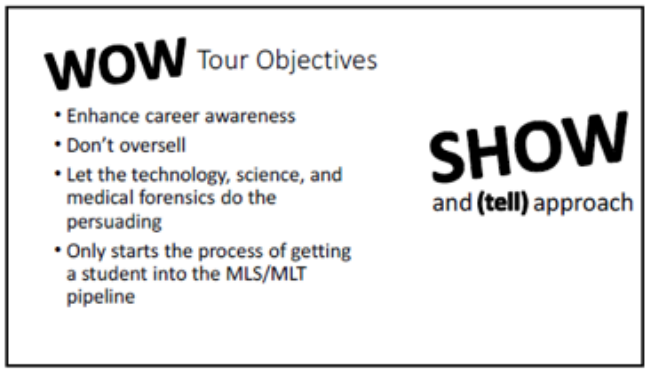
The responsibility to promote our profession belongs to us. We all can contribute to recruiting. Julie Huynh, Dr. Kamran Mirza, and Dr. Kristen Pesavento presented the session '**Adapting to Current Recruitment Trends'**. The team encouraged us to build a pipeline for the future using non-traditional methods. They shared their methods of using YouTube, LinkedIn, Instagram and TikTok, emphasizing that we are in the most digitized era with continuous access to these platforms. They spoke of how to improve our branding, to increase understanding, to correct misinformation that exists on the field of laboratory medicine and most importantly—to *tell our story*. They also highlighted the effective collaboration that can occur by using social media.



Julia Allen and Margaret Alba also focused on this concept with their session titled **'Step Right Up! Ideas and Innovations in Recruitment'**. They demonstrated new ideas of how to create experiences in a classroom, teaching lab, or even a virtual setting. They took it a step further and described methods to "recruit the recruiter" to encourage the continuation of MLS promotion. To emphasize the recurring theme, I heard in the conference sessions, they enticed us to *be a storyteller* of our profession.

Dr. Gary Stocker and Alese Thompson presented a session titled **'Building a Long-Term Pipeline of Medical Laboratory Talent'**. Their methods included effective recruiting by communicating, promoting, and marketing to local, regional, and even national audiences. Putting systems in place to develop a 1–10-year pipeline is key. Start with middle and high schools, grab their attention young. Provide 'WOW' tours of your Lab. Constant communication with important contacts is necessary; reach out to school counselors, career and tech centers, and STEM schools. *Tell them our story*! Get involved with Health Fairs, Career Fairs and Health Science competitions. They closed with

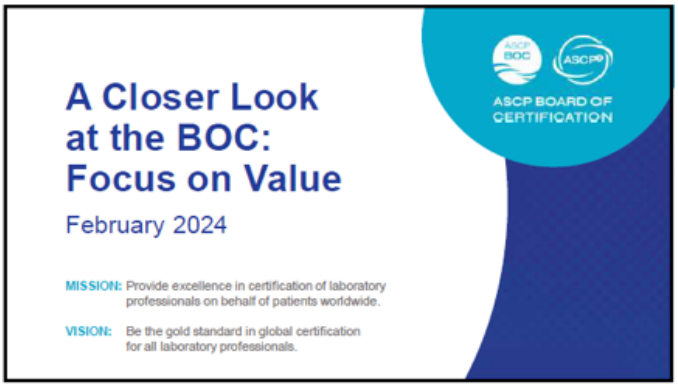
the statement that "We are sales reps for our organizations. It starts with YOU—Make time!"



A session I viewed as relevant was **'Increasing MLT Recruitment with an MLA Bridge Program'**. I know the value of creating a career ladder that is accessible to get interested and capable folks into entry-level positions with the intention of getting them to the next step and maybe even further. This is another great way to enhance a sustainable workforce. Perla Gilman described how starting an MLA (Medical Laboratory Assistant) program at her community college led to increased enrollment in her MLT (Medical Laboratory Technician) program. I see then the possibility of these MLTs becoming future MLS students and the value that brings to a Lab. In conjunction with Gilman's session was a follow-up session **'The Shortest Distance Between Two Points is Not Always a Straight Line: A Plan for Enhancing Diverse Perspectives'** given by Dr. Esther Biswas-Fiss. She described the impetus for enhancing a diverse perspective in lab professions and provided strategies to enhance the recruiting and success of underrepresented groups.

While it is imperative that we recruit the next generations of Medical Laboratory Scientists, we need to remember the importance of good training and precepting once we have these recruited laboratorians. Dr. Teresa Mortier, Dr. Lynne Shetron-Rama, Karen Barron and Marian Cabaj presented an in-depth analysis of adult learning and the skill of preceptor effectiveness. Their study of preceptors resulted in major learning lessons such as defined roles, clear communication, adult learning theories, and teaching tips. Another important finding was the incentive of recognition for our preceptors. All of this can be helpful in promoting excellent training and preparation for our MLS's doing their purposeful work. Well-trained, well-prepared employees can confidently fulfill their roles in the lab.

The CDC's Training and Workforce Development Branch in the Division of Laboratory Systems presented **'Creating and Delivering Quality Laboratory Training'.** In this session, they described methods to improve training, how to deliver engaging virtual training, and even how to use artificial intelligence to develop inexpensive and efficient training videos.



To bring it full circle, Susan Graham, Joan Polancic and Amy Spiczka presented **'A Closer Look at the BOC: Focus on Value'**. They emphasized the mission of the ASCP's Board of Certification which is "to provide excellence in certification of laboratory professionals on behalf of patients worldwide." I felt a theme of connection throughout this conference and that goal of acting "on behalf of patients worldwide". It is about telling our story so that we can encourage future laboratorians to join us, to be excellently precepted and trained by us, to receive the highest credentials for a high-quality profession, and to then go on to be the next generation of recruiters.

We are #Lab4Life. Tell your story.

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