Laboratory Automation, Instrumentation & Autoverification: Methods for Maximizing Quality & Efficiency

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Lab Automation, Instrumentation & Autoverification

- Good news—improved instrumentation
- Wide selection of lab automation systems
- Challenge is to select the one that most closely meets your particular needs
- Lab automation alone will not produce efficiency
- Autoverification—dramatically improving

Children's Hospital



Harper & Hutzel Hospitals



Huron Valley Hospital



Detroit Receiving Hospital

Orthopedic Hospital



Rehabilitation Institute

University Health Center & Core Laboratory

Sinai-Grace Hospital



Interesting Statistics

- 8 Hospitals and 1 Institute
- 1,800 Licensed Beds
- 3,000 Affiliated Physicians
- 11,100 Full-Time Equivalents

General Lab Information

- Over 12 million billable tests/year
- 48% of volume is outreach
- < 0.8 % of testing sent to outside labs
- Core Laboratory
 - Routine & STAT testing
 - Specialized testing
 - Outreach testing

Strategies & Objectives

- Develop a clear vision
- Visit automation sites—apply common sense
- Ask if the benefits are worth the cost
- Unify methodology across entire system
- Apply lean principles & clean up sample flow
- Reduce manual handling & transport of samples

Strategies & Objectives

- Consolidate tests from multiple areas
- Instruments should function well with and without automation
- Instruments should enhance automation
- Automation should handle STATs
- Support our 29-minute ER initiative

Strategies & Objectives

- Autoverification— essential & not an option
- 1st Generation Autoverification
- 2nd Generation Middleware
- 3rd Generation Autoverification

Centrifugation

- Automation or manual?
- Worth the cost? (\$80K-\$120K each)
- Is automated or manual centrifugation faster?

- To re-centrifuge or not re-centrifuge?
- Results of our study

General Criteria for Selecting Instrumentation for Lab Automation

- Long term calibration stability
- Highly stable electrolytes
- System handles a wide variety of tubes depends on particular environment

General Criteria for Selecting Instrumentation

- Chemical and instrument stability reduces total number of controls
- Low maintenance (saves labor)
- Maintenance costs inversely related to reliability

General Criteria for Selecting Instrumentation

- Minimize consumables—watch for hidden costs
- Disposable tips are very important for automation—no cross contamination
- Measure indices—bilirubin, hemoglobin & lipemia

Criteria for Selecting Instrumentation for Lab Automation Systems

- Clot detection
- Low repeat rate—minimizes cost
- Highly reliable results over wide dynamic ranges

Criteria for Selecting both Instrumentation & Lab Automation Systems

- Direct tube sampling from automated conveyor system
- Extremely important for attaining highest efficiency
- Point-In-Space Sampling



Criteria for Selecting both Instrumentation & Lab Automation Systems

- Maximize the number of different tube sizes that can be used with automation
- Very important for attaining high efficiency, especially in competitive outreach market



Criteria for Selecting Both Instrumentation & Lab Automation Systems

- Short draws are a major source of inefficiency, ~20% samples
- Critical to handle short draws with minimal labor





Criteria for Selecting Instrumentation for Lab Automation Systems

- Small tubes in pediatrics
 10 x 65 mm
- Critical to handle most pediatric samples with automation
- Major pediatric hospital in Michigan



Sample Aliquoting

- Front or back of automate track?
- Is an automated aliquoter worth \$350K?
- Are STATS done faster or slower with robotic aliquoter?
- More or fewer incidents of QNS?
- Does direct tube sampling plus aliquoting at end of automation line provide higher efficiency?

Robotic Storage

- Robot to remove samples from track & place them in storage rack
- Robot can remove tube from storage & place back on conveyor for re-testing or add-on tests
- Refrigerated storage areas are good but \$\$\$

History of Autoverification

Earliest Systems Before Autoverification

Home grown but powerful (1992)

Clearly demonstrated basic principles

Allowed complex algorithms using many different parameters

Clearly notified tech as to nature of problem as well as lab policy for correction 20

History of Autoverification

1st Generation Autoverification

- A disappointment but a start
- Not enthusiastically supported by LIS
- Limited to simple testing to see if a result is within a specified range
- Complex algorithms
- Major labor savings

2nd Generation Autoverification

- "Middleware" created to fill a void
- Positioned between instrument & LIS
- Allows complicated algorithms or rules
- Can examine many results simultaneously

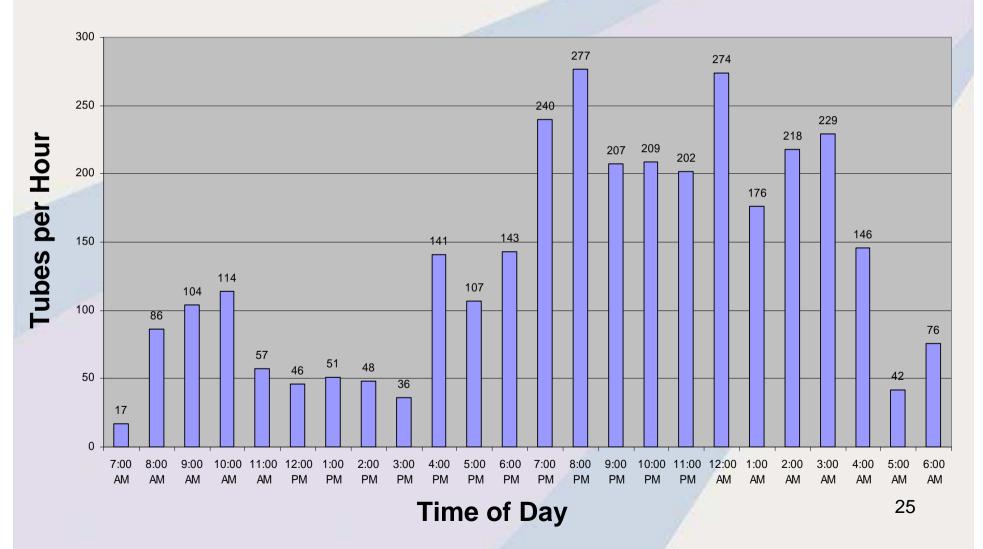
3rd Generation of Autoverification

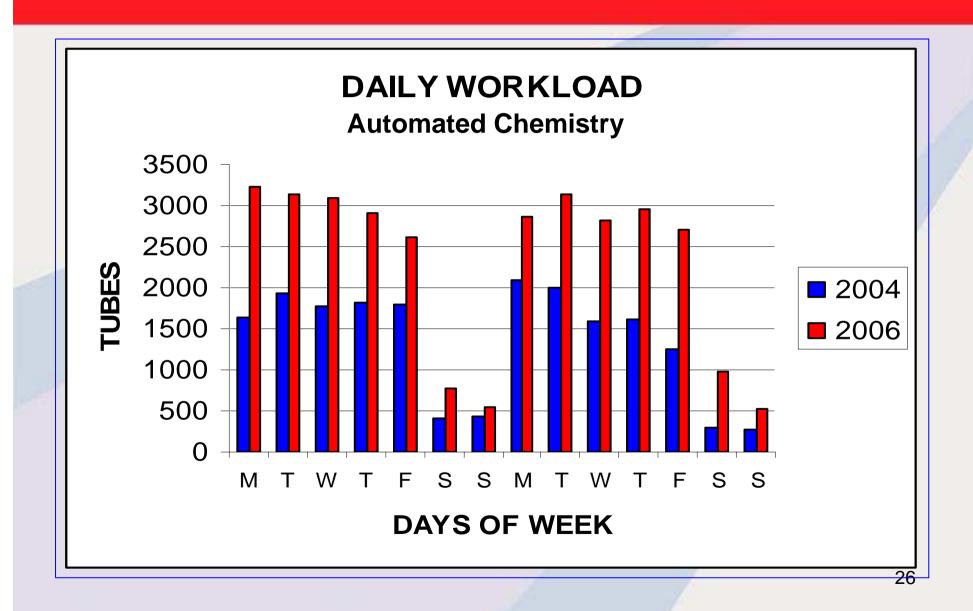
- Philosophy—Provide the user with tools to develop algorithms or rules of their own choosing based on medical experience that can be uniformly applied to each and every result.
- Utilize all information that is available to evaluate results before they are released.
- Utilize information from EMR such as CC, HPI, family history, medications, etc.

Autoverification Statistics

- Automated general chemistry
 - 87 % outreach
 - 83 % outreach and inpatients (combined)
- Automated hematology
 - **93 %**
- Coagulation
 - 81 %

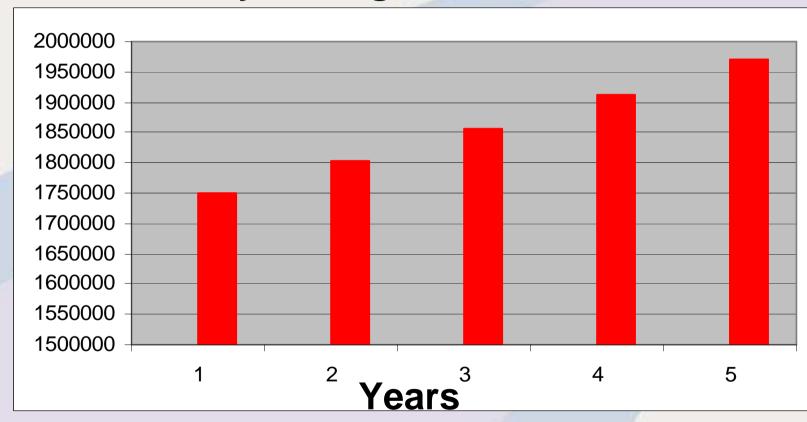
Daily Workload Automated Chemistry Tue 05/15/2007





Chemistry Savings to Bottom Line





Over a 5-year period the labor savings is \$9,290,988

Summary

- Significant improvements in service, quality, & efficiency can be obtained by appropriate choices & integration of Lab Automation, Instrumentation, & Autoverification
- The fewer times a sample is touched the higher the efficiency, fewer errors & lower costs
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Thank you