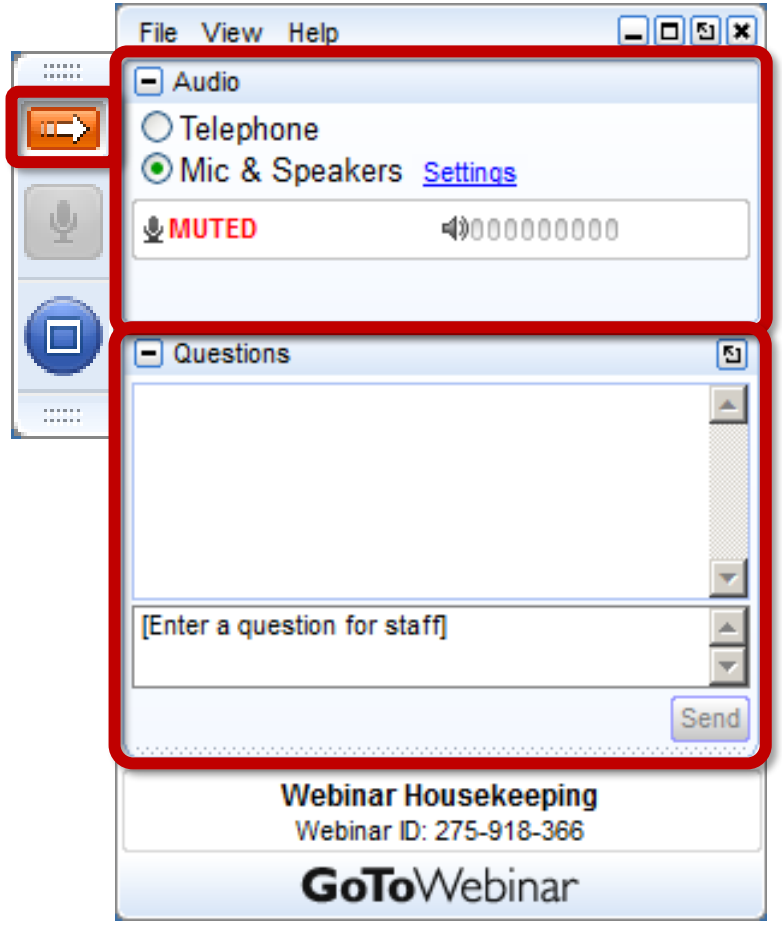
Joint Commission Laboratory Webinar

March 9th, 2022

The Joint Commission

GoToWebinar Housekeeping



Your Participation

Join audio:

- Choose "Mic & Speakers" to use VoIP
- Choose "Telephone" and dial using the information provided

Questions/Comments:

- Submit questions and comments via the Questions panel.

Note: Today's presentation is being recorded and will be posted on the Joint Commission website.

Today's Interview with a peer Pathologist

Joint Commission Moderator

- Caleb Bardy, MBA, MLS (ASCP)
  - *Medical Technologist*
  - *Business Development Manager: Joint Commission LAB Accreditation, PBM Certification*

Guest Speaker

- Dr. Ila Singh, MD, PhD
  - *Chief of Laboratory Medicine and Informatics at Texas Children's Hospital*
  - *Professor, Baylor College of Medicine*
  - *Founder of TRUU-Lab*

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Overview of Today's Discussion

- Ice Breaker Questions
- Challenges of lab test naming
- Test name standardization
- Dr. Singh's Initiative
- Leading Laboratories Recognition Program
- Questions

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Icebreaker Questions

The TRUU-Lab Names Initiative: Towards Standardization, Interoperability and Understanding

Ila Singh, MD, PhD

Chief of Laboratory Medicine
Chief of Pathology Informatics
Texas Children's Hospital
Professor, Baylor College of Medicine

The Joint Commission, March 9, 2022

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TRUU-Lab
Test Renaming for Understanding & Utilization

A Case of Measles …No Lab Test?

Pic: Mayo Foundation for Medical Education and Research

Test found in EMR

Rubeola IgM

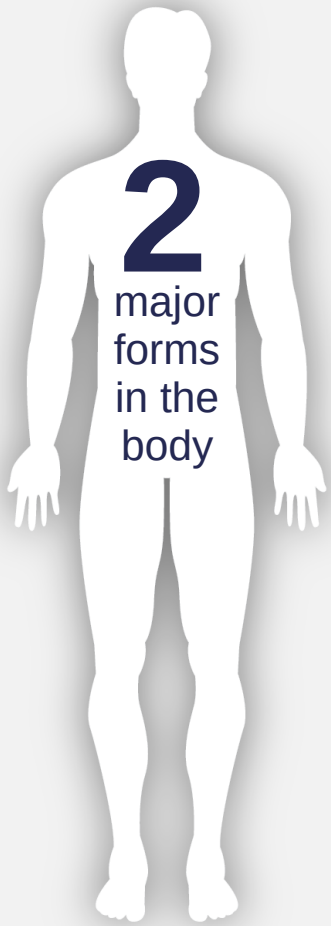
Inappropriate Test Orders are Common

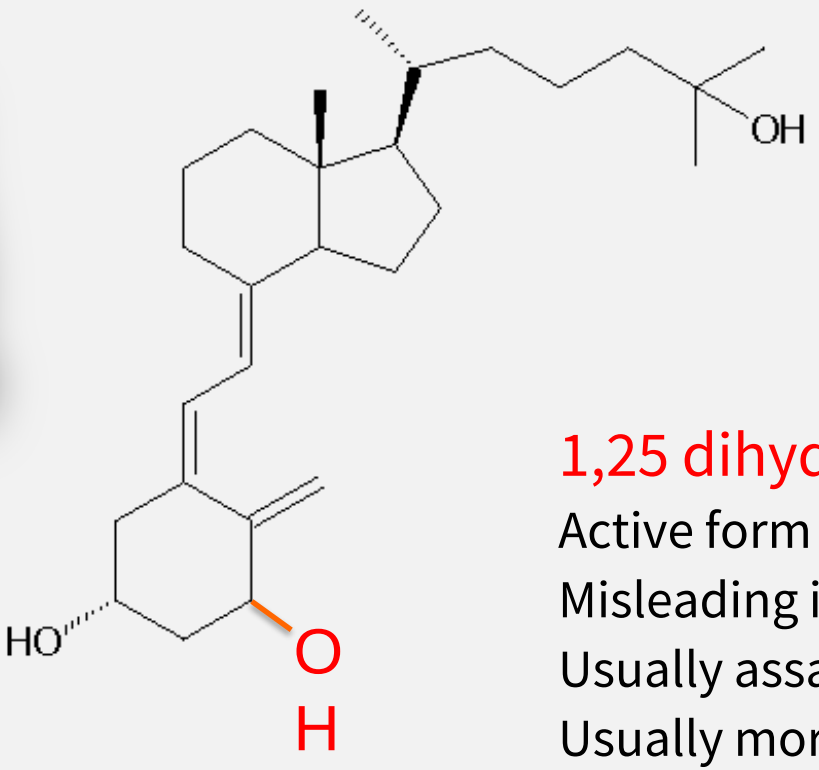
- 10%–30% lab tests performed in the US are unnecessary/ incorrect
- ~ 30% genetic test orders are inappropriate
- ~ 5% genetic test orders are frank medical errors

Total of ~ 13 Billion tests performed each year in the US

Zhi M et al. PLoS ONE 2013, 8:1– 8 | Miller CE et al, Am J Med Genet A 2014, 164:1094 – 101
Mathias PC et al, Am J Clin Pathol 2016, 146:221– 6 | Steindel SJ et al, Arch Pathol Lab Med, 2000, 124:1201-8
Institute of Medicine Study

The Vitamin D Testing Problem





25 hydroxy-vitamin D

Best indicator of Vitamin D status in routine screening for deficiency

1,25 dihydroxy-vitamin D

Active form of the vitamin

Misleading in screening for deficiency

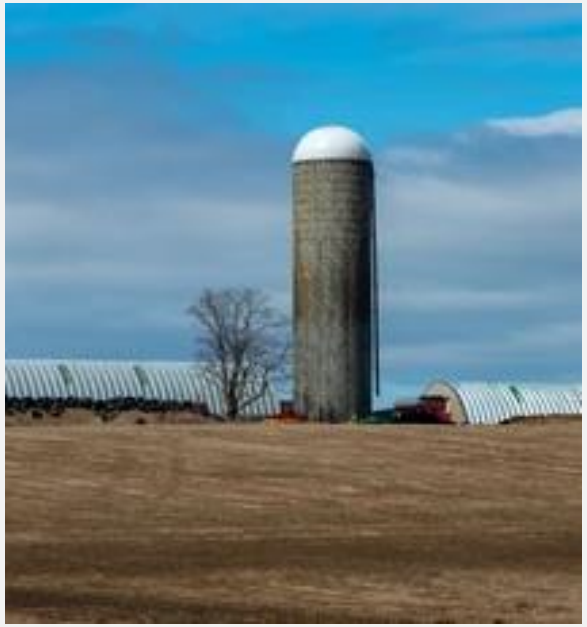
Usually assayed by Mass Spectrometry

Usually more expensive

The ‘Wrong’ Vitamin D test is ordered >30% of the time

Lab Test Names are Usually Chosen...

- Without consulting with **Clinicians**
- Without a **Style Guide**
- Without consulting **Other Institutions**



TRUU-Lab

Aims to bring together

- Healthcare Providers,
- Professional Societies,
- Industry Groups, and
- Federal Liaisons

to address problems caused by ambiguous, incomplete, and non-standard laboratory test names

TRUU-Lab's Goals

- Generate consensus standardized names for existing lab tests
- Generate a consensus guideline for test naming
- Promote the adoption and implementation of consensus lab test names and guidelines

Reasons for Lack of Standardization in Test Names

Modified from report of TRUU-LAB Sub-Committee, headed by Dr. Gary Procop, American Board of Pathology

Vitamin D 25 hydroxy 1,25 dihydroxy	Thalassemia Screen Hemoglobin Variant Reflexive Panel Hemoglobin A2	eGFR vs EGFR SM Ab (Smith or Smooth muscle?)	Vasopressin Antidiuretic hormone (ADH) Arginine Vasopressin (AV))	Quantiferon Gold and Interferon-Gamma Release assay (TB)
Factor V Leiden Vs Factor V Levels	Hemoglobin A1c Glycated hemoglobin A1c	Free LC/MS-MS	Character limits Respiratory Virus Panels Celiac algorithm	Human Chorionic Gonadotrophin for Pregnancy vs Tumor Marker

Creating ‘Good’ Names

Let’s ask the people who use the names, i.e. clinicians of all kinds

A clinician’s idea of a ‘good’ name is colored by their own experiences – good or bad

HIV RNA test (quantitative)

HIV-1, Quantitative, Real-Time PCR Quest Diagnostics	**HIV-1 RNA by Quantitative RT-PCR, Plasma** ARUP Laboratories	**HIV 1 RNA NAA+probe Log #/Vol** LOINC	**HIV viral load PCR** Mass General Hospital

TRUU-LAB Sub-Committee, headed by Dr. Brian Jackson, ARUP Laboratories

Our Partner: the Brand Institute

>75% of Market - Approved Drug Names

Both Generic and Brand Names

Survey Takers

100 clinicians

20 Emergency Physicians
20 Pediatricians
20 Obstetrician-Gynecologists
20 Family and General Practice Physicians
20 Nurse Practitioners and Physician Assistants

Experience

37% > 20 years
42% - 10-20 years

Survey Test Names

Vit D, Testosterone, SARS-CoV-2 RNA, Anti-Xa, SARS-CoV-2 Ab, Hemoglobin A1c, hCG, vWD screen, HIV, DOA

Lab Names Survey

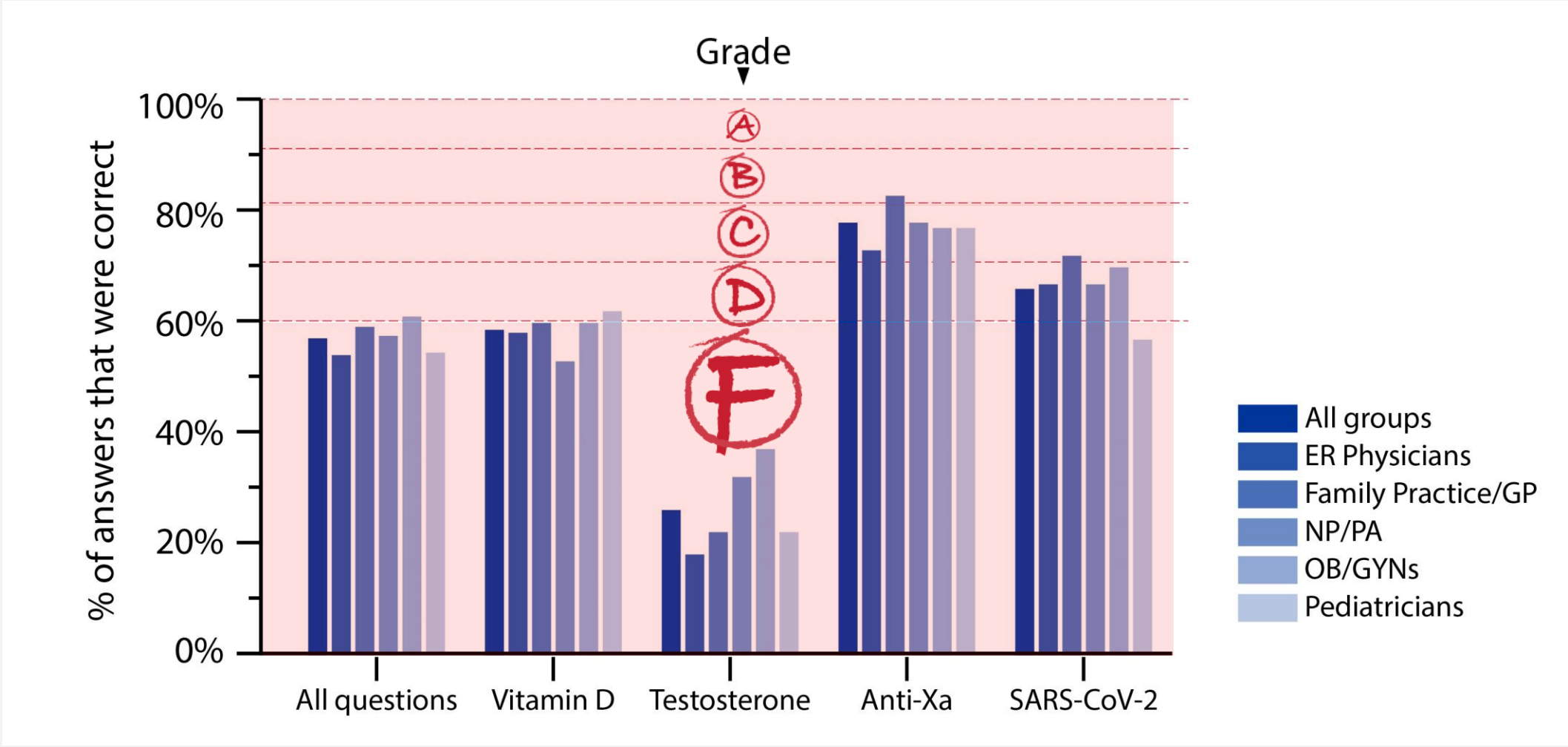
Two Structural Parts

1. Provide a Clinical Scenario for which survey-takers choose appropriate Lab tests **Unaided Survey**

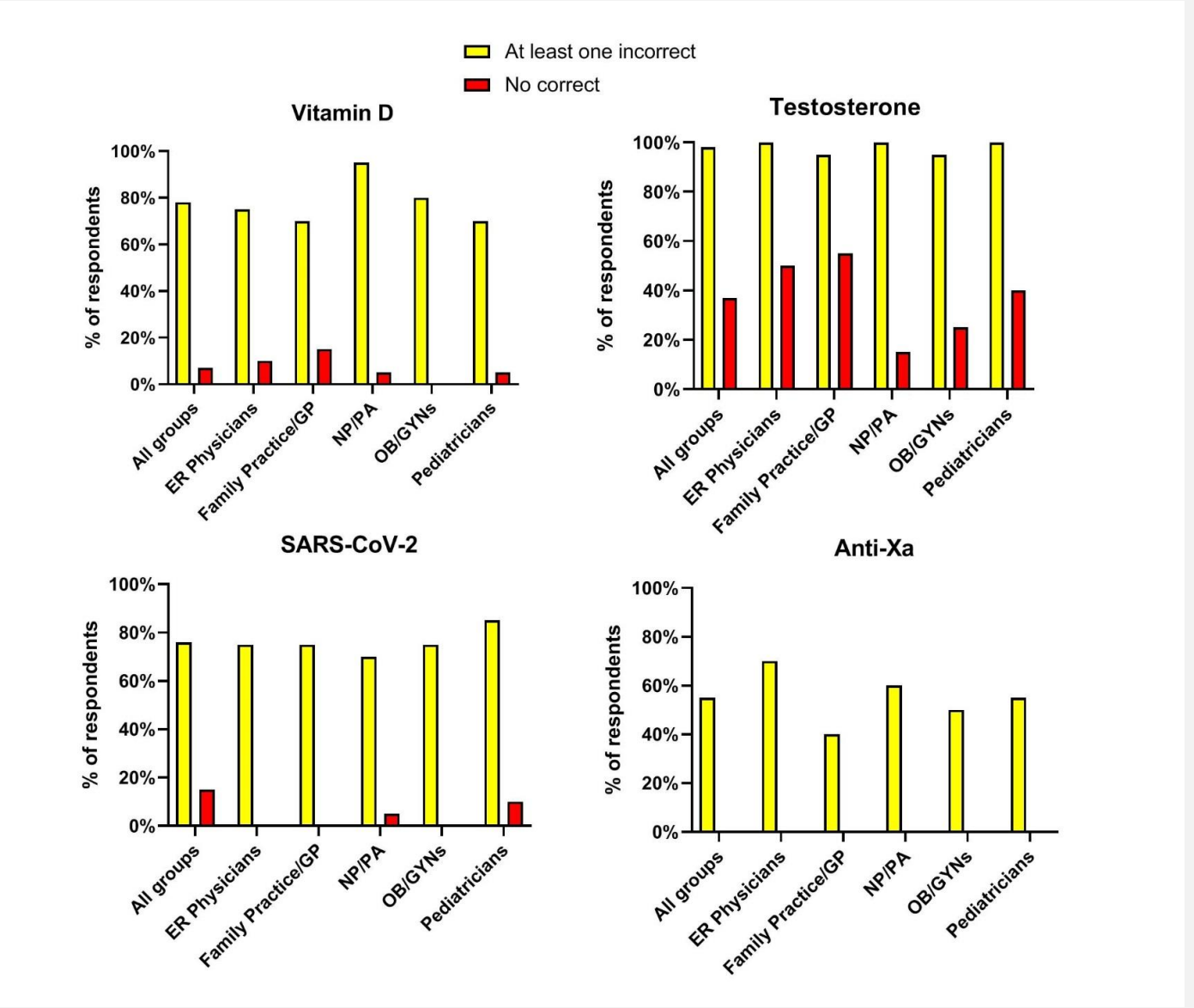
2. Provide background information about the test and *then* ask questions about what would make an ideal name **Aided Survey**

    - Avoids clinician responses that are driven by *prior* knowledge and experience
    - Ensures clinicians are making *informed* decisions
    - Reaches *intuitive* test names that we anticipate will be widely understandable

Quick Overall Summary:
Clinicians Get a Poor Grade in Choosing a Lab Test



Many providers chose incorrect tests for ALL tests surveyed!



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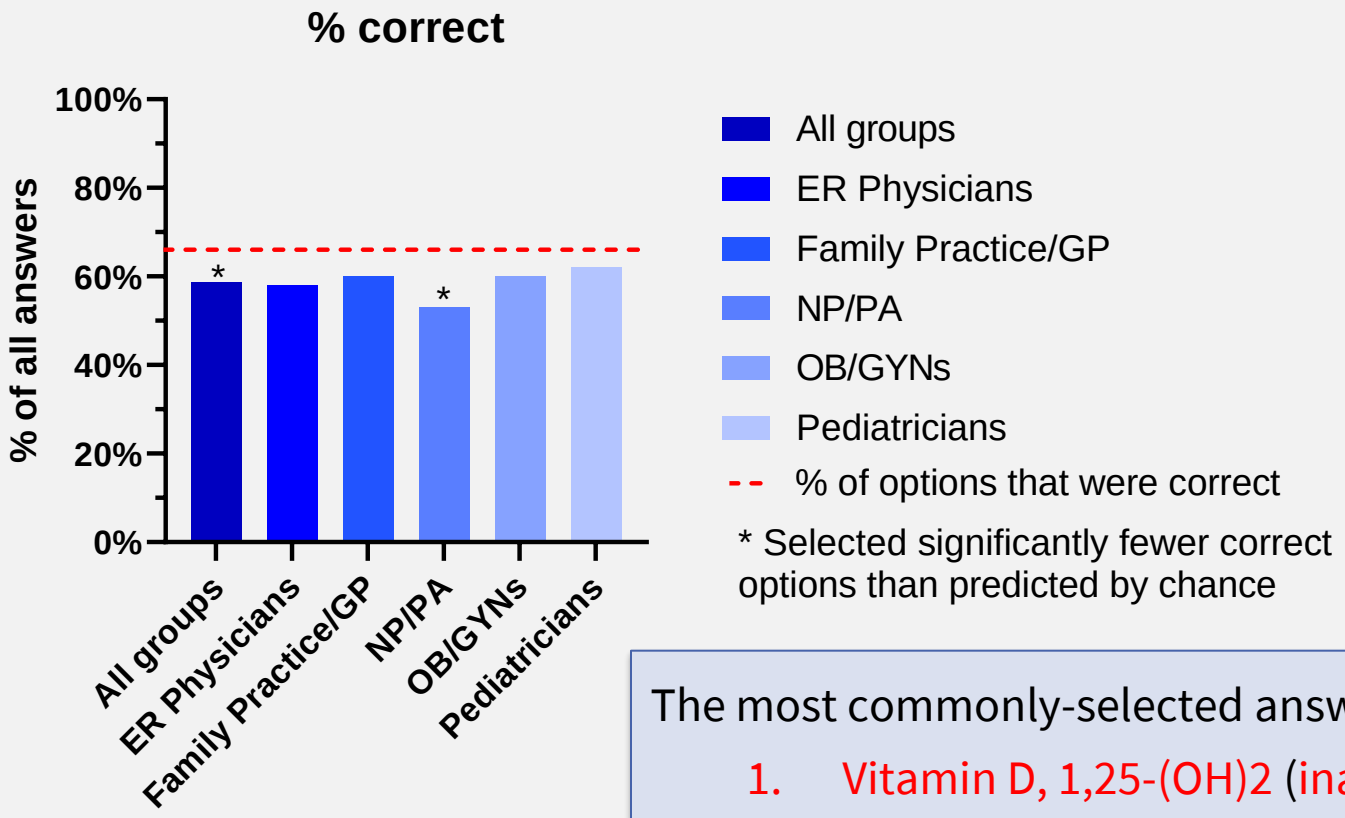
Test Renaming for Understanding & Utilization

Clinicians performed Worse than Chance at Selecting Correct Vitamin D tests



The most commonly-selected answer was an **incorrect** choice.

1. Vitamin D, 1,25-(OH)2 (inappropriate, selected 50 X)
2. Vitamin D, for deficiency screening (appropriate, selected 46 X)

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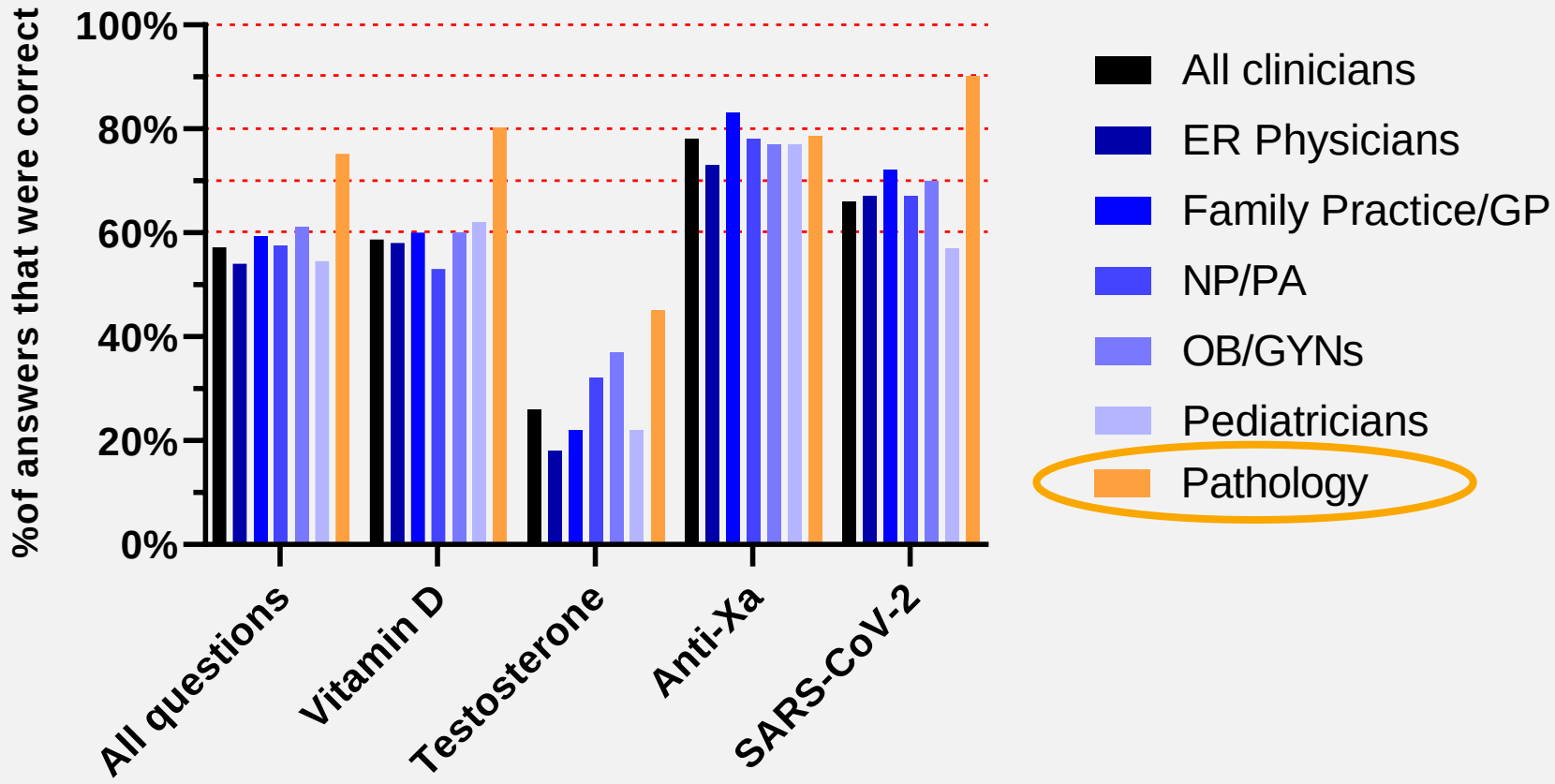
Makers of Test Names Performed Better than Chance Alone



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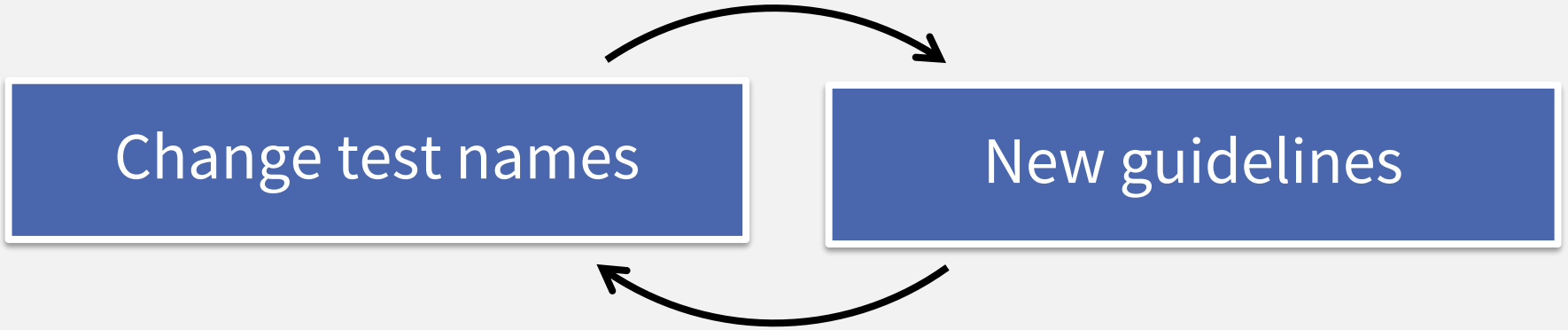
There is no ‘One Size Fits All’

- **Test Names are difficult – Without help, respondents do not perform better than chance**
- Most preferred were “core identifiers”: **name of the target**, **indication for testing**
- Actual name of the target - preferred for testosterone and Vitamin D, but **name of disease (COVID-19) preferred over SARS-CoV-2**
- **Indications FOR use** were strongly preferred over **warnings AGAINST improper use.** For Vitamin D testing, where the target names are complex and the indications are complex too, warnings against inappropriate use were preferred
- **Not all clinical specialties have the same preference**: Ob-Gyns had a strong preference to see **Rapid** in the SARS-CoV-2 test
- **There appear to be common patterns and these will become clearer with additional surveys**

Name Change Process



1. Test and Implement on a small scale
2. Create and Test in a Mock EMR
3. **Foundation Build of EMR, LIS**
4. Basis for sharing lab results between systems

Some of the Group….

TRUU-Lab

- Ila Singh
- Emily Garnett
- Grace Kroner
- Charlene Bierl
- Sridevi Devaraj
- Laura Filkins
- Samuel McCash
- Elissa Passiment
- Anand Dighe
- Andrea Pitkus
- Brian Jackson
- David Alter

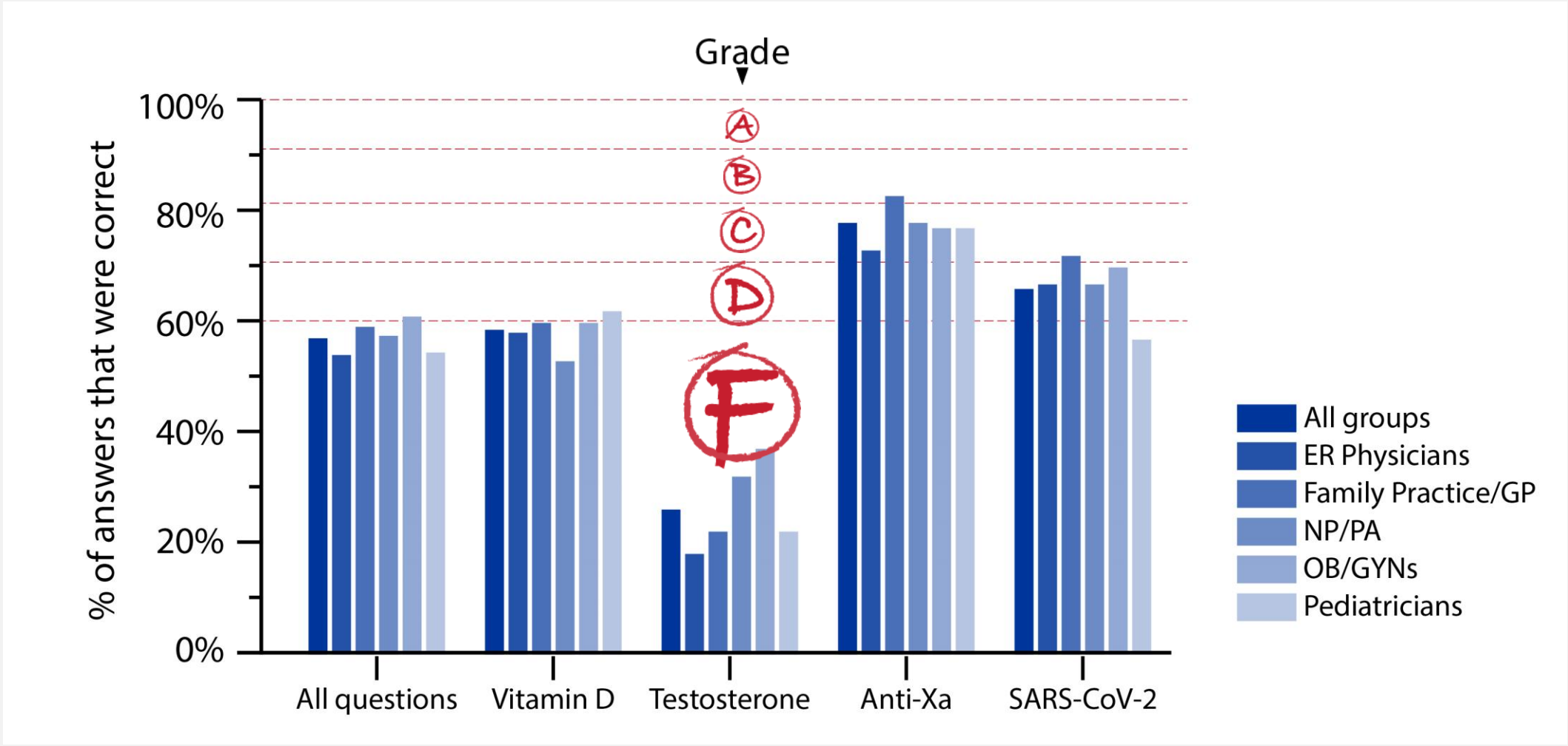
Brand Institute

- Jacob Barnes
- Matthew Filbert
- Brian Frasca
- Luisanna Meija
- Carlos Gomez
- Minnie Suh
- Ricardo Montemayor

CDC

- Jasmine Chaitram
- Nancy Cornish
- Maribeth Gagnon
- Reynolds Salerno
- Param Sandhu
- Monica Toles

There is a Real Urgency….



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Discussion

Joint Commission Moderator

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LEADING LABORATORIES

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What is a Leading Laboratory?

More than just a status to earn, Leading Laboratories is the only program of its kind that provides detailed proof of quality laboratories' commitment to building teams who excel in enhancing patient care.

ELEVATING QUALITY OUTCOMES

SUPPORTING PROFESSIONAL DEVELOPMENT

Leading Laboratories follow a clearly defined roadmap to demonstrate their commitment to four key components:

PROMOTING LABORATORY VISIBILITY

CULTIVATING TRUSTED LEADERSHIP

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QUALITY OUTCOMES

A Leading Laboratory demonstrates their commitment to **Quality Outcomes** by being a key contributor to overall positive patient experience and generating quality outcomes which support a patient-centric mission

- Plans and metrics that drive effective test utilization (ETU) and decrease ineffective test ordering
- Clarity of test nomenclature and effective test ordering pre-analytic through post-analytic
- Application of proven and innovative principles to improve processes and share best practices

Excellence in Patient Care

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PROFESSIONAL DEVELOPMENT

A Leading Laboratory demonstrates their commitment to **Professional Development** by advocating for a continuum of learning and skill-based activities that aid in improving team members professional knowledge, competence, skill, and effectiveness

- Process or framework for lab to support accurate clinician test ordering
- Documentation of communication with clinical care teams to assure accuracy in order protocol development and order set functionality
- Mentorship of clinical teams on test stewardship, through empowering a culture of safety

Education and Advancement

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TRUSTED LEADERSHIP

A Leading Laboratory demonstrates their commitment to **Trusted Leadership** by articulating a clear mission in support of patient care; effectively managing resources; while engaging team members, colleagues and patients through respectful dialogue to inspire trust-based professional relationships

- Trusted leadership to facilitate multidisciplinary problem solving for ETU priorities
- Laboratory leadership serving as an essential source of ETU expertise, insight, and influence

Teamwork Empowerment

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LABORATORY VISIBILITY

A Leading Laboratory increases **Laboratory Visibility** and the profession through active promotion, recognizing its vital role in patient's healthcare journey and in communities

- Laboratory visibility through serving as an active participant within the organization and community that drives ETU.
- Following a process for diversity, equity, and inclusion when considering reference range appropriateness for the community of patients that are served by the local laboratory system.

Recognition and Value

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Questions?

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Thank You!

To learn more about The Leading Laboratories Recognition Program or The Joint Commission's Laboratory Accreditation Program

Visit us: www.leadinglaboratories.org

Visit us: www.jointcommission.org/lab

Email us: qualitylabs@jointcommission.org