Hematology Selection, Implementation, and Performance Tracking; "Leaning Away Waste Using Hematology Automation"

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Objectives

Recognize recent advances in hematology laboratory automation.

Discuss how advancements in hematology automation can improve workflow efficiency.

List the pros and cons of implementing automated hematology instrumentation.

Operational Challenges

		Decrease in number of accredited schools	
		Bye Bye Baby Boomers	
		Decrease in number of students entering field	 Under-recognition of Laboratory Medicine field Salaries do not correlate with education
		Healthcare Changes	 Affordable Care Act Reimbursement changes – quality vs. quantity
		Laboratory testing volume is on the rise	;

Operational Solutions

Doing more with less...

• LEAN-LEAN-LEAN

Lab Automation and Middleware

LIS Auto-Verification

Advanced Parameters

• Thorough information interpretation?

Cross Training

Memorial Sloan Kettering Department of Laboratory Medicine

Past

- Relative recent division consolidation
- Same thing 10 different ways

Present

- New Chair and Vice Chair
- New Lab Administration
- New LIS

Future

- New Lab Building
- New LIS
- New Sites

MSK Growth

Manhattan

- Current Labs = 6
 - 2 Multi-Disciplinary
 - 4 Heme Only
- Future Labs (2019) = 8
 - 4 Multi-Disciplinary
 - 3 Heme Only
 - 1 POCT Only

Regional Network (Long Island, New Jersey, Westchester)

- Current Labs = 5
 - 1 Multi-Disciplinary
 - 4 Heme Only
- Future Labs (2018) = 6
 - 2 Current Closing, 3 New, 2 Expansions
 - 6 Multi-Disciplinary

14 Labs with Hematology

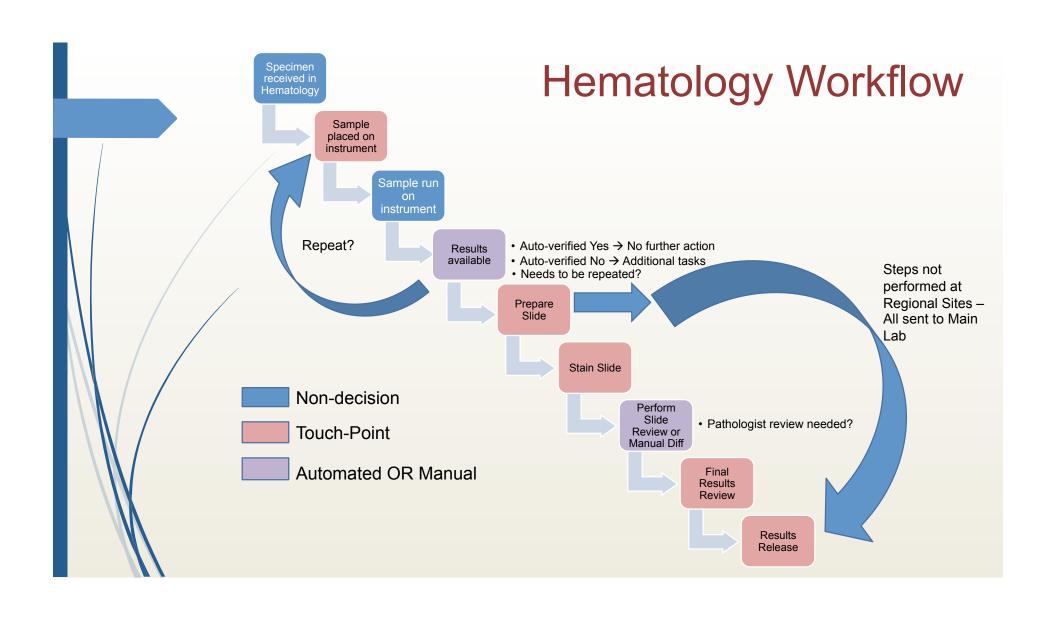
Hematology Instrumentation Manhattan vs Regional Network

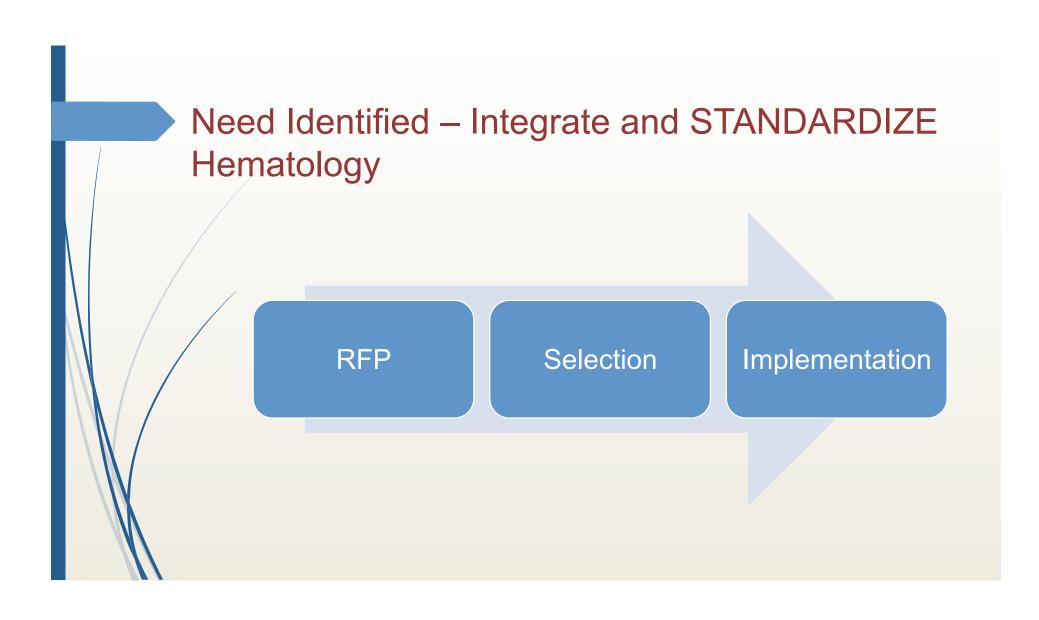
Manhattan Sites

- · Different technology from Regional Sites
- Larger Footprint
- No Automation
- 6 Part Auto Diff
- · LIS auto-verification used
- Digital Imaging Used

Regional Network Sites

- · Different technology from Manhattan sites
- Smaller footprint Lab space constraints
- No Automation
- 5 Part Auto Diff
- · LIS auto-verification used
- No Manual Diffs or Slide Review All sent to Main Lab





Goals of RFP

Standardize Equipment

- Small Footprint Scale to volume
- Same reagents

Automation

- Auto Repeats
- Slide-Maker-Stainer
- Scalable
- · What else?

Middleware

- Integrate all instruments
- Integrate Digital Imagers
- · Facilitated remote review
- What can it offer??

Decreased TAT's



Other Configurations

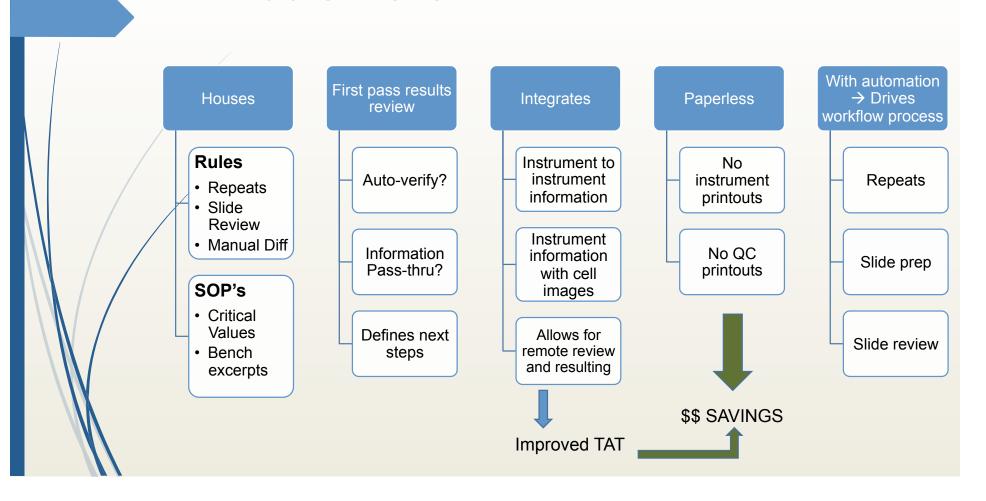








Middle-ware



Hematology Automation

Automated Slide Maker-Stainers

- Connected to Hematology Instrument
- Not connected to Hematology Instrument

Digital Imager

- Automated
 Differential or
 Slide Review
- WBC and RBC Morphology

Automation Connectivity

- Between Hematology instruments
- Attached to larger automated line

MSK Implementation

Validation

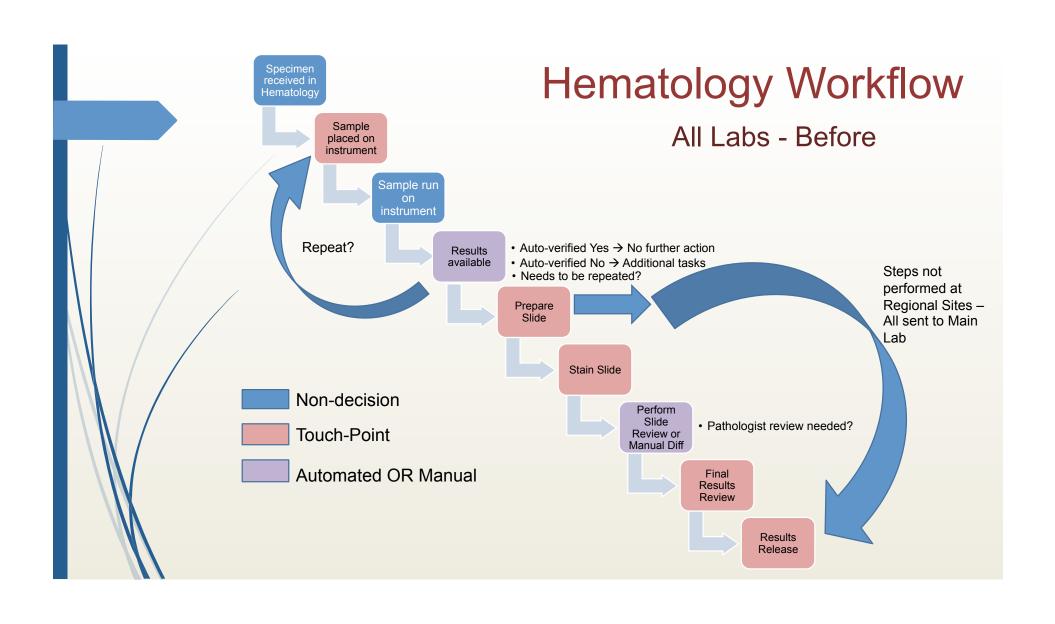
- New Instrument to Incumbent
- New Digital Imager to Existing Imager AND new instrument
- Middleware build, testing, interfacing

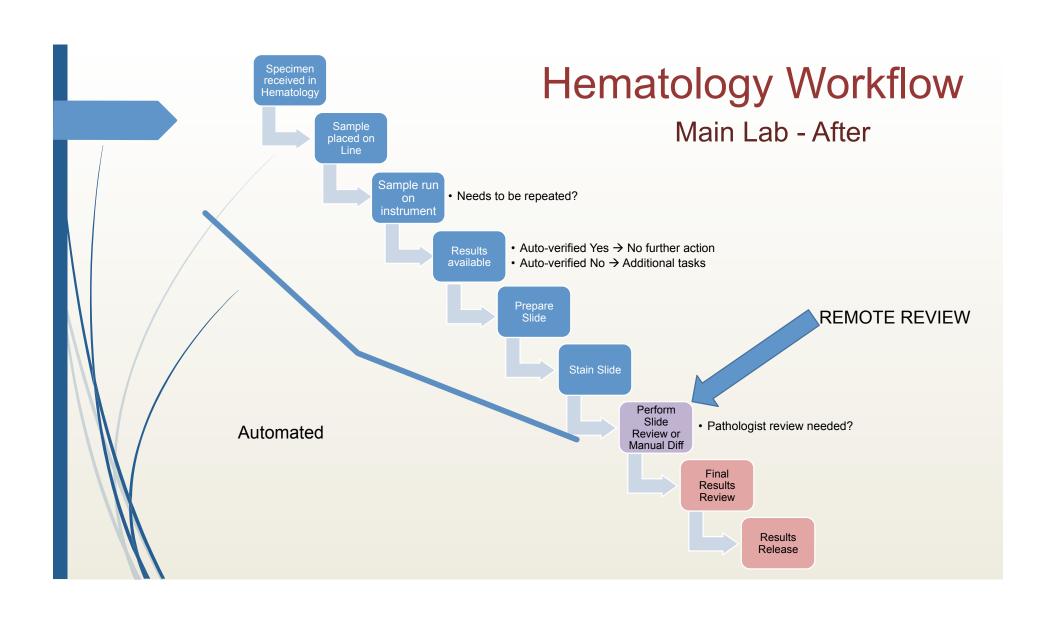
StaffTraining

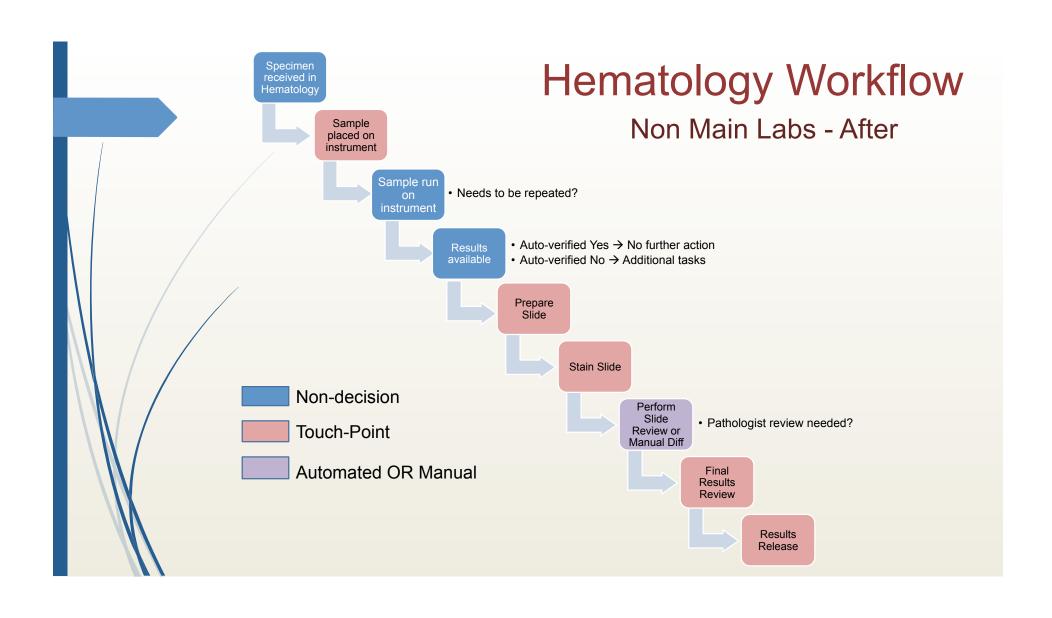
- New Instrument and technology
- New Workflows
- New Middleware
- Customized

Go Live

- Scheduled for 11/15/15
- Few setbacks
- Phased approach







Expected Outcomes

>Eliminate waste

Reduce touchpoints

Reduce opportunity for Error

Improved training and competency assessment

>Cross training

More Information

① · More SOP's

• Multitasking

⊞ Reduced TAT's

Faster clinical decision making

 Better patient outcomes

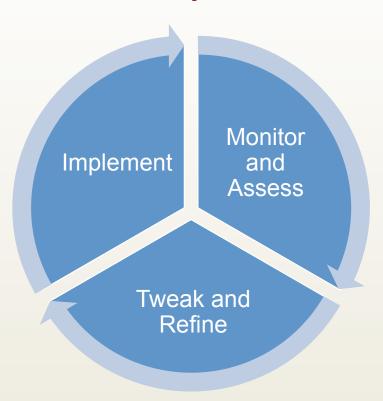
FOCUS SKILLS!!

S Instrument,
reagent and
service savings

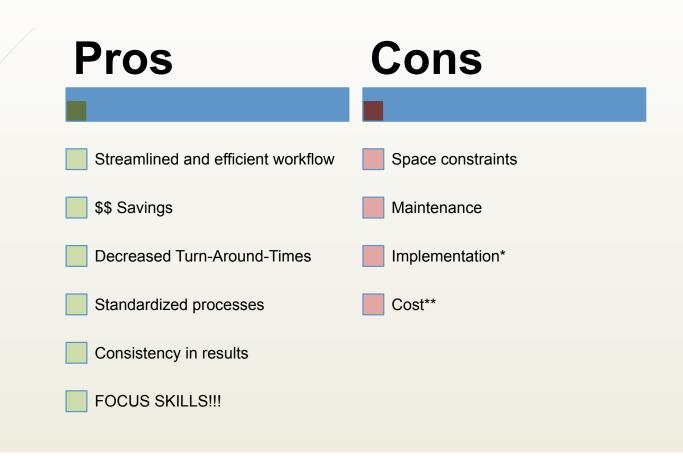
Paperless

Increased staff utilization

MSK – Next Steps



Pros and Cons to Hematology Automation



Considerations

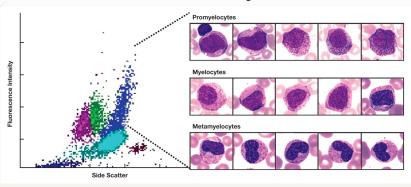
Know objectives and goals

Plan, plan, plan

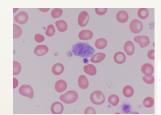
Time, time, time

Advanced Parameters

■ Immature Granulocyte Enumeration



- Platelet Count
 - Optical/Fluorescent Platelet Counts
 - ► Automated CD61
- Nucleated Red Blood Cells
- Immature Platelet Fraction



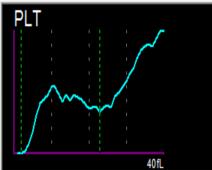


Advanced Parameters/Methods

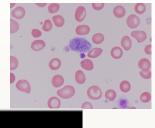
- Platelet Count
 - Optical/Fluorescent Platelet Counts
 - Automated CD61

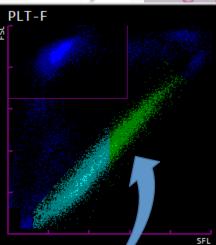
Accurate platelet counts with

- Giant Platelets
- Microcytic anemia
- Schistocytes



- Nucleated Red Blood Cells
- Immature Platelet Fraction





Questions??

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