

Customer Snapshot

Safer Pathology Lab Practice



Innovative Patient Safety Officers across America champion improvements in hospital anatomic pathology (AP) labs, reducing the risk of errors and adverse events.

Specimen misidentification can result in incorrect patient diagnosis and procedures, delays in diagnosis and treatment, and invasive repeat biopsies. AP labs are especially vulnerable to specimen misidentification because of multiple touch points for tissue samples: collection, labeling, transport, accessioning, dissection, transfer to cassette, transfer to block, transfer to slide, transcription of findings, and reporting.¹

Both the Joint Commission and the College of American Pathologists have issued national patient safety goals related to improved identification and tracking of patient samples in the lab.²⁻³ However, manual labeling and “batching” of specimens is still common practice.

Safety-focused hospitals standardize processes

Community hospitals, designated cancer centers, and major medical centers partner with Ventana Medical Systems, Inc. workflow consultants to locate and minimize potential sources of mislabeling errors and cross-contamination. Ventana experts help these forward-thinking hospitals reduce risk and optimize operations with Lean processes, staining

platforms, and the VENTANA VANTAGE workflow solution with touch-screen technology, barcode scanning, and real-time informatics.

Four recent Ventana case studies document a strong business case for safer pathology practices in the AP lab.

The University of Alabama-Birmingham AP lab processes more than 40,000 cases annually, with a diverse range of specimen types and case complexity. The lab operates 24 hours a day, five days a week. With a heavy workload and increasing demands to do more with less, safety leaders joined with Ventana to minimize labeling errors and cross-contamination while improving efficiency and throughput.

Results:

- Eliminated missing specimens and labeling errors during the three-month post-implementation evaluation period
- Reduced labor, saving \$141,960 per year
- Improved turnaround time while increasing slide volume by 5%

Self Regional Healthcare is a community hospital that provides services to more than a quarter of a million people in

University of Alabama-Birmingham Hospital, Birmingham, AL

- 908 beds
- 709+ multi-specialty physicians
- 40,000 surgical pathology cases/year
- 99,000 blocks and slides/year

Self Regional Healthcare, Greenwood, SC

- 414 beds
- 25,000 surgical pathology cases/year
- 85,000 slides/year

Bozeman Deaconess Hospital, Bozeman, MT

- 86 beds
- 7,700 surgical specimens
- 3,500 IHC
- 1,500 SS
- 30,000 H&E

InCyte Pathology, Spokane, WA

- Multi-specialty reference lab serving 28 hospitals in 6 states
- 50,000+ surgical specimens per year
- 25,000 IHC
- 7,500 SS
- 165,000 H&E

VENTANA solution

- Workflow Consulting
- VANTAGE workflow solution
- SYMPHONY H&E staining system

“You can absolutely assign a cost to safety. But it’s not just about the money, it’s about the patient. The VANTAGE purchase was supported for the safety it could provide.”

– Brenda Smith, Risk Manager,
Self Regional Healthcare

the Lakelands region of upstate South Carolina. As part of a hospital-wide patient safety initiative, the AP lab asked Ventana workflow consultants to identify opportunities to improve specimen integrity and help ensure positive patient identification and chain-of-custody tracking.

Results:

- Identified 17 potential error points
- Implemented technology to track and report errors for the first time
- Increased test volume per FTE histotech by 8%
- Reduced overtime hours

Bozeman Deaconess Hospital is a Joint Commission accredited, licensed Level III trauma center in southwest Montana. The hospital’s AP lab took a proactive approach to minimizing errors by implementing the VENTANA solution.

Results:

- Eliminated mislabeled slides and blocks during the three-month post-implementation evaluation period
- Improved productivity at embedding, microtomy, and staining
- Eliminated 140 manual steps per day

Independent labs held to high standards

Hospital Patient Safety Officers have an obligation to confirm that the independent labs they work with have systems in place to ensure patients get timely, accurate test results.

InCyte Pathology (InCyte) is an independent reference lab in Spokane Valley, Washington, serving hospitals and physician clinics in Alaska, Washington, Idaho, Montana, Utah, and Oregon.

Although InCyte’s error rate was below the national average, “All it takes is one to get out,” worried Gary Gemar, COO. InCyte acted on recommendations from Ventana workflow consultants to reduce errors and streamline laboratory operations.

Results:

- Reduced mislabeled slides by 99.7%
- Reduced the number of duplicate slides resulting from rework by 25%
- Improved staining quality and consistency
- Eliminated 1,100 manual steps per day, saving 5 hours a day

Hospitals that refer specimens to InCyte are impressed with the lab’s new end-to-end automation. “Our ability to answer the phone and tell physicians exactly where their specimens are in the process builds confidence,” said Matt Brooks, Histology Supervisor, noting that no other lab in the area can match that level of responsiveness.

AP labs fundamental in safe, effective patient-centered care

“Patients should not be harmed by the care that is intended to help them.”⁴ A misdiagnosis due to mislabeled slides or cross-contamination can have devastating effects. That’s why innovative Patient Safety Officers count on the VENTANA solution to help consistently deliver the right patient results.

¹ Dunn EJ, Moga PJ. Patient Misidentification in Laboratory Medicine: A Qualitative Analysis of 227 Root Cause Analysis Reports in the Veterans Health Administration. Arch Pathol Lab Med 2010; 134: 244-55.

² Joint Commission. Laboratory Services: 2011 National Patient Safety Goals. Joint Commission website. http://www.jointcommission.org/lab_2011_npsgs. Accessed March 3, 2011.

³ The College of American Pathologists. CAP Laboratory Patient Safety Plan. CAP website. (www.cap.org) Accessed March 3, 2011.

⁴ Institute of Medicine, Crossing the Quality Chasm: A New Health System for the Twenty-first Century. Washington: National Academy Press, 2001.

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