

Lab Pinnacle Series Beyond LIS and LIMS: The Value of Coordinated Orders and Results Management for Outreach & Ambulatory Laboratory Testing

You need a lab technology partner who can react quickly at every phase from planning to implementation and configuration.

Pieter De Smet
Customer Services
Director-North Europe,
CliniSys | MIPS

support whatever changes and standards are on the horizon for broader diagnostic data sharing.

Glyn Hughes: In the U.K., it is much easier to get data sharing agreements between organizations in the National Health Service (NHS). We are currently working on the diagnostic hub concept, and the clinicians' expectation is that they should be able to access all tests and results for their patients, irrespective of where that care has taken place. But LIS systems do not always deliver that. Clinicians often have to phone up different organizations to ask for results, and if those results are not easily sharable, they end up retesting. So, having a best-of-breed system functioning as a diagnostic hub is the current goal. Different organizations can send all results to one place, and clinicians, wherever they are, can see all results for their patients.

Marit Vervae: In Europe, we must apply the European law, which says that patients can make that choice. If you (the patient) allow it, your results are shared among all your medical providers; if you do not, your results are visible only to the one or two providers who ordered your tests.

Pieter De Smet: Yes, and Marit's point further illustrates the need for a general results server solution that can step away from political layers and language barriers to offer something functional, independent of whatever type of regulation you need to respect.

Moderator: What about the business aspects of the lab – how does electronic order capture and results delivery support revenue for ambulatory outreach and inreach programs, including draw centers, clinics, long-term care, etc.?

Glyn Hughes: The ability to influence what a clinician orders is important because it helps control overutilization and underutilization without slowing patient care or delaying diagnosis. Here in the U.K., integrating with nationally agreed standards for clinical decision support is also quite useful in driving clinicians to the correct test.

Jodee Wagner: Coming from an ambulatory or outreach standpoint in the U.S., electronic medical records are not always equipped to verify medical necessity but if a lab performs a test that was not deemed medically necessary, the lab will not be reimbursed for it, which means lost revenue. Having a middleware solution helps labs prevent those costly write-offs because we can run the national and local network rules against the tests that are being ordered.

Marit Vervae: Protecting the chain of custody and specimen integrity is very important for lab operations as well. Technology that links with phlebotomy – with barcoding and electronic tracking right from the point of collection to avoid mixing tubes and patients – further supports laboratory business.

Glyn Hughes: That is very true. Having instrument-ready barcode labels when specimens come in the door drives massive efficiency in the laboratory. Ensuring positive patient identification throughout the collection process saves time and money by avoiding errors and the need to collect new samples.

Moderator: What about phlebotomist draw lists? How can lab technology support

Lab Pinnacle Series Beyond LIS and LIMS: The Value of Coordinated Orders and Results Management for Outreach & Ambulatory Laboratory Testing

better phlebotomy, especially in patient service centers, external draw centers and nursing home/elder care environments?

Jodee Wagner: In many U.S. nursing homes and similar settings, there is no EHR in place, so patient draws are still paper-based processes. But lab technology is changing that. The ability to put those standing orders in and print off easily sortable draw lists makes phlebotomists more efficient and proactive. It also makes it easier for the lab to receive the specimens, streamlining backend workflow as well.

Marit Vervae: For accreditation, EU laboratories need to know when every specimen was drawn and by whom, as well as the temperature of the tube at all times. Doing all that processing on paper is almost impossible, so most of the labs we serve have moved to electronic phlebotomy or are in the process of moving.

Glyn Hughes: It's not quite to the same degree in the U.K. yet, but we are moving in the same direction because it does drive efficiency from a phlebotomy perspective. In fact, that was the initial driver for our portal product – helping care homes get orders for all their residents and staff to the lab more quickly and efficiently.

Moderator: Final question – if you were given only one word or sentence to describe the most important benefit of having purpose-built technology for lab orders and results, what would it be?

Pieter De Smet: Flexibility and accessibility. Across so much of what we've discussed – scaling up, sharing orders and results, covering different disciplines, and clinical decision support – having agile, scalable, customizable lab technology in place is key.

Jodee Wagner: For hospitals and health systems, it's that ability to offer the full continuum of care to all patients in their communities, not just patients of their owned physician offices.

Amanda Caudle: I'll say standardization, which helps drive higher quality. The more you have data coming in standardized for reporting purposes, the more information you have to drive standardization in your processes, ultimately for better patient care and greater diagnostic efficiency.

Marit Vervae: Digitization. Just look at how critical it was to national monitoring and tracking of COVID. That would not have been possible if it were not managed digitally.

About CliniSys Group and Sunquest Information Systems

CliniSys Group and Sunquest Information Systems together provide leading diagnostic solutions to laboratories worldwide. Our combined cross-discipline expertise, spanning more than 40 years, provides our customers with solutions to support laboratory workflow across clinical, histology, molecular, genetics, including order management, reporting and results delivery; as well as solutions to support public health disease surveillance and outbreak management. We are dedicated to our customers and their strategic initiatives, with focus on quality to improve resource efficiency, cost savings, patient safety and vendor-agnostic open standard interoperability.

CliniSys Group and Sunquest are owned by Roper Technologies.

¹ Case Study: MIPS makes an important contribution to the fight against corona in Belgium, the Netherlands, France and Germany <https://www.clinisysgroup.com/be/en/news/mips-makes-an-important-contribution-to-the-fight-against-corona-in-belgium-the-netherlands-france-and-germany-2/>

³ Case Study: The IT heart of SI-DEP – France's national Covid-19 screening platform. <https://www.clinisysgroup.com/in/en/case-studies/sidep-project-en/>

³ Case Study: Enabling Multi-Lab Networking Across a Large, Maryland-Based Lab Network for Dramatic Cost Savings <https://www.sunquestinfo.com/docs/case-study-exec-summary-maryland-lab-network.pdf>