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RESILIENCY + RECOVERY



KEY LEARNINGS FROM PATHOLOGISTS

Quality and Preparedness
During a Pandemic

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Quality and Preparedness During a Pandemic

The novel coronavirus global pandemic upended hospitals and hospital laboratories when it penetrated the US and spread throughout the country. Health care providers urgently moved to reengineer operations to meet the demands of testing, triaging, and caring for patients with COVID-19. Laboratories saw their workloads shift focus from routine to COVID-19 testing. While hospitals and health systems acted swiftly to implement safety and quality control measures in patient clinical care, it became imperative that laboratories move quickly and smoothly to deliver accurate results to meet the daunting challenges of COVID-19.

Partnering together to confront the pandemic, leading pathologists and hospital executives from throughout the US recently shared their novel coronavirus lessons learned and ongoing challenges in an American Hospital Association (AHA) executive dialogue. Their conversation underscored the importance of strong working relationships between health care executives and laboratory leaders.

KEY FINDINGS

- 1 Pathologist laboratory medical directors need close working relationships with system and hospital leaders to get through the pandemic.
- 2 An overemphasis on economic efficiency can make it difficult for laboratories to be fully prepared for a large-scale crisis.
- 3 Pathologist laboratory medical directors are worried about the stamina and resilience of their staffs as the COVID-19 workload is exacerbated by flu season and natural disasters.
- 4 Because safety and quality are innate values for pathologists, these professionals can provide valuable input to a wide array of administrative decisions.

MODERATOR:

Bob Kehoe, content development manager for the AHA Center for Health Innovation, moderated the discussion with representatives from four major health systems: OHSU [Oregon Health and Science University] Healthcare, based in Portland; Mayo Clinic, based in Rochester, Minn.; Henry Ford Health System, based in Detroit; and University of Chicago Medicine. As the event's sponsor, the CAP was represented by its president, Patrick Godbey, MD, FCAP, and its president-elect, Emily E. Volk, MD, MBA, FCAP, senior vice president of clinical services, University Health System, in San Antonio.

MODERATOR: *(Bob Kehoe):* **What solutions to challenges caused by the pandemic will improve the long-term quality of patient care?**

Pathologists, microbiologists, medical laboratory scientists, and laboratory directors have played a critical role during this crisis, employing their medical and scientific knowledge and expertise to improve safety in their health systems and hospitals. “While we have always been seen as the doctors or scientists who work in the basement, I think all of us had to come out of the basement to make sure that the health systems were able to serve the patients. That is what we all strive for,” says Gaurav Sharma, MD, FCAP, medical director of regional laboratories at Henry Ford Health System.

Going forward, he says, pathologists—and the institutions they serve—will benefit from the emergency networking they have done in recent months. Because the SARS-CoV-2 virus was unfamiliar, pathologists quickly had to educate themselves, communicating with their peers to gain and share life-saving information. “We have new colleagues, either virtually or in real settings who, in the long term, also will benefit non-COVID collaborations,” Dr. Sharma says.

Beyond that, the ongoing supply crisis has made it clear that health care’s supply chain must be rebuilt with resilience as a top priority. “We could see some stability from local manufacturing and local distribution hubs and moving toward a diversified product offering, rather than economizing to just one offering,” he says.

Richard M. Scanlan, MD, FCAP, laboratory medical director, OHSU Hospital and Clinic Laborato-

ries, carries the observation about efficiency one step further. To be economically efficient, OHSU had outsourced the bulk of its microbiology testing. Because of that, an old research laboratory had to be converted quickly into a microbiology laboratory when COVID-19 hit.

“That was really the challenge we faced,” Dr. Scanlan says. “Plus, we had to identify personnel who we didn’t have on hand. Borrowing people from other facilities—all the way up to PhDs who were familiar with developing these tests—was crucial.”

MODERATOR: **Of the quality control changes that you have made, what will you retain going forward?**

In the early days of the pandemic, Bobbi S. Pritt, MD, MSc, DTMH, FCAP, chair of its division of clinical microbiology in Mayo Clinic’s department of laboratory medicine and pathology, fielded questions from hematology, cytology, and other units asking whether certain specimens

could be handled outside a biosafety cabinet. That triggered a laboratory-wide safety assessment to identify potential gaps; among other things, biosafety cabinets were installed in many laboratories that previously did not have them.

“We are going to continue to use them because it provides an additional layer of safety and makes us feel good as pathologists, knowing that our employees are safe,” Dr. Pritt says. “I think our processes were great to begin with, but we improved them because of this situation.”

The quality of new tests emerging during the pandemic has been highly variable, forcing hospital

“In our institution, our administration has always asked for our input in decisions, and this continues to pay dividends during the COVID crisis. The ultimate beneficiary of that kind of cooperation is the patient.”

— Patrick Godbey, MD, FCAP —

CAP President and founder, CEO, and laboratory director of Southeastern Pathology Associates in Brunswick, Ga

laboratories to evaluate their effectiveness rather than trust the marketing materials. Laboratories will have to continue in that quality control role as tests continue to proliferate, Dr. Sharma says.

The pace of evaluating new tests also has improved. “I don’t think we’ll ever go back to that two-month method of validation again because we have seen how quickly it can be done when you set your mind to it,” says Dr. Scanlan.

MODERATOR: What are the most pressing challenges facing you now?

While quality control and communications—getting accurate test results to the right people as quickly as possible—are paramount concerns, laboratory leaders are also grappling with other challenges: the need for more capacity, complications associated with natural disasters in some parts of the country and the upcoming flu season.

“There are lots of new assays coming out, and I’m hoping to get all our verifications done before the flu season in Chicago, so that all the computer pathways only have to be done once,” says Kathleen G. Beavis, MD, FCAP, medical director of the University of Chicago Medicine’s microbiology and immunology laboratories and medical director for laboratory quality.

As wildfires rage in the Western states, OHSU is moving its laboratory into a larger space to accommodate an expected surge of COVID-19 this fall even as staff are working under the protocols of both the COVID-19 emergency operations center and a wildfire emergency operations center to address, among other

things, the air quality in its buildings.

“That slight cough we’re all getting now—is that COVID or is it not?” says Gina Hawley, MHA, DrPH, vice president of professional and support services at OHSU. “So we have to go through our current processes to think through how this wild-fire emergency command affects us and to make sure the pathologists and laboratory leadership on that command know how everything relates with our COVID testing.”

MODERATOR: What staffing issues have surfaced during the pandemic?

As the pandemic grinds on and with flu season looming, laboratory leaders are worried about the well-being and resilience of their staffs. “Initially, everyone was so anxious to help, but after you have asked people to work the second or third shift and now they are also homeschooling their kids, that gets old,” says Dr. Pritt.

Laboratory employees worry whether it’s safe to work with certain colleagues, says Adam Guenther, MBA, operations administrator at Mayo Clinic. “We’re constantly dealing with the question of whether or not people should quarantine if they have traveled and with trying to make sure that everybody feels safe around others in an environment that they can’t necessarily control,” he says.

At University of Chicago Medicine, laboratory leaders turned to their colleagues in the organizational effectiveness unit for support. “We are going to set up some Zoom town halls in October—again—for all staff on all three shifts so they will be able to talk

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— Emily E. Volk, MD, MBA, FCAP —
CAP President-elect and Senior Vice President of Clinical Services, University Health System, San Antonio

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Medical Director of the University of Chicago
Medicine’s Microbiology and Immunology Laboratories
and Medical Director for Laboratory Quality

to some of our experts about how to be resilient, both at work and at home,” says Candis Kinkus, vice president, laboratory services. “It’s going to be a real challenge to get through this over the next six to eight months.”

Meanwhile, staff members may be frustrated that they have less control over deciding whether they are healthy enough to work. “Suddenly, it became unacceptable to come to work if you had the mildest cough, snuffle, or low-grade fever,” Dr. Volk says. “We had to have some hard conversations with folks like: ‘I know you took Tylenol and feel better, but you’re going home.’ For our employees to have to use their paid time off in a different way than they want may have ramifications that we haven’t fully realized yet.”

MODERATOR: How can health system leaders and colleagues support pathologists and laboratory leaders during this time?

As the COVID-19 threat became clear, the University of Chicago Medicine supply chain team was aggressive in sourcing supplies to meet the expected demand. “That meant that we had to quickly evaluate 10 different swab types to make sure we had enough, and we evaluated more than 20 transport media, not all of which worked,”

Dr. Beavis says. “They were willing to wait for us to do the evaluation before making the buy, and that partnership illustrated how critical it is that laboratory personnel have input and a say in purchasing decisions.”

When the health system resumed elective procedures, pent-up demand meant a quick return to pre-COVID volumes. “We worked diligently with our executive leaders and our [human resources] team because we found we had to add staff, and we got new positions approved,” Ms. Kinkus says.

Meanwhile, the COVID crisis has increased the visibility of pathologists and laboratory scientists in a way that will benefit their organizations going forward. “We’ve always had a seat at the table here at Mayo Clinic, but now we find ourselves on prominent committees making joint decisions on important things such as who is going to be tested and by which method,” Dr. Pritt says. “We’ve really been appreciative of being part of that process.”



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