

Letters to the Editor

RE: CLIN LAB SCI 21(1) FO DELWICHE
April 8, 2008

I was pleasantly surprised to see the FOCUS article series on Informatics in the Winter 2008 edition of *Clinical Laboratory Science*. The articles about Medline and PUBMED, as well as the performance of literature searches on research study methodologies and clinical laboratory science materials, are helpful for utilizing external information resources in a supportive manner. These are just a few of many ways that Internet-based resources can aid the clinical laboratory science field and patient care in general.

The introduction by Dr. Wilcke about "Finding the Knowledge in Information" is the key for clinical laboratory professionals. Our profession generates about 70%-80% of the information contained in the electronic medical record depending on which article is quoted. This information is also utilized by the physician in clinical decision making in the provision of patient care. As laboratory professionals who generate the data via testing methods, we are trained to know what factors impact the information process in order to produce high quality laboratory data and information. These factors may occur in the specimen collection process, laboratory analyses, in the reporting process, or within the instrumentation and computer systems used to produce laboratory data. Many other healthcare professionals do not fully understand how a little deviation in any part of this highly regulated process can produce a significant impact on the information utilized for patient care. Furthermore, since accreditation agencies are even more scrupulous about quality and safety, detail oriented laboratory professionals are in a great position to aid in making patient care even better. The laboratory professional can explain what aspects of the information process have failed in root cause analyses,

as well as recommend process changes to prevent errors or information process problems from occurring in the first place. All in all, these will aid the physician in making sure the right information is available at the right time and place for efficient, quality, and safe patient care.

The laboratory information processes continue to become more and more complex with automation, integration, and translation of genomics research into molecular diagnostics data and the increase in patients being tested. Laboratory information is not limited to just the hospital or clinic laboratory environment. The interdisciplinary nature of health informatics encompasses many related fields: public health, nursing, dentistry, pharmacy, artificial intelligence, radiology, natural language processing, terminology, and standards such as SNOWMED, just to name a few. Public health disease surveillance is highly dependent on many results reported by the microbiology laboratory, while natural language processing may be utilized in future laboratory reporting methods within the LIS. Pharmacists are dependent on therapeutic drug monitoring levels, but may not fully understand why some results take only a few hours while others may take a week or more. In addition, the use of laboratory data through data mining techniques has only begun to be realized as a means to monitor and improve quality and safety in patient care.

In short, laboratory professionals are poised well to contribute much to the medical community from a laboratory information perspective. The possibilities are endless and may become a vital component of the future of patient care.

Cordially,

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The Dialogue and Discussion Section is a forum for editorials, short articles, commentaries, and letters to the editor on clinical laboratory science topics and professional issues of general interest to readers including ASCLS activities and position papers. For more information about submissions to the Dialogue and Discussion section contact: Margaret LeMay-Lewis, Managing Editor, Clinical Laboratory Science Editorial Office, IC Ink, 858 Saint Anne's Drive, Iowa City, IA 52245. (319) 354-3861. ic.ink@mchsi.com

RE: CLIN LAB SCI 21(2) DD BECK
 May 20, 2008

I have been an ASCLS member ever since I graduated in 2005, and I have been following the progress of the DCLS. I believe the DCLS concept will meet resistance not only from other health professions but also from other doctoral members of the laboratory community. CLIA recognizes a total of eight different certification board for laboratory directors (ABMM, ABCC, ABMLI, ABB, ABMG, ABHI, ABFT, and NRCC); the DCLS would add just another layer of confusion to the medical community. As the clinical laboratory profession continues to fight a losing battle on licensure in various states, it will only mean that licensing DCLS graduates would be out of the question. Without licensure, the DCLS likely will not be able to gain respect for consultation services and be able to bill for those services. NAACLS is well known within the clinical laboratory profession, but it is largely unknown to those outside of the laboratory community. The boards that the medical community considers to be prestigious are those recognized by the American Board of Medical Specialties (ABMG). Both ABMG and American Board of Radiology (ABR) certify non-physician scientists with appropriate graduate education and training. Having the ABP certify DCLS would allow better acceptance in the medical community (especially among physicians) and improve the chance of gaining licensure in different states.

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Clin Lab Sci encourages readers to respond with thoughts, questions, or comments regarding printed correspondence. Email responses to ic.ink@mchsi.com. In the subject line, please type "CLIN LAB SCI 21(3) DD LETTERS". Selected responses will appear in the Dialogue and Discussion section in a future issue. Responses may be edited for length and clarity. We look forward to hearing from you.

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