RESPONDING TO COVID-19: Informatics Virtual Conference

Sunquest & API Webinar

Below questions were submitted during the April 1, 2020 live event, however, were not responded to due to time.
We have maintained the entries and responses in original format,
without further grammatical formatting or context.

Q: How long do healthcare workers need to be monitored if they had confirmed exposure to COVID-19?

A: (Dr. Tuthill) *We are using the 14-day quarantine period. The CDC has issued rules about being able to return to work without testing. For more information on CDC guidelines on healthcare provider isolation visit: https://www.cdc.gov/coronavirus/2019-ncov/hcp/guidance-risk-assesment-hcp.html*

Q (Directed to Dr. Sirintrapun): Can you talk about space for scanning of slides and type of instrument you are using for scanning? Has your RMT instrumentation been helpful and have you suspended ROSE procedures?

A: (Dr. Sirintrapun) *Thank you for the questions. We have several spaces dedicated for scanning. We separate our scanning into clinical (retrospective) - scanning performed on main campus after the case is signed out, and archival - scanning mainly in the Bronx storage area where there is a barcoded archival of slides dating back from 2009-2016. Both the main and Bronx locations have dedicated areas for "prepping" which includes sorting, cleaning and potentially relabeling and loading the slide scanner trays; these are the size slightly larger than most pathologist offices with 1-2 people "prepping". Then there are the scanner areas, where there 1-2 folks are loading the scanners, QA'ng the focal points - basically handling the machines. Because of moving and relocations, the prepping and scanning areas are fluid but account to 3-4 areas (main and Bronx combined) which house our scanners to accommodate the clinical and archival scanning. The remote primary sign-out pilot scanning takes place on main campus. In terms of the 2nd question, yes we use the RMT for ROSE evals very successfully (several articles in JPI of ours and UPMC's experience are published). Currently, it is mainly performed by the teams "in house". Only rarely do folks do it from home and those folks tend to be technically savvy and know they have to VPN first then use the RMT app or remote into their workstations or go to the hyperlinks to access. As I mentioned in my talk, not all attendings have VPN or even know what that is; which is why it is not the standard practice but certainly performed successfully from home. The person who does RMT from home successfully and routinely (to my knowledge) is Sara Monaco at UPMC.*

Q: Have you been able to create automated reporting for your developed/improvised COVID CP testing? How have you developed the COVID testing within your labs and what validation material /methods did you use? Are you deferring to clinical teams to determine testing or have you been members of those hospital taskforces?

A: (Dr. Sirintrapun) *Not sure what reporting you mean, but...We have automated reporting through interfaces from instruments coming online; we have automated reporting coming from reference lab. These results are not auto-released however and required review and release. If you are referring to reporting of results and management reports those are all automated and created crystal report extracts of lab data. These reports are automatically emailed to various groups. We also have a real time dashboard for trending of volumes or orders, results etc. Testing priorities are negotiated with the COVID Leadership team with input from several concerned parties as the supply chain is limited, and at risk.*

Q: (Directed to Dr. Sirintrapun) Which WSI scanners (e.g. Hamamatsu, Phillips, Leica GT450, etc.) are you using at MSK? Thank You.

A: (Dr. Sirintrapun) *Thank you for the question. We have a fleet of scanners mostly Leica AT2 and GT450s, we do have 2 Philips scanners (not on-line and ready for clinical use yet) and one 3D Histech P1000, and several Sakuras. We have one Hamamatsu research scanner.*

Q: For digital remote sign-out do you still need to have an FDA approved system such as Leica or Philips? What about the PC monitor used? Does a formal validation need to be done and in place before remote sign-out?

A: (Dr. Tuthill) *For primary diagnosis remote sign-out the CAP lab developed test (LDT) approach can be applied but the rules of the road don't change. This is significant amount of work to ramp up and requires the entire pixel pipeline to be address. You do NOT need an FDA system to use WSI for primary diagnosis, you just have to do the right validation for an LDT.*

A: (Dr. Sirintrapun) *At MSK that is the route we have taken with using Leica AT2s and GT450s.*

Q: Thank you Drs. Tuthill, Balis, and Sirintrapun for this presentation during this critical time and much thanks to API and the DPA for their lobbying efforts for remote pathology practices. For institutions who do not employ digital pathology outside education and consultations therefore internal guidelines for its use clinically, how do they transition to a digital workflow quickly?

Dr. Tuthill, so are the results from the overflow sent out to reference laboratories reported by your institution or the reference laboratory to federal and state agencies?

A: (Dr. Tuthill) *You are very welcome. I think the CAP White on WSI validation is great place to start if you have WSI in place already. Getting up to speed requires more than the technology, but also require staffing for scanning, training etc. Also it helps to have written SOPs for handling and operating both*

physical and digital slides remotely. If you have not done so, don't feel too bad, even at MSK, we are currently writing the SOPs for digital remotely. There are some institutions which already have SOPs to physically transport slides and microscopes to offsite locations like homes. Using tools like zoom and skype to use cameras on scopes to share and consult is quickly viable and likely in place at most organizations. We already do a lot of this for tumor boards and remote consultation. Now we are doing more! Regarding outside testing: all reference lab testing is reported back through the LIS to the EHR. Much of this is manual data entry but two interfaced data streams are now online. One from our reference lab and one from our in house instrument. That said, there is one setup of test data that is outside of lab's production line, and that is testing done by other organization on a HFHS patient. This data comes in through a HIN and is integrated into the EHR as an external results.

Q: Thank you for thinking about the Laboratory Professionals! I appreciate that!! MLT, ASCP OU Health Clinic!!

A: (Dr. Sirintrapun) *You are most welcome. Lab Professionals are a team. All of us. The recent CLIA announcement was a win for lab professionals. I just got word from a trusted source at ASCP that the relaxation of CLIA for remote work applies to not only pathologists but also lab professionals. This crisis shows how important the entire team is. I am grateful to all our personnel!*

Q: Will further webinars be provided on this topic in the future? Very informative!

A: (Sunquest & API) Yes, we plan on hosting additional virtual conferences with leading healthcare subject matter experts on the COVID-19 topic in the coming weeks. Next event is be planned for April 15. Check your inbox, API website (pathologyinformatics.org) or Sunquest website (sunquestinfo.com) for more information.