

**Department of Veterans Affairs
Pathology and Laboratory Medicine Service**

**Report to the
Intersociety Pathology Council
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The Pathology and Laboratory Medicine Service continues to provide high quality services to support patient care in the nation's largest integrated healthcare system. All of the laboratories in the VA continue to be fully accredited by external inspection agencies. Many VA laboratories continue to provide valuable training experiences for both resident physicians and non-physician laboratorians through affiliation agreements. VA pathologists continue to provide high quality diagnostic, educational, and research services.

There are a number of significant projects that involve the VA Pathology and Laboratory Medicine Service (P&LMS). Information technology issues continue to be dominant.

- The Laboratory System Re-engineering Initiative: This project continues to progress. By the close of 2007, a number of "prototype" VA sites had been engaged in the review and assessment of the Cerner Millennium system as the replacement for the VA VISTA legacy lab system. Prototype development continues in 2008. Enhancements to improve appropriate utilization of laboratory resources, interface with a national "health data repository", and provide "decision support" to clinical providers are but a few examples of what is expected in the re-engineered system.
- The Bar Code Expansion Project: Due to a priority decision by the VA Office of Information Technology, progress on this project to add functionalities for labeling of lab specimens, blood component administration, vital signs, enhancement of medication administration, and read access to the patient's electronic medical record (i.e. CPRS) using wireless technology at the patient's bedside has been temporarily curtailed. A new date for implementation phases has not been.
- The Methicillin Resistant *Staphylococcus aureus* Prevention Program: This program has been implemented at all VAs. By the close of 2008, rapid PCR technology will have been implemented at over two thirds of VA clinical labs. The Pathology Service plays a key role in performing the surveillance screening either by Chromagar cultures or PCR technology. The program involves active surveillance, implementation of contact precautions when patients who are colonized are identified, hand hygiene, and "cultural" change.
- The Armed Forces Institute of Pathology: The VA has been engaged in active discussions with Department of Defense representatives regarding the development of

the “Program Management Office” mandated by the Base Realignment and Closure Act. Additional new legislation has recently been passed however requiring that a national “Joint Pathology Center” be established within DoD, or another federal agency, to function as “the reference center in pathology for the Federal Government”. This legislation specifies that the JPC shall provide, at a minimum, diagnostic pathology consultation services, pathology education, diagnostic pathology research, and maintenance and continued modernization of the (AFIP) Tissue repository. There is active discussion continuing as to how to reconcile the PMO requirement of the BRAC law with the JPC requirements of the new law. This is an issue that will continue to evolve during 2008. Aspects of funding, organizational structure, physical location of the JPC, and multiple other facets are yet to be determined. Hopefully, the issues surrounding the “disestablishment of the AFIP” will be better clarified by this time next year.

- Affiliation agreements and pathology residency training: I am not aware of any substantial changes to the existing allocation of pathology residency training positions at VA sites or the support for these positions.
- Enhanced stringency of VA policies regarding “cyber” security, protection of patient privacy, and verification of credentials of VA providers.
- Executive Order on “Quality Transparency”
- Recruitment for a new National Director of Pathology and Laboratory Medicine: Having served over six years as the National Director, and due to increasing local requirements in my responsibilities as Chief of Pathology for the Southeast Louisiana Veterans Health Care System, I have stepped down from the national position. Active recruitment is in progress for my successor. There has been no selection to date. I look forward to continuing in my role as the VA representative to the IPC.

While there are various other issues and programs that are the responsibility of the VA P&LMS, this brief synopsis highlights a few of the key projects.