

**Department of Veterans Affairs (VA)
Pathology and Laboratory Medicine Service (P&LMS)**

**Report to the
Intersociety Pathology Council (IPC)
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The VA 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. Highlighted below are but a few of the issues, initiatives, and projects in which the VA P&LMS is involved.

- The Laboratory System Re-engineering Project (LSRP): This project continues to progress. An "alpha" test site "reality tested" the new lab software, and several "beta" test sites are currently evaluating the current version of the product. It is expected that the program will be deployed to the entire VA system by FY 2103.
- The Positive Patient Identification (PPI) Project (formerly known as the Bar Code Expansion Project (BCE) project): Progress on this project awaits the award of a new contract for scanners to be followed by interface development. A date for activation has not been set. This project is significant for its potential impact to enhance patient safety.
- The Joint Pathology Center (JPC) [i.e. the successor to the Armed Forces Institute of Pathology (AFIP)]: The AFIP will close 2011. The new JPC is scheduled to become operational in April 2011. The JPC will meet its legislative mandates to provide consultation, education, research, and maintenance of the Tissue Repositories services. The JPC will be the federal government's premier pathology reference center for all federal agencies (including the VA). The JPC will not provide consultation services to the non-governmental, private sector.
- Blood Utilization Review: A working group continues to actively collect utilization data for blood components. It is hoped that consensus criteria can be developed for use across the VA by local Transfusion Review Committees. Having uniform review criteria would reduce the variation in review criteria currently occurring at each local VA facility, and improve blood component utilization across the system.
- Specimen Mislabeling Initiative: A similar working group is also continues to actively collect mislabeled specimen data as specified by VHA Directive 2009-035. This Directive will require each VA laboratory to collect and report data for various types of specimen mislabeling errors in a standardized manner. Since specimen mislabeling is a significant patient safety issue, compliance with this Directive will directly support the patient safety initiatives of several accrediting agencies including the Joint Commission, the College of American Pathologists, and others. The database generated by this data collection will drive future policy and procedure changes to improve patient safety through the identification of sources of error and the sharing of "best practices".
- An ad hoc Telepathology Committee has been formed to evaluate the potential use of telepathology within the VA and in collaboration with DoD. One of the priorities would be to provide support to the smaller, non-affiliated VA facilities through interactive consultations.

There are significant technical and IT (e.g. bandwidth, firewalls, etc.) obstacles to be overcome in this emerging technology.

- A Women's Health initiative is in the process implementing point of care urine pregnancy testing and provider performed microscopy at every access point in the VA system.
- A workgroup is evaluating the risks and benefits of patient self testing for anticoagulation status (i.e. INR while on Coumadin). Currently the VA has a policy that patient self generated test results should not be used for clinical decision making. Clinical decisions should rely on VA laboratory generated results. The workgroup is also charged to evaluate if this policy should be modified.
- 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 continues (e.g. insertion of a non-VA "thumb" drive into the USB port of a VA computer will "lock out" the computer from the VA network and send a security breach notice to the VA information security officer). IT security violations can result in disciplinary action.

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.