

immunohistochemistry, multiplex immunofluorescence, and in situ hybridization assays. The RC failure rates by year were: 2018: 3.2 % (116 RCs), 2019: 3.8% (156 RCs), 2020: 1.9% (100 RCs), and 2021 (through March) 1.3% (21 RCs). The decrease in RC failure rate was a direct result of process changes addressing each of the failure modes, including, but not limited to: 1) improvement in slide storage conditions, 2) more selective RC tissue selection, and 3) more consistent interaction with on-site instrument support.

Conclusion: Process improvements addressing pre-analytic and analytic RC failure modes have resulted in a year-over-year decrease in RC failures. Consequently, our first-pass rates for immunohistochemical, immunofluorescence multiplex, and in-situ hybridization testing of patient samples have increased. Close monitoring of RC failure rates and near-real-time troubleshooting of individual RC failures are important components of successful operation in our unique laboratory setting, where patient material for testing is limited.

Ensuring Standardization, Quality Management And Improvement Of Point-Of-Care Testing In The Municipal Public Health System Based Ambulatory Care And School Health Clinics In New York City

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Introduction/Objective: Operated under different acute care hospital clinical laboratory limited-service laboratory (LSL) licenses, our New York City five borough spanning multisite ambulatory clinics and school-based clinics have been offering various waived point-of-care tests (POCTs) and provider-performed microscopy (PPM) to the local communities. A wide range of variability existed among the clinics concerning regulatory compliance, test performance, quality control and training. To ensure standardization and quality of POCT across the health system, our laboratory service adopted and implemented a plan for systemwide LSL transfer from the acute care hospitals to ambulatory care laboratory service for centralized implementation, monitoring, and oversight of the POCT operations.

Methods/Case Report: Having over 60 clinics, while transferring the LSLs, we chose multi-site license with ten or more sites on each license and by phase transfer from NYSDOH. Since the commencement of the transfer, system wide our qualified laboratory personnel have been updating and providing standard operating procedures (SOP), performing quality assurance and validation of new tests/devices, providing competency assessments and helping clinical staffs maintain compliance with state and other regulatory agencies.

Results (if a Case Study enter NA): After the final phase of the transfer and POCT standardization implementation in 63 clinics, currently the clinical staffs performing POCT, get expeditious training and troubleshooting in more timely manner and the providers get the results of the ordered POCTs much faster and more efficiently and overall the quality metrics get improved markedly, indicated by internal audit team.

Conclusion: Even though Implementation of the planned POCT standardization was initially challenging due to the vastness and complexity of our multisite ambulatory care network and later confounded by the COVID -19 pandemic effect but eventually, it helped improve patient care delivery significantly and very effectively. Expectedly, our planned transfer implementation provided standardization and ensured improved quality of POC testing across our health system.

Initial Clinical Laboratory Response to COVID-19: A Qualitative Lookback at a Survey of Medical Laboratory Professionals

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Introduction/Objective: In this 2020 survey, the co-investigators of this study explored the experiences of medical laboratory professionals (MLPs) and their perceptions of the testing needs of clinical laboratories in the initial response to the COVID-19 pandemic. The responses gathered in this survey highlighted changes in the laboratory workforce and the impact on laboratory operations moving forward.

Methods/Case Report: This cross-sectional, anonymous, web-based survey of MLPs was conducted between April 29, 2020, and May 31, 2020. To recruit participants, 'invitation to participate' messages were posted using on-line forums and social media platforms (i.e. LinkedIn, Twitter). Furthermore, the survey link was shared with professional contacts and laboratory professional groups. The main source of recruitment was the membership of the American Society for Clinical Laboratory Science (ASCLS), which had more than 6,800 active members at the time of the study. Data provided from individuals who provided informed consent was included in the sample. The inclusion criteria for the survey were that participants self-identify as a current employee of a clinical laboratory whose usual employment involved participating in the diagnostic testing and providing of clinical laboratory test results using human specimens. The instrument gathered demographic data about participants and their workplace using 32 closed-ended questions with 8 questions containing branching that allowed for optional open-ended

responses. This project was approved by the institutional review board at the University of Kansas Medical Center. **Results (if a Case Study enter NA):** Notably, there was an overall decrease in clinical laboratory testing and overtime work for laboratorians during the first months of the COVID-19 pandemic. Respondents noted a lack of pay increase during the pandemic; however, some received in-kind gifts and messages of support in recognition of their essential work. MLPs reported better (or unchanged) job satisfaction and morale in their respective workplaces.

Conclusion: The response to the testing needs by health-care facilities and clinical laboratory leadership can influence the job satisfaction of MLPs, perceptions toward their work, and overall morale during the initial phase of the pandemic. Additionally, cost-reducing measures further shaped the perceptions of MLPs while impacting the operational efficiency of clinical laboratories.

Challenges of Conducting Point-Of-Care Testing Operations During The COVID-19 Pandemic In The Municipal Public Health System Based Ambulatory Care And School Health Clinics In New York City

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Introduction/Objective: Our New York City Municipal Public Health System based multisite ambulatory clinics and school-based clinics, offer various waived POCT (point of care tests) and provider performed microscopy (PPM). To ensure standardization and quality of POC testing across our health system, our laboratory service conducts system wide centralized implementation, monitoring and oversight of the POCT operations in regard to regulatory compliance, test performance, quality control and training. With the emergence of the COVID-19 infection in the New York City, like all other clinical laboratories, our ambulatory care clinics encountered numerous hurdles and challenges. Here we elaborated the issues that we encountered and how we managed to overcome during the COVID-19 Pandemic.

Methods/Case Report: We categorized the challenges that affected our managers as well as field level laboratory operations and have devised a plane to deal with COVID-19 related predicaments.

Results (if a Case Study enter NA): Among the staffing issues, staff relocation to the acute care hospital laboratories during the peak of the pandemic caused massive delay or cessation of POCT operations in our ambulatory care clinics. Manual result entry, for COVID-19 testing, at the patient portals due to lack of interface with the reference testing labs, staff shortages and frequent absences due to illness and fatigue were primary

issues noted at technical level. Furthermore, there were notable delays in the processing of paper works and new staff recruitments. The lack of and significant delays in the critical laboratory supplies was another major management issue.

Conclusion: Given the vastness and complexity of our multisite ambulatory care network, the COVID -19 pandemic impacted our ambulatory care clinic POCT operation in a very challenging way. However, our timeliness, coordinated interventions, close communications and initiatives handled the obstacles that arose very effectively to the ensure quality of POC testing, patient safety and quality care across our health system.

Impacts of the Virtual Landscape During the COVID-19 Pandemic on the 2020 Application Cycle

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Introduction/Objective: In response to the COVID-19 pandemic, the 2020 application cycle adapted to a mostly virtual setting. This project focused on the impact of these changes on the 2020 application cycle with the elimination of in- person away rotations and interviews, as well as the implementation of new virtual opportunities for learning and interacting with residents and programs. **Methods/Case Report:** This study was conducted through an anonymous survey sent out to programs that engaged in social media usage in the 2020 application cycle. The survey was made available to program directors, faculty, residents and the matched applicants and focused on their usage and opinion of impact of virtual opportunities, virtual interviews and social media encounters.

Results (if a Case Study enter NA): A total of 17 program directors/faculty, 17 residents and 19 matched applicants completed the survey across 91 programs surveyed. Virtual opportunities that were offered across these programs include: open houses, sub-internships, didactic lectures, grand rounds, Q&A sessions, and virtual facility tours. Responses showed that 4 programs (16%) moved applicants up on their rank list based on pre-interview virtual interactions. From the applicant perspective, 13 (76.5%) said virtual opportunities impacted the way they evaluated programs with 13 (68.4%) ranking programs higher and 3 (15.7%) ranking programs they otherwise would not have ranked. On the other hand, 21 faculty/residents (80.7%) felt that applicants missed out on fully experiencing the program due to lack of in person interviews and away rotations. However, 14 programs (56%)