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

T. Sherpa,[1] T. Choesang,[1] S. Ahmad,[1] F.M. Huq Ronny[1]; [1]Laboratory Service, Gotham Health NYCHHC, New York, New York, UNITED STATES

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

D.P. Baker,[1] A.P. Jones,[1] K. Edwardson,[1] L. Nunez-Argote[1]; [1]Clinical Laboratory Sciences, The University of Kansas Medical Center, Kansas City, Kansas, UNITED STATES

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 online 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

DOI: 10.1093/ajcp/aqab191