TOP 5 STRATEGIES TO ADDRESS SUPPLY CHAIN ISSUES

This information comes from the 2022 ASCP Supply Chain Issues in the Laboratory Survey, and the percentages reflect the proportion of total respondents who utilized each strategy.

Using Alternative Test Supplies/Vendors/Labs (55%)

"Daily review of vendor supply manager. Becoming slight hoarders. Ordering vacutainer tubes from reference labs (when we really used them for in-house testing and not sending the specimens to the reference lab) because we could not purchase lithium heparin tubes, SST tubes and sodium citrate tubes. Temporarily switched to blood plates instead of Blood/EMB plates for urine cultures….Making a progressive Doomsday plan, if the supply chain dried up entirely. Created 'boards' of alternative tubes, etc. for STI testing when our usual supplies were not available."

Testing Conservation Strategies (36%)

"When we were down to a couple flats of blue top tubes for the entire hospital, the lab kept them all, only handing them out in sets of five tubes to the ER, and every other area only got them when they had an order placed for a test needing that tube type….We implemented a system that allows us to securely text anyone working in the hospital. This has cut down on the amount of time we spend on hold, the only thing we're still required to call is critical results."

Ordering Additional Supplies (16%)

Continuing Communication with Vendor (8%)

Educating Providers (8%)

SUGGESTIONS TO REDUCE UNNECESSARY SUPPLY CONSUMPTION

A) Develop Test Utilization Strategies

- Employ "Choosing Wisely[1]" best practices
- Limit unnecessary and frequent testing
- Advocate for federal government reevaluation of policies and regulations on test ordering
- Eliminate tests that lack clinical utility
- Link physician reimbursement for office visits with following medical necessity guidelines
- Use laboratory stewardship

"For me, 'Choosing Wisely[1]' is the most important [strategy for reducing unnecessary supply consumption], and using inventory control system by using LIMS may also reduce it. Awareness to the clinicians on 'Choosing Wisely[1]' is very important."

"Improved specimen collection guidance to reduce waste. Potential increase in add-on testing when appropriate and specimen is viable. Better ordering practice guidelines for providers and the ability to enforce these measures with information systems."

"1) Discussing elimination of collecting extra tubes on patients. Only collect what is ordered. 2) Physician team reviewing 'Daily' lab orders and working on setting a limit of 3 days for 'Daily' labs."

B) Education and Awareness

- Laboratory stewardship/awareness of all stakeholders including researchers and providers
- Exploring opportunities with physicians
- Prioritizing urgent tests
- Providing guidelines for new staff
- Developing or improving communication between shifts
- Establishing partnerships at both national and international levels among the laboratory community on how to mitigate supply chain issues

"We are cutting back on 'just-in-case' tubes, but that is just increasing the amount of phlebotomy supplies and PPE that are used by staff. I will be meeting with the providers this week to discuss efficiency in ordering, discontinuing routine on-demand blood collection (to give them more time to decide what they want and reduce multiple collections). We will be verifying if all of the testing is necessary. Do we REALLY need a protime every day for 28 days if the patient has a stable result, isn't on any medications other than coumadin, and hasn't had any coumadin dosing changes?"

"We must educate our physicians who care for patients to be cognizant of lab tests pertaining to patient's illness. For example, I've seen multiple test orders for Flow Cytometry on pleural fluids of COVID patients. Reordering of Flow Cytometry labs when a diagnosis is known for lymphoma."

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Source: https://criticalvalues.org/news/all/2022/05/10/laboratory-supply-chain-shortage-effects-on-laboratory-workforce-and-effective-test-utilization

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