

How close to 24/7?

Keeping a clinical LC-MS lab running smoothly is a challenge, and labs employ many strategies to keep hardware running optimally. This workshop will discuss how clinical laboratorians view lab infrastructure, service agreements, and staff training with an eye toward maximum productivity.

Approximately 100 scientists attended the session, led by Cory Bystrom and Brett Holmquist. No formal presentations were given but participants running clinical labs at three levels (currently running 24/7 operations, expanding to 24/7, much less than 24/7) were asked to introduce themselves and comment briefly on the scale of their operation and strategy for keeping their labs running. Comments came from directors of large reference labs running dozens of instruments to labs that had just acquired their first instrument.

The discussion revealed that clinical labs have substantial pressure to meet turnaround times regardless of how heavily subscribed they are, placing instrument service as a premium consideration.

A consensus emerged that once a lab relies on 4-5 LC-MS/MS systems that supplementing vendor service with skilled in-house support was critical to control costs as well as maintain uptime. This was achieved by identifying high skill lab staff that become experts and in some cases included vendor service training.

No consensus was achieved on the merits of vendor vs third party service. However, many participants felt that the quality and reliability of service was almost exclusively dependent on the individual engineer providing service and that no instrument vendor or third party vendor could be identified as providing consistently superior service.

An area of concern that remains a challenge for both vendors and users is inter-instrument variability which complicates service expectations and backup instrument coverage.

The meeting was adjourned with a volunteer request for a 2014 Clinical Chemistry Interest group co-chair.