AMERICAN SOCIETY FOR CYTOTECHNOLOGY

Clinical Laboratory Improvement Advisory Committee on Workload Recommendations for Automated Pap Test Screening

Public Comment- February 14, 2012

My name is Janie Roberson, a cytotechnologist serving as the American Society for Cytotechnology (ASCT) liaison to the CLIAC. We thank the committee for this opportunity to comment. The ASCT is a national professional organization representing cytotechnologists. Promoting the highest professional standards for the practice of diagnostic cytology is part of our mission.

As an organization, the ASCT supports evidence based quality monitors, including those for workload limits. Based on the information made available to us in May 2011 we support the workload changes presented in the American Society of Cytopathology (ASC) *Workload Recommendations for Automated Pap Test Screening.*

- Workday for a cytotechnologist should include no more than 7 hours of Pap test screening in a 24 hour period.
- Reduction in current workload maximum; 100 slides/24 hours is too high for automated GYN screening and a reduction to 70 slides/day (using the new CMS/FDA requirements for calculating workload) may be more appropriate.
- Future workload studies should specifically define and then utilize *screening* hours.
- Multiple quality indicators, not limited to productivity, should be utilized to assess performance and set individual cytotechnologist's workload.

ASCT also believes that further evidence should be gathered as a basis for modernization of the regulation.

- Conduct a comprehensive study to reflect the varied work settings in which cytology is performed. This should include hospital and reference laboratories and consider the slide volume associated with Non-GYN specimens and non-automated GYN screening.
- Establish more accurate parameters for recording actual screening hours and to capture the non-screening time inherent in the work environment such as data entry and rest breaks.
- Allow flexibility to incorporate new technology as it emerges. The100/24 hours regulation was implemented at a time when automated screening and much of the data entry and technology now utilized by cytotechnologists was not in existence.

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Cytotechnologist workload is a complex issue. Workload limits, their implementation and assessment are but one of the many quality assurance activities in a cytology laboratory. CLIA clearly places this responsibility at the Technical Supervisor (Laboratory Medical Director) level. Maximum workload must be established based on capability/documented performance for each individual who screens slides. The workload limit must be reassessed at least every 6 months.

These limits, like most regulatory requirements, may be misconstrued, manipulated or pushed to the unintended consequence of quota setting. Ultimately, the quality of testing for any laboratory falls under the responsibility of the Technical Supervisor (Lab Medical Director) and we must rely on their judgment and compliance to ensure quality.

The ASCT urges CLIAC to endorse the ASC workload recommendations and the further study that they warrant.

We thank you again for this opportunity to comment and for your consideration of this important issue affecting patient safety as well as the work environment for cytotechnologists.

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