Policy Statement on Consolidation of Clinical Microbiology Laboratories

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The Infectious Diseases Society of America (IDSA) is committed to the highest standards in health care, research, and education related to the broad discipline of infectious diseases. Accordingly, the IDSA supports the maintenance of essential infrastructure in all health centers to provide microbiology services to patients, including high-quality clinical microbiology laboratories located in close proximity to the principal sites of patient care and, ideally, within the health center itself.

As Peterson et al. [1] argue, clinical microbiology laboratories serve unique functions related to the effective management of infectious diseases. First, data generated by these laboratories are critical for accurate diagnoses and treatment of infectious diseases. Second, they are the essential backbone of infection control programs in health care institutions, providing crucial hospital-specific surveillance information regarding the prevalence of infectious agents and their susceptibility to therapeutic products. Third, in partnership with state health departments and the Centers for Disease Control and Prevention, these laboratories are the first line of defense against emerging microbial threats, including antibiotic resistance and bioterrorism. Fourth, these laboratories provide critical training facilities for infectious disease fellows; the Accreditation Council for Graduate Medical Education requires that clinical microbiology laboratories be in place for both adult and pediatric infectious disease training programs. The American Board of Internal Medicine and the American Board of Pediatrics also require access to laboratory facilities to meet eligibility requirements for infectious disease sub-specialty certification. All of these functions are threatened if the laboratories are located at such distances from the patients and physicians that transportation of specimens containing fragile microorganisms, communication among laboratory personnel and health care providers, and/or physician access to timely diagnostic reporting and personal analysis of specimens are compromised.

The clinical microbiology laboratories can fulfill their missions only if they are staffed by adequate numbers of specially trained medical technologists and supervised by directors whose training in medical microbiology qualifies them for certification by either the American Board of Pathology or the American Board of Medical Microbiology.

For these reasons, the IDSA strongly believes that the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) standards relating to clinical microbiology services should be modified to require a written opinion from an institution’s directors of adult and pediatric infectious disease services and infection control stating that the microbiology laboratory facilities that serve the institution are able to provide the requisite services for patient care and infection control. JCAHO’s standards also should be modified to require that all off-site laboratories comply with explicit written requirements, which have been approved by the hospital’s infection control and clinical leadership personnel, relating to the prompt and reliable transport, processing, quality control, and reporting of both routine and urgent microbiological specimens. Documentation that verifies that these requirements are met also is necessary to ensure that the location of laboratories causes no delay in the provision of critical patient care or infection control decisions. Finally, JCAHO standards should be modified to require that off-site laboratories, if this option is selected, comply with public health disease reporting requirements, which is particularly critical where the laboratories are located in jurisdictions different from that in which the specimen was obtained.

Reference