

From the President's Desk: A warm welcome around the world

March 2018—I was just out of training and still getting my bearings when I learned that the new partner in our group was expected to manage CAP Laboratory Accreditation Program inspections. Today I think that is a good idea, but back then I was nervous. I had done several CAP inspections as a resident. But did I know enough to get a laboratory through one?



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My only recourse (as my wise partners well knew) was to dive in and learn what an inspection was really all about. I learned a lot over those next few weeks, studying the checklists and working with the techs in my lab. I'd been given unlimited access to virtual textbooks in laboratory practice that would never go out of date.

I've heard it said that we had no choice but to create the accreditation program in 1961 because quality improvement is in our DNA. And it does look that way—as science advances, pathologists will very reliably step up.

Laboratory accreditation, Surveys, and other offerings that make up the core of CAP laboratory quality solutions create a formidable package. In 2017, hundreds of pathologists reviewed and updated the almost 3,000 requirements in the checklists, and 2,300 active member volunteers inspected nearly 4,300 laboratories at home and abroad. Kailash B. Sharma, MD, deputy regional commissioner for civilian European laboratories and former chair of the CAP Inspection Process Committee, likes to say that if the CAP Foundation makes us think See, Test & Treat, then CAP's accreditation program should make us think inspect, teach, and learn.

However it's phrased, the CAP is serious about peer education, which may be why international accreditation has been growing. In 2017, of 8,042 CAP-accredited laboratories, 476 were outside the U.S., as were 53 of the 351 laboratories accredited for the first time. And while international accreditation began as a service to medical personnel working overseas for the Department of Defense, we now inspect a growing number of civilian laboratories.

Bharati S. Jhaveri, MD, who chairs the Council on Accreditation and is a member of the International Accreditation Committee, has inspected hundreds of international laboratories. Those that seek out the CAP, she says, are the best of the best, which is why they are always looking to improve the quality of their work, refine systems that generate continuing quality improvement, and earn a credential that has worldwide recognition. These are pathologists and laboratorians who welcome the challenge of a CAP inspection, Dr. Jhaveri says. They want to be a

part of it.

C. Robert Baisden, MD, CAP international regional commissioner, conducted his first international inspection in 1986. Overseas teams are smaller by design to keep costs down, Dr. Baisden says. That's also why only senior CAP inspectors who can cover several checklists are asked to lead international teams. Inconveniences such as lost luggage are to be expected, as is illness that results from the first exposure to a new bug. ("You always carry antibiotics," Dr. Sharma says.) But the biggest challenge for inspectors may be the nearly total absence of downtime. When there is a need to cover multiple sites in a few days, sleep seems to be the first thing to go.

Many of us associate CAP accreditation with Denise Driscoll, MS, MT(ASCP)SBB, who joined the CAP 23 years ago and is now senior director of laboratory accreditation and regulatory affairs. Denise agrees that the pace of international inspections can be intense. International inspectors need to improvise when the unexpected occurs, she says. CAP inspectors have to think on their feet.

I had understood most of this before I traveled to Dubai, UAE, in February to represent the CAP at the annual Medlab meeting, which draws some 25,000 clinical, laboratory, and industry professionals. Elizabeth Wagar, MD, and I joined the CAP team to staff our booth and visit several CAP-accredited laboratories. We also gave talks at Medlab that were well received. Hundreds attended. Our staff has been looking to build more formal education into the international trips, and I think they have the right idea.

I met a lot of interesting people in the exhibit hall. I was surprised at first to find so many pathologists and laboratorians clustered around our booth. Just to get a handle on things, I tried to ask everyone I met how recently they had earned CAP accreditation and how they felt about the required preparation. It was easy to see who had made the grade in the past few years; their faces lit up. Many wanted to talk about their journey to accreditation. We heard inspiring stories about how teams pulled together to resolve deficiencies and what they had learned. It was gratifying to see firsthand that the laboratory improvement model we've built has legs. We are highly respected across the globe and our welcome only gets warmer.

A remarkable number of those who visited our booth volunteered that CAP accreditation was the most worthwhile quality initiative their laboratories had ever undertaken. Some described what could be called a cultural change at work—a sense of pride that had grown with continued improvement in their quality metrics over time. CAP accreditation enables our participants to see the patient care benefits they bring about.

Peer education has always been a foundational strength of CAP laboratory quality solutions at home and abroad. As Dr. Baisden says, pathologists like to learn from one another. In a CAP inspection, the learning cuts both ways. The CAP makes it possible for every laboratory to earn a credential that generates immediate respect. It can create friendships, too. I have been proud to be part of the CAP accreditation program for decades, and it was special to see firsthand that what we have built has such a positive impact on the practice of laboratory medicine worldwide.

CAP quality solutions are the legacy of countless partnerships between volunteer CAP members, pathologists, and laboratorians. They reflect our shared belief in best practices to protect patient safety. Excellence in the laboratory is a perpetual work in progress that moves with the science. So do we, always. It's in our DNA.

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Dr. Williams welcomes communication from CAP members. Write to him at president@cap.org.