

[Put It on the Board](#)

written by CAP TODAY
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Taking on daily labs with decision support

October 2025—Send-out and other high-cost tests are the typical targets of lab stewardship, but a clinical decision support session at the ADLM meeting in July had a different focus: daily labs.

It's generally believed there is little to no opportunity for savings on daily labs because the reagent cost per test is low, as is the incremental labor savings for tests performed on automated instruments. Instead, said Grace Mahowald, MD, PhD, informatician and director of the core laboratory at Massachusetts General Hospital, "think about what goes into the cost of each of our daily lab tests," from the nurse, patient care assistant, and phlebotomist to the specimen transporter and the lab receiving staff and technical staff who review results and call providers when specimens have to be refused at receipt. "And it's questionable if people are even looking at the result," she said.

Other finite resources are the lab equipment, refrigerators for specimen storage, and the server for storing lab data, among others. "At some point you can't function in your lab without having to update your automation line, buy more refrigerators, hire more staff, and at that point, I would argue it's a major cost for the lab," she said.

She and co-presenter Ronald Jackups, MD, PhD, informatician and professor of pathology and immunology, Washington University School of Medicine in St. Louis, demonstrated how clinical decision support, when set up optimally, can bring the volume of daily labs down.

"Clinical decision support isn't just computers," Dr. Jackups said. "It's also understanding how people talk to each other, how people think, how they interact with the computer, and how they make decisions when in the midst of clinical service." It's far more than pop-ups and speed is everything, he said.

CDS needs to do one of two things, Dr. Jackups said. "It needs to take people in their automatic workflow and flip them into a reflective workflow"—stop them and make them think and make a more rational decision. "The other way is to stay within that automatic workflow but lead them to the path that is likely to generate the best outcome."

Drs. Jackups and Mahowald tackled a daily lab with colleagues at their institutions. At MGS, it was the CBC with differential (Mahowald GK, et al. *Am J Clin Pathol.* 2024;162[2]:151-159). At Washington University, it was magnesium, for which the clinical decision support went live seven months ago. CAP TODAY will report the details of both in an upcoming issue.

ARUP, University of Utah open training center

ARUP Laboratories and the University of Utah's Division of Medical Laboratory Sciences opened last month their Advanced Practice Clinical Laboratory Training Center in Salt Lake City.

ARUP and the university in 2023 secured \$3 million in federal funding to build the training center. They describe it as a "mini hospital laboratory with the core elements and instruments that any individual

working in a hospital lab will use.”

They say the new training center will make it possible for the university to reach its goal of doubling the number of annual graduates to 80. Previously, the university’s MLS program lacked sufficient biosafety level two laboratory space for students, limiting the program’s growth.

Quest and Corewell enter into joint venture

Corewell Health in Michigan and Quest Diagnostics signed a definitive agreement to enter into a joint venture: Diagnostic Lab of Michigan, LLC. The transaction is expected to be completed in the first quarter of 2026.

The joint venture laboratory will be based at the Corewell Health Southfield Center in Southfield, Mich.

Quest said in its Aug. 26 announcement that it will also manage Corewell Health’s 21 hospital laboratories.

Corewell was formed in 2022 by the merger of Beaumont Health and Spectrum Health.



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