Everything You Need to Consider When Considering Automation of Microbiology

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WHY WE AUTOMATE

Trends to Automation?

- The Industry is Changing
 - Specimens increasing on average 10-15% per year
 - Laboratory consolidation
 - Reimbursement
- Workforce
 - Less students choose Medical Technology: reduction of 30-50%
 - Pay for technologists is substandard
- Quality
 - Physicians are demanding more services, in less time
 - Traceability

Manual Processing

- Microbiology too complex to automate
 - Specimen Diversity
 - Collection Device Diversity
 - Diversity of Techniques
 - Diversity of Media
- The human element
 - Technologists are faster than machines
 - Humans are capable of thinking, machines are not
 - Humans are flexible
- Automation considered too Expensive
- Small volumes
 - Only the large labs can automate

And Don't Forget:



Laboratory Automation Systems

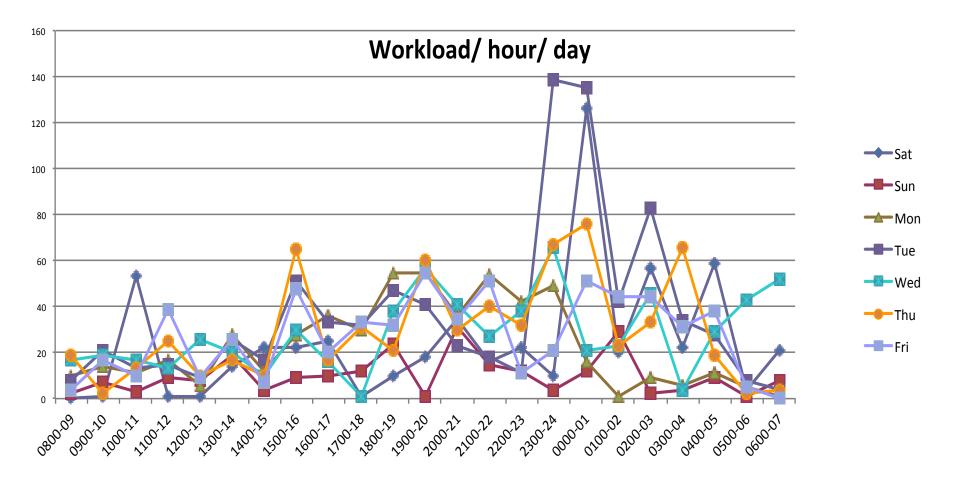
- Specimen inoculation/processing unit
- Incubation system
- High-resolution digital imaging system
- +/- track system for moving plates
- Workstations

Available Models:

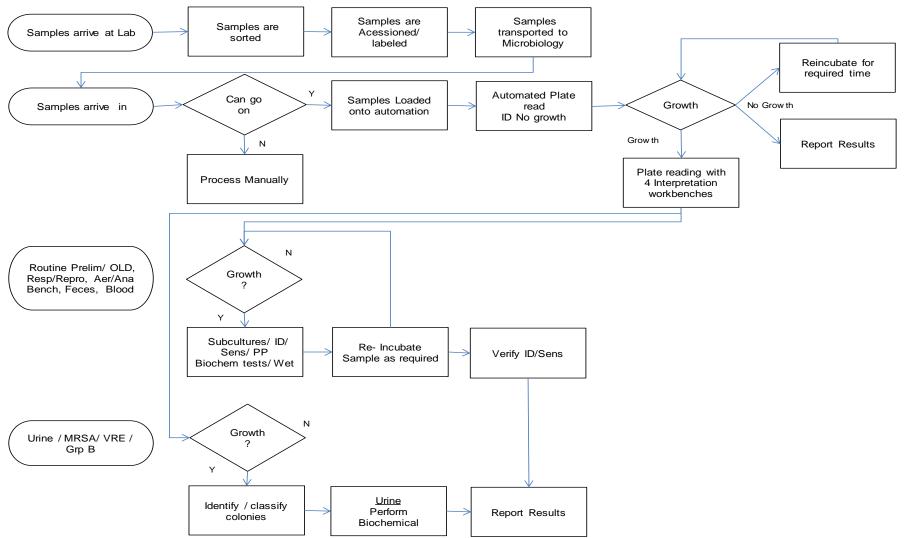
- WASPLab
- BD Kiestra[™] TLA



Hourly Workload



Laboratory Process - Post Automation



Impact on productivity

Productivity Index = #samples / #FTEs worked

Productivity for hours worked	# FTE/d	Productivity Index
Current FTE	22	23.0
Future FTE	15	34.8

Productivity - Increased by 51%

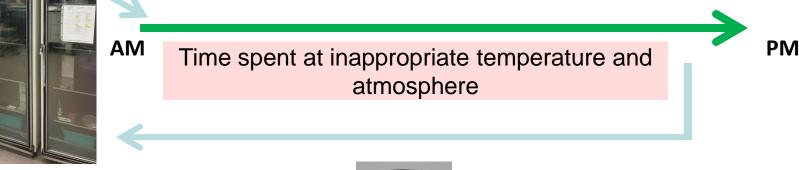
A Traditional Workflow Problem: "Time Out"



Take All Plates Out in AM...

How significant of a problem is this?

We followed >200 blood cultures to find out...





Slide Courtesy of Neil Anderson, MD

Return All Plates in PM...

Results: Time Out

	Day 1	Day 2	Day 3	Day 4
	n=232	n=232	n=147	n=35
Plate age (range)	1h51min-	26h29m-	51h5min-	78h22m-
	25h37min	50h2m	75h17min	96h50m
Cumulative time outside incubator (average)	26m	2h9m	5h48m	9h58m
Cumulative time outside incubator (range)	2m-2h1m	52m-7h20m	3h3m-11h57m	6h22m-18h27m

Plates as young as 26 hours may have spent as much as 7 hours outside of the incubator

Slide Courtesy of Neil Anderson, MD

Recovery of Multiple Organisms Enhance

TABLE 2 Differences and percentages of change in the recovery of uropathogens reported in urine cultures pre- and post-TLA^{*a*}

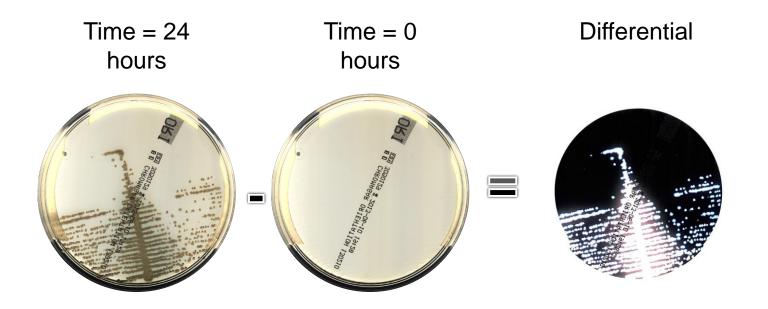
	No. of time reported pe urine cultur	er 1,000		
Organism	Pre-TLA	Post-TLA	% change	P value
Escherichia coli	79.4	101.2	+27	< 0.0001
Klebsiella spp.	22.9	24.0	+5	0.24
Streptococcus agalactiae	22.2	36.7	+66	< 0.0001
Aerococcus urinae	2.2	4.4	+103	< 0.0001
Staphylococcus saprophyticus	1.0	2.3	+126	< 0.0001
Neisseria gonorrhoeae	0.2	1.0	+371	< 0.0001
Actinotignum schaalii	0.1	0.13	+33	0.77
Streptococcus pneumoniae	0.02	0.1	+312	0.27
Alloscardovia omnicolens	0.0	0.06	NA	0.30

^aTLA, total laboratory automation; NA, not applicable.

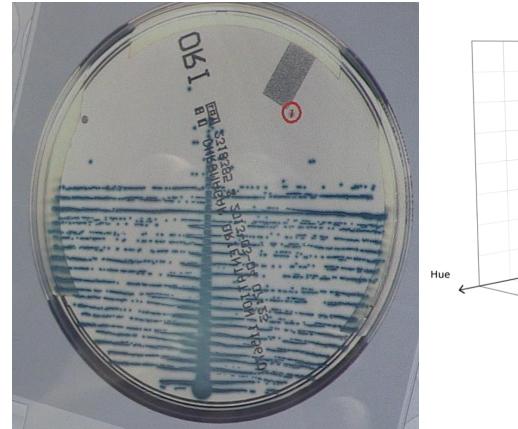
LainhartW,BurnhamC-AD.2018. Enhanced recovery of fastidious organisms from urine culture in the setting of total laboratory automation.JClinMicrobiol56:e00546-18. https://doi.org/10.1128/JCM.00546-18.

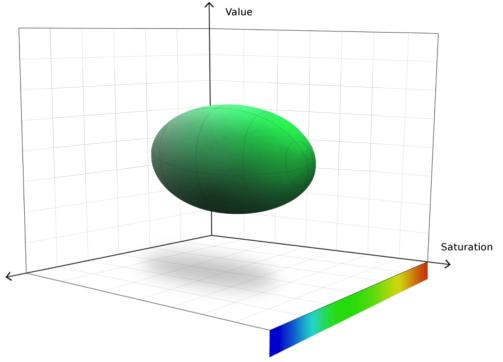
How can we use these images for automation

• Software analysis - Image differentials



The Algorithm





Applying Algorithms to GAS

- Evaluated 250 throat swabs submitted from single center
- Specimens tested by: PCR, BAP, Colorex Strep A
- Compared results of manual read to automated read; compared BAP to chromogenic agar

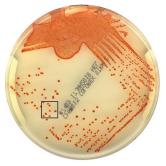


Table 1. Manual examination of Colorex Strep A Agar after 24 hours incubation with secondary manual review

		Orange Colony				
		Pos	Neg			
CHROMagar at 24 hours (visual)	Pos	55	0			
	Neg	2	193			
		Sensitivity: 55/55+2 = 96.5% Specificity: 193/193+0 = 100				

PPV = 55/55 + 0 = 100% ; NPV = 193/193+2 = 98.9%

Table 2. WASPLab examination of Colorex Strep A agar after 24 hours incubation using CDM software with secondary manual review

		Orange Colony				
		Pos	Neg			
CHROMagar at 24 hours (CDM algorithm)	Pos	57	7			
	Neg	0	186			
		Sensitivity: 57/57 + 0 = 100% Specificity: 186/186 + 7 = 9				

PPV = 57/57 + 7 = 89.1%: NPV = 186/186 + 0 = 100%

Table 3. Comparison of manual examination of BAP versus Colorex Strep A Agar (with secondary manual review)								
		Orange	Orange Colony					
		Pos Neg						
Beta Hemolysis Present on BAP	Pos	45	51					
	Neg	12	142					
		Sensitivity: 45/45 +12 = 78.9%	Specificity: 142/142 + 51 = 73.6%					

What about GBS?

- 254 vaginal/rectal swabs
- All swabs were initially incubated in LIM for 18-24h at 35-37 degrees C
- Compared ChromID GBS to Carrot Broth
 - Equivalent performance
- Compared WASPLab segregartion software to CLS read
- Have subsequently increase n to >4000 specimens enrolled
- Multi-Center Study comparing with CDC method and PCR currently enrolling

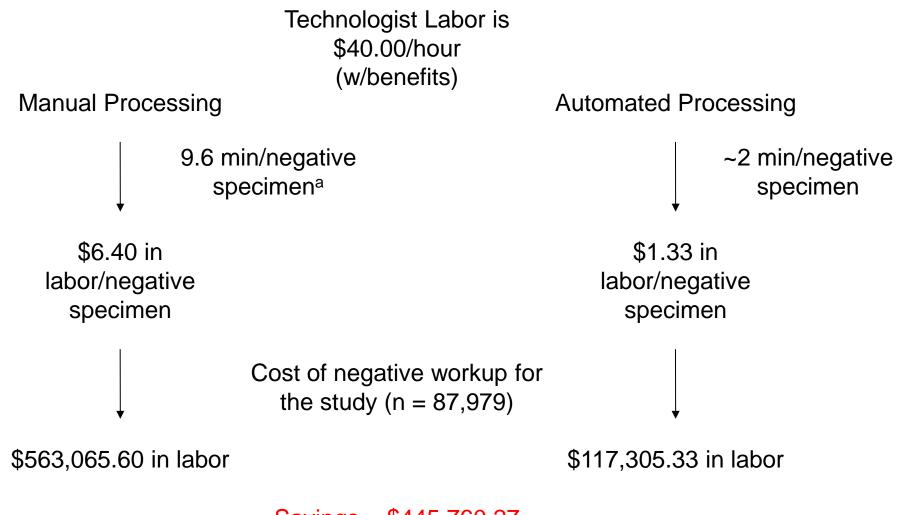
CLEB Esus-ot-obsources	

		SS	SW
		Negative	Positive
Visual	Negative	124	32
Exam.	Positive	0	89

Incorporating into the laboratory

- Negative Specimens
 - Batch viewing 40 images/page
 - Batch report
- Non-negative Specimens
 - Still requires Technologist
 - View on HD monitor
 - Positive vs Matrix or Yeast
 - Standard of care



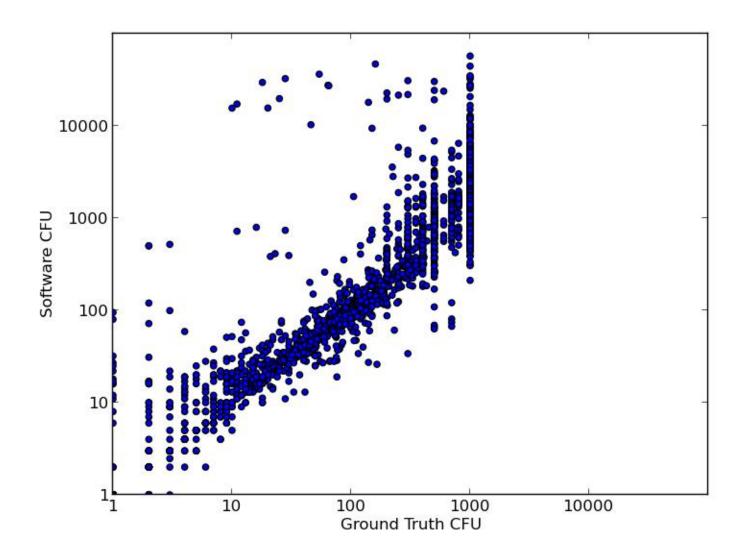


Savings = \$445,760.27

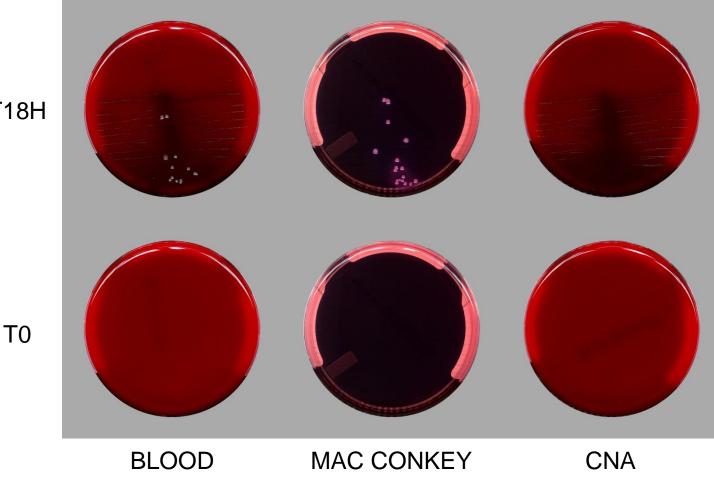
Can it Quantitate?



Blood Plate Reading



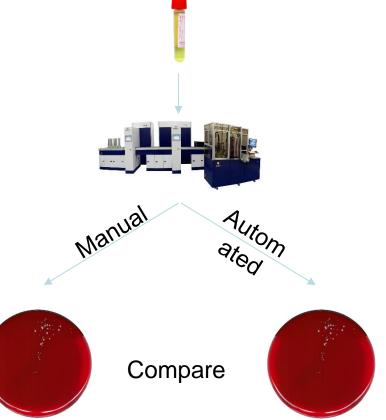
False Positive Example SW POS, human NSG



T18H

Can we use this software to Analyze Urine Using Non-Chromogenic Plates?

- 3 sites
- Specimens (n=13,465)
 - Urines (Plated Blood, MacConkey, CNA)
- Algorithm results
 - POS >10 colonies on any plate
 - Neg ≤ 10 colonies in all 3 agars
- Reference method
 - Manual reading
 - Site specific procedures for results
- Discrepant analysis
 - Images reviewed by supervisor



How well does it work?

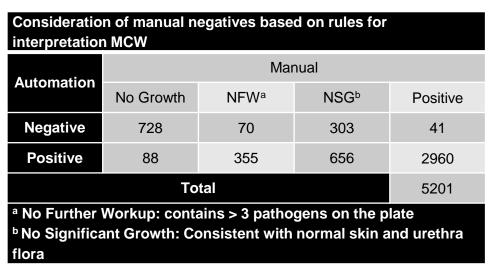
Performance of WASPLab [™] digital imaging software compared to manual reading of BAP, MAC and CNA									
	No. of specimens		Result	Performance (% [95% CI]) ^b					
	tested	MP/AP	MN/AN	MN/AP	MP/AN	PPA°	NPA°		
Site 1	5201	2960	1101	1099	41	98.6 (98-99)	50.0 (48-52)		
Site 2	5513	1620	3392	500	1	99.9 (99-99)	87.2 (86-88)		
Site 3	2751	1108	1184	393	66	94.4 (93-96)	75.1 (73-77)		
Total	13465	5688	5677	1992	108	98.1 (97-98)	74.0 (73-75)		

^aMP/AP, manual Pos automation Pos; MN/AN, manual Neg/automation Neg; MN/AP, manual Neg/automation pos; MP/AN, manual pos/automation Neg.

^b Cl, confidence interval.

^cPPA, Positive Percent Agreement; NPA, Negative Percent Agreement

Urines are not all 1s and 0s



Rules ~ 92% of all MN/AP specimens

NEG

- LAB results:
 - POS: Positive ≥10 CFU, Catheter any growth, Urinary clinic any growth
 - NG: No Growth
 - NSG: No Significant Growth ≥ 10 CFU but consistent with Normal skin flora
 - NFW: No Further Workup ≥ 10 CFU, but >3 pathogens (fecal contamination)

Summary of 41 manual positive, automation negative specimens with lab report

- 6 specimen lab report negative
- 15 specimens (growth) were from catheters <10 cfu
- 5 specimens >10 colonies called at 48 hours
 - 4 GPR
 - 1 S. anginosus
- 12 from Urinary Clinic policy similar to catheters
- 1 unspecified specimen from 16th street clinic (1 of many out patient facilities)
 - Policy states minimum ID on pathogens less than 100,000 CFU/mL
- 1 Pregnant patient
 - Growing GBS reportable
- Only 1 image at 24 hours had >10 colonies after second review (non-lab report)

Evaluation of the 41 manual positive, automation	
negative specimens by source at MCW	

Void	Catheter	Unspecified
12 ^{a,b}	17 ^{c,d,e}	12 ^{b,f}

^a 3 specimens were negative for growth by laboratory report

^b 2 specimens were positive after 48 hours

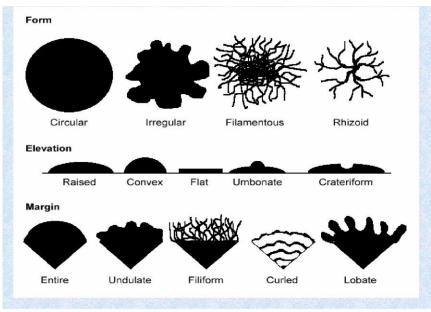
°1 specimen was negative for growth by laboratory report

- ^d 1 specimen was positive after 48 hours
- ^e Policy states min ID for any growth from Catheter

^f 2 specimen was negative for growth by laboratory report

Can AI Identify Organisms, Based on Morphology

Organism Classifications	n	Correct Classification	Percent	Unclassified	Percent	Misclassified	Percent	Correct Gram Classification	Percent
Staphylococcus species	28	24	86%	4	14%	0	0%	28	100%
Candida species	17	16	94%	0	0%	1	6%	17	100%
Streptococcus species	37	24	65%	5	14%	8	22%	37	100%
Enterobacteriacae	69	62	90%	6	9%	1	1%	69	100%
Pseudomonas									
aeruginosa	10	7	70%	3	30%	0	0%	10	100%
Enterococcus species	20	20	100%	0	0%	0	0%	20	100%



Timm and Culbreath, ECCMID 2017

Summary, Where is the Field and Where are We Going?

