

# CLSI Updates: Guidance, Documents, and Revisions

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#### **LEARNING OBJECTIVES**

**Explain** CLSI, the importance of standards, and opportunities to participate in the standards development process

**Discuss** available CLSI standards and guidelines

**Describe** new projects in process and changes to updated editions



## **OVERVIEW OF TODAY'S WEBINAR**



**CLSI Overview & History** 

**Consensus Standards Development Process** 

**Domain Areas of Expertise** 

**Participation** 

POCT Tools & Resources

Q&A

1 PACE® continuing education credit is offered for completion of this program





## **ABOUT CLSI**

## Clinical and Laboratory Standards Institute (CLSI)

#### **CLSI MISSION**

Develop clinical and laboratory practice guidelines and promote their use worldwide

#### **OFFERING**

- 1. Global consensus-based standards development
- 2. Lab training and implementation guidance
- 3. Public education and advocacy



#### 55 YEARS OF LABORATORY LEADERSHIP

#### Cultivating best practices and fostering innovation through standards and training



1967 Founding of

the National
Committee
on Clinical
Laboratory
Standards
(NCCLS)

#### 1985

Designated WHO
Collaborating
Center for
Clinical
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Standards



#### 1986

First edition of M100—Performance Standards for Antimicrobial Susceptibility Testing

#### 2005

NCCLS becomes Clinical and Laboratory Standards Institute (CLSI) and launches Global Health Partnerships

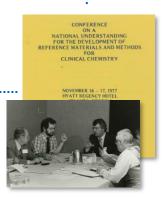


#### THOLOGIST

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1969

First standard published:
Preparation of Manuals for Installation,
Operation, and Repair of Laboratory
Instruments



**World Health** 

**Organization** 

1977

Accredited by American National Standards Institute (ANSI) as voluntary consensus standards organization

#### 1997

International
Organization for
Standardization (ISO)
Technical Committee
212 (ISO/TC 212)
established with
NCCLS as the
Secretariat



#### **Today**

More than 250 standards, and 25,000 members, supporting users in 140 countries



### FACILITATING INNOVATION, IMPROVING CARE

Better diagnostic tools & methods to improve health and prevent the spread of disease





#### **GLOBAL CONSENSUS-BASED STANDARDS**

Bringing constituencies together through balanced, inclusive, and participatory processes

#### **Professions Government** Hospital & Clinical Laboratories Public Health Agencies Research & Reference Public Health Ministries Laboratories Regulatory Bodies Colleges & Universities Accreditors Pharmacies **Industry** • In Vitro & Medical Device Manufacturers Pharmaceutical Manufacturing Commercial & Clinical Trial Laboratories



MedTech & Testing Companies

#### WHY STANDARDS MATTER: POTENTIAL FOR ERROR

## Preanalytical 46-48%

- Incorrect test request
- Incorrect analysis ordered
- Patient identification error
- Patient preparation error
- Mislabeling of the test tube
- Sample collection error
- Incorrect sample handling
- Transport error

## Analytical 7-13%

- Sample lost
- Sample mix up
- Equipment failure
- Analytical error

#### Postanalytical 19-47%

- Test result lost
- Turnaround time
- Transcription error
- Incorrect interpretation



#### THE CLSI CONSENSUS PROCESS





#### **Ideation**

New project ideas can be proposed by anyone, including the laboratory community at large and CLSI's vast member base.





#### **Selection**

The Consensus Council evaluates document proposals across specialty areas and focuses resources on those that meet the greatest need.





#### Recruitment

Subject matter experts are assembled and assigned to Committees to participate in document development.





### **Development**

Committee Members meet regularly—in person and via Zoom—throughout the development process to:

- > Review the draft document
- > Discuss and resolve issues related to the document's content
- > Ensure the committee is on schedule with respect to the document development timeline





## **Voting and Commenting**

In one consolidated voting period, CLSI Delegates, Development Groups, and Expert Panels are encouraged to vote and comment on the document.

The general public is invited to provide meaningful comments and feedback on the document for further development and refinement.





#### Resolution

Development Groups work to refine the document, resolving all comments and feedback that arose during the voting and commenting period.





### **Approval**

The revised document is presented to the Consensus Council, which confirms that the consensus process was followed, and approves the document for publication.





### 11 SPECIALTY AREAS, 250+ STANDARDS AND PRODUCTS





Automation and Informatics



Clinical Chemistry and Toxicology



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General Laboratory









Hematology





Immunology and Ligand Assay



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Method Evaluation



Microbiology









**Newborn Screening** 







Quality Management Systems





Veterinary Medicine



#### **EXPERTISE RECOGNIZED AROUND THE GLOBE**

Collaborating with and supporting regulatory and public health agencies worldwide



























#### **CLSI ALSO SERVES AS ISO SECRETARIAT**

Providing guidance for *how* to implement regulatory requirements



Secretariat for ISO Technical Committee 212 (Clinical Laboratory Testing and *In Vitro* Diagnostic Test Systems)

Working Group 1: Quality and competence in the medical laboratory

Working Group 2: Reference systems

Working Group 3: *In vitro* diagnostic products

Working Group 4: Microbiology and molecular diagnostics

Working Group 5: Laboratory biorisk management



#### **SUPPORTING USERS IN 140 COUNTRIES**

Committed to improving patient and public health on a global scale



#### MIDDLE EAST & AFRICA

Algeria, Botswana, Brunei, Burkina Faso, Cameroon, Cote d'Ivoire, Egypt, Gambia, Ghana, Iran, Iraq, Israel, Jordan, Kenya, Kuwait, Lebanon, Lesotho, Liberia, Mauritius, Morocco, Namibia, Nigeria, Oman, Palestine, Qatar, Rwanda, Saudi Arabia, Seychelles, South Africa, Swaziland, Tanzania, Uganda, United Arab Emirates, Zambia, Zimbabwe



Venezuela

Ecuador, El Salvador,

Guatemala, Guyana,

Nicaragua, Panama,

Honduras, Jamaica, Mexico,

Paraguay, Peru, Puerto Rico,

Saint Kitts & Nevis, Trinidad

& Tobago, Turks & Caicos,

Virgin Islands, Uruguay,

Maldives, Micronesia, Mongolia,

Myanmar, Nepal, New Zealand,

Pakistan, Papua New Guinea,

Philippines, Singapore, South

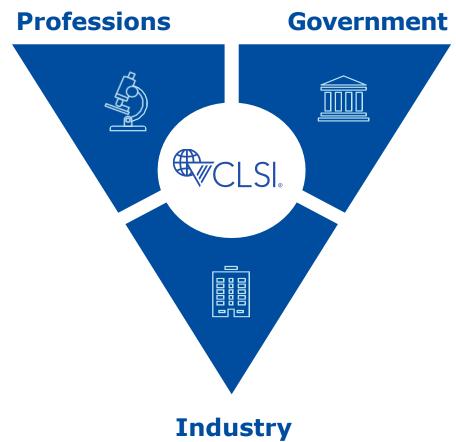
Korea, Sri Lanka, Taiwan,

Thailand, Vietnam

#### **2200 ACTIVE VOLUNTEERS & 25K MEMBERS**

Active and engaged constituency participating and benefitting as well as networking







## PARTNERING TO BUILD CAPABILITIES

Capacity-building for labs around the world

- Quality Management Systems
   Implementation and Training
- Accreditation Preparedness and Maintenance
- HIV Rapid Test and Viral Load Scale-Up
- Biosafety and Biosecurity Training





## **CLSI MEMBERSHIP – Why join?**

- ✓ Stay current and informed
- ✓ Network with other leaders
- ✓ Grow and learn with CLSI training
- ✓ Participate in standards development
- ✓ Contribute your expertise
- ✓ Influence the evolution of laboratory medicine!







## **Why Participate?**

- ✓ Assist with new documents & document revisions
- ✓ Be an advisor on expert panel or governance committee
- ✓ Collaborate with industry leaders to shape standards and ensure guidance is designed for optimal implementation
- ✓ Advance career and receive recognition as a thought leader



#### **HOW TO GET INVOLVED?**

More than 2200 subject matter experts contribute their expertise in many capacities

Working Groups

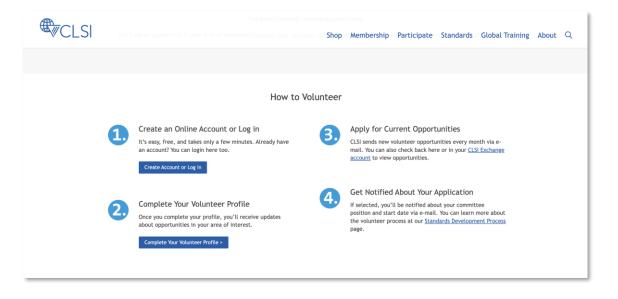
Subcommittees

Document Development Committees

**Board of Directors** 

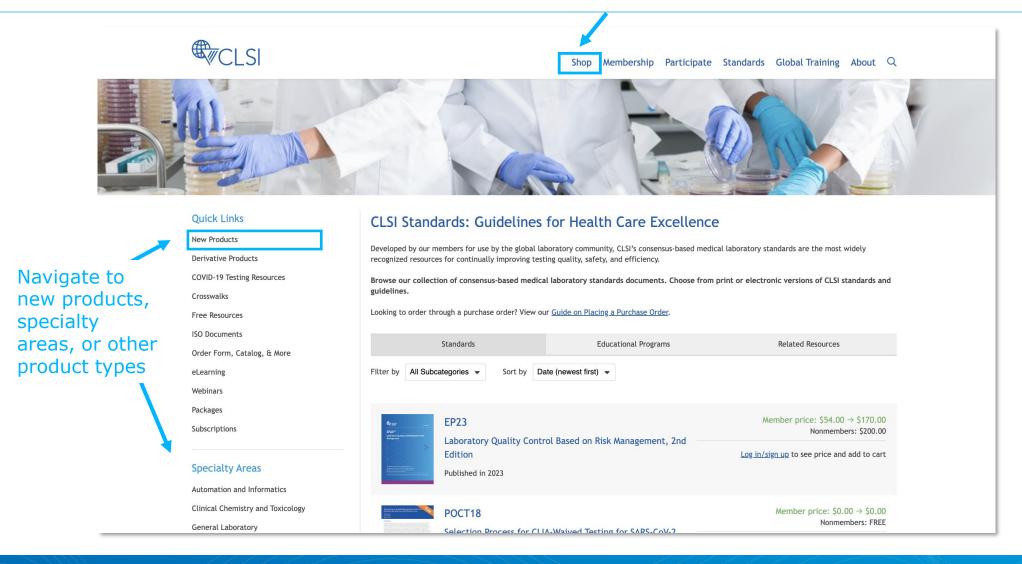
**Expert Panels** 

Consensus Council





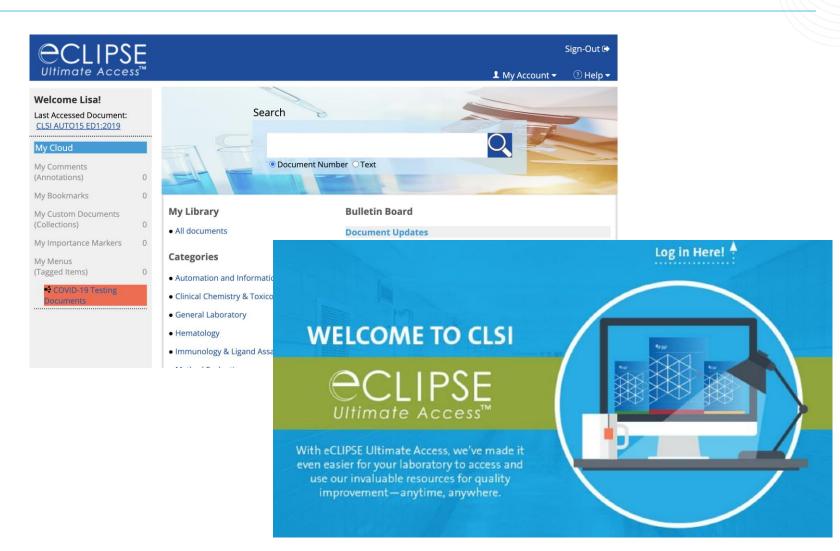
#### **CLSI STANDARDS - How to Access?**





## **CLSI ECLIPSE – Digital Library Access**

- > Unlimited 24/7 access
- > Full library of current standards
- > Easily search-and-find related content
- > Bookmarks and annotate functionality
- Custom collections that can be shared with colleagues
- Advanced printing options







## **CLSI POCT Resources**



#### **CLSI POCT05**

Performance Metrics for Continuous Interstitial Glucose Monitoring, 2nd Edition (2020)

#### **CLSI POCT15**

Point-of-Care Testing for Infectious Disease (2020)

#### CLSI POCT01 CLSI POC02

Point-of-Care Connectivity, 2nd Edition (2006)

Implementation Guide of POCT01 for Health Care Providers, 1st Ed (2008)

#### **CLSI POCT07**

Quality Management:
Approaches to
Reducing Errors at the
Point of Care, 1st
Edition (2010)

#### CLSI POCT09 CLSI POCT09 AW

Selection Criteria for Point-of-Care Testing Devices, 1st Ed (2010)

Instrument Selection Worksheet

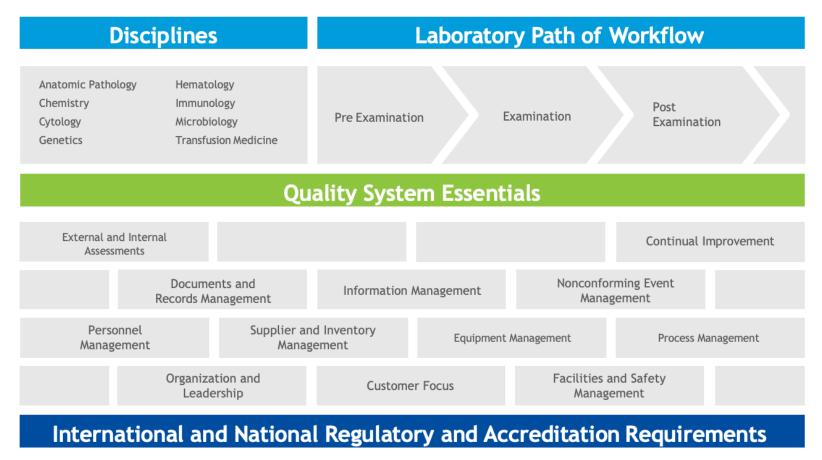


#### OTHER CLSI POCT STANDARDS & GUIDELINES

POCT01	Point-of-Care Connectivity, 2nd Ed (2006)
POCT02	Implementation Guide of POCT01 for Health Care Providers, 1st Ed (2008)
POCT04	Essential Tools for Implementation and Management of a Point-of-Care Testing Program, 3rd Ed (2016)
POCT06	Effects of Different Sample Types on Glucose Measurements, 1st Ed (2015)
POCT08	Quality Practices in Non-instrumented Point-of-Care Testing: An Instructional Manual and Resources for Health Care Workers, 1st Ed (2010)
POCT10	Physician and Nonphysician Provider-Performed Microscopy Testing, 2nd Ed (2011)
POCT12	Point-of-Care Blood Glucose Testing in Acute and Chronic Care Facilities, 3rd Ed (2013)
POCT13	Glucose Monitoring in Settings Without Laboratory Support, 3rd Edition (2018)
POCT14	Point-of-Care Coagulation Testing and Anticoagulation Monitoring, 2nd Edition (2020)
POCT17	Use of Glucose Meters for Critically Ill Patients, 1st Edition (2016)



### **CLSI QUALITY MANAGEMENT MODEL**



## Advantages of Utilizing QMS

- Meet all requirements
- Improve patient safety
- Realize the cost of quality
- Obtain competitive advantage
- Achieve laboratory quality services

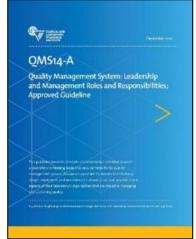


### THE BEST OF CLSI'S QUALITY COLLECTION



















## **BENEFITS OF IMPLEMENTING A QMS**











Better ability to reduce or eliminate error.

Higher likelihood of meeting customer expectations.

More effective and efficient operations.

Greater potential for successful governmental and accreditation assessments.

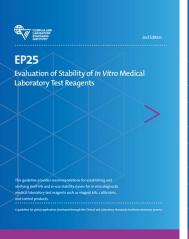
Allows for sustainable attainment of quality objectives.



### THE BEST OF CLSI'S EP TOOLS

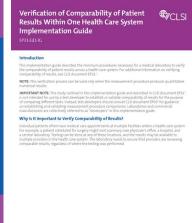


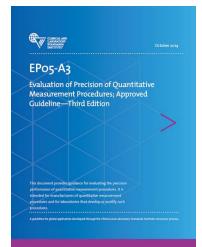




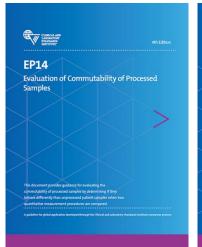






















## Recently Published Guidance Documents

# HEW

### **Recently Published Documents**

#### PRE04-Ed1

Procedures for Handling, Transport, and Processing of Blood Specimens for Common Laboratory Tests, 1st Ed

#### AUTO17-Ed1

Semantic Interoperability for In Vitro Diagnostic Systems, 1st Ed

#### **EP33-Ed2**

Use of Delta Checks in the Medical Laboratory, 2nd Ed

#### **MM01-Ed4**

Molecular Testing for Heritable Genetics and Specimen Identification, 4th Ed

#### QMS18-Ed2

Process Management, 2nd Ed



### **Newly Released Documents**

**CLSI POCT18** | Selection Process for CLIA-Waived Testing for SARS-CoV-2, Respiratory Syncytial Virus, and Influenza Viruses, 1st Edition

**CLSI EP23** | Laboratory Quality Control Based on Risk Management, 2nd Edition

**CLSI PRE04** | Handling, Transport, Processing, and Storage of Blood Specimens for Routine Laboratory Examinations, 1st Edition

**CLSI M23** | Development of *In Vitro* Susceptibility Test Methods, Breakpoints, and Quality Control Parameters, 6th Edition







# **KEY CHANGES & UDPATES**

# **Breakpoint Implementation Toolkit**

CLSI, APHL, ASM, and CAP have jointly developed a toolkit to assist clinical laboratories in updating minimal inhibitory concentration (MIC) breakpoints.

Visit <u>clsi.org/bit-toolkit</u> to learn more.





#### **CLSI POCT18**

Selection Process for CLIA-Waived Testing for SARS-CoV-2, Respiratory Syncytial Virus, and Influenza Viruses White Paper POCT18-Ed1 August 2023 Introduction The diagnostic testing landscape for respiratory diseases has evolved rapidly because of the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) pandemic. Because of this increase in testing, the number of testing facilities has increased substantially. Some of these facilities are operating outside a central laboratory and are closer to the patient to ensure timely and actionable results affecting clinical management of patients. The overlap in clinical symptoms for respiratory pathogens makes it difficult to distinguish the pathogen without an accurate diagnosis; thus, very few health care providers are diagnosing empirically. Diagnosing respiratory infections based on symptoms alone is difficult and typical has poor diagnostic accuracy. Additionally, there are several use cases that require asymptomatic testing or screening. This white paper provides guidance on selecting tests that can be used at the point of care (POC) under a Clinical Laboratory Improvement Amendments of 1988 (CLIA) waiver to detect SARS-CoV-2. respiratory syncytial virus (RSV), and influenza A and B viruses. There are two common testing modalities rapid antigen tests and rapid molecular tests. Considerations based on testing location, patient population and appropriate use of tests are discussed. POCT18 includes information on different testing platforms, interpreting the manufacturer's stated performance, and choosing the best test for the user's needs. An explanation of emergency use authorization (EUA) is included. The intended users may lack specific laboratory training to perform tests in outpatient settings such as physician offices, urgent care facilities, and pharmacies The following topics are not discussed in detail: + Specific information related to appropriate coding of laboratory tests . Verification of performance specifications (accuracy and precision) for instruments or tests for SARS-CoV-2, RSV, or influenza viruses · Specimen pooling strategies for testing . Reporting laboratory test results and data to public health agencies · Cost and reimbursement considerations · Patient self-testing (at home or in other locations) · Patient education + immune response testing . Antibody tests for detecting past SARS-CoV-2 infections. Clinical and Laboratory Standards Institute. All rights reserved. | TLSL org

#### This white paper provides:

- Explanation of emergency use authorization (EUA)
- Information to guide the selection and implementation of CLIA-waived tests for SARS-CoV-2, RSV, and influenza viruses in POCT sites
- Interpreting the manufacturer's stated performance



#### **CLSI PRE01**

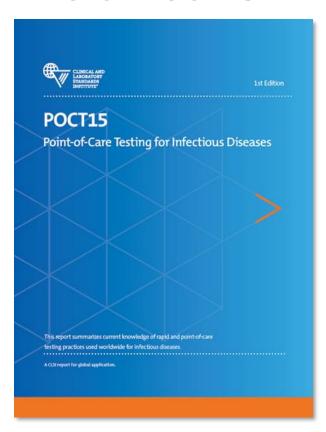
Pre-examination Processes for Identification, Collection, Transport, and Handling of Medical Laboratory Specimens

#### This standard:

- Discusses the critical need for accuracy in examination ordering, patient registration, patient & specimen ID, and specimen labeling throughout all phases of the lab's path of workflow
- Serves as a single-source document for pre-examination practices, which are common to many different specimen types
- Harmonizes patient & specimen ID processes wherever blood and nonblood specimens are collected and identified



#### **CLSI POCT15**

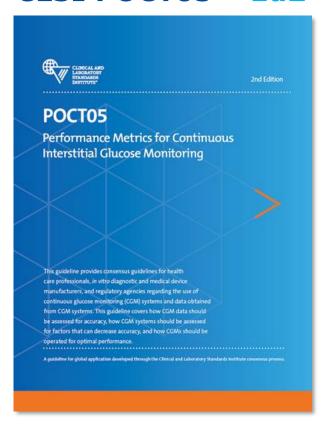


#### This report provides:

- Recommendations for assessing, implementing, performing, and using point-of-care tests to improve management of infectious diseases
- Information on indications, limitations, appropriate use, and reporting and interpretation for the major POC tests available
- Potential uses of POC tests in community outreach and public health testing and in resource-limited settings



#### CLSI POCT05 - Ed2



This guideline provides recommendations for methods used to determine analytical and clinical performance of continuous glucose monitoring (CGM).

Several changes were made in this edition, including:

- CGM device use cases
- Cybersecurity for CGM devices
- CGM device labeling



#### CLSI EP23 - Ed2



This guideline provides recommendations based on risk management for laboratories to develop quality control plans tailored to the combination of measuring system, laboratory setting, and clinical application of the test.

CLSI EP23 introduces industrial risk management principles to the clinical laboratory

Provides guidance to select the right control processes and frequency of controls to minimize risk of error to a clinically acceptable levels

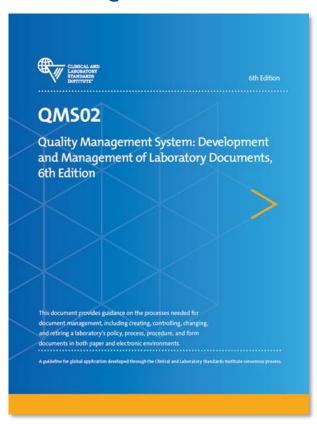


### **CLSI EP23: Revision Changes to Expect**

- ✓ Aligns CLSI EP23 with ISO 22367 and ISO 14971
- ✓ Incorporates detectability in the risk assessment
- ✓ Replaces "Glucose Concentration Measurement on an Automated Measuring System" example with real-world examples of quality control plans for:
  - Non-instrumented, single-use device
  - Instrumented, single-use device; and
  - Exempt microbiological media
- ✓ Updates references



#### CLSI QMS02 - Ed7

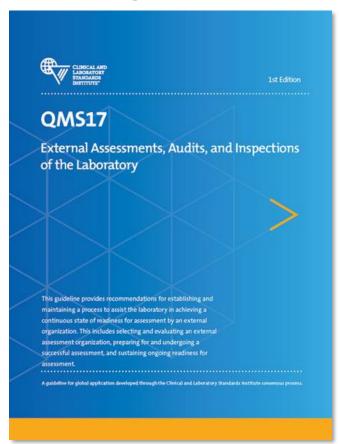


#### This guideline:

- Presents the elements of a program for managing laboratory documents in both paper-based and electronic document management systems
- Describes an evidence-based process for preparing different types of laboratory documents from the time a need is recognized for a new or revised document, through the document's use and control, until the time it is retired



#### CLSI QM17 - Ed2



This guideline provides recommendations for establishing and maintaining a process to assist the laboratory in achieving a continuous state of readiness for assessment by an external organization, including:

- Selecting and evaluating an external assessment organization
- Preparing for an undergoing a successful assessment
- Improving laboratory processes to achieve and sustain positive assessment outcomes
- Sustaining ongoing readiness for assessment





# PROJECTS IN PROGRESS

### PROJECTS IN PROGRESS – 2023/Early 2024

Projects below are in final stages of development; however, timing may be subject to change

**CLSI M53** Criteria for Laboratory Testing. Diagnosis of Human Immunodeficiency Virus Infection, Ed2

**CLSI QMS17** External Assessments, Audits, and Inspections of the Laboratory, Ed2

**CLSI QMS02** Quality Management System: Development & Management of Laboratory Documents, Ed7

**CLSI PRE01** Preexamination Processes for Identification, Collection, Transport & Handling of Medical Laboratory Specimens

**CLSI M100** Performance Standards for Antimicrobial Susceptibility Testing, Ed34

**CLSI QMS29** Conducting Effective Management Reviews

**CLSI M02** Performance Standards for Antimicrobial Susceptibility Tests, Ed14

CLSI M07 Methods for Dilution Antimicrobial Susceptibility Tests for Bacteria That Grow Aerobically, Ed12

**CLSI QMS27** Decontamination of Laboratory Instrumentation

**CLSI POCT16** Emergency and Disaster Point-of-Care Testing



clsi.org/standards

## A COMMON GOAL: QUALITY HEALTH CARE





















# Thank you

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# **QUESTIONS?**