Application of STPA to the U.S. Diagnostic Laboratory Data Ecosystem

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Addressing the Patient Safety Challenge

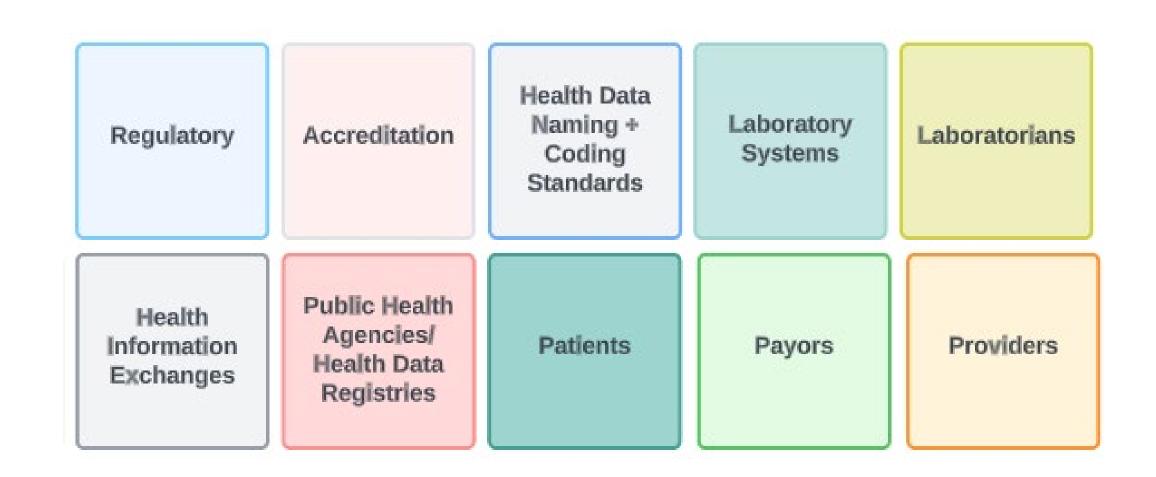
- Preventable medical errors are the 3rd leading cause of death in the U.S. (Makary & Daniel, 2016)
- Diagnostic errors account for 6-17% of all adverse patient events occurring in hospitals while resulting in most of the paid medical malpractice claims and preventable patient deaths (National Academy of Sciences, 2015)
- An estimated 800,000 Americans are seriously injured or die each year across multiple care settings due to misdiagnosis of dangerous diseases (Newman-Toker et al., 2023)
- Study of closed claim malpractice data found that 92% of diagnostic errors within the EHR occurred during laboratory testing (Krevat et al., 2023)
- Up to 70% of all medical decisions are reportedly predicated on laboratory test results (Raymond et al., 2020)



Setting the Goals of our System Analysis

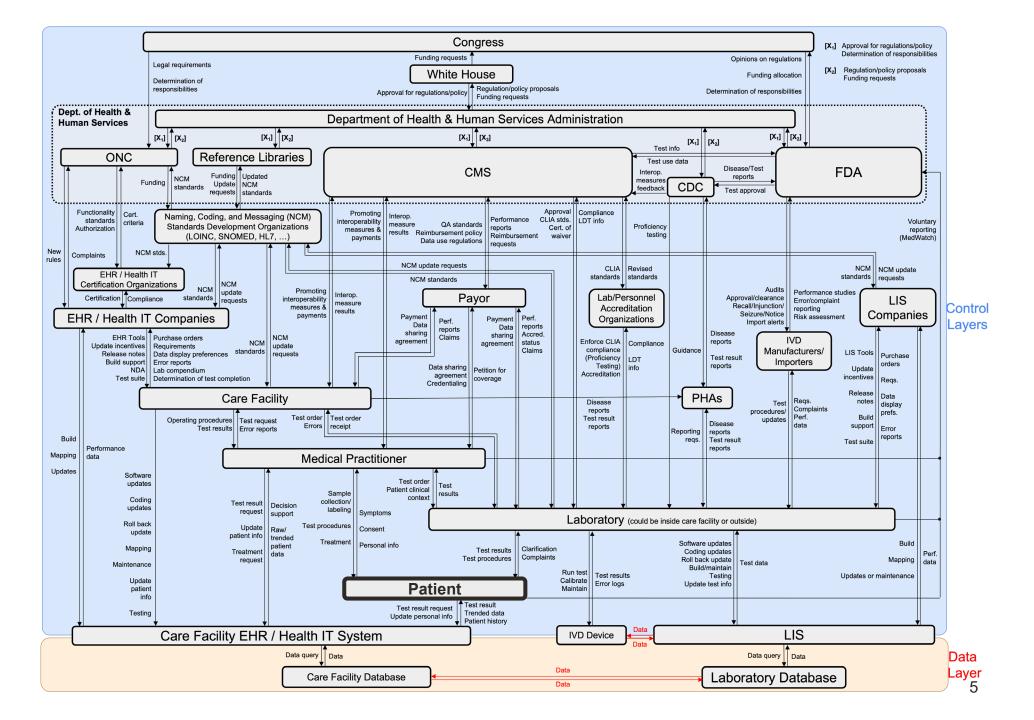
Losses	Hazards
L-1: Loss of life or injury to patient	H-1: Patients receive less than acceptable standard of care
L-2: Loss of reputation or trust in the laboratory ecosystem	H-2: Laboratory ecosystem stakeholders including patients lose trust in the laboratory data being collected, shared, analyzed and reported

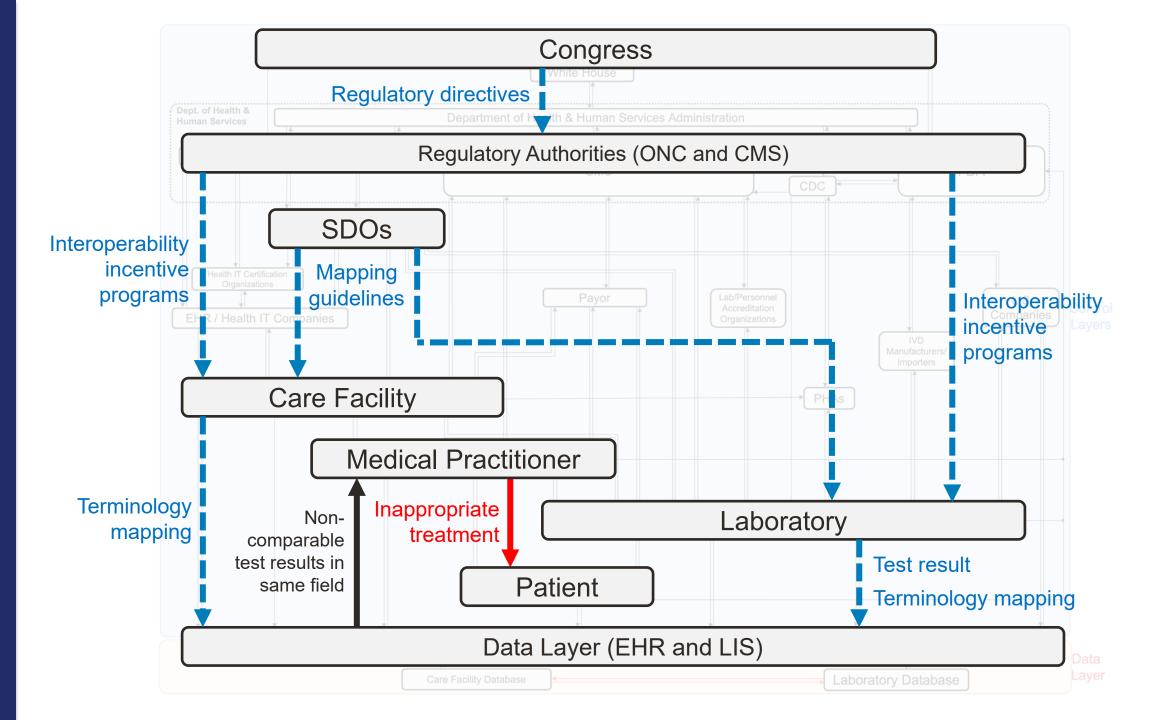
Using interviews to understand current system

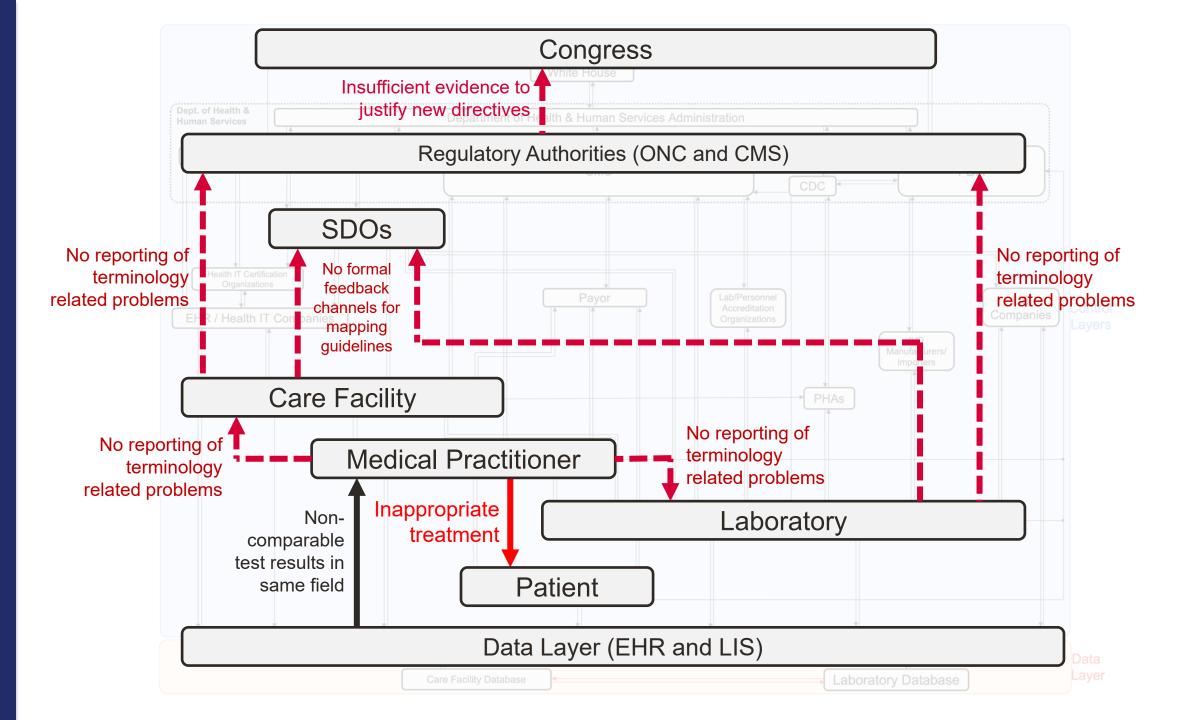


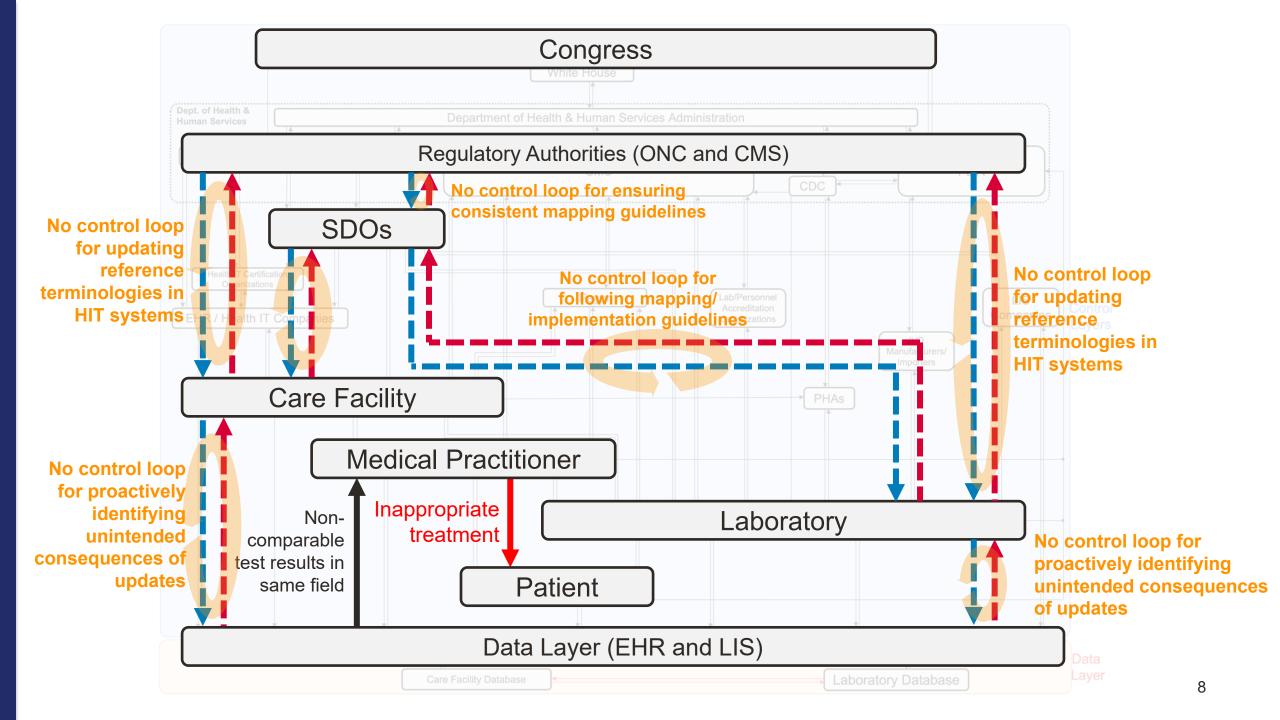
50 Stakeholders interviewed

Detailed Control Structure









Systemic Factors

Addressable by SHIELD

Decentralized and missing oversight

Inadequacies and gaps in laboratory data standards

Inaccurate perceptions of data and HIT risks

Addressable by the rest of the ecosystem

Lack of a systems view by system participants

Inadequate regulatory emphasis on HIT safety

Flawed communication and coordination

Systemic Factor	Recommendation	Action Item(s)
Decentralized and missing oversight	1: Assign responsibility for addressing gaps in the regulatory oversight of laboratory data exchanges between system components that are regulated by different agencies.	
	<u>2</u> : Identify the data and standards needs of regulatory agencies and ensure they have the ability to use them appropriately.	
	<u>3</u> : Encourage the identification of regulatory gaps in other areas of the laboratory ecosystem through additional systems-theory-based analyses.	
Inadequacies and gaps in laboratory data standards	<u>4</u> : Reference libraries must develop a knowledge base that establishes a ground truth for naming, coding, and mapping of reference terminologies to particular laboratory tests, and stakeholders must be incentivized to use it.	
	<u>5</u> : Appropriate groups must be assigned responsibility for identifying gaps and weaknesses in laboratory data standards and for establishing a reporting channel for problems related to them.	
	<u>6</u> : SDOs must continuously support users by identifying and eliminating ambiguities in implementation guides for HIT standards.	

Systemic Factor	Recommendation	Action Item(s)
Inaccurate perceptions of data and HIT risks	7: Proactively and retroactively investigate systemic sources of diagnostic error.	
	8: Create a consolidated national database for HIT safety reporting that can be used to identify trends and opportunities for improving patient safety outcomes. It should include information about HIT not behaving as users intended and allow understanding how features of HIT design may have contributed to "user errors."	
Lack of a systems view by system participants	<u>9</u> : Educate the healthcare community on systems engineering and systemic approaches for solving problems, including tools to accomplish this goal.	
	10: Establish appropriate control loops for updates to standards and HIT.	

Systemic Factor	Recommendation	Action Item(s)
Inadequate regulatory emphasis on HIT safety	11: Assign regulatory oversight of HIT safety to ONC or another appropriate group. Include the explicit directive to develop and include safety-related certification criteria for HIT and the ability to limit the inclusion of "hold harmless" clauses in HIT contracts.	
	12: Establish incentives for using certified HIT throughout the entire healthcare ecosystem.	
Flawed communication and coordination	13: Develop formal processes for inclusion of laboratorians in the multidisciplinary teams responsible for decisions about laboratory data needs, representations, and interfaces at care facilities.	

Congress [X₁] Approval for regulations/policy Determination of responsibilities Funding requests Opinions on regulations Legal requirements [X₂] Regulation/policy proposals White House Funding allocation Funding requests Determination of responsibilities Regulation/policy proposals Approval for regulations/policy Determination of responsibilities Funding requests Dept. of Health & Department of Health & Human Services Administration Human Services [X₁] $[X_1]$ $T[X_2]$ $[X_1]$ $[X_2]$ [X₁] [X₂] Test info Reference Libraries ONC Test use data Disease/Test **CMS FDA** Funding Updated reports NCM measure Funding Update NCM standards feedbac Test approval requests standards Functionality Approval Compliance Cert. Naming, Coding, and Messaging (NCM) CLIA stds. standards interoperability Performance LDT info criteria Voluntary OA standards Standards Development Organizations Proficiency Cert. of Authorization measures & reporting results Reimbursement policy (LOINC, SNOMED, HL7, ... testing Reimbursement payments waive (MedWatch) Data use regulations requests NCM stds. Complaints rules NCM update requests NCM | NCM update CLIA Revised EHR / Health IT standards requests standards standards NCM standards **Certification Organizations** NCM Promoting Audits update Performance studies Certification 1 standards Payor Lab/Personnel Approval/clearance TCompliance interoperability LIS requests Error/complaint measure Recall/Injunction/ measures & Accreditation reporting Control results Seizure/Notice Companies payments Risk assessment EHR / Health IT Companies Payment Organizations Payment Perf. Import alerts Layers Data Data reports reports sharing Accred. sharing EHR Tools | Purchase orders Claims Enforce CLIA Compliance IVD agreement NCM status reports agreement Update incentives | Requirements update Claims compliance Guidance Manufacturers/ Release notes Data display preferences standards LIS Tools requests Purchase (Proficiency | LDT Test result Build support | Error reports Importers Testing) | info Data sharing Petition for reports Update NDA Lab compendium Accreditation agreement incentives Test suite Determination of test completion coverage Credentialing Release Care Facility **PHAs** Data Disease notes Test display Complaints reports procedures/ prefs. Test order Test order Build Test result Operating procedures | Test request updates Disease Errors receipt Test results | Error reports reports support Frror Reporting reports reports reas. Test result Test suite Performance reports Mapping data Medical Practitioner Updates Software Test order updates Test Patient clinical Sample context Codina collection/ Test result Decision updates labeling request Symptoms Laboratory (could be inside care facility or outside) Roll back Test procedures Update Raw/ Consent update patient info trended Software updates Build Personal info patient Mapping Test results Clarification Treatment Coding updates Complaints Test procedures Roll back update Mapping request Test data Maintenance Build/maintain Run test | Test results Testing Updates or maintenance Update Calibrate Error logs Update test info **Patient** patient Maintain Test result Test result request Testing Trended data Update personal info Care Facility EHR / Health IT System LIS **IVD Device** Data query Data Data query Data Data Care Facility Database **Laboratory Database**

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Conclusion

Acknowledgments

- FDA SHIELD Program
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- Stratametrics, Inc.
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- Synensys, LLC
- University of Nebraska Medical Center
- University of Pennsylvania

Questions, Comments, Observations, Discussions, Feedback, Follow-up