## COMMENT ON: AUTOMATION AND PRODUCTIVITY IN THE CLINICAL LABORATORY: EXPERIENCE OF A TERTIARY HEALTHCARE FACILITY

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Dear Sir,

The article 'Automation and productivity in the clinical laboratory: experience of a tertiary healthcare facility' caught our attention.<sup>(1)</sup> Yeo and Ng noted that "*The journey and implementation of automation in the Singapore General Hospital's Clinical Biochemistry Laboratory has allowed for sustained performance in the light of increasing workload and service commitments amid an evolving healthcare environment. Key to realising predicted outcomes is the optimisation of workflow processes, reduction of errors, and spatial placement of specimen reception and analytical areas.*"<sup>(1)</sup>

We agree that automation has become an important tool in the clinical pathology laboratory, and has been implemented in several laboratories around the world. However, the concept of total automation is an interesting challenge. The main consideration is usually the cost of implementation. Although automation can help with certain issues in the laboratory, it cannot replace the experienced technician. In several fields, such as clinical microscopy, automation still produces inferior results compared to the medical technologist and clinical pathologist. In addition, implementing automation might help to reduce errors but does not eliminate them entirely. In our experience with a certified medical laboratory with an automation system, errors were still observable.<sup>(2)</sup> Quality management and standards are still necessary for any medical laboratory regardless of automation status.

Yours sincerely,

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## REFERENCES

- 1. Yeo CP, Ng WY. Automation and productivity in the clinical laboratory: experience of a tertiary healthcare facility. Singapore Med J 2018; 59:597-601.
- 2. Wiwanitkit V. Types and frequency of preanalytical mistakes in the first Thai ISO 9002:1994 certified clinical laboratory, a 6-month monitoring. BMC Clin Pathol 2001; 1:5.

Editor's note: The authors, Yeo and Ng, have declined to respond to the above letter.