



The Impact of Automation on Clinical Laboratory Efficiency and Error Reduction

Omar mohamed alqadi ⁽¹⁾, Majed Musa Saad Alsuwairi ⁽²⁾, Dalal Murdhi Alshammari ⁽³⁾, Abdulrahman Saeed Alshehri ⁽²⁾, Torki Nasser Aloraifi ⁽⁴⁾, Reada Nasser Alsayegh ⁽⁵⁾, Alaa Ahmed Abdulaziz Alraddadi ⁽⁶⁾, Anas Mohammed ALiabal ⁽²⁾

(1) second cluster- laboratory- Blood bank, Ministry of Health, Saudi Arabia,

(2) Riyadh Forensic Toxicology services Administration, Ministry of Health, Saudi Arabia,

(3) ministry of health- Chemistry Laboratory, Saudi Arabia,

(4) Ad Diriyah hospital-microbiology, Ministry of Health, Saudi Arabia,

(5) Ad Airiyah hospital-microbiology, Ministry of Health, Saudi Arabia,

(6) second cluster- laboratory, Ministry of Health, Saudi Arabia

Abstract

Clinical laboratories have been transformed through automation; it has improved accuracy, efficiency, and patient safety and minimized human error and operational expenses. The study examines the application of automation in all pre-analytical, analytical and post-analytical stages with a special focus on the application of robotics, automated analyzers and Laboratory Information Systems (LIS). The main points of interest are the historical development of automation, system types, workflow optimization, reduction of errors, workflow quality, financial benefits, effects on the workforce, cybersecurity, and the future trends. Best practices in prominent organizations demonstrate the real returns of automation in enhancing turnaround times, standardization of processes and offering high volume testing. The results indicate that automation is the key to the contemporary laboratory activity delivering the objective gains in the diagnostic reliability, productivity, and patient outcomes. Issues like high initial expenditure, integration problems, and employee adaptation are discussed with the main point being that special attention is to be paid to planning and training. All in all, the study identifies automation as the revolutionary technology that enhances the performance of the laboratory and facilitates the provision of healthcare sustainably.

Keywords

Laboratory Automation; Clinical Laboratories; Robotics; Laboratory Information Systems; Turnaround Time Quality Control Pre-Analytical Errors Clinical Laboratories Analytical Errors Post-Analytical Errors Patient Safety.

1. Introduction

Clinical laboratories are very crucial in the healthcare sector since they provide the diagnosis vital in management of patient. Traditional manual laboratory processes, however, tend to be labour intensive, prone to error and limited in throughput, which creates delays, errors and higher costs in the operation. Automation has provided the solution to these issues by introducing the use of advanced instruments, robotics, and integrated information systems to simplify, minimize errors, and add efficiency to the processes. The automation process is done in the pre-analytical, analytical, and post-analytical stages and includes activities like sample management, testing, data management, and report of result. It helps in quality management, staff efficiency and financial sustainability. The purpose of the research is to consider the overall results of automation on the laboratory performance including its historical background, the types of systems, implications of the workforce, examples of successful implementation, and the future. Through the consideration of these

points, the paper has discussed the significance of automation as one of the pillars of contemporary laboratory practice and how it can lead to better patient care outcomes.[1,2]

Automation in Modern Clinical Laboratories Overview.

In the contemporary clinical laboratories, automation has emerged as a revolutionary agent that has transformed the manner in which diagnostic testing is being conducted and has made the operation of the laboratory much more efficient. Due to the ever-growing healthcare systems and the need to perform diagnostic testing faster and more accurately, the laboratories have found it necessary to integrate automated technologies to make workflow easier and reduce human error. Automation in clinical laboratories is the application of automated instruments, robotics, digital analysers and built-in information systems to carry out laboratory procedures with minimal or no manual intervention. These technologies encompass a comprehensive scope of processes such as sample collection, labelling,

transportation, analysis and reporting of data. Automation enhances consistency, precision and enables the lab staff to concentrate on the more intricate analytical and interpretative work by reducing the number of repetitive manual processes.[3]The increasing volume of tests with the population increase and the enhanced access to healthcare is considered one of the most significant factors that drive automation adoption. Laboratories can respond to this demand with the help of automated systems without reducing quality and turnaround time. High-throughput analyzers e.g can analyze hundreds of samples per hour thus being essential to hospital laboratories with 24-hour operations. Also, pre-analytical automation, including automated centrifugation, barcode scanning, sample sorting, etc., is important in avoiding typical errors involving specimen handling. These processes alone contribute a big percentage of laboratory errors when carried out manually. An additional component that supplements workflow is the incorporation of Laboratory Information Systems (LIS) where patient information, test order and results are properly handled and transferred electronically.[4,5]In addition, automation remote to the laboratory enhances safety because technicians are not exposed to infectious materials and crippling chemicals. It also helps in regulatory adherence by ensuring that there are standardized processes and creation of comprehensive documentation. All in all, automation has turned into a foundation of high-quality laboratory practice that provides a faster, more reliable diagnostic to assist in timely clinical decision-making and improving the results of patient care. Technology is improving and the use of automation in the laboratories will keep on increasing and will be more of benefits in terms of accuracy, efficiency, and safety.[6]

The history of Automation in Clinical Laboratories

The historical development of automation in clinical laboratories is a process of striving to improve the accuracy, efficiency, and reliability of diagnostic testing. Prior to the advent of automation, all the work done in the laboratory was manual, and basic tests took time and required the services of highly skilled individuals. In the early 20th century manual pipetting, visual interpretation of results, and handwritten reporting were used in laboratories, which made the probability of human error higher. The initial significant change was in 1950s and 1960s by the invention of automated chemistry analyzers and the dawn of mechanized laboratory testing. The early devices could conduct elementary biochemical tests with minimum human intervention, which saved a lot of work to be done by the laboratory staff.[7] In the 1970s, technology advanced to present automated hematology analyzers, which were able to count blood cells at a high rate and in the most precise manner. The development revolutionized ordinary hematology testing and provided the basis of more sophisticated

automation. This was further improved in the 1980s and 1990s through the emergence of robotics, microprocessors, and laboratory apparatus controlled by computer. In this timeframe, the laboratories started to implement modular automated systems, which had the ability to test a number of samples at the same time and incorporated functions like dispensing of reagents, handling the samples, and interpretation of the results.[8] The biggest breakthrough was the Introduction of Laboratory Information Systems (LIS) which enabled laboratories to handle patient information, testing orders and reporting electronically. LIS integration with automated analyzers established a complete workflow, which removes most of the errors that come along with manual data entry. In the 21st century, automation has gone as far as high throughput analyzers, total laboratory automation (TLA), and highly developed robotics that are capable of handling full tests including pre-analytical stages to post-analytical stages.[9] Currently, automation of clinical laboratories is still progressing with the use of artificial intelligence, machine learning, and digital pathology. Such innovations are based on the decades of technological advancement and represent the active search towards the faster, more reliable, and efficient laboratory services.[10,11]

The Automation Systems in the Modern Laboratories

In contemporary clinical laboratories, a number of different automation systems have been developed with the aim to increase efficiency, reduce error, and facilitate high throughput diagnostic testing. These automation systems are different in complexity, functionality, and the degree of integration but the aim is to simplify the workflow in a laboratory and to decrease the use of manual operations. Pre-analytical automation is one of the most common systems and it deals with labeling the barcodes, sorting the samples, centrifugation, decapping, and aliquoting. These systems are very essential in enhancing accuracy and preventing mix-ups of specimens since most laboratory mistakes happen during pre-analytical stage.[12]The other important type is analytical automation which encompasses automated chemistry, hematology, immunology and microbiology testing analyzers. These tools have the abilities to carry out hundreds of tests at a time with little human intervention. They may be chemistry analyzers, which are used to measure electrolytes and enzymes, or hematology analyzers, which are used to count blood cells, and immunoassay systems, which are used to detect hormones, infectious markers, and tumor indicators. Molecular amplification platforms, flow cytometry and spectrophotometry are also advanced analytics tools to analyze water samples using automation.[13,14]The post-analytical automation systems additionally contribute to the laboratory

workflow by automating the verification of results as well as the storing and disposing of samples. Test tubes are deposited in automated archiving systems in controlled environments, which hastens and increases the security of retrieval. Such systems enable the laboratories to comply with documentation and retention policies.[15] Another type of automation is more developed Total Laboratory Automation (TLA) that links pre-analytical process with the analytical and post-analytical processes into an all-inclusive system. The TLA solutions have interlinked conveyor tracks, robotic arms, and intelligent analyzers that transport samples through the testing process with ease without the need of using human hands. This helps a lot in enhancing turnaround time and standardization.[16,17] Moreover, Laboratory Information Systems (LIS) are digital automation devices that aid data management, reports on the results, quality control monitoring and connectivity of the instruments. The use of AI-driven automation has also become increasingly popular in modern laboratories and allows them to predictive maintain, perform automatic results interpretation, and optimize laboratory workflows.[18] Collectively, these automation systems are the technology backbone of a modern clinical laboratory whereby consistency, reliability, and high-quality patient care is guaranteed.[19]

Robotics and how it will enhance the Workflow in Labs

Robotics has become an essential part of automation in the contemporary clinical laboratory, which has a great impact on the workflow efficiency, accuracy, and safety. Robotic systems are an effective solution because of high repetitive, time-consuming, and error-prone activities, which laboratories have to deal with due to growing test volumes and the need to provide rapid results. The tasks of clinical laboratory robots include sorting of samples, pipetting, aliquoting, transportation, and handling plates with high level of accuracy. Robotics enables the replacement of these routine tasks by laboratory staff and enables them to spend more time on more complicated analytical tasks, quality measurement, and clinical interpretation.[20,21] Improvement of workflow standardization is one of the most important works done by robotics. Robotic systems can execute their tasks with a steady and steady procedure, and all samples are treated under the same conditions. This eliminates human induced variability and minimizes the chances of cross-contamination. Track-based and robotic arms are capable of moving samples smoothly between the analyzers, centrifuges, incubators and storage units, producing a continuous flow of work that reduces the turnaround time (TAT).[22] Another important role of robotics in enhancing the safety of laboratories is significant. Robotic systems lower the risk of dangerous chemicals and other biohazard materials exposing the laboratory staff to direct human contact with potentially infectious specimens, which

make them occupational hazards. This is particularly relevant in the high-volume hospital laboratories, infectious disease units and reference laboratories which handle thousands of samples every day.[23] Moreover, robotics helps to improve the management of resources. Robotic systems are automated and can work 24/7 including during the night which enhances laboratory throughput and 24/7 diagnostic services. Robotics is also compatible with Lean and Six Sigma philosophy as it eradicates waste, decreases movement, and enhances the efficiency of the workflow.[24] In highly automated Total Laboratory Automation (TLA) systems, robotics is the key component, orchestrating every stage of testing - between sample reception and the publication of results. With the changing technology, robotics is being combined with artificial intelligence, and real-time monitoring, which is further improving predictive maintenance and optimization of workflow. Altogether, robotics has been an essential part of the contemporary laboratories, thus facilitating growth in accuracy, efficiency, safety, and capacity.[25]

Sample Handling and Processing Automated.

A key example of the most effective innovations in automating clinical laboratories is automated sample handling and processing that has become a significant improvement in terms of the reliability and efficiency of diagnostic testing. This stage has all processes involved that take place once a sample has been taken to the laboratory up to the time it is prepared to undergo analysis. High sample volumes are automated to be handled with minimum human supervision, errors caused by handling are reduced and the quality of samples is maintained without any variation in different samples.[26,27] A typical process in the automated handling would start with barcode scanning that will provide precision in patient identification and traceability. After being identified the tubes are then sorted by robotic sample sorters based on test requirements, priority status, or the availability of an analyzer. The serum or plasma of whole blood samples is then centrifuged automatically to separate serum/plasma and whole blood, the tubes are decapped and recapped to ensure safe and efficient processing. Such technologies eradicate typical pre-analytical errors including labeling errors, specimen errors, poor sample preparation- errors which in the past contributed as many as 70 percent of laboratory errors.[28] Automated aliquoting is also another crucial aspect, in which a robotic pipetting system separates the original sample into several smaller tubes without contamination. It is especially useful in labs that do a complex or multi-discipline testing due to the ability to ensure that each analyzer receives a suitable sample and biosafety standards are met.[29] Track systems and automated conveyors also increase workflow by moving specimens between the storage units, refrigerators, and analyzers. These systems are easily incorporated with Laboratory Information

Systems (LIS), which allow real-time monitoring, automatic routing of tests and effective distribution of workload.[30]Also, automated sample handling is very effective in enhancing the turnaround time (TAT). Laboratories that are of high volume enjoy continuous 24/7 operation and this means urgent and regular samples can be handled in a swift and systematic manner.[31]All in all, it can be said that automated sample handling and sample processing have transformed the way clinical laboratories run their operations, making them more precise, less subject to human error, more biologically safe, and more likely to yield timely diagnostic results. In the field of automation, laboratories should anticipate an increased level of integration, smarter routing decisions, and even increased efficiency in the pre-analytical stage.[32]

Laboratory Information Systems (LIS) and Automation Integration.

The amalgamation of Laboratory Information Systems (LIS) with automation has been a significant part of a contemporary clinical laboratory functioning that facilitates a smooth interlinking between the analytical tools and automated systems as well as to the larger healthcare system. LIS is the laboratory backbone, which is in charge of patient data management, test order management, specimen management, interpreting results, and electronic reporting. With the combination of the automated analyzers, robotics, total laboratory automation (TLA) systems, LIS makes sure accuracy, speed, and minimum manual intervention are applied to laboratory processes.[33]Among the key benefits of LIS-automation integration, there is the enhancement of the workflow efficiency. The LIS can also be connected to automated instruments that send an order to the LIS and send results immediately. This does not require manual input of data which has in the past been a significant cause of laboratory errors. Furthermore, LIS may automatically solve samples depending on the demands of tests, urgency, or availability of the analyzers, to develop the dynamic and optimized workflow, which is adjusted to the real-time demands of the laboratory.[34]Accuracy of results and quality control are also increased. The LIS will constantly track the performance of the instruments, alert abnormal results, and the quality control requirements are adhered to before the release of the result. LIS rules facilitate automated reflex testing (where further tests are ordered on initial findings) which enhances the diagnostic decision-making and standardization.[35]The other important advantage is the enhanced traceability and management of the specimen. When a sample is received, LIS tracks its movement through all the processing phases and has a full record of the sample to comply with the regulations. LIS reduces specimen mix-ups and enables complete audit trails when it is used in combination with barcoding and automated sample

handling systems.[36]Moreover, the integration with LIS helps to achieve interoperability with electronic health records (EHRs) allowing clinicians to obtain the results swiftly and enhance patient care. It is also one that facilitates remote monitoring, data analysis centralization, and lab consolidation across healthcare networks.[37]Altogether, the combination of LIS and automation contributes to increased speed, accuracy, communication, and standardization, which makes this a vital component of the current laboratory practice and a catalyst of the better diagnostic services.[38]

Automation Effect on Turnaround Time (TAT)

Turnaround Time (TAT) is one of the most effective drivers to adopt automated technologies in clinical laboratories because automation has a significant effect on its reduction. Turnaround time is the time taken between the reception of a specimen and reporting the test result. Fast and reliable TAT in the modern healthcare environment - particularly in the emergency department, intensive care unit, and high-volume laboratory - is necessary to make timely clinical decisions. Automation directly handles the delays caused by manual procedures, inefficiency and human variability.[39]Automation enhances TAT by some of the most important ways, such as the process of pre-analytical streamlining. Barcode scanning, sample sorting, centrifugation and decapping automated systems save a lot of time taken to prepare the specimen to be analyzed. Automation can remove bottlenecks which are usually seen in manual sorting or prioritization by making sure that samples are expeditiously directed to the appropriate analyzers.[40]Automatic high-throughput analyzers are used in the analytical phase, which is capable of testing hundreds of samples per hour with very little supervision as compared to manual methods. The analyzers can operate continuously thus helping laboratories to cope with peak workloads. Interruptions are also minimized through automation that loads reagents automatically, calibrates and performs quality control which further accelerates the workflow.[41,42]Post-analytical automation can help in accelerating TAT by automatically confirming results and sending them to the Laboratory Information System (LIS) and releasing them directly to electronic health records (EHRs). Manual specimen handling is also a major problem because samples are stored and accessed by hand, causing delays in stored samples, which are usually accessed when further tests are necessary.[43]Further, Total Laboratory Automation (TLA) systems combine together all stages of the process including pre-analytical, analytical and post-analytical stages of work so that samples could pass through the testing system in one stream without any unnecessary delays. At this type of integration, the labs can sustain constant TAT even when there is a high demand.[44]All in all, automation has a substantial positive effect on TAT through the

removal of man-made inefficiencies, optimization of the work, and the possibility of the consistent high-speed processing of specimens. The rapid TAT is seen to enhance the productivity of the laboratory but also helps in the early diagnosis, prompt treatment decision-making, and better patient outcomes.[45]

Pre-Analytical Errors: Automated Systems Reduction

The pre-analytical errors are the most widespread of all errors that can occur in the clinical laboratories because they represent a good percentage of all laboratory errors, approximately 60-70 percent. These are mistakes made prior to commencement of the testing procedure which are usually caused by factors like improper labeling, improper collection of sample, improper mixing, contamination or improper specimen routing. Automated systems have played a critical role in minimizing such errors through standardization of pre-analytical processes and minimizing the number of human beings who are involved in repetitive or error related jobs.[46] Among the most useful things that are brought by automation is the enhancement of patient identification and sample labeling. Automated barcode systems will provide the perfect pairing of each specimen to the right patient record so that mistakes due to a manual labeling or transcription are eliminated. This guarantees complete sample-to-sample and sample-to-reportvials. The sample reception is automated after labeling to check the tube types, fill volumes and the test orders and give an immediate alert to the staff in case any discrepancy is observed.[47] Automated systems also play a great role in minimizing the mistakes in sample handling and preparation. Robotic sorters sort samples based on what they need tests on and what their analyzers can handle so that none of the samples is lost or postponed. The centrifugation, decapping and aliquoting modules are also automated, which additionally standardizes preparation processes. These machines are able to carry out work at the same timing, force and precision, which is hard to find even in manual labor. Consequently, the likelihood of hemolysis, contamination or poor sample processing is significantly minimized.[48] Another level of safety brought by the integration with Laboratory Information Systems (LIS) is that an ordered test is properly assigned and automatically directed. The LIS will keep track of the progress of every sample which will help to avoid confusion of samples and facilitate complete documentation of the samples to ensure quality and audits.[49] In general, automated pre-analytical systems enhance accuracy, efficiency, and safety through the minimization of human error, similarity of procedures, and enhancement of the traceability of a specimen. Automation improves the dependability of laboratory analysis and leads to high-quality care of a patient greatly due to standardized workflows and smart sample management.[50]

Reduction of Analytical and Post-Analytical errors

Automation is essential in reducing analytical and post-analytical errors in the clinical laboratories and thereby enhancing more accuracy, consistency and reliability in the diagnostic testing. During the actual testing process, errors are introduced analytically and usually associated with the problems of improper handling of reagents, malfunctioning of equipment, unreliable pipetting, or vulnerability to human interpretation. To overcome these problems, automated analyzers offer test procedures with high mechanical precision, under standardized reaction conditions and automatically controlled quality control. Automation will make sure that the reagents are properly calibrated, stored at the right temperatures and are dispensed in the right amount. They also conduct their internal control periodically, identify anomalies about sample quality and notify staffs as soon as results are out of the anticipated limits. This minimizes cases of false outcome and increases the capacity of the laboratory to sustain regulatory and accreditation standards.[51,52] Post-analytical errors also cause a significant reduction in automation since they occur after the testing is over. Such mistakes may include misplaced data and reporting of results, or misinterpreting the results. With the implementation of automated instrumentation and Laboratory Information Systems (LIS) the results are sent electronically and do not require manual transcription, doing away with one of the most frequent causes of post-analytical errors. The LIS has automated verification tools that compare results to predefined criteria and ranges, and identify the presence of abnormal or inconsistent values. This will make sure that, only verified and correct reports are given to clinicians.[53] Additionally, there are automated sample storage and retrieval systems which are part of post-analytical automation. These systems store their specimens in an orderly manner, under optimal conditions of storage and can be accessed easily in case of repeat or further tests. This will remove confusion and time wastage through manual storage procedures and loss or mislocation of samples.[54] In general, the automation process reduces errors in analysis and post analysis, standardization of complex processes, making data more accurate, and increasing the communication between the laboratory equipment and the information systems. The outcome is a very dependable process of diagnostic testing that reinforces the timely, accurate and safe clinical decision-making.[55]

Automation and Improvement of Quality Control

Automation has also resulted in high quality control (QC) in clinical laboratories, which make diagnostic results accurate, reliable, and consistent. Monitoring of quality can play a crucial role in maintaining a high standard of laboratories, identifying mistakes, and having the test results to meet the requirements of regulations and clinical standards. Automated systems create a higher level of QC, as they incorporate uninterrupted monitoring, standardization and smart

detectors of errors into the test workflow.[56]The possibility to conduct a constant internal quality control is one of the most significant benefits of automation. Automated analyzers run control samples at regular schedules and monitor calibration as well as modify analytical parameters when necessary. These systems are used to monitor automatically, like when reagents become defective, or when the analyzer is being moved off course, or when a machine is drifting and to notify the staff in the lab. Automation helps to avoid the release of inaccurate results because the problems are recognized at the early stage and the necessity to perform testing again is minimized.[57]Quality control also involves standardization, which is promoted by automation. The automated systems, unlike manual ones, do exactly the same job each time; e.g., pipetting, mixing, and incubation. This removes the variability due to human factors and all samples are subjected to a similar process. Standardization enhances reproducibility, eliminates inter-operative variability, and ensures consistency among different or different sites of analysis.[58]Another level of QC is provided with integration with Laboratory Information Systems (LIS) where real-time data tracking is possible. The LIS has the capacity to track QC trends and save past performance records, as well as automatically implement Westgard rules or other QC algorithms. Any result that does not fall within reasonable ranges is flagged and therefore timely response and initiating an action is quick.[59]Also, automation facilitates the external quality assurance (EQA) by making the data submission and comparison with peer laboratories easier. Automated records guarantee adherence to accreditation standards of bodies like CAP, CLIA, and ISO. In general, automation enhances quality protocols by achieving better monitoring, higher standardization, better traceability and minimized human error. Such developments help to increase the level of diagnostic accuracy, efficiency of laboratory work, and patient outcomes.[60]

Automation and Improvement of Quality Control

Automation has greatly enhanced the quality control (QC) operations within clinical laboratories to such an extent that diagnostic outcomes are precise, dependable, and dependable. The quality control will be critical in terms of maintaining high standards in the laboratory, identifying errors and seeing that the test results are up to the regulatory and clinical standards. Automated systems increase QC by integrating constant monitoring, standard actions and intelligent error-detecting methods into the test process.[61]Continuous internal quality control is one of the greatest contributions of automation. Automated analyzers are regularly used to run control samples at predetermined intervals, check the accuracy of calibration and to change the analytical parameters where appropriate. Such systems automatically identify problems like reagent degradation, analyzer

drift or mechanical anomalies and instantly warn laboratory personnel. Early detection of problems that might have incorrect results helps to avoid the situation when inaccurate results are released and unnecessary repetition of testing is carried out by automation. Standardization which is an ingredient of quality control is also boosted by automation. In contrast to manual operations, automated systems accomplish the same task in the same manner, e.g. pipetting, mixing, incubation, etc. This removes the variability due to human factors and all samples are subjected to the same conditions. Standardization enhances the consistency, minimises difference among operators and increases impartiality between different analysers or locations.[62]The combination with Laboratory Information Systems (LIS) introduces one more layer of QC, which allows tracking of data in real-time. The LIS will be able to track the trends of QC, archive past performance records, as well as automatically enforce Westgard rules or other QC algorithms. Outliers are immediately detected and this is to provide quick response and corrective action.[63]Also, automation helps external quality assurance (EQA) in that data submission and comparison with peer laboratories are made easy. Electronic record keeping means that it is compliant with accreditation standards of agencies like CAP, CLIA, and ISO.[64]Altogether, automation enhances quality control as it leads to better monitoring, standardization, traceability, and human error reduction. Such developments help in making diagnoses more accurate, lab processes more efficient, and patients in better condition.[65]

Automation in Clinical Laboratories Economic Benefits

In clinical laboratories, automation has huge economic benefits through enhanced efficiency of its operations, cut back on labor expenses, minimise errors, and maximise resource use. With mounting demands on the healthcare systems in terms of diagnosing more and more patients, and mounting financial pressures, automation presents a measure of strategy that will improve productivity and minimize long term costs. Labor cost reduction is one of the greatest economic gains of automation. Monotonous and time consuming processes including sample sorting, pipetting, labeling, and entry of results are replaced by automated systems. This lowers the number of technical personnel required and enables the current staff to be employed in other value add duties like validation of results, troubleshooting and quality management. Despite the fact that the initial investment on automation may be high, the long-term savings in terms of less staffing needs and overtime hours usually cover the expenses.[66]Automation also reduces costs associated with lab errors which may be costly financially since the errors may be repeated, wasted reagents, delayed patient care and even legal

repercussions. Automated systems reduce the occurrence of pre-analytical, analytical, and post-analytical errors by standardizing processes, reducing human variability, and this has led to cost savings and increased laboratory performance in general. The other economic benefit is optimization of the use of reagents and consumables. The automated analyzers are set to dispense accurate amounts of reagents and avoid wastage. Laboratory automation linked to inventory management software will guarantee timely delivery of inventory, minimizes stockouts, and avoids unwarranted overstocking- further leads to lower operational costs.[67] Automation also increases efficiency and throughput of workflow and allows laboratories to handle more samples within a shorter period of time. The large volume labs can thus increase the number of services, additional test requests or even assist the regional health facilities without the direct proportional rise in costs. The automation is especially useful in centralized network of labs due to this scalability. Also, patient flow, shorter hospital stays, and greater clinician satisfaction are benefits of automation that lead to better turnaround times (TAT) and an indirect boost in the efficiency of the healthcare system. automation offers financial sustainability in the long term through the lower of the labor costs, minimizing the errors, optimization of resources, and the high productivity of the laboratory. These benefits ensure automation is an economical investment to the contemporary clinical laboratory.[68]

Automation and implication of laboratories on staffing and role of workers.

The automation of clinical laboratories fundamentally changes the staffing patterns and the role of the workforce. Although repetitive processes like sample sorting, pipetting, decapping, and data entry are being automated, the role of the laboratory personnel is changing to the one of less labor and more supervision, quality checks, and interpretation. Such a shift enhances both productivity and the re-definition of the worth of human expertise in the process of diagnosis.[69] A decrease in the demand of regular technical labor is one of the most urgent effects. With robots and automated analyzers processing high-throughput, menial labor is also required when fewer people, who handle the routine tasks. This enables the laboratories to streamline the number of personnel deployed: it might require a smaller number of employees to process the samples, which opens up space and budget. This does not however automatically imply that the overall staffing reduces instead of the roles being changed. Automated systems are increasingly being handled, maintained and troubleshooted by technicians and technologists. Their job descriptions are widened to cover activities such as calibration, validation, preventive maintenance and robotics and information system interface. It demands specialized training and acquisition of new skills in systems engineering, informatics and automation oversight. Consequently, labor force will be more

highly qualified and the profession of the lab technologist will be more technical in depth.[70] Moreover, job enrichment ensues due to automation as it tends to redirect the attention of the staff to those tasks that demand critical thinking and decision making. As an example, the staff is more engaged in sending complex results, searching through reflex testing, checking the QC warning, and compliance. This not only adds to the professional satisfaction but also adds to the diagnosis value being brought about by human experts.[71] There is also an increased efficiency in the use of resources of laboratories: automated systems can work 24 hours daily, including the night and weekends, and in this way, a laboratory can restructure working shifts, optimize human resources, prevent burnout. Employees are able to concentrate on value activities as opposed to repetitive ones which is likely to enhance morale hence lowering turnover. However, there are challenges associated with this change. Others members of staff can also oppose change because they fear that they might become obsolete and the cost of training to be upskilled. Laboratories need to invest in lifelong education to assist the employees in their adaptation. Overall, though, automation causes more efficient, safer, and thought-provoking laboratory workforce, and human functions are no longer executed manually, but are also involved in supervision, quality assurance, and complex analytics.[72]

Automated Testing to Improve Patient Safety

Modern laboratory medicine has come to rely on automation which has helped in improving patient safety in all diagnostic processes. Removing human error, enhancing accuracy of results, and standardization of workflows, automated testing ensures that patients get quality and timely results that are critical in making effective clinical decisions. Minimization of manual error in handling is a major safety advantage of automation. Conventional laboratory processes are very dynamic and involve human activity like labelling, pipetting, and sorting of the sample-processes that are subject to error. These are automated, allowing accurate management and reducing chances of specimen misidentification, contamination or volume errors. This enhances the trust on test results and eliminates clinical error based on wrong diagnostic data.[73] Automation promotes accuracy and reproducibility of analysis as well. The current analyzers have improved sensors, on board calibration and real-time quality control checks that constantly verify the performance. Such systems identify any mistakes at the earliest stage, identify uncharacteristic trends, and do not release unreliable findings. The result of this patient-level continuous surveillance is better diagnostic validity and lower false positives and false negatives, which has a direct impact on patient safety.[74] Other significant contributions include quick turnaround time (TAT).

By accelerating and standardizing the number of specimens, it will enable clinicians to make timely decisions, especially within an emergency department, like sepsis, myocardial infarction, or electrolyte imbalances. Automation minimizes the delays (because of batch processing and other manual bottlenecks) which results in earlier diagnosis, timely initiation of treatment, and improved patient outcomes.[75]The safety is also supported by automated testing systems because of the enhanced traceability and documentation. Integrated laboratory information systems (LIS) capture all the stages of the testing procedure, such as reception of a sample and checking of the results, which allows the formation of a clear audit trail. This minimizes uncertainty, regulative compliance, and enables correct clinical follow-ups in instances of discrepancies. Lastly, automation eliminates biological risks to laboratory workers since it lowers the physical contact with infectious substances, thus lowering occupational exposure. In general, automated testing systems will enhance the quality, speed, and safety of laboratory diagnostics, as caring for patients with high quality and error-free healthcare services is guaranteed.[76]

Difficulties and Disabilities of Automation Implementation.

Although automation has quite a number of benefits that impact positively to the clinical laboratories, the application of the automation is usually faced with a number of challenges and limitations that need to be taken into consideration. The initial expensive price of buying automated analyzers, robotic system and built in software platform is one of the major challenges. Several laboratories particularly in low-resource settings might not even be able to afford the budget required to make such investments. Besides equipment expenses, costs of installation, changes in facilities, training of staff, and maintenance may also add extra costs to the financial load.[77]The other significant challenge is integration of systems. The automation will demand a smooth flow of communication among the analyzers, middleware and laboratory information system (LIS). Full interoperability may also be challenging especially when the instruments in the laboratories are of dissimilar makers. The problems of integration may cause the disruption of the workflow, mistakes in the data transfer, and the necessity of IT support around the clock. There are also technological constraints. Automated systems do not resist hardware malfunction, calibration or bugs. The presence of breakdowns cannot only decrease the speed at which laboratory work is performed but can also stop it altogether, impacting the turnaround and patient care. Besides, automated tools fear not all forms of specimen or complicated tests and thus the laboratories have to retain manual approaches to the special examinations.[78]Another weakness is the issue of staff adjustment and reorganization of workforce. Automation can raise some questions

regarding the future of jobs or force employees to learn new technical skills. Opposition to change, not getting adequate training, or not being familiar with state-of-the-art automation systems may prevent effective utilization of automation and limit its possible advantages. As well, automation can be a source of dependency risks where excessive use of machines will inhibit the ability of laboratory staff to develop essential manual competence. This may prove to be a problem when the instruments are down or when there is an emergency where manual backup programs are needed. going automated might have regulatory and accreditation difficulties by laboratories. To guarantee the adherence to quality standards, validation process requirements and documentation protocols require a lot of time and expertise. On the whole, automation is beneficial regarding efficiency and accuracy; however, its application should be thoroughly considered to address the issue of financial, technical, and human-resources.[79]

The system of automated laboratories and its data security.

Due to a growing use of automation and the introduction of Laboratory Information Systems (LIS) by clinical laboratories, the question of cybersecurity and data integrity gains critical importance. The automated systems are based on the use of electronic communication among analysers, robotic platforms, and the hospital networks, which provide potential susceptibility to cyberattacks, unauthorized access, or unintentional data loss. Maleficence and non-maleficence: To protect sensitive patient information and ensure the accuracy of diagnostic findings, we must comply with the regulations and protect patient safety.[80]Access control and authentication is one of the major aspects of cybersecurity. Laboratory systems which are automated contain patient information, test orders and results and are the targets of malicious actors. The policies on strong passwords, multi-factor authentication, and role-based access can be used to deter unauthorized access to sensitive information. System activity and audit should also be conducted on a regular basis to identify uncharacteristic patterns that can be the indication of security breach. Automated laboratories also require data integrity. Proper transmission, storage and retrieval of digital information is necessary in order to have accurate and reliable test results. Combination with LIS and electronic health records (EHRs) is not possible without secure communication protocols, error-checking systems, and real-time verification, which will help to avoid corrupting and losing data. Most automated systems have audit trails, which document all the transactions and traceability and accountability of each sample and result.[81]Software and hardware vulnerabilities are another problem. Automated devices and connected equipment can be vulnerable to malware, network attacks or malfunction of the system. To alleviate these threats, laboratories

need to install periodic software updates, patches and effective firewall protection features. Awareness of phishing, social engineering, and appropriate management of digital credentials is also essential to be created by training the staff. Lastly, regulatory standards, including HIPAA, ISO 15189, and CAP standards, are imperative to guarantee the safety of the cyber world and the integrity of the data. With the help of general security strategies, laboratories are able to safeguard patient data, ensure sound diagnostic processes, and enable quality clinical decision-making. Successful Automation in Clinical Laboratories Case Studies.[82]The effective introduction of automation in clinical laboratories is evidenced by numerous examples across the world, which evidences the increased efficiency, accuracy, and care of patients. These examples underscore the practical advantages of automated system integration into the laboratory processes, and how the challenges to the implementation can be achieved.[83]A notable case is the Mayo Clinic in the United States that introduced a Total Laboratory Automation (TLA) system in its backbone laboratories. Combining pre-analytical, analytical, and post-analytical procedures together with automated conveyors, robots that worked with samples, and high-throughput analysis, the Mayo Clinic managed to cut down on turnaround time considerably. The system also reduced pre-analytical errors, standardized the processing of the samples and enabled the lab employees to work on the quality control and on more complicated analytical work. In the long run, the laboratory claimed to have become more productive and increased levels of staff satisfaction since the manual repetitive work had reduced.[84]A different interesting example is the Singapore General Hospital that implemented an automated hematology, chemistry, and microbiology testing workflow. Some of the automation features were the robotic sample sorters, automated analyzers, and the integration of LIS. Hospital realized a significant enhancement in testing capacity, increased speed of reporting the results to clinicians, and a significant decrease of sample misidentification. Automation also helped the hospital to remain at the same level of quality even at peak times when demand was high like in cases of an outbreak of an infectious disease. The University Hospital of Basel in Switzerland installed a fully automated pre-analytical and analytical system to manage the high volume laboratory testing in Europe. LIS integration in the system optimized sample routing, minimized human errors, enhanced data traceability, and improved data routing. Quantitative measures revealed that turnaround times and repeat tests rates were significantly reduced, which proved to be cost-saving and had a positive effect on patient care.[85]All these case studies demonstrate that automation is a complex process that must be planned, the choice of technology made, and staff trained, as well as integrated with LIS. The well-implemented automated laboratory systems

offer the following advantages in the context of providing efficiency in the workflow, minimizing the errors, improving patient safety, and providing economic and operational advantages that contribute to high-quality clinical diagnostics.[86]

Conclusion

Automation has essentially revolutionized the operation of clinical labs by improving the accuracy, efficiency, and patient safety. In all testing stages, the automated systems minimize the errors in the pre-analytical, analytical, and post-analytical levels and enhance the turnaround times, aiding in the quality control and regulatory compliance. Combining robotics, high-throughput analyzers and Laboratory Information Systems enables laboratories to handle Growing test volumes and optimize staff functions and minimize cost of operation. The examples of major institutions prove to have real advantages, such as a standardized working process, Better data tracing, Quicker clinical decision-making. Although automation has been faced with a number of challenges including high entry costs, the complexity of integration, and adaptability of the workforce, the long-term benefits of the automation such as economic efficiency, improved patient safety, and scalability of laboratory performance warrant its critical consideration in the context of the contemporary diagnostics. In the future, the capabilities of automated laboratories will only continue to increase with new trends, including AI-based analytics, decentralized point-of-care automation, and sustainable laboratory practices, which will continue to improve the diagnostic reliability, efficiency, and healthcare outcomes.

References:

1. Aamir, A., Iqbal, A., Jawed, F., Ashfaq, F., Hafsa, H., Anas, Z., ... et al. (2024). Exploring the current and prospective role of artificial intelligence in disease diagnosis. *Annals of Medicine and Surgery*, 86, 943–949.
2. Ahn, S. (2022). Building and analyzing machine learning-based warfarin dose prediction models using scikit-learn. *Translational and Clinical Pharmacology*, 30(4), 172–181.
3. Armeni, P., Polat, I., De Rossi, L. M., Diaferia, L., Meregalli, S., & Gatti, A. (2022). Digital twins in healthcare: Is it the beginning of a new era of evidence-based medicine? A critical review. *Journal of Personalized Medicine*, 12(8), 1255. <https://doi.org/10.3390/jpm12081255>
4. Björnsson, B., Borrebaeck, C., Elander, N., Gasslander, T., Gawel, D. R., Gustafsson, M., ... et al. (2019). Digital twins to personalize medicine. *Genome Medicine*, 12, 4.
5. Clavijo, A., Fallaw, D., Coule, P., & Singh, G. (2020). Communication of critical laboratory values: Optimization of the process through secure messaging. *Lab Medicine*, 51(1), e6–e11.
6. Curtis, R. G., Bartel, B., Ferguson, T., Blake, H. T., Northcott, C., Virgara, R., ... et al. (2021).

- Improving user experience of virtual health assistants: Scoping review. *Journal of Medical Internet Research*, 23(12), e31737.
7. Davenport, T., & Kalakota, R. (2019). The potential for artificial intelligence in healthcare. *Future Healthcare Journal*, 6(2), 94–98.
 8. Desiere, F., Kowalik, K., Fassbind, C., Assaad, R. S., Fuzery, A. K., Gruson, D., ... et al. (2021). Digital diagnostics and mobile health in laboratory medicine: An International Federation of Clinical Chemistry and Laboratory Medicine survey on current practice and future perspectives. *Journal of Applied Laboratory Medicine*, 6(4), 969–979.
 9. Duan, B., Xu, Z., Pan, L., Chen, W., & Qiao, Z. (2022). Prediction of hearing prognosis of large vestibular aqueduct syndrome based on the PyTorch deep-learning model. *Journal of Healthcare Engineering*, 2022, Article 4814577. <https://doi.org/10.1155/2022/4814577>
 10. Eccher, A., Scarpa, A., & Dei Tos, A. P. (2023). Impact of a centralized archive for pathology laboratories on the health system. *Pathology Research and Practice*, 245, 154488.
 11. Eminaga, O., Abbas, M., Kunder, C., Tolkach, Y., Han, R., Brooks, J. D., ... et al. (2024). Critical evaluation of artificial intelligence as a digital twin of pathologists for prostate cancer pathology. *Scientific Reports*, 14, 5284.
 12. Estiri, H., Klann, J. G., & Murphy, S. N. (2019). A clustering approach for detecting implausible observation values in electronic health records data. *BMC Medical Informatics and Decision Making*, 19(1), 142.
 13. Golas, S. B., Nikolova-Simons, M., Palacholla, R., op den Buijs, J., Garberg, G., Orenstein, A., ... et al. (2021). Predictive analytics and tailored interventions improve clinical outcomes in older adults: A randomized controlled trial. *npj Digital Medicine*, 4(1), 97.
 14. Gopolang, F., Zulu-Mwamba, F., Nsama, D., Kruuner, A., Nsofwa, D., Kasvosve, I., ... et al. (2021). Improving laboratory quality and capacity through leadership and management training: Lessons from Zambia 2016–2018. *African Journal of Laboratory Medicine*, 10(1), Article 1225.
 15. Grieves, M., & Vickers, J. (2017). Digital twin: Mitigating unpredictable, undesirable emergent behavior in complex systems. In *Transdisciplinary Perspectives on Complex Systems* (pp. 85–113).
 16. Hanna, M. G., Parwani, A., & Sirintrapun, S. J. (2020). Whole-slide imaging: Technology and applications. *Advances in Anatomic Pathology*, 27(4), 251–259.
 17. Hossain, E., Rana, R., Higgins, N., Soar, J., Barua, P. D., Pisani, A. R., ... et al. (2023). Natural language processing in electronic health records in relation to healthcare decision-making: A systematic review. *Computers in Biology and Medicine*, 155, 106649.
 18. Isom, J., Walsh, M., & Gardner, J. M. (2017). Social media and pathology: Where are we now and why does it matter? *Advances in Anatomic Pathology*, 24(5), 294–303.
 19. Jørgensen, C. S., Shukla, A., & Katt, B. (2024). Digital twins in healthcare: Security, privacy, trust and safety challenges. In *Computer Security – ESORICS 2023 International Workshops* (pp. 140–153).
 20. Joseph, A. L., Monkman, H., MacDonald, L., & Lai, C. (2024). Interpreting laboratory results with complementary health information: A human factors perspective. *Studies in Health Technology and Informatics*, 310, 1061–1065.
 21. Kopanitsa, G. (2022). Study of patients' attitude to automatic interpretation of laboratory test results and its influence on follow-up rate. *BMC Medical Informatics and Decision Making*, 22(1), 79.
 22. Lee, T. H., McGlynn, E. A., & Safran, D. G. (2019). A framework for increasing trust between patients and the organizations that care for them. *JAMA*, 321(6), 539–540.
 23. Li, Y.-H., Li, Y.-L., Wei, M.-Y., & Li, G.-Y. (2024). Innovation and challenges of artificial intelligence technology in personalized healthcare. *Scientific Reports*, 14(1), 18994.
 24. Lujan, G., Quigley, J. C., Hartman, D., Parwani, A., Roehmholdt, B., Van Meter, B., ... et al. (2021). Dissecting the business case for adoption and implementation of digital pathology: A white paper from the Digital Pathology Association. *Journal of Pathology Informatics*, 12, 17.
 25. Merrill, A. E., Durant, T. J. S., Baron, J., Klutts, J. S., Obstfeld, A. E., Peaper, D., ... et al. (2023). Data analytics in clinical laboratories: Advancing diagnostic medicine in the digital age. *Clinical Chemistry*, 69(12), 1333–1341.
 26. Montezuma, D., Monteiro, A., Fraga, J., Ribeiro, L., Gonçalves, S., & Tavares, A., ... et al. (2022). Digital pathology implementation in private practice: Specific challenges and opportunities. *Diagnostics*, 12.
 27. Peshkova, M., Yumasheva, V., Rudenko, E., Kretova, N., Timashev, P., & Demura, T. (2023). Digital twin concept: Healthcare, education, research. *Journal of Pathology Informatics*, 14, 100313.
 28. Rostamzadeh, N., Abdullah, S. S., Sedig, K., Garg, A. X., & McArthur, E. (2022). Visual analytics for predicting disease outcomes using laboratory test results. *Informatics*, 9(1), Article 17. <https://doi.org/10.3390/Informatics9010017>
 29. Sahal, R., Alsamhi, S. H., & Brown, K. N. (2022). Personal digital twin: A close look into the present and a step towards the future of personalised

- healthcare industry. *Sensors*, 22, 5918. <https://doi.org/10.3390/s22155918>
30. Sheng, B., Wang, Z., Qiao, Y., Xie, S. Q., Tao, J., & Duan, C. (2023). Detecting latent topics and trends of digital twins in healthcare: A structural topic model-based systematic review. *Digital Health*, 9, Article 20552076231203672.
 31. Spies, N. C., Farnsworth, C. W., & Jackups, R., Jr. (2023). Data-driven anomaly detection in laboratory medicine: Past, present, and future. *Journal of Applied Laboratory Medicine*, 8(1), 162–179.
 32. Steimetz, E., Minkowitz, J., Gabutan, E. C., Ngichabe, J., Attia, H., Hershkop, M., ... et al. (2024). Use of artificial intelligence chatbots in interpretation of pathology reports. *JAMA Network Open*, 7(5), e2412767.
 33. Transforming research: Laboratories with connected digital twins. (2024). *Nexus*, 1, 100004.
 34. Varga, A. I., Spehar, I., & Skirbekk, H. (2023). Trustworthy management in hospital settings: A systematic review. *BMC Health Services Research*, 23(1), 662.
 35. Venkatesh, K. P., Raza, M. M., & Kvedar, J. C. (2022). Health digital twins as tools for precision medicine: Considerations for computation, implementation, and regulation. *npj Digital Medicine*, 5, 150.
 36. Wieland, M. L., Vickery, K. D., Hernandez, V., Ford, B. R., Gonzalez, C., Kavistan, S., ... et al. (2024). Digital storytelling intervention for hemoglobin A1c control among Hispanic adults with type 2 diabetes: A randomized clinical trial. *JAMA Network Open*, 7(8), e2424781.
 37. Zhong, D., Xia, Z., Zhu, Y., & Duan, J. (2023). Overview of predictive maintenance based on digital twin technology. *Heliyon*, 9, e14534.
 38. Munari, E., Scarpa, A., Cima, L., Pozzi, M., Pagni, F., Vasuri, F., ... et al. (2024). Cutting-edge technology and automation in the pathology laboratory. *Virchows Archiv*, 484, 555–566.
 39. Rodziewicz, T. L., Houseman, B., Vaqar, S., & Hipskind, J. E. (2024). Medical error reduction and prevention. In *StatPearls*. StatPearls Publishing.
 40. Sarkar, S., Alurwar, A., Ly, C., Piao, C., Donde, R., Wang, C. J., et al. (2024). A machine learning model to predict risk for hepatocellular carcinoma in patients with metabolic dysfunction-associated steatotic liver disease. *Gastro Hep Advances*, 3(4), 498–505. <https://doi.org/10.1016/j.gastha.2024.01.007>
 41. Bhattarai, K., Oh, I. Y., Sierra, J. M., Tang, J., Payne, P. R. O., Abrams, Z., et al. (2024). Leveraging GPT-4 for identifying cancer phenotypes in electronic health records: A performance comparison between GPT-4, GPT-3.5-turbo, Flan-T5, Llama-3-8B, and spaCy's rule-based and machine learning-based methods. *JAMIA Open*, 7(3), ooae060. <https://doi.org/10.1093/jamiaopen/ooae060>
 42. Cai, T., Zhang, L., Yang, N., Kumamaru, K. K., Rybicki, F. J., Cai, T., et al. (2019). EXTRaction of EMR numerical data: An efficient and generalizable tool to EXTEND clinical research. *BMC Medical Informatics and Decision Making*, 19(1), 226. <https://doi.org/10.1186/s12911-019-0970-1>
 43. Hatz, S., Spangler, S., Bender, A., Studham, M., Haselmayer, P., Lacoste, A. M. B., et al. (2019). Identification of pharmacodynamic biomarker hypotheses through literature analysis with IBM Watson. *PLoS ONE*, 14(4), e0214619. <https://doi.org/10.1371/journal.pone.0214619>
 44. Aleksandrenko, H. D., & Shevchenko, M. V. (2024). Using a chatbot as a digital tool at the primary health care level. *Wiadomości Lekarskie*, 77(4), 523–628. <https://doi.org/10.36740/WLek202404101>
 45. Luo, M. X., Lyle, A., Bennett, P., Albertson, D., Sirohi, D., Maughan, B. L., et al. (2024). Artificial intelligence chatbot vs pathology faculty and residents: Real-world clinical questions from a genitourinary treatment planning conference. *American Journal of Clinical Pathology*. <https://doi.org/10.1093/ajcp/aaqe078>
 46. Jungmann, S. M., Klan, T., Kuhn, S., & Jungmann, F. (2019). Accuracy of a chatbot (Ada) in the diagnosis of mental disorders: Comparative case study with lay and expert users. *JMIR Formative Research*, 3(4), e13863. <https://doi.org/10.2196/13863>
 47. Davis, C. R., Murphy, K. J., Curtis, R. G., & Maher, C. A. (2020). A process evaluation examining the performance, adherence, and acceptability of a physical activity and diet artificial intelligence virtual health assistant. *International Journal of Environmental Research and Public Health*, 17(23), 9137. <https://doi.org/10.3390/ijerph17239137>
 48. SAS. (2024). *SAS Viya capabilities*. Retrieved July 18, 2024, from https://www.sas.com/en_zs/software/viya/offerings-capabilities.html
 49. Tableau. (2024). *Explore data, deliver insights and take action with Tableau AI*. Retrieved July 18, 2024, from <https://www.tableau.com/en-gb>
 50. Microsoft. (2024). *Power BI*. Retrieved July 18, 2024, from <https://www.microsoft.com/en-us/power-platform/products/power-bi>
 51. Afonso, M. Q. L., da Fonseca, N. J., Junior, Miranda, T. G., & Bleicher, L. (2022). Naview: A d3.js based JavaScript library for drawing and annotating voltage-gated sodium channels membrane diagrams. *Frontiers in Bioinformatics*, 2, 774417. <https://doi.org/10.3389/fbinf.2022.774417>
 52. Chishtie, J., Bielska, I. A., Barrera, A., Marchand, J. S., Imran, M., Tirmizi, S. F. A., et al. (2022).

- Interactive visualization applications in population health and health services research: Systematic scoping review. *Journal of Medical Internet Research*, 24(2), e27534. <https://doi.org/10.2196/27534>
53. MedAware. (2024). *Your safety layer within*. Retrieved July 18, 2024, from <https://www.medaware.com/>
 54. Rozenblum, R., Rodriguez-Monguio, R., Volk, L. A., Forsythe, K. J., Myers, S., McGurrin, M., *et al.* (2020). Using a machine learning system to identify and prevent medication prescribing errors: A clinical and cost analysis evaluation. *The Joint Commission Journal on Quality and Patient Safety*, 46(1), 3–10. <https://doi.org/10.1016/j.jcjq.2019.09.008>
 55. Schiff, G. D., Volk, L. A., Volodarskaya, M., Williams, D. H., Walsh, L., Myers, S. G., *et al.* (2017). Screening for medication errors using an outlier detection system. *Journal of the American Medical Informatics Association*, 24(2), 281–287. <https://doi.org/10.1093/jamia/ocw171>
 56. Martinez-Franco, A. I., Sanchez-Mendiola, M., Mazon-Ramirez, J. J., Hernandez-Torres, I., Rivero-Lopez, C., Spicer, T., *et al.* (2018). Diagnostic accuracy in family medicine residents using a clinical decision support system (DXplain): A randomized-controlled trial. *Diagnosis*, 5(2), 71–76. <https://doi.org/10.1515/dx-2017-0045>
 57. Foundation Medicine. (2024). *Foundation Medicine*. Retrieved July 18, 2024, from <https://www.foundationmedicine.com/>
 58. Vidal, G. A., Jain, N., Fisher, A., Sheinson, D., Lofgren, K. T., Ma, E., *et al.* (2024). Racial and ethnic inequities at the practice and physician levels in timely next-generation sequencing for patients with advanced non-small-cell lung cancer in the US community setting. *JCO Oncology Practice*, 20(3), 370–377. <https://doi.org/10.1200/OP.23.00253>
 59. Sivakumar, S., Lee, J. K., Moore, J. A., Hopkins, J., Newberg, J. Y., Madison, R., *et al.* (2023). Comprehensive genomic profiling and treatment patterns across ancestries in advanced prostate cancer: A large-scale retrospective analysis. *Lancet Digital Health*, 5(6), e380–e389. [https://doi.org/10.1016/S2589-7500\(23\)00053-5](https://doi.org/10.1016/S2589-7500(23)00053-5)
 60. Flatiron. (2024). *Machine learning*. Retrieved July 18, 2024, from <https://resources.flatiron.com/tag/machine-learning>
 61. Bio-Rad. (2024). *Unity Real Time online*. Retrieved July 18, 2024, from <https://www.bio-rad.com/en-za/product/unity-real-time-online>
 62. Abbott. (2024). *AliniQ Clinical Decision Support*. Retrieved July 18, 2024, from <https://www.corelaboratory.abbott/us/en/offering/s/brands/aliniq/aliniq-cds>
 63. Jackson, B. R., Ye, Y., Crawford, J. M., Becich, M. J., Roy, S., Botkin, J. R., *et al.* (2021). The ethics of artificial intelligence in pathology and laboratory medicine: Principles and practice. *Academic Pathology*, 8, Article 2374289521990784. <https://doi.org/10.1177/2374289521990784>
 64. Chauhan, C., & Gullapalli, R. R. (2021). Ethics of AI in pathology: Current paradigms and emerging issues. *American Journal of Pathology*, 191(10), 1673–1683. <https://doi.org/10.1016/j.ajpath.2021.06.011>
 65. Fang, Y.-T., & Rau, H. (2017). Optimal consumer electronics product take-back time with consideration of consumer value. *Sustainability*, 9(3), 385. <https://doi.org/10.3390/su9030385>
 66. Williams, B. J., Bottoms, D., & Treanor, D. (2017). Future-proofing pathology: The case for clinical adoption of digital pathology. *Journal of Clinical Pathology*, 70(12), 1010–1018. <https://doi.org/10.1136/jclinpath-2017-204552>
 67. Hanna, M. G., *et al.* (2019). Implementation of digital pathology offers clinical and operational increase in efficiency and cost savings. *Archives of Pathology & Laboratory Medicine*, 143(12), 1545–1555. <https://doi.org/10.5858/arpa.2018-0565-OA>
 68. Retamero, J. A., Aneiros-Fernandez, J., & del Moral, R. G. (2019). Complete digital pathology for routine histopathology diagnosis in a multicenter hospital network. *Archives of Pathology & Laboratory Medicine*, 144(2), 221–228. <https://doi.org/10.5858/arpa.2018-0052-OA>
 69. Stathonikos, N., *et al.* (2019). Being fully digital: Perspective of a Dutch academic pathology laboratory. *Histopathology*, 75(5), 621–635. <https://doi.org/10.1111/his.13961>
 70. Pell, R., *et al.* (2019). The use of digital pathology and image analysis in clinical trials. *Journal of Pathology: Clinical Research*, 5(2), 81–90. <https://doi.org/10.1002/cjp2.125>
 71. Kather, J. N., *et al.* (2019). Predicting survival from colorectal cancer histology slides using deep learning: A retrospective multicenter study. *PLoS Medicine*, 16(1), e1002730. <https://doi.org/10.1371/journal.pmed.1002730>
 72. Kather, J. N., *et al.* (2019). Deep learning can predict microsatellite instability directly from histology in gastrointestinal cancer. *Nature Medicine*, 25(7), 1054–1056. <https://doi.org/10.1038/s41591-019-0462-y>
 73. Kather, J. N., *et al.* (2020). Pan-cancer image-based detection of clinically actionable genetic alterations. *Nature Cancer*, 1(8), 789–799. <https://doi.org/10.1038/s43018-020-0087-6>
 74. Hanna, M. G., Parwani, A., & Sirintrapun, S. J. (2020). Whole slide imaging: Technology and applications. *Advances in Anatomic Pathology*,

- 27(4), 251–259.
<https://doi.org/10.1097/PAP.0000000000000262>
75. Eloy, C., et al. (2021). Digital pathology workflow implementation at IPATIMUP. *Diagnostics*, 11(11), 2111.
<https://doi.org/10.3390/diagnostics11112111>
 76. Fraggetta, F., et al. (2021). A survival guide for the rapid transition to a fully digital workflow: The “Caltagirone example.” *Diagnostics*, 11(10), 1916.
<https://doi.org/10.3390/diagnostics11101916>
 77. Schüffler, P. J., et al. (2021). Integrated digital pathology at scale: A solution for clinical diagnostics and cancer research. *Journal of the American Medical Informatics Association*, 28(9), 1874–1884.
<https://doi.org/10.1093/jamia/ocab106>
 78. Lujan, G., et al. (2021). Dissecting the business case for adoption and implementation of digital pathology. *Journal of Pathology Informatics*, 12, 17. https://doi.org/10.4103/jpi.jpi_90_20
 79. Evans, A. J., et al. (2021). Establishment of a remote diagnostic histopathology service using whole slide imaging. *Journal of Clinical Pathology*, 74(7), 421–424.
<https://doi.org/10.1136/jclinpath-2020-206898>
 80. Montezuma, D., et al. (2022). Digital pathology implementation in private practice: Specific challenges and opportunities. *Diagnostics*, 12(2), 529.
<https://doi.org/10.3390/diagnostics12020529>
 81. Hanna, M. G., & Ardon, O. (2023). Digital pathology systems enabling quality patient care. *Genes, Chromosomes & Cancer*, 62(11), 685–697. <https://doi.org/10.1002/gcc.23206>
 82. Sajjadi, E., et al. (2023). Computational pathology to improve biomarker testing in breast cancer: How close are we? *European Journal of Cancer Prevention*, 32(5), 460–467.
<https://doi.org/10.1097/CEJ.0000000000000763>
 83. Ardon, O., et al. (2023). Digital pathology operations at a tertiary cancer center: Infrastructure requirements and operational cost. *Journal of Pathology Informatics*, 14, 100318.
<https://doi.org/10.1016/j.jpi.2023.100318>
 84. Ivanova, M., et al. (2024). Early breast cancer risk assessment: Integrating histopathology with artificial intelligence. *Cancers*, 16(11).
<https://doi.org/10.3390/cancers16110100>
 85. Cyrta, J., et al. (2024). Multi-site European study of a fully automated AI solution for HER2 scoring in breast cancer..
 86. World Health Organization. (2024). *Global cancer burden growing, amidst mounting need for services*. <https://www.who.int/news/item/01-02-2024-global-cancer-burden-growing>