Could you tell us a bit about the background of Australian Clinical Labs (ACL), and the scale and nature of the work it does in the diagnosis of respiratory viral infections?

Tony Field: ACL evolved from the rebranding of Healthscope Pathology following its acquisition by Crescent Capital partners in July 2015. We’re now the largest provider of public hospital pathology and a trusted provider of choice to some of Australia’s leading private hospital groups, servicing more than 92 public and private hospitals. We have 89 NATA-accredited laboratories, over 800 collection centres and 3,800 employees including over 100 pathologists.

How are your operations complicated by the arrival of the flu season?

In short, it creates enormous fluctuations in the volume of respiratory samples we receive throughout the year. Australian laboratories were taught an especially harsh lesson in 2009 with the H1N1 swine flu pandemic. Most laboratories were swamped by an unprecedented volume of requests for the early peak and our turnaround times (TATs) were blown out, with laboratories having insufficient equipment or appropriate assays to cope with large-volume testing.

Suppliers struggled to supply kits and reagents, and specimen reception staff were unprepared for the sudden increase in volume. I was seconded to the flu bench during this period. Two months of 16-hour days left me thinking that there had to be a better way to address this issue.

What key advantages does the Panther Fusion system have over the platforms ACL was previously reliant upon?

ACL has been running Panthers in our laboratory since 2015, and we were fortunate to have had the first Panther Fusion in Australia installed in October 2016. Now that we have one in our laboratory, I have been nothing but impressed with the appearance and performance of the instrument, along with its excellent correlation with our existing Genera assay.

One of the key advantages retained by the Panther Fusion over and above our previous systems is its ‘random access’ function, which refers to its ability to run respiratory assays (Panther Fusion Flu A/B/RSV, Panther Fusion AdV/hMPV/RV and Panther Fusion Paraflu) across shifts with minimal user interaction, allowing much better TATs and delivery of results.

Flexible panel configuration also allows cost savings to be achieved by accommodating the various requesting patterns of the clinicians. For instance, the clinician may only want flu A/B, RSV (one subset) as opposed to a three-subset multiplex (ten targets).

How will the performance of respiratory assays be improved at ACL with the installation of the Panther Fusion system?

We have just signed up to decentralise some of our respiratory testing and, consequently, we’ll be running respiratory testing on the Panther Fusions in our Adelaide and Bella Vista laboratories. This will enable much-improved TAT for their local and regional work, and will take the edge off the peak volume that the Clayton laboratory is receiving.

We are excited by the prospect of delivering even better TATs to our referrers.

We will certainly consider all portfolio expansions and the possibility of further placements of instruments around the country. It makes good sense to run as much as you can on a single platform type and, if that platform has an extensive array of assays that can be run concurrently, training, document control and redundancy are all made more efficient.

Further information
Hologic