

# Determining the turnaround time in a newly established biochemistry laboratory

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## Abstract

**Background:** The aim of our study was to compare the turnaround times at the central biochemistry laboratory of Etlik City Hospital in terms of time and between clinics and to reveal the reasons for the variations in these times.

**Methods:** The time of acceptance of the samples to Etlik City Hospital Central Biochemistry Laboratory and the time of confirmation of the results were noted and the difference between these two times was calculated.

**Results:** Delay rates were significantly different between patients hospitalized in October, November and December 2022 ( $P<0.001$ ). Delay rates for troponin tubes were significantly different between patients hospitalized in October, November and December ( $P<0.001$ ). In the emergency department, the highest delay rate was 73.8% for troponin and the lowest was 12.1% for hormone, regardless of time. The highest and the lowest delay rate in the outpatient clinic was observed for biochemistry (43.2%) and complete blood count (3.7%), respectively. When the tubes were compared for inpatient clinic, the highest delay rate in the emergency department was observed for troponin.

**Conclusions:** The expected benefits of our study are to clearly demonstrate the rapid turnaround times of newly established biochemistry laboratories in large hospitals and centers, to show the variations of these times between clinics, to increase clinicians' satisfaction with the laboratory, to reduce costs by shortening hospital stays and to develop measures that can be adopted.

**Keywords:** Turnaround Time, City Hospital, Laboratory, Efficiency.

*Cite this article as:* Öztürk A, Demirci G. Determining the turnaround time in a newly established biochemistry laboratory. Arch Curr Med Res. 2023;4(3):153-177

## INTRODUCTION

Laboratory turnaround time (LRT) is the time between the acceptance of a sample in the laboratory and the availability of an approved report. However, the definition of TAT is different between various studies and scientific institutions. The clinician considers TAT as the time between an order and approval of the specialist. On the other hand, laboratory specialists consider TAT as the time between the acceptance of the sample and the opinion of the specialist (1). Clinicians often use TAT when evaluating laboratory performance. The reason for this is that clinicians need fast turnaround times to diagnose their patients quickly, administer the right treatment within the shortest possible time and discharge their inpatient clinic as soon as possible. Another benefit of faster TAT times is to reduce costs by shortening hospitalization and length of stay. Prolonged turnaround times also increase the laboratory workload. For patient satisfaction and laboratory quality, it is important to frequently evaluate TAT times and implement appropriate measures (2-4).

There are many parameters that affect TAT and are beyond the authority of the laboratory. Such non-analytical delays can be responsible for up to 96% of total TAT (5-7). Clinical laboratories classically have limited analytical and technical quality debates and focus on uncertainty and inaccuracy targets. At the same time, clinicians evaluate the "quality of the laboratory" for fast, reliable and efficient service delivered at low cost. To illustrate this, timeliness is one of the key attributes prepared to be assessed as one of the key quality steps. The TAT times described above are also one of the most important indicators (8-11).

TAT is a laboratory service that is used by many clinicians to assess the quality of the laboratory. According to Lundberg, which evaluates the total testing cycle, the following steps need to be completed for a test to be performed in the laboratory: ordering, identification, processing, preparation, analysis, reporting, interpretation and action (12-15). Due to the limitations and difficulties of controlling all the steps mentioned above, most laboratories assess TAT with in-laboratory activities.

Delays in turnaround times and complaints of patients and clinicians increase the workload of the laboratory

and the work stress of laboratory staff. However, identifying the causes of these delays can lead to problem solving and efficient workflow, ultimately increasing the satisfaction and motivation of patients, clinicians and laboratory staff.

The aim of our study was to compare the turnaround times on a daily, weekly and monthly basis and between clinics (emergency department, inpatient, outpatient) in the newly established central biochemistry laboratory of Etlik City Hospital, which was recently opened and serves as a large center, and to reveal the reasons for the variations between these times. We also believe that our study will contribute to the development of solutions that can further shorten TAT times.

## MATERIALS AND METHODS

### Patients

No specific disease group was included in our study. All samples for which test order and result times were determined were included in the study. The acceptance times and the approval times of the results of the samples that were accepted to the Central Biochemistry Laboratory of Etlik City Hospital were noted and the difference between these two times was calculated. These times were evaluated separately according to time and clinics. The TAT of the samples studied in October, November and December 2022 were calculated. The reason for choosing these first 3 months is that our laboratory is in its early stages of establishment and we want to be able to clearly observe both positive and negative rapid changes in TAT. No test results were analyzed except for the timing of the samples. Our study is a retrospective observational study.

### Laboratory analysis

Tests for biochemistry, hormones and troponin tubes are performed on the Roche Cobas c 702 (Roche Diagnostics GmbH, Mannheim, Germany) (up to 2,000 tests/hour) and Roche Cobas c 801 (Roche Diagnostics GmbH, Mannheim, Germany) (up to 300 tests/hour), complete blood count analysis on the XN-1000 (Sysmex corp. Kobe, Japan) (up to 100 tests/hour) and urinalysis studies are performed on the Roche cobas 6500 (Roche Diagnostics GmbH, Mannheim, Germany) urine analyzer series (cobas u 601 urine analyzer system cobas u 701 microscopy) (up to 240 samples per hour). Table 1 shows the target times used in our laboratory.

**Table 1. Our target times according to type of tubes and clinics**

Tube type	Emergency (minutes)	Outpatient-Inpatient (minutes)
Biochemistry	90	180
Complete blood count	45	120
Hormone	120	240
Coagulation	60	120
Urinalysis	45	90
Troponin	60	120

**Inclusion criteria**

Inclusion criteria include that the test is requested by the clinician at Etlik City Hospital, accepted by our laboratory and confirmed by the biochemist after performing the test. Therefore, we do not have a specific age range or gender criteria.

**Exclusion criteria**

Samples that were requested by the clinician but not accepted, samples that were not analysed even if accepted and samples that were not approved by the biochemist even if analysed were excluded from our study.

**Statistical analysis**

Statistical analyses of the data obtained in the study were performed using the SPSS (Version 22.0, Spss Inc, Chicago, IL, USA) package program. Descriptive statistics of categorical variables were reported using number (n) and percentage (%). Descriptive statistics of numerical data were reported using mean, standard deviation (SD), median and quartiles: first quarter (Q1) and third quarter (Q3). The chi-square test was used to compare proportions of categorical variables between study groups and to investigate associations based on sample sizes in cross-tabulations. The level of statistical significance was set at  $P < 0.05$ .

**RESULTS**

The statistical analyses were performed according to months (October, November, December), service type (emergency, outpatient, inpatient) and tube types (biochemistry, complete blood count, hormone, coagulation, complete urinalysis, troponin) and the rates of deviation from the target values were compared according to months, service type and tube types.

Table 2, Table 3 and Table 4 present the descriptive statistics of turnaround times according to tube types in the emergency department, outpatient clinic and inpatient clinic in October, November and December, respectively. For each procedure, all turnaround times were subtracted from the target times to determine if there were delays, and the rates were statistically compared according to months, service type and tube types.

**Table 2. Descriptive statistics of turnaround times according to the types of tubes in the Emergency, Inpatient clinic and Outpatient clinic in October**

Service type	Tube	N	Mean (minutes)	SD	Q1	Median	Q3
Emergency	Biochemistry	6767	96.05	525.55	48	66	99
	Complete blood count	6473	32.96	517.09	11	19	31
	Hormone	739	76.96	40.47	52	66	90
	Coagulation	2347	62.92	420.07	36	47	64
	Urinalysis	3184	54.36	62.97	28	44	66
	Troponin	391	184.50	1833.9	55	71	94
Outpatient	Biochemistry	23073	248.73	1104.4	121	169	233
	Complete blood count	17274	77.46	782.75	30	47	73
	Hormone	16699	465.79	1804.8	153	223	341
	Coagulation	4703	105.73	645.65	62	84	113
	Urinalysis	6667	121.32	653.03	63	92	127
	Troponin	5165	142.56	514.37	92	119	159
Inpatient	Biochemistry	10340	240.83	1369.8	69	109	188
	Complete blood count	9335	68.26	1149.1	20	32	52
	Hormone	1729	770.85	3154.6	146.5	274	556.5
	Coagulation	4198	74.89	51.77	47	63	90
	Urinalysis	1479	113.42	1323	32	54	86
	Troponin	1368	115.75	167.22	64	87.5	129

**Table 3. Descriptive statistics of turnaround times according to the types of tubes in the Emergency, Inpatient clinic and Outpatient clinic in November**

Service type	Tube	N	Mean (minutes)	SD	Q1	Median	Q3
Emergency	Biochemistry	13178	98.75	102.62	58	82	117
	Complete blood count	12238	36.61	275.94	15	26	42
	Hormone	1999	85.76	51.62	57	74	102
	Coagulation	5345	60.51	47.11	36	50	71
	Urinalysis	5759	56.54	161.17	29	44	68
	Troponin	1001	170.25	863.21	63	84	116
Outpatient	Biochemistry	44309	240.19	690.45	119	168	240
	Complete blood count	35902	48.90	222.83	25	37	57
	Hormone	32998	448.25	1260.2	132	188	277
	Coagulation	9065	93.88	282.91	57	74	99
	Urinalysis	14043	75.68	279.09	44	61	85
	Troponin	10151	125.79	294.26	86	108	135
Inpatient	Biochemistry	23509	239.55	947.75	86	130	202
	Complete blood count	21519	57.60	277.04	27	44	67
	Hormone	3909	760.04	1902.1	124	220	425.5
	Coagulation	9573	80.24	77.83	49	68	94
	Urinalysis	2991	62.88	225.42	31	49	75
	Troponin	2877	176.18	858.30	85	110	148

**Table 4. Descriptive statistics of turnaround times according to the types of tubes in the Emergency, Inpatient clinic and Outpatient clinic in December**

Service type	Tube	N	Mean (minutes)	SD	Q1	Median	Q3
Emergency	Biochemistry	14653	89.84	346.9	51	67	94
	Complete blood count	14527	35.98	239.88	17	28	43
	Hormone	2218	79.55	65.35	56	70	90
	Coagulation	6874	59.23	48.82	36	48	67
	Urinalysis	6520	47.58	28.84	27	41	62
	Troponin	1233	116.64	742.86	60	80	107
Outpatient	Biochemistry	50866	213.12	448.96	119	164	225
	Complete blood count	42946	43.84	72.91	23	33	52
	Hormone	39550	402.5	1148.8	128	172	241
	Coagulation	10763	76.72	68.29	55	68	90
	Urinalysis	15925	63	143.74	41	55	75
	Troponin	12073	101.85	94.14	73	91	115
Inpatient	Biochemistry	26518	194.04	654.08	73	110	180
	Complete blood count	26625	53.16	153.2	28	41	63
	Hormone	4911	431.2	1537.6	86	138	231
	Coagulation	12508	84.55	101.67	50	66	95
	Urinalysis	3321	53.36	74.32	30	46	67
	Troponin	3659	138.04	520.66	82	103	132

Statistical findings regarding the comparison of delay rates in the emergency, outpatient and inpatient clinics in October, November and December for all tubes are presented in Table 5. Delay rates differed significantly among inpatient clinic in October, November and December ( $P < 0.001$ ). In October, the highest delay rate was observed in samples from outpatient clinics and the

lowest delay rate was observed in samples from inpatient clinic. In November, the highest delay rate was observed in samples from emergency departments and the lowest delay rate was observed in samples from inpatient clinic. In December, the highest delay rate was observed in samples from emergency departments and the lowest delay rate was observed in samples from inpatient clinic.

**Table 5. Statistical findings on the comparison of the delay rates experienced in the Emergency Department, Outpatient clinic and Inpatient clinic in October, November and December for all departments**

			Delay		Total	P	
			No	Yes			
October	Emergency	n	14592	5309	19901	<0.001	
		%	73.3	26.7	100		
	Outpatient Clinic	n	47807	25774	73581		
		%	65.0	35.0	100		
	Inpatient	n	23214	5235	28449		
		%	81.6	18.4	100		
	Total	n	85613	36318	121931		-
		%	70.2	29.8	100		
November	Emergency	n	25639	13881	39520	<0.001	
		%	64.9	35.1	100		
	Outpatient Clinic	n	106598	39870	146468		
		%	72.8	27.2	100		
	Inpatient	n	51518	12860	64378		
		%	80.0	20.0	100		
	Total	n	183755	66611	250366		-
		%	73.4	26.6	100		
December	Emergency	n	32677	13348	46025	<0.001	
		%	71.0	29.0	100		
	Outpatient Clinic	n	134223	37900	172123		
		%	78.0	22.0	100		
	Inpatient	n	65270	12272	77542		
		%	84.2	15.8	100		
	Total	n	232170	63520	295690		-
		%	78.5	21.5	100		

Statistical findings that compare the delay rates in October, November and December for all inpatient clinic are presented in Table 6. The delay rates in October, November and December are significantly different according to tube types ( $P < 0.001$ ). In October, the highest delay rate was observed for Complete Urinalysis and

the lowest delay rate was observed for Complete Blood Count. In November, the highest delay rate was found for biochemistry and troponin, while the lowest delay rate was for complete blood count. In December, the highest delay rate was for biochemistry and the lowest for complete blood count.

**Table 6. Statistical findings for the comparison of delay rates in October, November and December for all tubes**

			Delay		Total	P	
			No	Yes			
October	Biochemistry	n	25236	14944	40180	<0.001	
		%	62.8	37.2	100		
	Complete blood count	n	30869	2213	33082		
		%	93.3	6.7	100		
	Hormone	n	10603	8564	19167		
		%	55.3	44.7	100		
	Coagulation	n	9100	2148	11248		
		%	80.9	19.1	100		
	Urinalysis	n	6077	5253	11330		
		%	53.6	46.4	100		
	Troponin	n	3728	3196	6924		
		%	53.8	46.2	100		
	Total	n	85613	36318	121931		-
		%	70.2	29.8	100		
November	Biochemistry	n	48644	32352	80996	<0.001	
		%	60.1	39.9	100		
	Complete blood count	n	64796	4863	69659		
		%	93.0	7.0	100		
	Hormone	n	25714	13192	38906		
		%	66.1	33.9	100		
	Coagulation	n	19585	4398	23983		
		%	81.7	18.3	100		
	Urinalysis	n	16581	6212	22793		
		%	72.7	27.3	100		
	Troponin	n	8435	5594	14029		
		%	60.1	39.9	100		
	Total	n	183755	66611	250366		-
		%	73.4	26.6	100		
December	Biochemistry	n	60090	31947	92037	<0.001	
		%	65.3	34.7	100		
	Complete blood count	n	78707	5391	84098		
		%	93.6	6.4	100		
	Hormone	n	35374	11305	46679		
		%	75.8	24.2	100		
	Coagulation	n	25120	5025	30145		
		%	83.3	16.7	100		
	Urinalysis	n	20621	5145	25766		
		%	80.0	20.0	100		
	Troponin	n	12258	4707	16965		
		%	72.3	27.7	100		
	Total	n	232170	63520	295690		-
		%	78.5	21.5	100		

Statistical findings regarding the comparison of delay rates according to tube types in October, November and December at the emergency department are presented in Table 7. Delay rates according to tube types were significantly different in October, November and December at the emergency department ( $P < 0.001$ ). In October, the

highest delay rate was observed for troponin and the lowest delay rate was observed for complete blood count. In November, the highest delay rate was seen for troponin and the lowest delay rate was seen for hormone. In December, the highest delay rate was seen for troponin and the lowest delay rate was seen for hormones.

**Table 7. Statistical findings for the comparison of delay rates according to the type tubes in October, November and December for the emergency department**

			Delay		Total	P	
			No	Yes			
October	Biochemistry	n	4747	2020	6767	<0.001	
		%	70.1	29.9	100		
	Complete blood count	n	5725	748	6473		
		%	88.4	11.6	100		
	Hormone	n	652	87	739		
		%	88.2	11.8	100		
	Coagulation	n	1651	696	2347		
		%	70.3	29.7	100		
	Urinalysis	n	1684	1500	3184		
		%	52.9	47.1	100		
	Troponin	n	133	258	391		
		%	34.0	66.0	100		
	Total	n	14592	5309	19901		-
		%	73.3	26.7	100		
November	Biochemistry	n	7654	5524	13178	<0.001	
		%	58.1	41.9	100		
	Complete blood count	n	9577	2661	12238		
		%	78.3	21.7	100		
	Hormone	n	1710	289	1999		
		%	85.5	14.5	100		
	Coagulation	n	3479	1866	5345		
		%	65.1	34.9	100		
	Urinalysis	n	2987	2772	5759		
		%	51.9	48.1	100		
	Troponin	n	232	769	1001		
		%	23.2	76.8	100		
	Total	n	25639	13881	39520		-
		%	64.9	35.1	100		
December	Biochemistry	n	10613	4040	14653	<0.001	
		%	72.4	27.6	100		
	Complete blood count	n	11433	3094	14527		
		%	78.7	21.3	100		
	Hormone	n	1995	223	2218		
		%	89.9	10.1	100		
	Coagulation	n	4665	2209	6874		
		%	67.9	32.1	100		
	Urinalysis	n	3648	2872	6520		
		%	56.0	44.0	100		
	Troponin	n	323	910	1233		
		%	26.2	73.8	100		
	Total	n	32677	13348	46025		-
		%	71.0	29.0	100		

Statistical findings regarding the comparison of delay rates according to tube types in October, November and December for outpatient clinic are presented in Table 8. For the outpatient clinic, the delay rates according to tube types in October, November and December were significantly different ( $P < 0.001$ ). In October, the highest

delay rate was for complete urinalysis and the lowest delay rate was for complete blood count. In November, the highest delay rate was for biochemistry and the lowest for complete blood count. In December, the highest delay rate was for biochemistry and the lowest for complete blood count.

**Table 8. Statistical findings for the comparison of delay rates for outpatient clinic in October, November and December according to types of tubes**

		n	Delay		Total	P	
			No	Yes			
October	Biochemistry	n	12914	10159	23073	<0.001	
		%	56.0	44.0	100		
	Complete blood count	n	16113	1161	17274		
		%	93.3	6.7	100		
	Hormone	n	9182	7517	16699		
		%	55.0	45.0	100		
	Coagulation	n	3723	980	4703		
		%	79.2	20.8	100		
	Urinalysis	n	3247	3420	6667		
		%	48.7	51.3	100		
	Troponin	n	2628	2537	5165		
		%	50.9	49.1	100		
	Total	n	47807	25774	73581		-
		%	65.0	35.0	100		
November	Biochemistry	n	24660	19649	44309	<0.001	
		%	55.7	44.3	100		
	Complete blood count	n	34805	1097	35902		
		%	96.9	3.1	100		
	Hormone	n	21911	11087	32998		
		%	66.4	33.6	100		
	Coagulation	n	7695	1370	9065		
		%	84.9	15.1	100		
	Urinalysis	n	11062	2981	14043		
		%	78.8	21.2	100		
	Troponin	n	6465	3686	10151		
		%	63.7	36.3	100		
	Total	n	106598	39870	146468		-
		%	72.8	27.2	100		
December	Biochemistry	n	29554	21312	50866	<0.001	
		%	58.1	41.9	100		
	Complete blood count	n	41687	1259	42946		
		%	97.1	2.9	100		
	Hormone	n	29601	9949	39550		
		%	74.8	25.2	100		
	Coagulation	n	9901	862	10763		
		%	92.0	8.0	100		
	Urinalysis	n	13981	1944	15925		
		%	87.8	12.2	100		
	Troponin	n	9499	2574	12073		
		%	78.7	21.3	100		
	Total	n	134223	37900	172123		-
		%	78.0	22.0	100		



Statistical findings regarding the comparison of delay rates for inpatient clinic in October, November and December according to tube types are presented in Table 9. The delay rates for inpatient clinic according to tube types in October, November and December were significantly different

( $P < 0.001$ ). In October and November, the highest delay rate was hormone and the lowest delay rate was complete blood count. In December, the highest and lowest delay rates were found for troponin and complete blood count, respectively.

**Table 9. Statistical findings for the comparison of delay rates for inpatient clinic in October, November and December according to types of tubes**

		n	Delay		Total	P	
			No	Yes			
October	Biochemistry	n	7575	2765	10340	<0.001	
		%	73.3	26.7	100		
	Complete blood count	n	9031	304	9335		
		%	96.7	3.3	100		
	Hormone	n	769	960	1729		
		%	44.5	55.5	100		
	Coagulation	n	3726	472	4198		
		%	88.8	11.2	100		
	Urinalysis	n	1146	333	1479		
		%	77.5	22.5	100		
	Troponin	n	967	401	1368		
		%	70.7	29.3	100		
	Total	n	23214	5235	28449		-
		%	81.6	18.4	100		
November	Biochemistry	n	16330	7179	23509	<0.001	
		%	69.5	30.5	100		
	Complete blood count	n	20414	1105	21519		
		%	94.9	5.1	100		
	Hormone	n	2093	1816	3909		
		%	53.5	46.5	100		
	Coagulation	n	8411	1162	9573		
		%	87.9	12.1	100		
	Urinalysis	n	2532	459	2991		
		%	84.7	15.3	100		
	Troponin	n	1738	1139	2877		
		%	60.4	39.6	100		
	Total	n	51518	12860	64378		-
		%	80.0	20.0	100		
December	Biochemistry	n	19923	6595	26518	<0.001	
		%	75.1	24.9	100		
	Complete blood count	n	25587	1038	26625		
		%	96.1	3.9	100		
	Hormone	n	3778	1133	4911		
		%	76.9	23.1	100		
	Coagulation	n	10554	1954	12508		
		%	84.4	15.6	100		
	Urinalysis	n	2992	329	3321		
		%	90.1	9.9	100		
	Troponin	n	2436	1223	3659		
		%	66.6	33.4	100		
	Total	n	65270	12272	77542		-
		%	84.2	15.8	100		

Statistical findings regarding the comparison of the delay rates for biochemistry tubes in October, November and December according to the services are presented in Table 10. The delay rates for biochemistry tubes in October, November and December were significantly different

among inpatient clinic ( $P<0.001$ ). In October, November and December, the highest delay rate was observed in outpatient blood count and the lowest delay rate was observed in inpatient blood count.

**Table 10. Statistical findings for the comparison of delay rates in biochemistry tubes in October, November and December according to services**

			Delay		Total	P
			No	Yes		
October	Emergency	n	4747	2020	6767	<0.001
		%	70.1	29.9	100	
	Outpatient	n	12914	10159	23073	
		%	56.0	44.0	100	
	Inpatient	n	7575	2765	10340	
		%	73.3	26.7	100	
Total	n	25236	14944	40180	-	
	%	62.8	37.2	100		
November	Emergency	n	7654	5524	13178	<0.001
		%	58.1	41.9	100	
	Outpatient	n	24660	19649	44309	
		%	55.7	44.3	100	
	Inpatient	n	16330	7179	23509	
		%	69.5	30.5	100	
Total	n	48644	32352	80996	-	
	%	60.1	39.9	100		
December	Emergency	n	10613	4040	14653	<0.001
		%	72.4	27.6	100	
	Outpatient	n	29554	21312	50866	
		%	58.1	41.9	100	
	Inpatient	n	19923	6595	26518	
		%	75.1	24.9	100	
Total	n	60090	31947	92037	-	
	%	65.3	34.7	100		

Statistical findings regarding the comparison of delay rates for complete blood count tubes of patients hospitalized in October, November and December are presented in Table 11. The delay rates for complete blood count tubes were significantly different among inpatient clinic in October,

November and December ( $P<0.001$ ). The highest delay rate was seen in emergency samples in October, November and December, while the lowest delay rate was seen in inpatient clinic in October and outpatients in November and December.

**Table 11.** Statistical findings for the comparison of delay rates in complete blood count tubes in October, November and December according to services

			Delay		Total	P
			No	Yes		
October	Emergency	n	5725	748	6473	<0.001
		%	88.4	11.6	100	
	Outpatient	n	16113	1161	17274	
		%	93.3	6.7	100	
	Inpatient	n	9031	304	9335	
		%	96.7	3.3	100	
Total	n	30869	2213	33082	-	
	%	93.3	6.7	100		
November	Emergency	n	9577	2661	12238	<0.001
		%	78.3	21.7	100	
	Outpatient	n	34805	1097	35902	
		%	96.9	3.1	100	
	Inpatient	n	20414	1105	21519	
		%	94.9	5.1	100	
Total	n	64796	4863	69659	-	
	%	93.0	7.0	100		
December	Emergency	n	11433	3094	14527	<0.001
		%	78.7	21.3	100	
	Outpatient	n	41687	1259	42946	
		%	97.1	2.9	100	
	Inpatient	n	25587	1038	26625	
		%	96.1	3.9	100	
Total	n	78707	5391	84098	-	
	%	93.6	6.4	100		

Statistical findings regarding the comparison of the delay rates for hormone tubes according to the services in which the samples were taken in October, November and December are presented in Table 12. The delay rates for hormone tubes showed a significant difference among inpatient clinic in October, November and December

( $P < 0.001$ ). In October and November, the highest delay rate was observed in the inpatient clinic and the lowest delay rate was observed in the emergency department. In December, the highest delay rate was observed in outpatient clinic and the lowest delay rate was observed in emergency department.

**Table 12. Statistical findings for the comparison of delay rates in hormone tubes in October, November and December according to services**

			Delay		Total	P
			No	Yes		
October	Emergency	n	652	87	739	<0.001
		%	88.2	11.8	100	
	Outpatient	n	9182	7517	16699	
		%	55.0	45.0	100	
	Inpatient	n	769	960	1729	
		%	44.5	55.5	100	
Total	n	10603	8564	19167	-	
	%	55.3	44.7	100		
November	Emergency	n	1710	289	1999	<0.001
		%	85.5	14.5	100	
	Outpatient	n	21911	11087	32998	
		%	66.4	33.6	100	
	Inpatient	n	2093	1816	3909	
		%	53.5	46.5	100	
Total	n	25714	13192	38906	-	
	%	66.1	33.9	100		
December	Emergency	n	1995	223	2218	<0.001
		%	89.9	10.1	100	
	Outpatient	n	29601	9949	39550	
		%	74.8	25.2	100	
	Inpatient	n	3778	1133	4911	
		%	76.9	23.1	100	
Total	n	35374	11305	46679	-	
	%	75.8	24.2	100		

Statistical findings regarding the comparison of delay rates in coagulation tubes according to the services in October, November and December are presented in Table 13. In October, November and December, the delay rates of coagulation tubes showed a significant difference

among inpatient clinic ( $P < 0.001$ ). The highest delay rate was observed in the emergency department in October, November and December, while the lowest delay rate was observed in inpatient clinic in October and November and in outpatients in December.

**Table 13. Statistical findings for the comparison of delay rates in coagulation tubes in October, November and December according to services**

			Delay		Total	P	
			No	Yes			
October	Emergency	n	1651	696	2347	<0.001	
		%	70.3	29.7	100		
	Outpatient	n	3723	980	4703		
		%	79.2	20.8	100		
	Inpatient	n	3726	472	4198		
		%	88.8	11.2	100		
	Total	n	9100	2148	11248		-
		%	80.9	19.1	100		
November	Emergency	n	3479	1866	5345	<0.001	
		%	65.1	34.9	100		
	Outpatient	n	7695	1370	9065		
		%	84.9	15.1	100		
	Inpatient	n	8411	1162	9573		
		%	87.9	12.1	100		
	Total	n	19585	4398	23983		-
		%	81.7	18.3	100		
December	Emergency	n	4665	2209	6874	<0.001	
		%	67.9	32.1	100		
	Outpatient	n	9901	862	10763		
		%	92.0	8.0	100		
	Inpatient	n	10554	1954	12508		
		%	84.4	15.6	100		
	Total	n	25120	5025	30145		-
		%	83.3	16.7	100		

Statistical findings regarding the comparison of delay rates for complete urinalysis tubes according to the services in October, November and December are presented in Table 14. The delay rates for these samples were significantly different among inpatient clinic in October, November

and December ( $P < 0.001$ ). In October, the highest delay rate was observed in the outpatient clinic, and the highest delay rate was observed in the emergency department in November and December. The lowest delay rate was seen for samples collected from inpatient clinic in October, November and December.

**Table 14. Statistical findings for the comparison of delay rates in urinalysis tubes in October, November and December according to services**

			Delay		Total	P	
			No	Yes			
October	Emergency	n	1684	1500	3184	<0.001	
		%	52.9	47.1	100		
	Outpatient	n	3247	3420	6667		
		%	48.7	51.3	100		
	Inpatient	n	1146	333	1479		
		%	77.5	22.5	100		
	Total	n	6077	5253	11330		-
		%	53.6	46.4	100		
November	Emergency	n	2987	2772	5759	<0.001	
		%	51.9	48.1	100		
	Outpatient	n	11062	2981	14043		
		%	78.8	21.2	100		
	Inpatient	n	2532	459	2991		
		%	84.7	15.3	100		
	Total	n	16581	6212	22793		-
		%	72.7	27.3	100		
December	Emergency	n	3648	2872	6520	<0.001	
		%	56.0	44.0	100		
	Outpatient	n	13981	1944	15925		
		%	87.8	12.2	100		
	Inpatient	n	2992	329	3321		
		%	90.1	9.9	100		
	Total	n	20621	5145	25766		-
		%	80.0	20.0	100		

Statistical findings regarding the comparison of the delay rates for troponin tubes in October, November and December according to services are shown in Table 15. The delay rates for troponin tubes were significantly different among inpatient clinic in October, November and

December ( $P < 0.001$ ). The highest delay rate was observed in the emergency department in October, November and December. The lowest delay rate was seen in inpatient clinic in October and in outpatients in November and December.

**Table 15. Statistical findings for the comparison of delay rates in troponin tubes in October, November and December according to services**

			Delay		Total	P	
			No	Yes			
October	Emergency	n	133	258	391	<0.001	
		%	34.0	66.0	100		
	Outpatient	n	2628	2537	5165		
		%	50.9	49.1	100		
	Inpatient	n	967	401	1368		
		%	70.7	29.3	100		
	Total	n	3728	3196	6924		-
		%	53.8	46.2	100		
November	Emergency	n	232	769	1001	<0.001	
		%	23.2	76.8	100		
	Outpatient	n	6465	3686	10151		
		%	63.7	36.3	100		
	Inpatient	n	1738	1139	2877		
		%	60.4	39.6	100		
	Total	n	8435	5594	14029		-
		%	60.1	39.9	100		
December	Emergency	n	323	910	1233	<0.001	
		%	26.2	73.8	100		
	Outpatient	n	9499	2574	12073		
		%	78.7	21.3	100		
	Inpatient	n	2436	1223	3659		
		%	66.6	33.4	100		
	Total	n	12258	4707	16965		-
		%	72.3	27.7	100		

Statistical findings regarding the comparison of the delay rates for all tubes in the emergency department, outpatient clinic and inpatient clinic in October, November and December are presented in Table 16. The delay rates for all tubes in the emergency department, outpatient clinic and inpatient clinic were significantly different ( $P < 0.001$ ).

The highest delay rate in the emergency department was observed in November and the lowest delay rate was observed in October. In outpatient clinic, the highest delay rate was observed in October and the lowest in December. In inpatient clinic, the highest delay rate was seen in November and the lowest in December.

**Table 16. Statistical findings for the comparison of the delay rates experienced in the Emergency, Outpatient Clinic and Inpatient clinic for all tubes between October, November and December**

			Result		Total	P
			No	Yes		
Emergency	October	n	14592	5309	19901	<0.001
		%	73.3	26.7	100	
	November	n	25639	13881	39520	
		%	64.9	35.1	100	
	December	n	32677	13348	46025	
		%	71.0	29.0	100	
Total	n	72908	32538	105446	-	
	%	100.0	100.0	100		
Outpatient	October	n	47807	25774	73581	<0.001
		%	65.0	35.0	100	
	November	n	106598	39870	146468	
		%	72.8	27.2	100	
	December	n	134223	37900	172123	
		%	78.0	22.0	100	
Total	n	288628	103544	392172	-	
	%	100.0	100.0	100		
Inpatient	October	n	23214	5235	28449	<0.001
		%	81.6	18.4	100	
	November	n	51518	12860	64378	
		%	80.0	20.0	100	
	December	n	65270	12272	77542	
		%	84.2	15.8	100	
Total	n	140002	30367	170369	-	
	%	100.0	100.0	100		

Statistical findings regarding the comparison of delay rates at the Emergency department in October, November and December according to types of tubes are presented in Table 17. Statistical findings regarding the comparison of delay rates at outpatient clinic in October, November

and December according to types of tubes are presented in Table 18. Statistical findings regarding the comparison of delay rates of inpatient clinic in October, November and December according to types of tubes are presented in Table 19.



Table 17. Statistical findings for the comparison of delay rates experienced in the emergency department between October, November and December according to types of tubes

			Result		Total	P
			No	Yes		
Biochemistry	October	n	4747	2020	6767	<0.001
		%	70.1	29.9	100	
	November	n	7654	5524	13178	
		%	58.1	41.9	100	
	December	n	10613	4040	14653	
		%	72.4	27.6	100	
Complete blood count	October	n	5725	748	6473	<0.001
		%	88.4	11.6	100	
	November	n	9577	2661	12238	
		%	78.3	21.7	100	
	December	n	11433	3094	14527	
		%	78.7	21.3	100	
Hormone	October	n	652	87	739	<0.001
		%	88.2	11.8	100	
	November	n	1710	289	1999	
		%	85.5	14.5	100	
	December	n	1995	223	2218	
		%	89.9	10.1	100	
Coagulation	October	n	1651	696	2347	<0.001
		%	70.3	29.7	100	
	November	n	3479	1866	5345	
		%	65.1	34.9	100	
	December	n	4665	2209	6874	
		%	67.9	32.1	100	
Urinalysis	October	n	1684	1500	3184	<0.001
		%	52.9	47.1	100	
	November	n	2987	2772	5759	
		%	51.9	48.1	100	
	December	n	3648	2872	6520	
		%	56.0	44.0	100	
Troponin	October	n	133	258	391	<0.001
		%	34.0	66.0	100	
	November	n	232	769	1001	
		%	23.2	76.8	100	
	December	n	323	910	1233	
		%	26.2	73.8	100	

**Table 18. Statistical findings for the comparison of delay rates experienced in the outpatient clinic between October, November and December according to types of tubes**

			Result		Total	P
			No	Yes		
<b>Biochemistry</b>	<b>October</b>	n	12914	10159	23073	<0.001
		%	56.0	44.0	100	
	<b>November</b>	n	24660	19649	44309	
		%	55.7	44.3	100	
	<b>December</b>	n	29554	21312	50866	
		%	58.1	41.9	100	
<b>Complete blood count</b>	<b>October</b>	n	16113	1161	17274	<0.001
		%	93.3	6.7	100	
	<b>November</b>	n	34805	1097	35902	
		%	96.9	3.1	100	
	<b>December</b>	n	41687	1259	42946	
		%	97.1	2.9	100	
<b>Hormone</b>	<b>October</b>	n	9182	7517	16699	<0.001
		%	55.0	45.0	100	
	<b>November</b>	n	21911	11087	32998	
		%	66.4	33.6	100	
	<b>December</b>	n	29601	9949	39550	
		%	74.8	25.2	100	
<b>Coagulation</b>	<b>October</b>	n	3723	980	4703	<0.001
		%	79.2	20.8	100	
	<b>November</b>	n	7695	1370	9065	
		%	84.9	15.1	100	
	<b>December</b>	n	9901	862	10763	
		%	92.0	8.0	100	
<b>Urinalysis</b>	<b>October</b>	n	3247	3420	6667	<0.001
		%	48.7	51.3	100	
	<b>November</b>	n	11062	2981	14043	
		%	78.8	21.2	100	
	<b>December</b>	n	13981	1944	15925	
		%	87.8	12.2	100	
<b>Troponin</b>	<b>October</b>	n	2628	2537	5165	<0.001
		%	50.9	49.1	100	
	<b>November</b>	n	6465	3686	10151	
		%	63.7	36.3	100	
	<b>December</b>	n	9499	2574	12073	
		%	78.7	21.3	100	

**Table 19. Statistical findings for the comparison of delay rates experienced in the inpatient clinic between October, November and December according to types of tubes**

			Result		Total	P
			No	Yes		
<b>Biochemistry</b>	<b>October</b>	n	7575	2765	10340	<0.001
		%	73.3	26.7	100	
	<b>November</b>	n	16330	7179	23509	
		%	69.5	30.5	100	
	<b>December</b>	n	19923	6595	26518	
		%	75.1	24.9	100	
<b>Complete blood count</b>	<b>October</b>	n	9031	304	9335	<0.001
		%	96.7	3.3	100	
	<b>November</b>	n	20414	1105	21519	
		%	94.9	5.1	100	
	<b>December</b>	n	25587	1038	26625	
		%	96.1	3.9	100	
<b>Hormone</b>	<b>October</b>	n	769	960	1729	<0.001
		%	44.5	55.5	100	
	<b>November</b>	n	2093	1816	3909	
		%	53.5	46.5	100	
	<b>December</b>	n	3778	1133	4911	
		%	76.9	23.1	100	
<b>Coagulation</b>	<b>October</b>	n	3726	472	4198	<0.001
		%	88.8	11.2	100	
	<b>November</b>	n	8411	1162	9573	
		%	87.9	12.1	100	
	<b>December</b>	n	10554	1954	12508	
		%	84.4	15.6	100	
<b>Urinalysis</b>	<b>October</b>	n	1146	333	1479	<0.001
		%	77.5	22.5	100	
	<b>November</b>	n	2532	459	2991	
		%	84.7	15.3	100	
	<b>December</b>	n	2992	329	3321	
		%	90.1	9.9	100	
<b>Troponin</b>	<b>October</b>	n	967	401	1368	<0.001
		%	70.7	29.3	100	
	<b>November</b>	n	1738	1139	2877	
		%	60.4	39.6	100	
	<b>December</b>	n	2436	1223	3659	
		%	66.6	33.4	100	

Statistical findings regarding the comparison of delay rates according to types of tubes independent of time and services are presented in Table 20. Delay rates are significantly different according to the types of

tubes ( $P < 0.001$ ). The highest delay rate was found in Biochemistry tubes and the lowest delay rate was found in complete blood count tubes.

**Table 20. Statistical findings for the comparison of delay rates independent of time and services according to types of tubes**

			Result		Total	P	
			No	Yes			
Tube types	Biochemistry	n	133970	79243	213213	<0.001	
		%	62.8	37.2	100		
	Complete blood count	n	174372	12467	186839		
		%	93.3	6.7	100		
	Hormone	n	71691	33061	104752		
		%	68.4	31.6	100		
	Coagulation	n	53805	11571	65376		
		%	82.3	17.7	100		
	Urinalysis	n	43279	16610	59889		
		%	72.3	27.7	100		
	Troponin	n	24421	13497	37918		
		%	64.4	35.6	100		
	Total	n	501538	166449	667987		-
		%	75,1	24.9	100.0		

Statistical findings regarding the comparison of time-independent delay rates according to types of tubes are presented in Table 21. Delay rates were significantly different in Emergency, Outpatient and Inpatient according to the types of tubes ( $P < 0.001$ ). Regardless of the types of tubes, the delay rates were, from lowest to highest, in inpatient (17.8%), outpatient (26.4%) and emergency

departments (30.9%), respectively. The highest delay rate in emergency departments was seen for troponin (73%). In outpatient clinics, the highest delay rate was found for biochemistry (43.2%) and the lowest delay rate was found for complete blood count (3.7%). In inpatient clinic, the highest and lowest delay rates were found in hormones (37.1%) and complete blood count (4.3%), respectively.

Table 21. Statistical findings for the comparison of time-independent delay rates according to types of tubes

Service type				Result		Total	P
				No	Yes		
Emergency	Tube	Biochemistry	n	23014	11584	34598	<0.001
			%	66.5	33.5	100	
		Complete blood count	n	26735	6503	33238	
			%	80.4	19.6	100	
		Hormone	n	4357	599	4956	
			%	87.9	12.1	100	
		Coagulation	n	9795	4771	14566	
			%	67.2	32.8	100	
		Urinalysis	n	8319	7144	15463	
			%	53.8	46.2	100	
		Troponin	n	688	1937	2625	
			%	26.2	73.8	100	
	Total		n	72908	32538	105446	-
			%	69.1	30.9	100.0	
Outpatient clinic	Tube	Biochemistry	n	67128	51120	118248	<0.001
			%	56.8	43.2	100	
		Complete blood count	n	92605	3517	96122	
			%	96.3	3.7	100	
		Hormone	n	60694	28553	89247	
			%	68.0	32.0	100	
		Coagulation	n	21319	3212	24531	
			%	86.9	13.1	100	
		Urinalysis	n	28290	8345	36635	
			%	77.2	22.8	100	
		Troponin	n	18592	8797	27389	
			%	67.9	32.1	100	
	Total		n	288628	103544	392172	-
			%	73.6	26.4	100.0	
Inpatient clinic	Tube	Biochemistry	n	43828	16539	60367	<0.001
			%	72.6	27.4	100	
		Complete blood count	n	55032	2447	57479	
			%	95.7	4.3	100	
		Hormone	n	6640	3909	10549	
			%	62.9	37.1	100	
		Coagulation	n	22691	3588	26279	
			%	86.3	13.7	100	
		Urinalysis	n	6670	1121	7791	
			%	85.6	14.4	100	
		Troponin	n	5141	2763	7904	
			%	65.0	35.0	100	
	Total		n	140002	30367	170369	-
			%	82.2	17.8	100.0	

The bar graph showing the number of delays experienced by emergency, outpatient and inpatient patients according to the types of tubes in October, November and December is shown in Figure 1. The other bar graph showing the rate

of delay in emergency, outpatient and inpatient patients according to the types of tubes in October, November and December is presented in Figure 2.

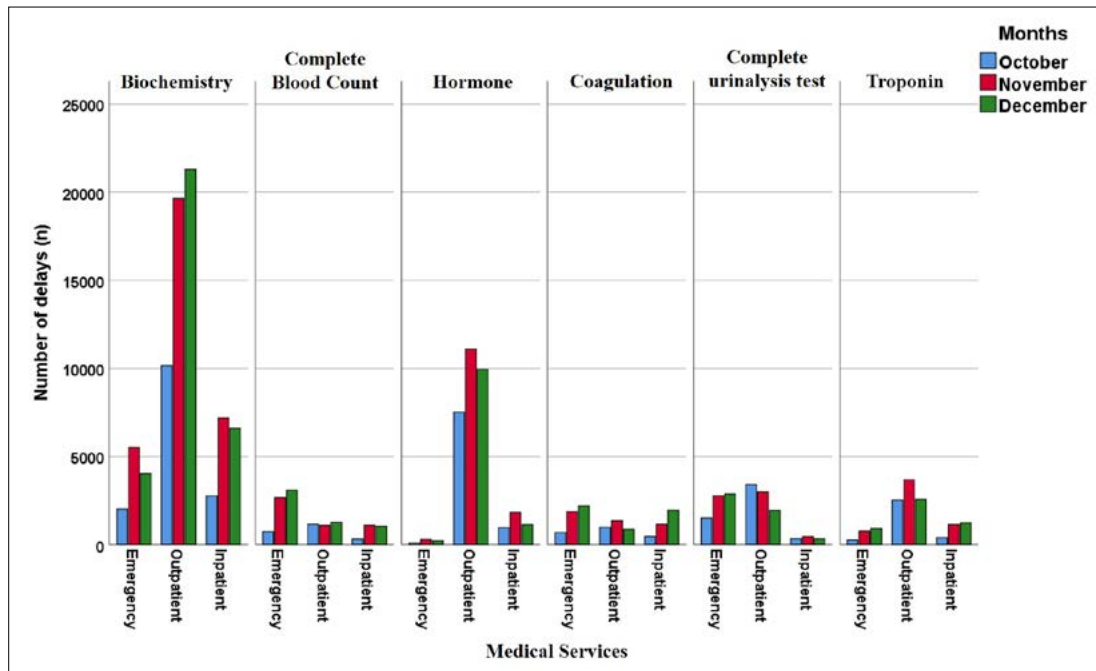


Figure 1. Box plot showing the number of delays in the Emergency, Outpatient Clinic and Inpatient Clinic according to types of tubes in October, November and December by time

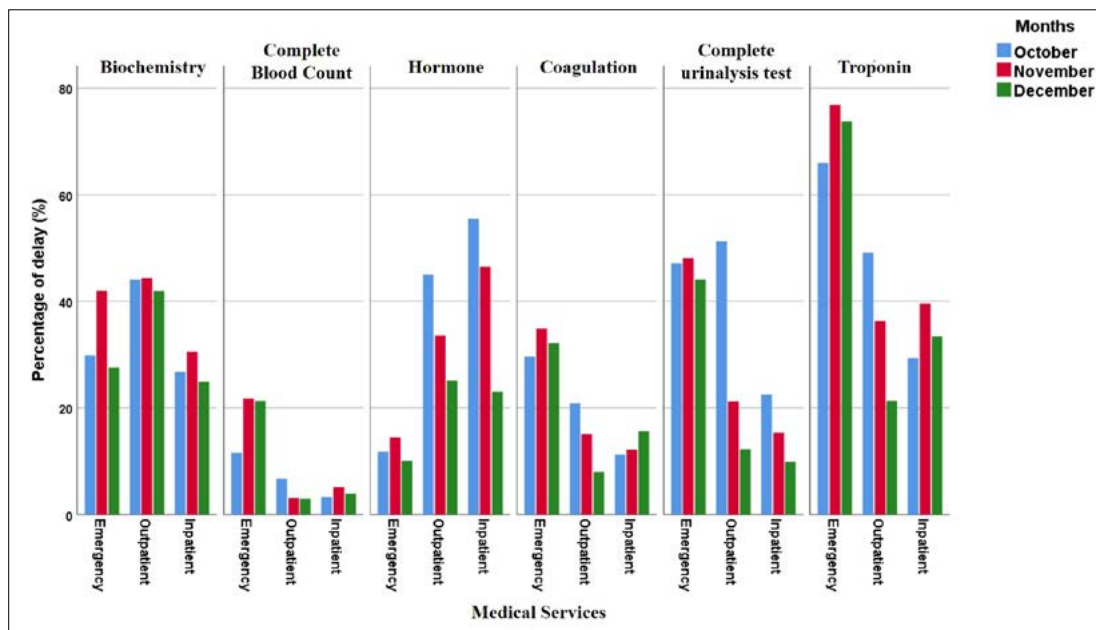


Figure 2. Box plot showing the rate of delays in the Emergency, Outpatient Clinic and Inpatient Clinic according to types of tubes in October, November and December by time

When only inpatient clinic were compared regardless of time and tubes, the delay rates were 17.8% in inpatient clinic, 26.4% in outpatient clinic and 30.9% in emergency department. When only tubes were evaluated regardless of time and inpatient clinic, the highest and lowest delay rates were observed for biochemistry tubes (37.2%) and complete blood count tubes (6.7%), respectively.

Regardless of time, the highest and lowest delay rates in the emergency department was observed for troponin (73.8%) and hormone (12.1%), respectively: In the outpatient clinic, the highest delay rate was for biochemistry (43.2%) and the lowest for complete blood count (3.7%). In inpatient clinic, the highest and lowest delay rates were found for hormones (37.1%) and complete blood count (4.3%), respectively. When tubes were compared according to inpatient clinic, it was observed that the highest delay rate in the emergency department was for troponin.

Considering time, there was no significant difference in the delay rates at the emergency department. In the outpatient clinic, delay rates for hormone, coagulation, complete urinalysis and troponin have decreased from October to December. In inpatient clinic, the delay rates for hormone and complete urinalysis have decreased from October to December.

## DISCUSSION

The turnaround time is one of the important indicators of quality as well as the accuracy and reliability of the test results of laboratories (2-4). The longer turnaround time of the laboratory means the longer the patients' access to diagnosis and treatment and the longer the hospital stay (8-10).

Delays in reaching diagnosis and treatment and prolonged hospitalization lead to an increased risk of medical complications. It also significantly reduces the satisfaction of clinicians and patients about the laboratory (11,12).

The analysis and adjustments required for laboratories to achieve the 'ideal timeliness' target involve a multi-stage process. First of all, the target TAT for each test should be determined and the TAT should be monitored. For samples that exceed the target time, the preanalytical, analytical and postanalytical process should be thoroughly reviewed. Adjustments should be made to address modifiable factors that cause time delays.

In our study, when the three-month period of our laboratory's establishment period was examined, it was

observed that the highest delay rate in the first month was observed for samples from outpatient clinics. In our laboratory, emergency samples and routine samples are analyzed on different devices.

Considering the high number of samples from outpatient clinics in the evaluations made regarding the process, the number of devices for routine analyzes was increased. As a result of this adjustment, it has been observed that the delay rate in outpatient clinics has decreased over the months.

The delay rate in the emergency department increased in the second month in parallel with the rapid increase in the number of samples and decreased again in the following month. It was observed that the most important factor for the delay in emergency samples was the delay in the delivery of samples to the device due to the insufficient number of technical personnel in charge of emergency devices, and therefore the number of personnel was increased. Thus, in newly established laboratories, delays in result delivery times can be reduced when the rapid increase in the number of samples in the first months is intervened with appropriate adjustments.

In our study, when the delay rates for different tests for all inpatient clinic were compared on a monthly basis, it was observed that the highest delay rate in the first month was for complete urinalysis. When the reason for this delay in urinalysis in the first month was analyzed, it was observed that the insufficient number of personnel allocated for the urine device in the on-call teams played a role.

This delay rate decreased in the second month when the number of urine device personnel was increased. As the waiting time at room temperature increases in urine samples, changes such as pH increase and decrease in the number of leukocytes may occur.

Therefore, the waiting time after sample collection should be maximum 4 hours (16). During the establishment phase of newly established laboratories, urine samples may remain in the background when the personnel in the on-call teams are directed to more critical and urgent tests and air devices. However, complete urinalysis is the first-line test in the diagnosis of urinary system diseases. Therefore, attempts to reduce the number of waiting specimens and provide accurate results are important.

In our study, the highest delay rate was observed in biochemistry and troponin tests in October. In December, the highest delay rate was observed in biochemistry tests.

It is also noteworthy that troponin was the most delayed test in the emergency department in all three months. In the first months, troponin and biochemistry samples were delivered to the laboratory in the same tube, which played an important role in this delay.

In the following period, troponin and biochemistry tubes were separated. Since troponin is a critical test used in the diagnosis of acute coronary syndrome, the target TAT is recommended as <60 minutes in clinical and laboratory guidelines. It has also been reported that the length of stay of patients in the emergency department is shortened when the target value is reached in troponin TAT (17). The increase in the number and capacity of patients in emergency departments has also been shown to play an important role in the increase in troponin TAT (18).

When the delay rates were compared according to the types of tubes, regardless of time and services, the highest delay rate was observed for biochemistry tubes, while the lowest delay rate was observed for complete blood count tubes. The higher number of biochemistry samples compared to other samples plays an important role in the delay.

Because high sample volume is an important factor in TAT delay. In order to prevent this delay, an increase in both the number of personnel and the number of devices is planned.

In a large cohort study that examined TAT values for biochemistry tests, it was reported that TAT delays were mostly caused by the preanalytical and analytical process. In the same study, it was reported that laboratories prefer to monitor part of the preanalytical process (the part after the sample arrives at the laboratory) and the analytical process, which are mostly under their control, when monitoring TAT (19). Therefore, the part of the preanalytical process before the sample reaches the laboratory is not adequately monitored by many laboratories.

Achieving the desired target value in TAT is a multi-stage process. Patient triage, keeping the laboratory at a capacity to respond to patient volume, sufficient number of personnel responsible for sample collection-transfer-acceptance and analysis, number and capacity of devices, sufficient number of specialists in the postanalytical process and quality management are some of the issues that should be considered in the management of the process. Some of the important results of our study include a decrease in the frequency of device malfunctions, full operation of the pneumatic system throughout the hospital, installation of

preanalytical rail systems, and shorter TAT after the increase in the number of biochemistry specialists and laboratory technicians. Since the approval support system (automatic approval) was not in place at the time of the study, we could not measure its impact on TAT.

In conclusion, we found that analyzing TAT and delays in our newly established laboratory was useful in several areas. First of all, it allowed us to discover areas where we were understaffed and under-equipped despite the increased number of samples. We closely examined the process for problems in these areas and took various measures for improvement. Therefore, TAT monitoring and early detection of existing delays are important for improving quality in the laboratory. Reduced TAT approaching the target value lead to increased clinician and patient satisfaction.

TAT is one of the most important parameters used by clinicians to assess the quality of a laboratory. It is therefore an important service feature that all laboratories should pay attention to. We attribute the shortening of TAT for all samples as time progresses to the increasing number of technicians working in the laboratory and their experience, more organized sample transportation system, slightly more biochemistry specialists, and more efficient hospital and laboratory information management systems. The benefits of our study include clearly demonstrating the rapid turnaround times of newly established biochemistry laboratories in large hospitals and centers, showing the variations in these times between clinics, increasing clinicians' satisfaction with the laboratory, reducing costs by shortening hospital stays, and developing measures that can be considered.

There are some limitations and situations that may cause bias in our study, such as the use of only 3 months of data, frequent technical malfunctions in autoanalyzers due to the new establishment of our laboratory, prolonged TAT due to inexperience of some personnel, insufficient number of laboratory technicians, and the pneumatic system not yet fully functioning regularly.

#### **Declarations**

The authors received no financial support for the research and/or authorship of this article. There is no conflict of interest.

This study was approved by the Ankara Bilkent City Hospital Ethics Committee (Dated: 30.11.2022; Approval Number: E1/3060/2022)



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