



Laboratory Surveyor Spotlight

Q&A with Diane Avenoso



Diane Avenoso has worked in the laboratory business for almost 30 years. After working as a CLIA inspector, she joined The Joint Commission as a laboratory surveyor in September 2014. After a brief hiatus due to the COVID-19 pandemic, she resumed work as a surveyor in November 2021 while also remaining employed part-time as a molecular laboratory scientist in Portland, Oregon.

Diane loves to travel and connect with people. She grew up in a small town and currently lives in a big city. She has worked in small community hospitals as well as two large metropolitan Level I trauma centers, including one in which she was the transfusion service manager.

Outside work, Diane volunteers as a college career counselor at a local public high school. Other activities include: artist; studio pianist for a local ballet company for 15 years; chair of an elementary school applied arts program, directing 150+ parent volunteers; AIDS hotline volunteer for 3 years; and science teacher in Botswana, Africa with the U.S. Peace Corps from 1989 – 1991.



Q. What sets Joint Commission surveyors apart from other surveyors?

A: Joint Commission surveyors are professionals, and while many of us have specialties, like micro or blood bank, we are responsible for evaluating all areas of the laboratory, including cytology, histology, microbiology, blood bank, chemistry, and hematology.

Joint Commission lab surveyors are different from other accrediting agency inspectors (and other Joint Commission surveyors) because we generally conduct surveys on our own. Working without team members requires us to be resourceful, creative, and diplomatic. Further, we must be able to troubleshoot and think our way out of all types of situations. These include highly visible and uncomfortable situations, travel snafus, negotiations, technicalities, and dealing with many different types of people. It can be very stressful, so we rely on support from our field director, central office, the travel representatives, and SIG.

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Q. How has the pandemic affected your professional life?

A: In March 2020, I completed certification in Fundamentals in Molecular Pathology from the American Association for Clinical Chemistry. This was about the time Joint Commission surveyors were grounded due to the COVID-19 pandemic, so I looked for a way to help the community while using my molecular certification.

I was hired by Oregon Health & Science University (OHSU) in the “Covid Lab” that was created in April 2020 to provide testing for SARS-CoV-2. The Covid Lab was originally staffed with a couple of clinical molecular technologists as well as research scientists whose work had been halted due to the pandemic. The lab optimized a manual PCR assay based on the CDC method using two nucleocapsid primers. We then validated a three-target multiplexed assay from Thermo Kingfisher. These were the only tests the lab performed during the first year.

The lab was renamed the Molecular Microbiology Lab in 2021 and we started performing genetic sequencing and serology testing for SARS-CoV-2 while also adding several other infectious disease assays. We purchased two Aptima Panther instruments and a Cobas 6800 to expand our molecular diagnostics menu.



Q. In what other ways have you contributed to COVID-19 prevention and control efforts?

A: After the vaccine rollout in spring 2021, I volunteered at several mass vaccination events in Portland. I prepared and labeled vaccines, took health histories, registered patients, directed traffic, and monitored patients for adverse symptoms. I loved volunteering at these events and was energized by the camaraderie.

My molecular lab also started participating in testing saliva samples for thousands of Oregon’s students as part of a federal surveillance grant. This “test to stay” program has been exhausting but very rewarding. We purchased two Cobas 8800 analyzers to handle all that kid spit!

As the Delta variant spread, our hospital filled with very sick, unvaccinated patients — some from rural areas outside Oregon. Our molecular micro team was able to absorb the work because we had a lot of experience at this point and knew we could handle just about anything.

Just when we thought Delta was under control, the Omicron variant hit Portland hard. We’ve struggled to keep up with the workload due to staff shortages, the high positivity rate, supply chain disruptions, and the sheer volume of specimens we receive every day. We feel like soldiers on the front lines but have learned how to support each other and ourselves hoping this will someday pass.



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Q. What would you like to share about your COVID-19 experience?

A: To my fellow laboratorians: Hang in there, take good care of yourself, and, if you can, take care of someone else.

The pandemic brought supply chain issues and staffing challenges — it’s been an ever-evolving situation from knowing nothing about the novel virus to figuring out how to test, manage, treat, survive, and somehow stay human.

Laboratories normally run lean as a result of cost-cutting and tight budgets, and those measures made the covid situation especially challenging. When extra work and people were required, we simply didn’t have the reserves, and that put a huge burden on laboratories and hospitals.

Another issue involves the politicization of vaccines, masks, and even science, which has made a portion of the public distrustful of medical professionals and others. Unfortunately, this resulted in polarization and emotional changes to which we all have had to adapt. The pandemic has been very isolating, yet we are a social species; weak alone but stronger when we work together.



Q. How has the pandemic affected laboratories?

A: The laboratory became more visible early on when testing was our main public health tool, but that support has not been sustained. In the beginning, vendors brought us lunch, coffee, even wine, but that stopped after a few months. Now the spotlight is off, and while many laboratorians prefer this, we still would like support and respect. There are lots of health care professionals beyond doctors and nurses who are vital members of the patient care team.

Many people do not understand how complex, highly regulated, and detail-oriented laboratory work is — it involves concentration, yet it also requires multi-tasking, which is mentally exhausting. Some areas of the lab require wearing full PPE (head to toe) for hours under stressful conditions without breaks. We collect, concentrate, and manipulate pathogens to aid diagnosis as part of the patient care team, but we almost never get the recognition or “thank you” cards from patients and their families.

Laboratorians are not known as “people types” in health care — we are more comfortable behind the scenes with our microscopes, computers, reagents, and instruments. Laboratorians are also not known for advocacy or visibility, so our pay has not kept up with other allied healthcare professionals.



Q. What do you see in the future for laboratories?

A: Although some laboratory testing has become more automated and moved to the bedside as point of care, there is still a tremendous need for trained and certified laboratorians. Labs are highly regulated, and most health care professionals do not want to be bothered with the regulations required for clinical safety, accuracy, and quality.

For example, under the public health emergency, uncertified covid pop-up testing sites and unauthorized lab tests have yielded inaccurate, fraudulent, and dangerous results. The emergency use authorization (EUA) designation has been a blessing in terms of creativity and speed, but it's also a curse in terms of accuracy and reliability. I think we would all agree that no test result is better than a wrong result since actions are taken accordingly.



Q. What do you like most about working for The Joint Commission?

A: I enjoy traveling to different parts of the country and meeting people that I would not normally meet. I have especially loved working with Native American tribes and learning about their cultures and histories; it's been very enriching and rewarding for me.



Q. What survey experience stands out in your mind?

A: My job brought me to the Hopi reservation in Arizona. I was humbled by the challenging conditions with which the laboratory and health care workers cope every day. The Hopi have lived in North America for thousands of years and are fiercely independent, peaceful, and spiritual.

A couple of the laboratorians with whom I had worked during the week took me to a sacred village on a mesa that required that a guide accompany non-tribal members. They showed me the adobe homes built into the natural rock that had existed and resisted invasions for thousands of years. They told me about the people, their long history, and their one-of-a-kind tribal dances, including the Snake Dance. I'll never forget when high on the mesa overlooking the panoramic view, a young man appeared from one of the pueblos playing a flute with his long hair blowing in the wind. I could not believe I was on a work trip.



Q. In your opinion, how has the survey process evolved over the years?

A: I believe Joint Commission surveys have become more collegial and collaborative. I think it's an outdated notion to think of surveyors as investigators looking for problems. We should be part of the whole health care team that assists and helps laboratorians do the best work they can to produce accurate, high-quality results.

If the laboratory personnel are not getting adequate support from other departments, leadership, vendors or the government, we will advocate for them.

As Joint Commission surveyors, we want to be seen as approachable and respectful team members working for laboratorians, as well as for patients, which helps us all at the end of the day.



Diane Avenoso

Laboratory Surveyor
THE JOINT COMMISSION

Ms. Avenoso currently resides in Portland, Oregon. She has been employed by The Joint Commission as a Laboratory Surveyor since 2014.

She holds a Master of Public Health degree from Portland State University, a B.S. in Medical Technology from Oregon Health & Science University, and a B.S. in Zoology from Oregon State University. She has earned various certificates: Certificate in Fundamentals in Molecular Pathology, Certified Quality Auditor, Specialist in Blood Banking, Medical Technologist, and Clinical Laboratory Scientist.

Ms. Avenoso currently works as a part-time Molecular Medical Laboratory Scientist at Oregon Health & Science University. Previously, she worked as a Clinical Laboratory Inspector/Compliance Specialist III at the Oregon Public Health Division, a Blood Bank Technical Specialist at Legacy Emanuel Hospital in Portland, and the Manager of Transfusion Service and Hemostasis & Thrombosis Labs at Oregon Health & Science University.

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