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IMPROVING DIAGNOSIS IN HEALTH CARE, THE LATEST IOM REPORT

Cathy Otto and Karen Golemboski
Patient Safety Committee

The information in the Institute of Medicine's recently published report, Improving Diagnosis in Health Care, has a direct impact on clinical laboratory science. Although it is unknown what percentage of laboratory testing is specifically used for diagnoses, our laboratory test information plays a critical role in the diagnostic process. Therefore, it will be critical that we participate in the recommendations from this report. We have yet to adopt patient safety quality aims and healthcare practitioner competencies into our curricula and practice. This report specifically recommends that laboratory scientists (and pathologists) become more involved in the diagnostic process. This is just the impetus we need to practice our profession to its highest level and to have an even greater impact on patient care. We have summarized the eight recommendations from the report.

Goal 1: Facilitate more effective teamwork in the diagnostic process among health care professionals, patients, and their families.

Ideally, diagnosis should happen with the collaboration of a well-coordinated team of healthcare professionals, in concert with the patient and family. In a patient-centered process, healthcare facilities are charged with creating processes and materials that allow patients and families to engage with and learn about the diagnostic process at the level they choose. Allowing patients to contribute to the process, to understand the process, and to review their experiences will enhance shared decision-making and will also provide information that may improve the diagnostic system.

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COME TO PHILADELPHIA IN 2016

THE POPE WAS HERE! THE DEMOCRATS ARE COMING! YOU SHOULD TOO!

Scott Aikey, AMSC Chair
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The ASCLS Annual Meeting and the ASCLS Advanced Management Institute will return to Philadelphia, PA July 31st to August 4th 2016, after a 13 year hiatus! Philadelphia and the ASCLS-PA Host Society are eagerly awaiting your return to the City of Brotherly Love as well.

The Annual Meeting Steering Committee (AMSC) had their work cut out for them as they met at the Loews Hotel in Philadelphia on September 11-12, 2015. The Loews will be ASCLS' headquarter hotel and is a short 1-2 block walk to the Convention Center and the Clinical Laboratory Expo. There were more than 200 proposals submitted for the Annual Meeting and Advanced Management Institute. In advance of the planning meeting, almost 40 ASCLS members from the AMSC, the Abstract and Proposal Review Committee (APRC) and the Scientific Assembly sections reviewed the submitted proposals and ranked them as to their interest to the discipline in which they were categorized. This larger number of people ranked the proposals, yielding a richer set of data with which the

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Today's Agenda

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The report also highlights the importance of interprofessional cooperation and communication (effective communication is a recurrent theme throughout the document). While noting the significant challenges involved in creating team-based practice, the IOM encourages increased, intentional preparation in teamwork skills.

Here, the IOM also advises that relegating pathology and laboratory scientists to an ancillary role in the diagnostic process has understated our critical role, and that continuing to do so will hamper any efforts to improve diagnosis. The report specifically encourages further engagement of our profession to improve "all aspects of the diagnostic testing process" (p. 9-5). The doctoral level professional mentioned in the report is the pathologist, but the role described is a good fit for the new doctorally-prepared laboratory scientist, the DCLS.

Goal 2: Enhance health care professional education and training in the diagnostic process.

The key to improving the diagnostic process, healthcare quality, and patient safety is through education and training. Specifically, the IOM recommends including the following in pre-professional curricula and continuing education programs for current practitioners: clinical reasoning, teamwork, communication, appropriate use of diagnostic tests, and health information technology.

This is not the first IOM report to identify the fact that healthcare practitioners need to develop teamwork and interpersonal communication skills. It is vital this curriculum be created by interdisciplinary educators in a deliberate manner instead of each professional program developing its own teamwork program. .

Identifying a diagnosis is a complicated process that requires specific critical thinking skills which include knowledge of disease process and clinical decision-making. Developing these skills requires a robust curriculum with opportunities for students to learn and practice throughout their educational process. The need for significant improvements in incorporating diagnostic testing for laboratory medicine (and medical imaging) into the medical school curriculum were acknowledged, along with a recommendation for clinicians and pathologists (and radiologists) to collaborate more frequently to improve patient diagnoses. Although (medical) laboratory scientists were not identified in this portion of the report, this is a great opportunity for medical laboratory professionals to reach out to clinicians to help them with ordering and interpreting laboratory tests.

To ensure that current and future healthcare practitioners improve and demonstrate their competence in the diagnostic process, the IOM also recommends these components be added to professional accreditation and certification requirements.

Goal 3: Ensure that health information technologies (IT) support patients and health care professionals in the diagnostic process.

Health IT can provide critical support for diagnosis, such as clinical decision support, computerized ordering, and avenues for patient engagement. Health IT systems should be designed to improve team collaboration. Barriers to this support include poor usability, ineffective workflow integration, and inability to share information, both within a facility and across IT systems. Problems with Health IT can contribute to adverse events, as well as inefficiency. Laboratory scientists can facilitate this goal by working with IT professionals to develop, for example, alerts to advise clinicians about ordering tests, or to monitor test orders for patients in categories that represent possible missed diagnoses.

Goal 4: Develop and deploy approaches to identify, learn from, and reduce diagnostic errors and near misses in clinical practice.

Healthcare systems and practitioners have been measuring errors in the processes of care (such as medication errors or delays in treatment) to improve overall patient safety; however, diagnostic errors have been monitored only inconsistently or infrequently. It is difficult to measure these types of errors because it may require a variety of tools, such as robust informatics systems, to identify these problems. Measurement is the first step for improving any process, thus the rationale for this recommendation.

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Quality improvement principles are expected to be used for diagnostic errors as they are for other errors that occur in healthcare settings. The IOM also recommends the use of scorecards, or other feedback mechanisms to communicate performance. Additionally, they suggest that professional organizations could help to focus on common and significant diagnostic errors within their specialties, similar to the Choosing Wisely campaign, or collaborate to improve diagnoses easily missed by isolated specialists.

Goal 5: Establish a work system and culture that supports the diagnostic process and improvements in diagnostic performance.

Systems design and culture can affect performance and information sharing. Leadership to develop non-punitive exchanges of information about diagnosis, diagnostic errors, and near-misses is critical to improve the process. Feedback from laboratory professionals to clinicians regarding test ordering, for example, can help to improve utilization of laboratory testing.

Goal 6: Develop a reporting environment and medical liability system that facilitates improved diagnosis through learning from diagnostic errors and near misses.

Changing the medical liability system is a lofty goal (one that has been recommended previously) yet it is a logical recommendation so that information from these types of errors can be used to inform changes to the diagnostic process. The obvious problem with this recommendation is that it requires a significant modification to the legal system to change the propensity to practice defensive medicine, ordering extra procedures to evaluate all possibilities.

The IOM recommends a voluntary reporting system be created at the federal level, and that state governments and other policy makers investigate patient-centric, patient safety-focused procedures other than the current system for resolution of medical injuries.

Goal 7: Design a payment and care delivery environment that supports the diagnostic process.

Current fee-for-service payment does not provide an incentive for team-based care, since there is no penalty for unnecessary diagnostic testing or even for inaccurate or delayed diagnosis. No reimbursement is provided for interprofessional consultation or for additional contact with patients. The IOM recommends that CPT codes, fee schedules, and electronic health records be redesigned to include "evaluation and management" services as incentive for a thoughtful and collaborative diagnostic process.

Goal 8: Provide dedicated funding for research on the diagnostic process and diagnostic errors.

Funding for research has primarily focused on specific diseases (clinical trials for treatment modalities, clinical practice guidelines) or on improvements to patient safety. Research which focuses on diagnostic error will be a key method to improve the diagnostic process. The report identifies numerous areas for research, many of which were mentioned in other goals, including evaluating patient and family engagement in the diagnostic process, education and training of healthcare professionals, issues specifically related to diagnostic errors, and the impact of payment models on the diagnostic process.

National Academies of Science, Engineering, and Medicine. 2015. Improving Diagnosis in Health Care. Washington, D.C.: The National Academies Press.

The book is available to download for free or to purchase at the National Academy Press website: www.nap.edu.

A video presentation discussing the report may be found at: http://iom.nationalacademies.org/Reports/2015/Improving-Diagnosis-in-Healthcare.aspx.

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President's Message

Barbara Snyderman, MLS (ASCP)^{CM}DLM^{CM}
ASCLS President 2015-2016

THE GIFT OF MEMBERSHIP

It is that time of year again! I want to extend my warmest wishes to you and yours for a wonderful holiday season and a fabulous new year. If you do not celebrate holidays, I extend my wishes to you and all members for peace and happiness. I appreciate all that you give to the society, whether through serving as an officer of your local society, participating on a committee, or being a faithful member.

As you read this article, you may be in the throes of holiday preparations, gift buying and partying. There is so much to do and so little time! Sometimes ASCLS business takes a back seat to all of this, but there is something you can do for yourself that might lighten your gift buying load just a little: Gift an ASCLS membership to a friend or co-worker.

I created the "Member Gift a Membership" program two years ago and several members have gifted memberships to friends who were interested in ASCLS. One purpose of the program was to introduce non-members to the organization. Another purpose was to allow members to gift a membership to someone in need who truly wanted to give back to the profession but may have been struggling financially. It is a wonderful gift for someone when you don't know what to buy.

How many times have we heard "membership dues are too expensive and that is why I don't join/renew," and you want me to spend twice as much to gift a membership? Let's put that in perspective: ASCLS dues have not been raised in years and are a great value! Most of the dollars spent on membership will be recouped if one attends just one conference a year, taking advantage of the member versus non-member rates. If you were to put just two dollars in a jar per week, your Professional I membership would be paid for in a year. Two dollars is less than most of us spend on just one coffee!

There are so many benefits to ASCLS membership! All new and renewing members receive six continuing education credits at no charge. Yes, there are many on-line, no-charge programs for continuing education available, but does sitting at a computer help you network? It is impossible to put a price on the value of attending a meeting and speaking with colleagues.

I hear many times that "I cannot get time off to attend the meeting." I have been in that situation many times over the years and because I felt it was so important to attend a meeting, I used some of my vacation time to attend. I think of attending our meetings as time with my ASCLS Family, an opportunity to see a new city and have lots of fun.

Crazy you say? Perhaps, but I don't think so! I met the man who would become my first sales manager at a state meeting. A few years later I met the owner of a contracting firm at a national meeting who would later hire me, which led to the position I have as a field technical representative. When my jobs required relocation, I could always count on local society members to be "instant family, tour guides and buddies" helping me get settled in the new area. I have always enjoyed networking with others and finding out that the challenges at my workplace were similar to those at other facilities. These benefits are PRICELESS!

When I was a laboratory supervisor and hiring staff, I always checked the candidates' resumes for professional activities and membership. I felt that potential employees who cared about their profession would make better staff members! Of course, membership was only one factor I used in choosing staff.

The colleagues who have become friends over the

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years are also valuable resources for finding a new position or consulting on a question for my laboratory. The vast knowledge of our membership and the varied positions in our field are so inspiring! I have read that medical laboratory scientists feel that social media exchanges are all they need to communicate with other professionals. I agree that some things are easier to accomplish with a quick tweet or message, but again, the human, face-to-face interaction is priceless. I love being able to pick up a phone—you all remember the phone—and have a conversation with a member when I have a question.

ASCLS has a very active Government Affairs Committee, and it, along with our Executive Vice President Elissa Passiment, keep the membership informed on issues that affect our profession. Ms. Passiment has testified on our behalf, attends meetings relating to such issues as laboratory developed tests, funding for education and reimbursement, to name just a few. These activities are impossible to do as individuals: there is strength in numbers and we need the support of every member by continuing to belong and by recruiting new members.

These are just a few of the many reasons I suggest you "gift" a membership to a friend. Don't be shy about why you are a member! Be proud!

I am sure that almost every one of you has at one time read an article featuring a young person who has asked family to donate to a charity or favorite cause instead of bringing gifts to a birthday party or receiving gifts for the holidays. Why not do the same? A membership in ASCLS beats another "interesting" holiday sweater or gadget that will end up in the garage! • • • • •

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committee could make final selection decisions.

In its third year, the Advanced Management Institute will be held in conjunction with the Annual Meeting. The pillar this year will focus on Finance. While the details for the AMI program are still being finalized, the AMI Program will appear in the ASCLS-2016 Preliminary Program that you should receive in March.

The AMSC committee spent a great deal of time discussing the overall format of the meeting, brainstorming ways to make the meeting more attractive to members and nonmembers alike. In addition, they discussed ways to make the meeting coincide better with the AACC portion of the meeting and the Clinical Laboratory Expo. By realigning the meeting to be more in sync with the Clinical Laboratory Expo, attendees will be afforded more time to walk the exhibit floor as well as more time to attend continuing education sessions. The committee is hopeful these changes will not only be appreciated by the regular attendee but will also attract many new attendees to this world class meeting.

As a result of the changes which the committee and the ASCLS Executive Committee approved, attendees to the 2016 ASCLS Meeting will notice the following format changes.

Governance

- The ASCLS Board meeting and most of the committee meetings will be held on Sunday, July 31st.
- The Issues Update & Open Forum, along with the candidates' presentation will be held on Monday, August 1st.
- Regional Caucuses will be held on Monday, August 1st and will include lunch.
- Students and New Professionals will have a full day of activities on Monday, August 1st starting at 8:00 AM and ending with the First Timer's and Student Reception & Student Silent Auction later that evening.
- The BOC and NAACLS update will be held on Monday, August 1st
- Scientific Assembly meetings will be held Tuesday morning, August 2nd and will include breakfast
- Elections will be held Tuesday, August 2nd.
- The Industry Awards, followed by a Plenary Session, will be held Wednesday, August 3rd in the morning with the Member Awards session later that same day in the afternoon.
- The ASCLS House of Delegates will be held on Thursday, August 4th from 2:00-4:30 PM.

Continuing Education and the Clinical Lab Expo

- The Clinical Lab Expo will be held as normal Tuesday, August 2 – Thursday, August 4 of the meeting. There will be dedicated exhibit hours for ASCLS attendees on both Wednesday and Thursday mornings.
- Continuing education sessions will be offered on Monday afternoon, all day Tuesday and Wednesday and Thursday morning.
- Attendees will be able to get 15 hours of continuing education credit hours if they attend all of the offered educational sessions, plus an additional 2 hours for completing the Exhibit Hall quiz. That's a total of 17 hours!

Social Events

- Tuesday night, August 2nd, attendees can dine with State Societies and Regions if desired.
- Wednesday night, August 3rd, the President's Reception and E&R Silent Auction will be held.
- Thursday night, August 4th, the Alpha Mu Tau banquet (by invitation only) will be held.

For those who normally attend the Board meeting through to the end of the ASCLS House of Delegates, you would most likely fly in Saturday night, July 30th or early July 31st and leave after the House on Thursday, August 4th.

For those not planning to attend the governance and only attend continuing education and the Clinical Laboratory Expo, you would most likely fly in Monday morning, August 1st and leave after the last CE session on Thursday, August 4th.

Watch for more information on the ASCLS Annual meeting in future publications and the ASCLS website. If you have specific questions, feel free to call or email the ASCLS office as well as email me as the AMSC Chair.

It's time to start making plans for July 31st -August 4th in Philadelphia. • • • • •

See you all there!

CENTRALIZED APPLICATION SERVICE (CAS): AN OVERVIEW

Janelle M. Chiasera, PhD
Chair and Professor, The University of Alabama at Birmingham
2015-2016 American Council on Education Fellow at Clemson UniversityAr

Healthcare is a large, complex, and expanding industry and the implementation of the Affordable Care Act, pressures to contain costs, expand access to care and improve health outcomes have focused even more attention on this industry. Over the past decade while the growth in non-healthcare sectors has been relatively stagnant, healthcare has been booming. Just five years ago Americans spent 2.6 trillion on health care, ten times the amount spent in 1980. This revenue boost has driven exponential job growth within this sector and this, among other things such as job security and very competitive salaries, has in turn, attracted an increased number of students who are interested in seeking careers in the health professions. Health professions programs that at one time processed 1-2 applications per available seat are now processing upwards of 15-20 applications per seat in some programs. For example, our physician assistant studies program has roughly 1200 applicants for 80 available seats beginning in 2016. The time, energy and money involved with processing this many applications has become overwhelming for programs and therefore, a large number of health professions programs now use some form of a Centralized Application Service (CAS) to help manage the student application process. In addition, applicants are applying to multiple programs and are demanding application processes that are streamlined, seamless, and technology-enabled with excellent customer service. Today, over 4,500 programs around the country have adopted a CAS that has been designed in consultation with and offered through their own professional associations. Refer to Table 1 (See Page 9) for a list of the CAS used for health professions programs, their cost, and the professional association through which these services are provided.

A centralized application service is a web-based or cloud-based full service system that provides students with a single, streamlined, and intuitive portal to upload one set of credentials that can be used for application to one or multiple health professions programs. For health professions programs, the CAS helps optimize their application and enrollment processes and, in most cases, provides programs with robust analytics to help them analyze their applicant pool at a very granular level so programs can focus efforts on attracting students most likely to enroll and succeed in their programs. Most CAS systems serve as an intermediary between the student and the programs by providing an online platform for students to upload application documents and provide them with customer service by telephone and email while simultaneously providing programs the ability to access applicants and track their application progress through portals such as a webadmit portal, reference letter portal, applicant portal, and a management portal. (Figure 1).

The cost to use a CAS depends on the company providing the service and whether or not you are a student or a program. Most systems are available free of charge to accredited programs or programs that are members of the affiliated professional organization. The system charges students a fee dependent on the number of institutions to which the student applies. Of the systems included in Table 1, all of them require a base fee, which includes application to one program, and an additional fee per additional school added. Of those listed in Table 1, the average base fee was $137.18 (high of $244 and low of $45) with an average additional program cost being $48.36 (high of $90 and low of $30) per additional program added. The fees vary per program and are set, in most cases, primarily by the affiliated professional organization in negotiation with the CAS company. In most cases, CAS systems require no implementation costs, no hardware costs, and no additional personnel required to operate the system. In addition, companies that provide these services also provide free online training and the availability of customized training, if needed.

The benefits of using a CAS include: 1) its efficient and applicant-focused approach; its streamlined processes, application validation rules that reduce unintended errors, and built-in alerts and reminders help applicants manage deadlines and keep apprised of their application status and omissions, 2) its customizable nature allows programs to configure pages based on their brand, include program-specific admissions criteria and program-specific scoring models, 3) its robust

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analytics allow assessment of your applicant pool at the granular level, 4) its paperless online system increases security and improves the accuracy of entered data, 5) its ability to create greater national exposure for your program to a pool of applicants who, more and more, are beginning their application process by searching for programs available through CAS sites, and 6) its real-time data feature allows programs easy access to the most current data to understand the most pressing applicant questions such as, where are the applicants coming from or what is the profile of your admitted applicants.

In 2014, a joint venture between the Association for School of Health Professions (ASAHP) and the Liaison International firm resulted in the launch of the Allied Health Centralized Application Service (AHCAS) for students in respiratory care, radiologic and imaging sciences, and clinical/medical laboratory sciences. Since its launch in 2014, there are 6 Universities or Colleges that have adopted AHCAS for programs they offer including B.S. and M.S programs in clinical laboratory science, M.S. programs in cytology, specialist in blood banking certificates, and A.S., B.S. and M.S. programs in respiratory care, to name a few. The AHCAS site offers a user-friendly dashboard that organizes the submission of application materials into 4 buckets, includes an easy to see progress bar that allows the applicant to assess completion of the 4 buckets, and includes a notifications box housing both recent notifications and critical alerts. (See Figure 2)

With the increase in the number of students seeking careers in the health professions, the increased need to assure we enroll a diverse mix of students who will be successful in our programs coupled with a generation of students who demand online, high quality and streamlined application processes, a centralized application service may be in your programs and the students best interests moving forward.

Figure 1: Role of the Centralized Application Services System

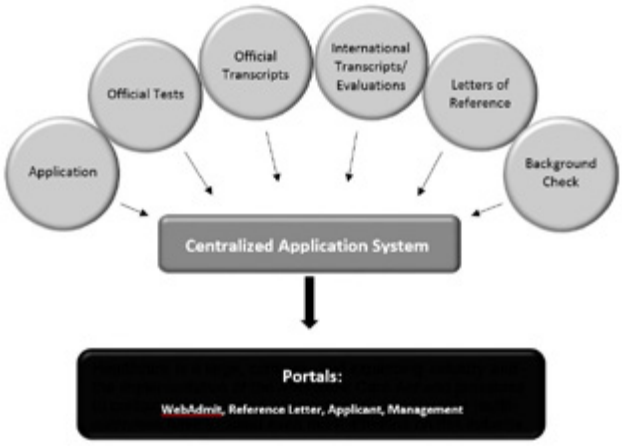

Figure 2: AHCAS Applicant Dashboard

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CAS: An Overview Continued From Page 8

Table 1: Centralized Application Systems, their Cost, and Associated Professional Organization

Centralized Application Service	Professional Association	Cost (Base fee/cost per addtl. Program)
Associated American Dental Schools Application Service (**AADSAS**)	American Dental Education Association (**ADEA**)	$224 / $90
Allied Health Centralized Application System (**AHCAS**)	Association of Schools of Allied Health Professions (**ASAHP**)	$95 / $40
The American Medical College Application Service (**AMCAS**)	Association of American Medical Colleges (**AAMC**)	$160 / $37
Central Application Service for Physician Assistants (**CASPA**)	Physician Assistant Education Association (**PAEA**)	$175 / $50
Health Administration, Management & Policy Central Application Service (**HAMPCAS**)	Association of University Programs in Health Admnistration (**AUPHA**)	$115 / $40
Nursing's Centralized Application System (**NursingCAS**)	American Association of Colleges of Nursing (**AACN**)	$45 / $30
Optometry Centralized Application Service (**OptomCAS**)	The Association of Schools and Colleges of Optometry (**ASCO**)	$125 / $45
Occupational Therapy Central Application Service (**OTCAS**)	American Occupational Therapy Association (**AOTA**)	$140 / $60
Pharmacy College Central Application Service (**PharmCAS**)	The American Association of Colleges of Pharmacy (**AACP**)	$150 / $55
Physical Therapist Central Application Service (**PTCAS**)	The American Physical Therapy Association (**APTA**)	$140 / $40
Schools of Public Health Application Service (**SOPHAS**)	Association of Schools & Programs of Public Health (**ASPPH**)	$120 / $45

NEW MEMBERS IN ASCLS SD ARE MOVING AND SHAKING UP THE LABORATORY!

Stacie Lansink, President ASCLS-SD

Over the past 18 months, the Board of Directors for ASCLS-South Dakota (SD) has focused energy on reaching out to students and practicing laboratory professionals. The emphasis has been on member concerns, needs and the future of laboratory science. So at face value this does not seem to be very different than what we have focused on in the past. However, asking, listening and acting should not be mutually exclusive. Asking the right questions and acting on the answers has become essential for the ASCLS-SD Board of Directors.

The ASCLS-SD Board of Directors decided that mentoring, information sharing and cultivating the thoughts, needs and interests of new members, whether they are seasoned laboratorians or just entering their careers has taken the society to a new level. South Dakota reached a record 201 members in 2015. Several factors influenced this increase in membership according to some of the members who had recently joined as young professionals: 1.) growth opportunities in a changing technological based career; 2.) mentors who are open and willing to listen to new ways of thinking not stuck in tradition; and 3.) what's in it for me.

So what are these members saying?

1. **Growth opportunities in a changing technological based career:** What young professionals do differently seems to be disturbing to seasoned professionals. The generation of instant gratification means young professionals are constantly looking at the market and willing to move or change direction on a somewhat instantaneous decision. The driving forces are higher wages, opportunities for flexible scheduling and a competitive market place.

2. **Mentors who are open and willing to listen to new ways of thinking:** The new generation of laboratory professionals is the "what if?" or "why not" generation. Variation from normal seems to be their normal. They are comfortable with change and in some ways seem to thrive on it. Routine is mundane and uninteresting. Therefore, as mentors, seasoned laboratory professionals need to step back and give young members a little room to demonstrate what they can do and how they want to do it while just providing some guidance and structure so the outcomes are of quality.

3. **What's in it for me?** This is a loaded question. Will I have the hours compatible with my personal life? Can I carry my phone with me so I am always accessible? Separation of work and play seems to be a fuzzy line to cross. If work is not engaging, exciting or challenging, the outlook is poor for the retention of new laboratory professionals. These young professionals are motivated by service to family, friends and others. Making a difference makes a huge difference in the new generation of laboratory professionals. It must be tangible and real.

The really interesting part of this entire story is this: it is not just young professionals or new students who are motivated. Whenever you bring in new and fresh ideas, seasoned professionals tired of the status quo or looking to grow and expand their personal and professional careers also get invigorated. The seasoned professional is re-energized by the young professionals and both groups collaborate and grow together. Success!

ASCLS-SD has committed to moving new members into leadership, committees, and on task forces. They have generated an enthusiasm that is, to say the least, contagious. In the past 18 months, members in ASCLS-SD have raised awareness of the important skills of laboratory professionals through service to their communities such as Be the Match Donor Drives, raising funds for charities and members in need, simply talking to others and interacting with other health care professionals. Knowledge and experience is essential in the laboratory and the profession, but new ideas and new visions are healthy and lead to new discoveries and growth.

So, what can you do? I am not telling you that you should throw caution to the wind, but do sit back, be flexible, embrace the new and see what happens. Shake it up, step out of your comfort zone and let those with new ideas take the lead…. Remember, new ideas do not only come from young of age, but also young at heart and those "new" members will help you revitalize and grow.

ASCLS CONSTITUENT SOCIETY MEMBERSHIP AWARDS

The Constituent Society Membership awards recognize those societies that have excelled in their efforts to recruit and retain members and have the greatest membership percent in the last calendar year. Each constituent society of the American Society for *Clinical Laboratory Science* is automatically reviewed for their accomplishments during the past year. The membership data used will be from January of the current year and be compared with the data from January of the previous year. There are three categories used for judging purposes:

- Greatest over-all percent in membership (all classes)
- Greatest increase in non-student members (recruitment of new student")
- Greatest percent retention of membership in the past year.

If you have any questions, please visit the ASCLS Awards and Scholarships web page, http://ascls.org/about-us/scholarships-and-awards-celebrate or email the Awards Committee at awards@ascls.org. • • • • •

NEW PROFESSIONAL AND NEW MEMBER FORUM SPOTLIGHT - BRANDY GUNSOLUS

Each month the New Professional and New Member Forum will be showcasing a member of our forum who exhibits pride in ASCLS and demonstrates hard work and leadership in his/her career. This month we are pleased to spotlight: ***Brandy Gunsolus.***

Brandy lives in Bossier City, LA. She graduated from Southeastern Louisiana University with a degree in Chemistry and a minor in Physics and Biology in 1999. She received her Bachelor's Degree in *Clinical Laboratory Science* from LSU in 2003. She has a Master's Degree in CLS from Rutgers University. Currently, she is enrolled at Rutgers earning her Doctorate in CLS. She is scheduled to graduate in May 2018.

After graduating in Chemistry during a recession, she was having a difficult time finding a job as a chemist. She eventually found a high school teaching position and realized she wanted to be back in the laboratory. A neighbor of hers was in a *clinical laboratory science* position and recommended she look into that field. She decided to go back to school and found a career that focused on every subject she loved: chemistry, biology and physics. She found her true calling.

It wasn't until later in her career that she wanted not only more for herself but more for her profession. That's when she started pursing her masters and her doctorate in CLS. Brandy states: "During my studies at Rutgers, Dr. Nadine Fydryszewski persuaded me to join the ASCLS family. I have now been a member for 2 years. I wish I had known earlier about the amazing networking opportunities as well as the work the organization does on behalf of all of us laboratory professionals."

Brandy is currently working as a laboratory manager at Healthplex Family Clinic and First Care Shreveport Physician Office in Shreveport, LA. Besides work and school, she enjoys watching her teenagers play football and baseball. She also announces for the home football games. She volunteers at various charity events in the local metropolitan area. • • • • •

A WARM WELCOME FROM THE STUDENT FORUM

Jazmen Myers, MLS (ASCP)CM
Vathani Logendran
Elizabeth Stepp LeFors, MLS (ASCP)CM

The 2015-2016 ASCLS Student Forum Officers would like to welcome you to the Student Forum! We are all so excited about what this year will bring from our elections in July to the next Annual Meeting in Philadelphia, PA in August 2016. We wanted to introduce ourselves, and let you all know what you can expect from your National Student Forum.

Hey y'all. I am Jazmen Myers, your ASCLS Student Forum Chair for 2015-2016, and the outgoing Student Forum Vice Chair for 2014-2015. I am thrilled to be able to represent you all for another year and be a part of our big ASCLS family. I graduated from the amazing Texas State University in August with my degree in *Clinical Laboratory Science*, and I recently became a certified Medical Laboratory Scientist through the Board of Certification (BOC). I just began working as a third-shift generalist at a small, state-of-the-art hospital in downtown Frisco, and I am very happy in the laboratory. In my spare time I enjoy reading, cooking, exploring new restaurants, concerts, and traveling. Being a Student Forum officer last year, I was able to see firsthand all the amazing people and processes that go into making the Student Forum great, not only for students, but for the entire organization. We are the future of ASCLS, and when we wholeheartedly invest in our future, we can ensure it will be a vivacious and promising one for years to come.

Hey everyone! My name is Vathani Logendran, I am the ASCLS Student Forum Vice-Chair, and I am incredibly excited and honored to continue being part of the wonderful community of ASCLS while representing you all. I'm from a college town in the Willamette Valley in Oregon. My life has encompassed a series of unique opportunities. After graduating high school, I went to Oregon State University where I received a Bachelor's in Science in Biology with an option in Marine Biology. While in college, I had the amazing experience of studying on the Oregon coast and doing a Research Experience for Undergraduates (REU) internship in Bermuda. I served two years with AmeriCorps, one of which was as a Team Leader. My experience as a Team Leader brought me the most challenging, but the most rewarding moments in my entire life. During my senior year of college, I fell in love with microbiology, and decided to go back to school and major in *Clinical Laboratory Sciences* at Oregon Institute of Technology. #lab4life! I am currently in my externship at a hospital in Southern Oregon, and I love every second! When I have a spare moment, I enjoy hiking, traveling, photography, and playing the violin. My future goals include volunteering for the Peace Corps or the Mercy Ship, scuba diving in the Great Barrier Reef, and working at the same hospital as my sister in Portland, OR.

Hello, everyone! I am Elizabeth Stepp LeFors, your 2015-2016 National Student Forum Secretary and the Colorado Student Forum Representative. Although currently from Fountain, Colorado, I grew up on a small farm in rural northeast Mississippi. After graduating from Mississippi State University in 2009 with a Bachelor's in Microbiology (and several minors), I worked as a Certified Nursing Assistant (CNA) and CPR instructor for six years. In 2014, I returned to school at the University of Colorado in Colorado Springs and the University of Nebraska Medical Center to get my MLS. I graduated this past May and passed my certification exam two weeks later. I currently work as a generalist at Memorial Hospital in downtown Colorado Springs where I did my clinical rotations. In my free time, I enjoy hiking, reading, crocheting, playing video games and Dungeons & Dragons, singing and playing the flute in the Pikes Peak Flute Choir. I am also the Vice President of a local chartering chapter of Sigma Alpha Iota, an International Music Fraternity for women. I look forward to serving you all this year and assisting you in making the most out of ASCLS.

This year, we have big goals and ideas we want to share with all of you ASCLS student members. We are holding another Yankee candle fundraiser this year to support student travel grants for the legislative symposium and annual meeting. When we meet our fundraising goal of $1,000, we will use the money to expand our fundraising efforts for years to come! This means more funding for you, and, therefore, more opportunities to network,

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A Warm Welcome From the Student Forum
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expand your professional knowledge, and be a part of the premier professional laboratory organization that cares about you. We also have plans to bring back e-newsletters to promote the Student Forum, and highlight the amazing students and young professionals who help make it great. Of all our ideas and goals, we are by far most excited about what we can bring to all of you via social media. With more students and professionals using Facebook and other outlets to communicate, we plan to take advantage of this technology and bring you some fun and informative activities and opportunities to help you succeed in and outside the classroom. Last but certainly not least, we have made some changes to the Student Forum Annual meeting agenda, and we cannot wait to share some of these ideas with all of you once we get farther along in our planning process. Vathani, Elizabeth, and I are so delighted to represent you this year, and we look forward to seeing what you have to offer ASCLS and the Student Forum. • • • • •

The Diversity Advocacy Council's Scholarship Contributes to Molding Future Medical Laboratory Scientists Active in ASCLS

Gianina Logan

The Diversity Advocacy Council's (DAC) scholarship was the impetus for me to join ASCLS and it was the initial encouragement I needed to become an active member of this wonderful organization. I needed some assistance to cover the tuition for my last semester of school to complete my MLS program; so I turned to the internet to search for scholarships. I found the Diversity Advocacy Council's scholarship. To qualify for the DAC scholarship, an applicant must be a member of ASCLS. I joined the organization the very next day. The scholarship application required two essays, a list of credentials, three recommendation letters and college transcripts. I gathered all of these things together, submitted them electronically and then waited eagerly to find out if I was awarded a scholarship. Three months later, I was thrilled to receive news that I was one of the selected scholarship recipients. I was invited to receive this honor at the ASCLS Annual Meeting's Awards ceremony in Atlanta. I thought this sounded delightful and I was very grateful, so I decided to attend.

This year's ASCLS Annual Meeting was the first professional conference I had ever attended. I enjoyed the mix of fun, networking and the diverse and interesting lectures on various aspects of the Medical Laboratory Science. As a student, exploring the thousands of booths and demos filled with cutting edge technology at the Clinical Lab Expo was an exciting and inspiring glimpse into the future of the laboratory.

I made sure to attend the Diversity Advocacy Council's meeting during the conference. I wanted to personally thank the group for continuing to host its scholarship program and I wanted to let them know what it meant for me personally. I found them to be an amazing, interesting, diverse (not surprisingly) group of energetic individuals dedicated to making meaningful contributions to this organization and the profession. They welcomed me warmly and immediately offered me more opportunities to stay involved and remain an active ASCLS participant. I was nominated and elected to hold a newly created position within the council as a liaison to another council. I was very excited about being able to volunteer in this way and grateful for the new connections.

I expected the Diversity Advocacy Council's scholarship to help me to defray the cost of attendance at George Washington University. I didn't realize how significant and important reaching out to this organization would turn out to be. I received a B.S. in Biology at a brick and mortar school, but had spent the previous year in a GWU distance learning program. The first time I met my professors in person was at the ASCLS Annual meeting. It was very nice to finally meet them; they were very encouraging and supportive, and I look forward to seeing them again when I relocate to Washington D.C to complete my clinical rotations in the spring. I was also very happy to meet Norma B., whose Facebook posts in an online MLS group I have enjoyed reading and gathering great advice from for years. I also met Haiti Mary, who has been very inspiring to me as well. I became even more excited about beginning my career when finding out about adventurous, inspiring careers other ASCLS members have created. For me, the greatest reward of winning this scholarship is that I am now more prepared for the future and happily looking forward to it. • • • • •

HEALTHCARE'S MOVE FROM PATIENT SATISFACTION TO PATIENT EXPERIENCE: ONE LABORATORY'S STORY

Kim Von Ahsen, SLS(ASCP)CM
Region VI Director

Challenges in healthcare are a day to day expectation; a recent one was posed to the UnityPoint Health – Des Moines Clinical Laboratories – how could our Outpatient Laboratory increase patient satisfaction scores through improving the patient experience?

The answer to the challenge seemed simple; we just needed to keep doing a great job, right? As the Manager, I reviewed our Press Ganey survey comments and scores; they were really good outside of some of the things we believed we couldn't control; for example, delays in the registration process, incomplete orders, or lack of information from ordering provider about tests to be done. We had worked over the years to increase our survey scores, but this time the organization had rallied a new team around the issue, the PX Outpatient Services Action Team. (PX = Patient Experience!)

The topic of payment and reimbursement for clinical laboratory services is one of which the laboratory profession has become more aware and educated about through the efforts of ASCLS. Continued cuts in reimbursement to the Clinical Laboratory Fee Schedule (CLFS) and the upcoming Protecting Access to Medicare Act (PAMA) in 2017, in which most rates of the CLFS will be derived from private payor rates for laboratory services, have placed many of our services at risk. However, all of these cuts to the CLFS are not the only forms of government measures that impact the laboratory. The implementation and expansion of the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) survey by the Centers for Medicare and Medicaid Services (CMS) that sets one's overall institution's payment for services, can also affect the laboratory's operating and capital budget.

Healthcare Landscape, Payments, and the Patient
The landscape around patient experience in healthcare is shifting dramatically in part due to the HCAHPS and the Value-Based Purchasing (VBP) program. The VBP links a portion of hospital payment from CMS to performance on a set of quality measures determined by the HCAHPS Survey. The eight HCAHPS measures, called "dimensions" are:

1. Communication with nurses
2. Communication with doctors
3. Staff responsiveness
4. Pain management
5. Communication about medicines
6. Discharge information
7. Cleanliness and quietness
8. Overall rating of hospital

While our organization is currently using HCAHPS for inpatients and Press Ganey for outpatients, the reality is the satisfaction of outpatients is often not separated from their hospital experiences and vice versa. To ensure positive responses to the HCAHPS survey, we needed to ensure our patients' experiences were positive and exceeded expectations.

Patient Satisfaction versus Patient Experience
Patient satisfaction is simply defined as the patient's opinion of the care received and this is measured by a survey. However to truly improve that opinion, the belief is you have to focus on the experience which, according to the Beryl Institute, "is the sum of all interactions, shaped by an organization's culture, that influence patient perceptions across the continuum of care."[2] By focusing on the whole experience rather than too narrowly on the specific questions of the survey, an organization can have a broader impact on the patient's care.

Initiatives Implemented to Improve the Patient Experience
Nose-Blind Activity: Like the Febreeze commercial, staff were asked to identify situations in our departments that make a patient feel especially vulnerable, anxious, and scared. Once identified, scripting potential "Words that Work" activities were developed for these situations.
Words that Work: The concept and tactical use of words that convey trust, build loyalty and provide compassion and empathy. Staff identified words or phrases that didn't work such as "I don't know, that's not my job" and developed replacements like "I apologize that you didn't get (issue), let me see how I can help or who I can get come address it for you."
AIDET: Staff utilized the framework of AIDET (Acknowledge, Introduce, Duration, Explanation, and Thank You) to

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One Laboratory's Story Continued From Page 14

communicate with each and every patient during the laboratory visit and procedure.
Patient Rounding: Staff were trained to round on patients in the waiting room every 15 minutes to provide updates on delays, inquire about any concerns or needs they might have, and ensure them they are important.
Hard Wiring Behavior: Leadership & Peer Observation of expected behaviors were implemented at 30, 60 and 90 days along with annual assessment as part of employee competency standards.

Measuring Outcomes
The PX Outpatient Services Action Team selected two questions from the Press Ganey survey to measure the outcomes of the initiatives:
1. Waiting time in the registration area
2. Our concern for privacy
The 2014 baseline mean score and the monthly results (our scores are increasing!) are shared with the laboratory staff along with all patient comments. Individuals are recognized with gift cards when a patient gives them a positive review on a survey to reinforce those behaviors.

By engaging the laboratory staff in conversations about the patient experience, it allows them to be empowered and take an active role – they recognize themselves as part of the continuum of care that creates that patient's experience. Our greatest achievement has been a cultural shift by the laboratory staff to be more mindful of how we speak, to view events always from the patient's perspective and not our own, and that our work is important to the patient, especially at that moment.

	2014	July	August	September
Waiting Time in the Registration Area	79.5	80.8	82.3	83.8
Our Concern for Privacy	89	91.9	92.1	92.1

References:
1. http://www.hcahpsonline.org Centers for Medicare & Medicaid Services, Baltimore, MD accessed October 1, 2015.
2. http://www.theberylinstitute.org/ Beryl Institute, Bedford, TX accessed October 1, 2015.

RHD Genotyping for Weak D in Blood Recipients

Justin R. Rhees, M.S., MLS(ASCP)CM,SBBCM

The College of American Pathologists (CAP) and AABB have recently recommended RHD genotyping to determine the cause of weak D phenotype in patients.[1] Weak D testing requirements for blood donors differ from those of blood recipients because a unit from a blood donor that weakly expresses the D antigen should be labeled as Rh-positive. In contrast, if detection of a weakly expressed D antigen in transfusion recipients is missed, the patient would be safely managed as Rh-negative, thus avoiding potentially Rh-incompatible blood products. However, there are different genetic causes of weak D antigen expression that impact certain clinical issues, including unnecessary transfusion of Rh-negative red blood cells (RBCs) and the use of Rh-immune Globulin (RhIG).

The D antigen present in most Rh-positive individuals is a non-glycosylated, transmembrane protein expressed in high numbers that produces robust reactions with commercially available anti-D antisera. Over 90% of weak D phenotypes are caused by single nucleotide mutations in the RHD gene that lead to altered D antigen expression in the transmembrane regions or within the cell, not at the cell surface, where the immune system might recognize the alteration as foreign. It is estimated that 2% or less of Caucasians express the weak D phenotype, while the incidence of this phenotype in individuals of African ancestry is higher.[1]

Of the over 75 identified weak D variants, the most commonly inherited types are type 1 RHD(V270G), 2 RHD(G385A), and 3 RHD(S3C).[3] Each of these contributes to a weak D phenotype that is considered to be Rh-positive. The rare partial D phenotypes, most of which encountered in the U.S. are among individuals of African ancestry,[1] can occur when portions of the RHD gene are substituted by corresponding portions of the RHCE gene. The weak D phenotype cannot always be detected without performing a serologic weak D test and, according to a 2014 CAP survey of more than 3100 laboratories, there is a lack of standard practice in the U.S. concerning both the performance and interpretation of weak D testing.[1]

The majority of cases of weak D antigen expression are considered to be Rh-positive and are safely managed as such. However, partial D phenotypes lack certain antigenic determinant sites and there is a risk of alloimmunization against the missing epitopes, if inadvertently exposed to the D antigen through transfusion of Rh-positive RBCs or exposure during pregnancy. RhIG is appropriate for the Rh-negative mother whose baby carries the D antigen and for mothers who may serologically type as weak D positive due to the rare partial D phenotype. In cases of partial D expression, however, because the result of the serologic weak D test may be positive, the mother may be inappropriately managed as being Rh-positive, forgoing doses of RhIG and potentially receiving transfusions of Rh-positive RBCs. This may result in stimulation of alloanti-D antibodies. The partial D phenotype can often be identified by a panel of monoclonal anti-D reagents, but the test is both time consuming and costly. There have been over 30 reports of patients presumed to have the partial D phenotype who formed an anti-D antibody, although the percentage of partial D individuals who form anti-D after pregnancy or transfusion is unknown.[2]

According to current AABB Standards, the weak D test for transfusion recipients is unnecessary, with the exception of RBCs from a fetus or newborn of an Rh-negative mother to determine the mother's candidacy for RhIG.[4] Many transfusion services do not perform Weak D testing on transfusion recipients for this reason. Routine weak D testing and follow up with RHD genotyping can help identify the approximately 2% of individuals expressing the phenotype and conserve the Rh-negative RBC inventory and prevent unnecessary injections of RhIG. Is it worth the cost of performing the testing? Furthermore, if weak D testing is not routinely performed, most partial D cases would appear to be Rh-negative and patients would be safely managed as such. According to the Interorganizational Work Group on RHD Genotyping, serologic weak D testing followed by RHD genotyping in pregnant women and intended recipients of transfusion could potentially prevent 24,700 unnecessary ante- and postpartum RhIG injections per year and save approximately

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RHD Genotyping for Weak D in Blood Recipients *From Page 16*

47,700 Rh-negative RBCs from being transfused annually in the U.S. by instead transfusing Rh-positive RBCs to weak D patients.[2]

Although there are no RHD specific genetic tests on the market with FDA approval, several methods are currently available. BloodChip (Progenika-Grifols Laboratory, Medford, MA) tests for over 100 of the more common weak and partial D types. RHD sequencing (Medford/San Marcos) can be performed to differentiate weak D types 1, 2, or 3. Agena Bioscience™ uses a MassARRAY® technology involving multiplex end-point PCR and single base primer extension followed by mass spectroscopy analysis, which detects Rh variants. Immucor offers a BioArray™ specific RhD bead chip, which detects nearly 50 different D types, including types 1, 2, or 3, and can discern weak D from partial D. Bio-Rad's FluoGene D weak/variant kit is projected to be available this year and can differentiate weak D from partial D. It is reported to have a two-hour turn-around time from extraction to interpretation and does not require a clean room.

1. Sandler SG, Flegel WA, Westhoff CM, et al. It's time to phase in RHD genotyping for patients with a serologic weak D phenotype. Transfusion. 2015;55:680-9.
2. Sandler SG. "It's Time to Resolve Serological Weak D Test Results Using Molecular Methods." (9214-TC). AABB Annual Meeting Presentation. October 26, 2014.
3. Wagner FF, Flegel WA. The Rhesus site. Weak D types by number. http://www.uni-ulm.de/~fwagner/RH/RB/ (accessed 08/11/2015).
4. Leavitt J, editor. Standards for blood banks and transfusion services. 29th ed. Bethesda (MD): American Association of Blood Banks; 2014.

ASCLS OMICRON SIGMA

Nominations for ASCLS Awards will soon be here. It will be time to recognize those ASCLS members who have consistently provided the Voice, Value and Vision of our society to all they serve. To recognize these dedicated individuals, think about nominating them for the Omicron Sigma Award. Omicron Sigma is the ASCLS Honor Roll for outstanding service! This award recognizes members at the National, Regional and Constituent Society levels. Though all members of ASCLS are of value to us, there are some members who go above and beyond in their dedication to our society. So, please nominate these deserving individuals for an Omicron Sigma Award! It is a wonderful way to show them how much they mean to us and how much we appreciate all their efforts. Let your leadership know today of someone who is worthy of being nominated for an Omicron Sigma Award! Deadlines are approaching fast.

Instructions, deadlines and additional information can be found at:
http://ascls.org/about-us/scholarships-and-awards-celebrate
Look under the column on the right for "Omicron Sigma".

Deadlines are as follows:
ASCLS President for **national level** awards:
February 1, 2016
Regional Directors for **regional awards**:
February 15, 2016
Constituent Society Presidents for Constituent **society/state** awards: **March 1, 2016**

*Note: Constituent society presidents, please check your membership list to ensure that your nominees are current members of ASCLS. Then use the EXCEL file that will be forwarded to you by your Regional Director. This file includes national and regional nominees from your society so you can check to avoid duplications. Once completed, please e-mail the form to awards@ascls.org.

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