



Welcome to Chicago!

Yolanda Garcia

Hello ASCLS! I look forward to welcoming everyone to my beautiful city, Chicago, IL this summer for our annual ASCLS meeting. After the winter we have experienced, we feel we have earned our summer and you can believe the city will be more alive than ever! Although many of you have likely been to our city in the past, it's also likely you have not experienced even a fraction of all the city has to offer. Why should you come to Chicago? Let me give you 7 reasons!

- **Food.** Chicagoans love to eat and we have some of the best cuisine in the country! From the highest of high end: Chicago is home to 23 Michelin starred restaurants, including the world famous Alinea. We are also home to many celebrity chefs including Rick Bayless, Homaru Cantu, and Grant Achatz. But we don't only do high end! Chicagoans feel just as fancy when dining at the finest of deep-dish pizza and Chicago Style hot dog joints. There are also many options to fit a range of budgets, such as the delicious Café Iberico (a personal favorite) which features Spanish style tapas, Las Tablas, an Argentinean style steak house, and Toro sushi, which serves, what else, sushi!

As for pizza, deep dish is boss in this city. Here is just a small sampling of the more famous places to experience Chicago deep-dish style pizza: Lou Malnati's, Gino's East, Giordano's, Pequod's Pizza, and Pizzeria Uno. But we also know how to enjoy some traditional thin Neopolitan style pizza. For this I suggest you venture north to Spacca Napoli's Bufalina.

- **Festivals.** Because we suffer through some really difficult winters, Chicago knows how to throw a summer time festival, and we have plenty! What will be going on in Chicago when you are in town

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Overview of CLS Licensure in Montana: 21 years of Defending the Value

Vicki Rice, MLS(ASCP)^{CM}

Twenty one years ago, ASCLS-MT and our supporters introduced the idea to our state legislature that if your barber and your plumber need to have state licenses to serve you, how about those who perform your medical laboratory tests? With concerted effort, a core of dedicated professionals, and a strong focus on patient safety, licensure for CLS practitioners was established in the state of Montana in 1993. Currently there are only 12 states requiring a state license for CLS practitioners; those states are California, Florida, Georgia, Hawaii, Louisiana, Montana, Nevada, New York, North Dakota, Rhode Island, Tennessee, and West Virginia. Many professional groups have attempted to achieve the state licensure standard and have yet to succeed.

CLS licensure in the state of Montana is administered by a volunteer board of professionals (4) and a citizen member along with some carefully calculated assistance from state legal and administrative staff. Qualified applicants can become licensed for a year for a fee of \$65.00 and to renew annually must certify they have earned 14 hours of continuing education in that

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President's Message

*J.R. Constance, MHA, MLS(ASCP)^{CM}
ASCLS President 2013-2014*

Share Your Passion – Do the Heavy Lifting! Part 2

Welcome to the second part of my article focusing on how members of ASCLS are doing the “Heavy Lifting” within the profession of Medical Laboratory Science. In the first part I made an attempt to define heavy lifting as it relates to Medical Laboratory Science, and also provided a specific example of how our ASCLS representatives to the Board of Certification (BOC) are representing both ASCLS and the profession with the BOC.

In part two we focus on a few of the other ASCLS representatives to other organizations. You will remember ASCLS has multiple representatives to other laboratory or healthcare related organizations, including the American Hospital Association (AHA), the International Federation for Biomedical Laboratory Science (IFBLS), The Joint Commission (TJC), the Clinical Laboratory Standards Institute (CLSI), the Coordinating Council for the Clinical Laboratory Workforce (CCCLW), the Health Professions Network (HPN), the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS) and the Board of Certification Board of Governors (BOC). Our representatives to these organizations certainly do their share of heavy lifting by representing both ASCLS and the profession of medical laboratory science.

This article focuses on our representatives to The Joint Commission, the Coordinating Council on the Clinical Laboratory Workforce and the International Federation of Biomedical Science.

Bill Hunt has been with The Joint Commission on behalf of ASCLS for 4 years. The Laboratory PTAC is one of six Professional Technical Advisory Committees (PTAC) at The Joint Commission. The PTACs are an integral part of the Joint Commission's advisory structure. By representing the views of a diverse group of professional associations and other interests and by

providing expert advice, PTAC representatives assist The Joint Commission in the development and refinement of standards and elements of performance. In addition, each PTAC provides observations regarding environmental trends, educational needs, and other important issues facing each of the fields in which The Joint Commission offers accreditation services. The LABPTAC reviews all proposed laboratory Joint Commission standards and evidence of performance. In the final analysis, PTAC representatives are expected to be proponents of their respective bodies of knowledge to The Joint Commission, and proponents of The Joint Commission to their constituents.

In January 2012, Bill was elected to Vice Chair of the Laboratory PTAC and therefore represented the Laboratory PTAC at The Joint Commission Standards and Policy Committee, which develops, evaluates and improves The Joint Commission standards, the associated evidence of performance, and National Patient Safety Goals (NPSGs).

After his term as Vice Chair Bill was elected Chair of the Laboratory PTAC, beginning in January 2014. In addition to chairing the Laboratory PTAC meetings this role works closely with the Laboratory Executive Director of the accreditation program to set agendas. The chair also attends Board of Commissioners meetings as an observer. The chair may be asked to represent the PTAC's view on issues before the Board.

Past President Paula Garrott is our representative to the Coordinating Council on the Clinical Laboratory Workforce (CCCLW). The CCCLW developed from a Summit on the Clinical Laboratory Workforce organized by ASCLS when Jim Griffith was president. ASCLS invited the leaders of all of the laboratory organizations as well as other stakeholders, and based

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Steps to Improving Practice: Practical Lessons from the CDC LMBP™ Initiative

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The Laboratory Medicine Best Practices program (LMBP™) is a collaborative initiative of the Centers for Disease Control and Prevention (CDC) established to identify evidence-based laboratory practices and to define quality performance measures. LMBP™ engages laboratory professionals, physicians, nurses, scientists, researchers, and other health care system representatives. This diverse audience includes experts who may participate in LMBP™ activities by serving as members of a LMBP™ Workgroup, an Expert Panel, and/or a Systematic Review Team.

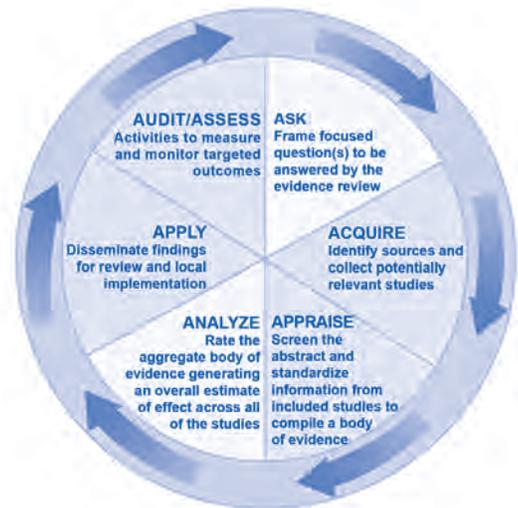


Figure 1.A-6 Cycle Method

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Phlebotomists Among Fastest Growing Job Sector

The U.S. Department of Labor's Bureau of Labor Statistics recently listed phlebotomists among the fastest growing occupations of all industry sectors. According to the Department of Labor (DoL), "employment of phlebotomists is projected to grow 27 percent from 2012 to 2022, much faster than the average for all occupations." That's 17 percent faster than other healthcare support occupations and more than twice as fast as the average for all job titles.

As the Center for Phlebotomy Education's Executive Director, I find this to be encouraging, but not surprising. Since physicians rely on lab tests for the vast majority of objective information on the health status of their patients, phlebotomists are indispensable to healthcare. They perform the most commonly conducted invasive medical procedure, which can't be automated.

The DoL agrees. "Blood analysis remains an essential function in medical laboratories and hospitals," according to the bureau's job outlook for the profession. "Demand for phlebotomists will remain high as doctors and other healthcare professionals require blood work for analysis and diagnoses."

The Bureau reports there were 100,380 phlebotomists employed in the U.S. in 2012. California leads all states with 10,070 employed phlebotomists. The average national wage paid to phlebotomists is \$14.86. Forty percent of phlebotomists work in hospitals, 26% work in medical and diagnostic laboratories and 9% work in physician offices. Eighteen percent work in other ambulatory health care services.

The report states employment prospects are best for phlebotomists who receive certification from reputable organizations.

The Center for Phlebotomy Education serves as an educational resource to all healthcare professionals who perform, teach, and manage blood collection procedures. Its staff of subject-matter experts lecture internationally, contribute to scientific and trade publications, chair committees that develop standards for the industry, and develop educational materials for international distribution.

Welcome to Chicago From Page 1

for the meeting (July 29th through August 2nd)?

Chicago Farmers Market: The markets will be open at Daley Plaza and citywide from May - October.

Millennium Park Film Series: Movies in the park at sundown! The film series will take place at the Jay Pritzker Pavilion from June 24-Aug. 26.

18th Annual Chicago Summer Dance: Dance lessons and live music at Grant Park will be from June 27-Sept. 14.

Made in Chicago: World Class Jazz: The festival will be at Millennium Park from July 24-Aug. 28.

More information on local festivals can be found at <http://www.events12.com/chicago/july/>

- **Lakefront and Downtown.** Where else can you get to experience a large urban city with wonderful food and fun and also get a beach! The beach front and lake are always a great way to unwind and take in some sun after a long day at meetings and mingling. Boat tours during the summer are ongoing and you can even book a dinner cruise on one of the many boats that line up along Navy Pier. Chicago is also very bike friendly and we have bikes available for rent all through downtown and throughout the city. Located in the heart of downtown, Millennium Park was unveiled in 2004 and features four major artistic highlights: the Jay Pritzker Pavilion, Cloud Gate, the Crown Fountain, and the Lurie Garden. Check out http://www.cityof-chicago.org/city/en/depts/dca/supp_info/millennium_park.html to see more photos and plan your trip ahead of time.
- **Architecture.** Before I ever visited another city, I thought everyone's downtown was as lively and ornate as Chicago's. Boy was I wrong! I have yet to visit a city with the diverse beauty of architecture found in Chicago. Many tours are available to take in the architecture, including Segway tours, walking tours, and river boat tours which wind up and down the Chicago River. There are many companies you can reach out to for these tours, but here is a good place to start: <http://www.architecture.org/tours>

- **Shopping.** Be ready to do some power shopping while you are here, especially since we will be right on Michigan Avenue, where some of the most high end shopping in the city can be found. Chicago is a leading center for fashion and design; you can find not only haute couture but also local boutiques and unique ethnic stores.

- **Theater.** Enjoy a Broadway show without the Broadway prices! We have many local theaters that host eclectic shows and theater houses that host large musicals. Check out this site to see what will be in production while you are visiting: <http://www.theatreinchicago.com/>

- **Museums.** Chicago is home to over 40 museums, but the most famous and popular to visit are the Field Museum, home to the T-Rex Sue, the Shedd Aquarium, and the Museum of Science and Industry. Not far from the hotel where ASCLS will be is the Art Institute, one of the world's leading art museums with over 300,000 works, including an extensive impressionist and post-impressionist collection.

I really could go on and on describing all the wonderful things to do in Chicago! Do you like sports? In the summer time baseball is king and we have the White Sox and the Cubs! You can check the individual schedules to purchase tickets for a game while you are here.

Weather wise we should be warm to hot and humid in late July- August so prepare for weather anywhere from 60F to 100+F. In Chicago the weather is as predictable as whether the Cubs will win a world series! (just a little joke for my Cubbie fans!) So plan ahead and bring layers. As always, the meeting rooms will be cold so bring a sweater.

Getting around in Chicago is also very easy. We have the famous "L" train lines and buses that run on main avenues. You can find more information on <http://www.transitchicago.com/>. New to Chicago is the Divvy bike sharing system which is also utilized by commuters (<https://divvybikes.com/>).

I look forward to meeting many of you at the ASCLS meeting and I know no matter where you decide to go in Chicago, you will enjoy Midwestern hospitality and a vibrant city that loves to showcase its people and attractions!

Staying in the Know about Bioterrorism

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Professor
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Doisy College of Health Sciences
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The attack on 9/11 and the intentional release of *Bacillus anthracis* through the U.S. Postal Service (USPS) alerted the world to terrorism and bioterrorism respectively. Bioterrorism has now been defined as a planned and deliberate use of pathogenic microbes or toxins to spread devastation and life-threatening disease. The USA response to bioterrorism included the passage of two laws: Uniting and Strengthening Americans by Providing Appropriate Tools Required to Intercept and Obstruct Terrorism (PATRIOT) Act of 2001 and the Public Health Security and Bioterrorism Preparedness and Response Act (Bioterrorism Act) of 2002. These laws, generally speaking: (i) restrict possession and use of materials capable of producing catastrophic damage; (ii) prohibit possession of biologic agents or toxins not justified by peaceful purposes; and (iii) require institutions to notify the Department of Agriculture of possession of "select agents". Select agents are specific viruses (e.g., those causing hemorrhagic fevers), bacteria (e.g., *Bacillus anthracis*, *Clostridium botulinum*, *Yersinia pestis*) and toxins (e.g., ricin, clostridial toxins, shigatoxin). These agents of bioterror have been divided into three categories. Category A agents present greatest impact and highest risk because they are easily disseminated and have high mortality rates (e.g., *B. anthracis*, *Y. pestis*). Category B agents are moderately easy to disseminate and have moderate mortality rates (e.g., *Brucella*, *C. perfringens* toxin) and Category C contains emerging pathogens (e.g., multi-drug resistant *Mycobacterium tuberculosis*).

Besides categorization of bioterrorism agents, response to these agents has been categorized into biosafety levels (BSL). A BSL is a set of standard procedures, safety equipment and facilities designed to minimize exposure to infectious agents. BSL-1 facilities are designed for safe handling and testing of microbes not usually associated with human disease and require minimal safety procedures and equipment (e.g., water testing facility, high school teaching

laboratory). BSL-2 facilities are designed for safe assessment of microbes known to cause human disease but not readily transmitted. Class II biological safety cabinets are recommended for BSL-2 facilities, the category of most clinical laboratories. BSL-3 facilities have restricted access, separate ventilation systems for microbe containment and are designed for microbes that produce serious disease. BSL-4 facilities have very strict precautions and requirements (e.g., containment suits) and are for microbes with very high risk of serious disease and no available treatment or vaccine.

In an effort to increase responsiveness and create a nation-wide ability to rapidly detect covert or overt deployment of bioterrorism agents in the USA, the CDC, FBI, United States Army Military Research Institute of Infectious Diseases (USAMRIID) and Association of Public Health Laboratories (APHL) established the Laboratory Response Network (LRN). The goal of the LRN is to decentralize testing capabilities and link state/local laboratories with advanced capacity testing laboratories. The LRN is a three-tier system of laboratories: sentinel, reference and national. Sentinel laboratories are located within the community (e.g., hospital labs) and have microbiologic capabilities, BSL-2 level facilities and established protocols to rule out/in presence of suspect agents. The role of the sentinel lab is to recover and refer suspicious isolates to reference labs that have technology and reagents for identification and confirmation testing of pathogens. Reference labs may be within state public health departments or Department of Defense (DOD) medical center labs. Confirmed bioterrorism agents are sent to a national laboratory, such as the CDC or USAMRIID for definitive characterization as bioterrorism agents.

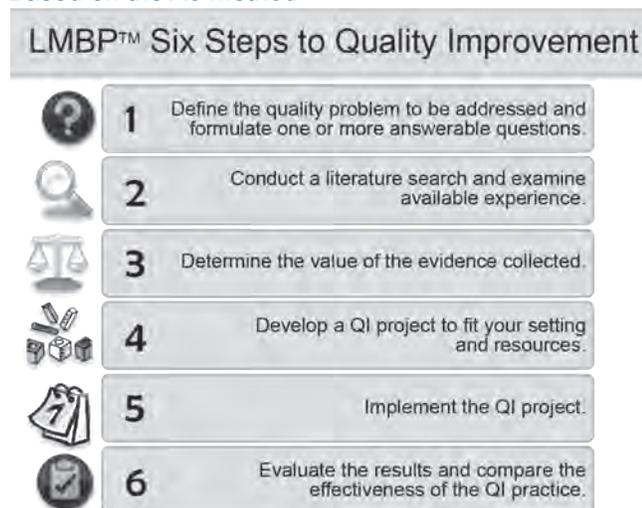
Rapid communication among sentinel, reference and national labs is essential. Chain of command is as follows: sentinel lab ascertains whether microbial isolate may be a suspect/select agent; reference lab performs microbe identification; and national lab performs definitive assessment. The FBI has primary responsibility for identifying bioterrorism since the event is, first and foremost, a criminal investigation. FEMA assumes the lead role in consequence management and receives assistance from many federal agencies (DOD, DOE, DOT, EPA, USDA, DHHS).

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Practice From Page 3

To meet the shared goal of increasing evidence-based practices, the initiative employs two approaches developed by LMBP™: the A-6 cycle method for systematic reviews (see Figure 1) and the six basic steps of quality improvement (QI) (see Figure 2). The two approaches align to build the body of evidence necessary for developing evidence-based recommendations. Key concepts and important points from each approach are summarized in two LMBP™ e-learning modules. Audiences who may benefit from the content of the modules include laboratorians, clinical laboratory science program educators, physicians, healthcare administrators, students, program managers, health researchers and others interested in laboratory quality improvement. This article focuses on the second module in the series, “Application of Laboratory Medicine Best Practices Initiative (LMBP™) A-6 Methods for Laboratory Practitioners.” The first module is an introduction to evidence-based methods of systematic reviews for laboratory quality improvement¹.

Figure 2. The Six Basic Steps of QI- Based on the A6 Method



The content of the second module was developed in response to challenges encountered by the LMBP™ team during the development of the A-6 cycle methods. LMBP™ pilot projects conducted from 2006 through 2010 evaluated the feasibility of collecting unpublished QI data from healthcare organizations. In searching for evidence our team discovered that one reason laboratory QI studies were rarely published was that many QI projects failed to meet minimum research standards for good study design. This module in the LMBP™ series, “Application of Laboratory Medicine Best Practices Initiative (LMBP™) A-6 Methods for Laboratory Practitioners”

presents concepts and study design considerations that may produce stronger QI studies.

The second LMBP™ module outlines quality improvement study design and implementation by using scenarios from LMBP™ published articles, periodic knowledge checks, and hyperlinks to resources (journal articles, modifiable templates, and collaborative websites). This approach creates a framework to acquire knowledge while immediately accessing A6 method tools. The modifiable templates in the module can be helpful in developing QI projects in your laboratory. The “LMBP Study Quality Appraisal Checklist” and a “QI Summary Form” provide aids in implementing LMBP studies.

The module uses peer-reviewed publications of LMBP™ practice recommendations to provide examples of the rigor (or quality) of QI studies which positively and negatively affect systematic reviews. The articles highlight the value and benefit of applying the A-6 cycle method versus other common approaches. For example, the article “Effectiveness of Automated Notification and Customer Service Call Centers for Timely and Accurate Reporting of Critical Values: A Laboratory Medicine Best Practices Systematic Review and Meta-Analysis,” focused on best practices for timely and accurate communication of critical test results.² Instead of using a six sigma approach or performance improvement process, the A-6 cycle method provided a comprehensive approach of a systematic review, evidence grading and statistical meta-analysis to identify the multiple factors that impact timely critical value notification. The findings indicated a customer service call center in an in-patient setting was the best evidence-based practice for timely critical value notification when compared to an automated notification system with the associated benefits of a decreased time to treatment and a shortened length of hospital stay. The key elements of these recommendations are featured in the module as models of critical analysis of quality gaps, the collaborative approach to study design, and opportunities for disseminating findings.

During the first 5 months after this LMBP module was launched, there were 216 course registrants and 133 individuals completed the post-test. The registrants varied in educational background with most of the registrants

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Figure 3. Number of Module Users by Education Level (June 2013-November 2014)

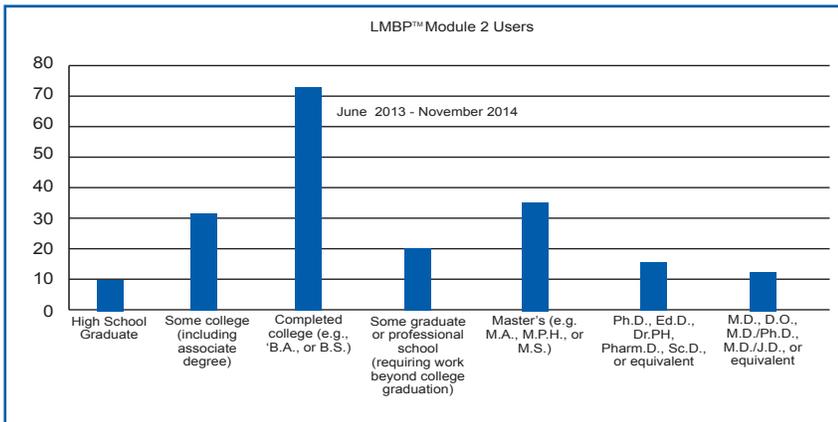


Table 1. Number of LMBP e-Learning Module Users by Continuing Education Credit Type

Credit Type	Registered	Completed
CME* (for Physicians)	19	7
CME (attendance for non-physicians)	78	50
CEU** (for other professionals)	100	63
CECH*** (for certified health education specialists)	9	8
Audit	10	5
Totals	216	133

Education Units, ***Continuing Education Contact Hours
 *CME-Continuing Medical Education, **Continuing

(34%, n=74) reporting their highest level of education as a baccalaureate degree (see Figure 3). Table 1 presents the registrants by the type of continuing education units (CEU) requested. The majority of registrants (46%, n=100) selected the International Association for Continuing Education and Training (IACET) CEU option, recognized by thousands of organizations worldwide. Successful completion of the post-test required a passing score of 75% (6 of 8 questions answered correctly). Of the 133 individuals that completed the post-test, 65% met the passing score.

Qualitative comments from learners confirmed the necessity and relevance of the module content. One learner reported a gain of “new ways to analyze a project prior to validation and implementation.” Other comments from participants included the following:

Evaluation item: Which resources, if any, are you **most likely** to use in your current position and how?

- ◆ “Plan on using information from www.futurelabmedicine.org website to help implement new procedures with our new LIS.”
- ◆ “LMBP Study Quality Appraisal Checklist and A-6 [cycle method]”
- ◆ “QI summary form”

Evaluation item: Please share your comments about the content and learning materials.

- ◆ “I now understand more of the ‘why’ and ‘how’ that comes before the ‘do’.”
- ◆ “The contents were clearly explained and some of the topics had the link where I could get more details.”
- ◆ “A lot of good examples for each topic which make it easier to understand”

Upon module completion, users advance to the LMBP™ website, www.futurelabmedicine.org, to explore opportunities for collaborative and educational efforts. Data from quality improvement projects may shape decision-making and build an evidence-base that identifies effective practices. Future e-learning modules are being developed to further support laboratory quality improvement studies.

References

- Christenson RH, Snyder SR, Shaw CS, Derzon JH, Black RS, Mass D, Epner P, Favoretto AM, Liebow EB. *Laboratory medicine best practices: Systematic evidence review and evaluation methods for quality improvement.* Clinical Chemistry 2011;57:816-25.
- Liebow E, Derzon J, Fontanesi J, et al. *Effectiveness of automated notification and customer service call centers for timely and accurate reporting of critical values: A laboratory medicine best practices systematic review and meta-analysis.* Clinical Biochemistry 2012;45:979-87.

ASCLS PAC FEC Regulations 2013-2014 ASCLS PAC Board of Trustees

Spring is here – trees are budding and winter coats can be stored for another season. This also means it's time for state ASCLS spring meetings and an opportunity to solicit donations for the ASCLS PAC. As laboratory professionals, we are accustomed to fully understanding and complying with federal regulations such as CLIA and OSHA. To ensure we correctly collect and submit ASCLS PAC donations, here are a few FEC (Federal Elections Committee) regulations with which we must comply:

- Contributions cannot be solicited from non-ASCLS members; however, anyone can voluntarily donate to the ASCLS PAC.
- Every contributor's name and home address must be recorded, regardless of the amount contributed.
- If a contributor donates more than \$200 in a calendar year, we must also record the donor's employer. The government uses this regulation as a tracking tool to ensure a large conglomerate is not coercing their employees into contributing to their PAC.
- All ASCLS PAC contributions must be mailed as soon as possible to:

Evans and Katz
ASCLS PAC
1831 Bay St SE
Washington, DC 20003

Evans and Katz must deposit all contributions within 10 days of collection.

- If cash is collected, then cash must be deposited. In past years, for security purposes, the state/regional PAC chair would mail a check to ASCLS PAC to cover cash contributions. FEC regulations state the person writing the check becomes the sole contributor and must follow the above guidelines.

State and regional meetings have several options:

- Cash contributions can be sent via FedEx to Evans and Katz at the address above, or
- State and regional PAC chairs may opt to collect only checks and credit card donations. The decision will be left up to the individual meetings.

Thank you for your support and for helping to comply with FEC regulations. The ASCLS PAC is not a Super PAC, but we must comply with the same regulations as large PACs. With every ASCLS members' support and contributions, let's try to make ASCLS a Super PAC!

**Your ASCLS PAC contribution strengthens
your professional voice and vision in Washington DC.**

First Year and New Professionals: Opportunities to Get Involved

Lacey Campbell

Since I first became a student member of ASCLS, I have been on a rollercoaster ride of adventurous travel to state, regional, and national meetings, have had numerous opportunities to network with fellow colleagues, and many chances to learn about how our professional organization is run and how to make the most of it. You, too, can be actively involved in ASCLS and it's easier than you think! As your First-Year Professional Director for 2013-2014, I hope to make you aware of the opportunities to serve and that you will join me in this adventure.

As you know, face-to-face interactions are always the best way to network with possible employers, fellow new professionals, and colleagues in all realms of clinical laboratory positions. Each constituent society holds an annual meeting in the fall or spring in their state or in some circumstances a neighboring state. At these annual meetings, you will find several scientific sessions that allow you to review many aspects of a particular subject or learn about new technologies and findings from completed research in these subjects. These scientific sessions also allow you to get P.A.C.E.® credits toward your BOC Certification Maintenance Program. Because of this, many employers will allow you to attend as an educational paid leave. Many of the constituent society annual meetings also have clinical laboratory vendor exhibits where you can meet representatives from multiple scientific companies that could become your future employer.

Constituent societies also hold board meetings several times a year where they discuss plans and upcoming activities in their states and regions. Even if you live in one state and work in another, you may choose which constituent society to be involved in based on where their meetings are frequently held. Although only constituent society board members are able to vote, most meetings are open to any member who is interested in being more involved. In my opinion, this is the best way to show interest in your state's constituent society and grow as a professional in our national organization!

There are also Regional Meetings held every year, sometimes multiple times a year, depending on the region. There are ten regions. If you are not sure

which region your state or constituent society falls in, you may look it up at <http://www.ascls.org/state-center>. Many of these meetings are advertised on their regional webpage, Facebook account, or on the ASCLS Community Calendar at <http://ascls.mymemberfuse.com/event/list/>. These meetings also include various scientific sessions, networking opportunities with vendors, and often times a social activity to get to know your colleagues better.

There are also three National Meetings held each year by ASCLS. First, there is the Annual Meeting and Clinical Laboratory Expo. This conference is five days in length and is held in July and/or first couple of days of August. It contains over 50 scientific sessions to satisfy your continuing education credit needs, more than 600 exhibiting companies to show the latest laboratory science technologies, and many opportunities to connect with colleagues and make friendships nationwide. Each year, the Annual Meeting is held in a different city so this also increases your opportunity to travel. The second meeting is the Legislative Symposium held over two days in late March in Washington, D.C. The first day of this meeting includes an opportunity to learn how our legislative offices work and about the governmental concerns we face in clinical laboratories nationwide. On the second day of the Legislative Symposium, attendees are given the opportunity to put their skills to the test as they lobby for our profession with their respective senators and congressmen. The last meeting is the Clinical Laboratory Educators' Conference held in varying cities in February each year. This meeting allows faculty, administrators, directors, advisors, and others to convene to discuss concerns and ideas related to clinical laboratory science education. Each of these meetings offers an array of opportunities for all levels of professionals, but especially new wanting to learn about our chosen profession.

In addition to multiple meetings, there are also ten standing committees within ASCLS to which students and new professionals can be appointed. These committees include: the Awards Committee, Bylaws Committee, Government Affairs Committee,

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Fostering Pride in the Profession through Meaningful Community Service

Maddie Josephs
Region I Director

Recently, there has been much discussion related to both engaging Millennials in our professional society and maintaining them in our profession for more than just a few years. Much of the discussion centers on the fact that Millennials are dedicated to creating social change and are interested in civic activities. A recent experience demonstrated that performing meaningful work and “making a difference” is truly important to these Generation Y individuals.

As you know, patients with leukemias, lymphoma and other diseases rely on a bone marrow transplant to save their lives, yet the vast majority cannot find a match within their family. The Bone Marrow registry provides a potential answer for these patients. The “Be the Match” Bone Marrow Registry program works to find potential donors by promoting registry drives. Last fall, the coordinator for the “Be the Match” registry in Rhode Island (RI) contacted me to inquire about the possibility of students in the Community College of RI (CCRI) Clinical Laboratory Technology (CLT) Club hosting a registry drive, something in which students at another university in RI had recently participated. Students in the CCRI CLT Program have automatic membership in the CLT Club, one of the many service organizations at the college. The target age for donors is between 18 and 44, and most of the students at our college fit into that demographic. I invited the coordinator to come and speak to my students and to present her request.

On the day of our meeting, she arrived with some literature about the registry as well as a bone marrow recipient whose life was saved by a bone marrow transplant. This was a family man in his early 40s, who until his diagnosis was an active, otherwise healthy

man. He sought medical help only after feeling ill for a few days. He went on to tell his story to my students that day...a story that was both compelling and emotional. Indeed, as I looked around the room during his talk, I saw several students with tears in



their eyes. He explained that because one college student in North Carolina had her cheek swabbed during a registry drive on her campus, he was alive today. She “was” his match. This gentleman concluded his story that day by saying that due to this young lady in North Carolina, along with the good work of his doctors and nurses, he was on the road to complete recovery. At

this point, I stood and explained to this gentleman that the students in front of him were in a program of study to educate and train to become laboratory professionals. I went on to explain that without the tests that were performed on his blood sample, in a lab, by laboratory scientists, his physician would never have received the information to inform him of his diagnosis. I saw my students sit up a little straighter after I said this. I saw the pride they had in their profession, and I saw them come to the realization they didn’t have to touch a patient to have a direct impact on a patient.

After the presentation, there was no question my students would sponsor a “Be the Match” drive at our school. The coordinator came in again to provide a brief training to the students, including instruction on completing the forms and in obtaining the cheek swab sample.

During the first week of November, the CLT students volunteered at the four different campuses at CCRI

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Patient Safety Tips: Coumadin (warfarin) Anticoagulation Therapy & Monitoring

Lezlee Koch,
ASCLS Patient Safety Committee Member

Background:

Coumadin is a prescription medication commonly used to prevent harmful blood clots which may cause a stroke, heart attack, deep vein thrombosis or pulmonary embolism from forming or growing larger. The goal of Coumadin therapy is to decrease the clotting tendency of blood, not to prevent clotting completely. As with many drug therapies, it is essential that the effect of Coumadin be monitored carefully with the prothrombin time (PT) test and International Normalized Ratio (INR). On the basis of the INR results, the patient's provider will adjust the drug dosage to maintain the clotting balance within a predetermined and effective target range. When the INR is too low, blood clots may not be prevented, but if the INR is too high, there is an increased risk of bleeding. When either clotting or bleeding is encountered, a patient's safety is at risk. When test results fall outside of the effective range, rapid reporting to the ordering provider will assure the initiation of appropriate therapy intervention or medical treatment to assure patient safety.

Ideal Therapy & Monitoring

- Coumadin therapy is prescribed; patient receives appropriate therapy education and take-home educational materials
- Patient complies with therapy instructions and follow up provider visits; laboratory testing is completed on time
- Laboratory testing and follow up occurs in a controlled environment
 - Patient sees same provider or is enrolled in a Coagulation Clinic
 - Patient has laboratory testing at same laboratory or testing site
 - INR results are reported to the patient's provider in a timely manner
 - Results are reviewed and interpreted by the provider in a timely manner
 - Patient receives communication from provider on testing; treatment is adjusted if required

Common Factors That Can Affect Coumadin Therapy

Outcome (decrease or increase clotting tendency)

- Taking prescribed dose at different times of the day, skipping doses, doubling up doses due to missing a dose
- Inconsistency in diet of vitamin-K rich foods or exercise/activity
- Other medications (prescription, over-the-counter supplements and pain relief meds) may be taken or discontinued and may interact with the effects of Coumadin
- Purchasing medication through the internet or outside the country
- Illness, stress, pregnancy and many other factors

So What Can Go Wrong?

Case Scenario: An elderly patient from South Dakota undergoing successful Coumadin therapy in a controlled environment suddenly experiences the death of his/her spouse. In the weeks following the death, the patient becomes extremely depressed, doesn't feel like eating or drinking, and is hospitalized. Upon discharge, the patient's children who live in Minnesota, Arizona and Florida decide that their parent will live with them on a rotational basis until the parent is able to return home. The following are just a few of the many things that can go wrong:

- Stress, changing diet and activity levels
- Patient has additional health issue and needs to seek medical care from an unknown physician; may include changing medicines or utilization of over-the-counter remedies
- Prescription refilled over the internet through cut-rate site or pharmacy outside of the US
- INR result reporting via manual faxing to home physician, report misplaced, physician on vacation, etc.

Enter the Patient Safety focused Medical Laboratory Professional

Medical laboratory professionals are focused on ensuring quality laboratory testing, but in today's world our role in patient safety is much more than reporting the correct test result. It is our professional

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What's New in Membership?

Membership Development Committee

CHECK OUT WHAT'S NEW IN MEMBERSHIP!

There are exciting things happening in membership this year; a new program that rewards you for recruiting new members, a great idea to gift a membership and a new, easy way to locate and share membership materials.

Members Rewards: This is a new program announced in December for member recruitment. It is Member Rewards and is based on rewarding our members for recruiting new members. Membership is crucial to our success and we all need to get out there and promote ASCLS. This program is a referral program that offers credits to the ASCLS store for every member you refer. For each FYP, PF1 or PF2 you refer, you will receive a \$10 credit. For every student you refer, you receive a \$2 credit up to a maximum of \$100. These credits can be applied to anything in the ASCLS store, including your membership renewal for next year, CE products, the ASCLS National Meeting, or a plethora of other great things! Look for more Member Rewards in the future! All you have to do is make sure you add your name and ASCLS member number to the new member's application.

Member Gift a Member: This is a great way to share your passion with that co-worker who you know could be a big "win" for ASCLS. Gift a membership to that individual and mentor him/her into the organization. This program is designed to encourage those who are able to gift a membership to some lucky individual they plan to mentor into the society. This could be that FYP who is young and full of energy or that coworker of yours who just needs the final push to get involved and share his/her wealth of knowledge with the ASCLS member community. Go to www.ascls.org/giftmembership to purchase one today! You must be logged in to access the store. (Please note you will manually have to enter a credit amount based on the state dues schedule included on the attached membership application.)

Membership Resource Materials: This is a work in progress and the goal is twofold. The first goal is to collate and categorize all of the great resources that have already been developed into one location

on the website. We collected materials across the website that had anything to do with membership activities and Andrea Hickey has been busy linking them to one location under Committees. The pathway is **Leadership** → **Committees** → **Membership Committee**. The page is then subdivided into specific categories such as General Recruitment, Student Recruitment, and Lapsed member campaigns to name a few. Under each category header there are links to resource materials applicable to that topic. Are you looking for that document you saw 3 years ago but can't remember where you saw it? Come to the new Membership Committee page and look through the listing – there it is – "What to say when you don't know what to say." There is also a link to the new Member Rewards information, a link to New Member Welcome Information, and a link to the membership application. Spring Meetings are just around the corner so it's time to think about ordering materials for your membership booth. Go to the membership page and look for the header "Material for Conferences" to help you find what you need for your spring meeting.

The second goal of the webpage is to create an outlet for you to share the wonderful, creative materials that you have developed in your constituent societies and regions. **ASCLS NEEDS YOU!** This is a working page that can be used to share ideas and projects already developed. If you have come up with a good idea for a lapsed member campaign, a catchy poster, a recruitment letter or flyer, anything you would like to make available to your fellow members, submit that material to Andrea Hickey, andrea@ascls.org, who will forward it for review and incorporation into the membership resource material page. There are a few submissions in there now but I know there are many more out there. Don't be shy! We have a vast amount of creative ideas across the organization and we want to harness those ideas to use in promoting ASCLS and the profession of Medical Laboratory Science. Take a few minutes to look over the new membership page. There are many good ideas already available for use. **Keep those ideas coming – collectively we can make those membership numbers climb!**

Licensure

From Page 1

period. Our state board also pays for a state inspector to travel to labs in the state and validate non-waived testing is being performed only by licensed professionals.

Those of us who remember the victory of convincing our state legislators of the value of CLS licensure also remember struggling to defend our profession in 2001 when the Montana Board of Nursing challenged our scope of practice in court. We lost that one based on the fact that the Nurse Practice Act in Montana includes a broad and inclusive scope of practice definition (using the words “assessment”, “nursing analysis”, “evaluation”, and “case-finding”), and that conducting lab tests is an activity that can be included in that definition.

Another challenge came last year when our legislature voted to assign the Legislative Economic Affairs Subcommittee with the task of examining the worthiness of every licensure board in the state of MT. In quick preparation, our ASCLS-MT leadership board voted to consult our original lawyer and lobbyist, Mona Jamison, to advise us on framing our arguments. At the subcommittee hearing on September 26, 2013, among other CLS professionals who attended the hearing speaking in support of CLS licensure, I testified as one of the four governor-appointed CLS professional members of the Montana state board. Some excerpts from that testimony are as follows:

- Our board oversees more than 900 licensees in the state. Within the standard, there are two levels of practice and the qualifications for those levels of practice are modeled after the qualification standards set by the American

Society of Clinical Pathology Board of Certification designed to certify Medical Laboratory Technicians having an associate degree and specialized training and Medical Laboratory Scientists who are required to have a BA or BS and special training. Both certifications require passing a standardized exam.

- Without the wiser, better, stronger personnel standards mandated by Montana’s licensure of these vital members of the healthcare team, the individuals employed to perform this important technical work would be regulated solely by the federal law known as the Clinical Laboratory Improvement Amendments (CLIA). Under those standards, high school graduates with minimal training can perform tests considered ‘moderately complex’ by the FDA as long as there is documentation of the individual’s ‘competency’ to perform those tests. In addition to specific educational, training and certification requirements of the testing staff, Montana licensure requires practitioners to complete ongoing continuing education in the rapidly changing field. Continuing education in the field is not mandated by CLIA for any individual.
- Montana clinical laboratory professionals work in the public health sector, playing a major role in helping to limit the spread of disease by identifying specific communicable conditions – think of the recent pertussis outbreaks in Montana teenagers. Work completed then by the public health laboratory professionals resulted both in limiting exposure by identifying infected individuals as well as raising the level of public understanding about the need to boost immu-

nity by following recommended immunization schedules.

- Other Montana licensed clinical laboratory professionals work in individual healthcare settings, performing testing on healthy and sick Montanans. I say this to emphasize that these unique professionals have a dual role in that they both protect the public health as well as guide in the diagnosis and treatment in the healthcare of every individual Montanan.
- State personnel licensure provides the best mechanism to assure clinical laboratory services are performed with an adequate level of professional competence by requiring appropriate entry level qualifications for individuals engaged in the practice of clinical laboratory science in all settings. Many national professional organizations including the *American Society for Clinical Laboratory Science*, the College of American Pathologists and the American Society of Clinical Pathology support Montana state licensure. There is a common assumption medical laboratories are already REQUIRED to hire only certified staff. Under CLIA alone, this assumption is entirely wrong. CLIA personnel requirements set the bar too low. Clinical Laboratory Science Practitioner licensing in Montana raises that bar and protects the health of those receiving care in our state.

At the hearing, the legislators had some questions and there was some discussion including if our board could be combined with any other board in an effort to economize. In the end, and after only about half an hour, the subcommittee members took a vote that documented a unanimous decision

Continued on Page 15

President's Message From Page 2

on the discussions at that meeting it was determined to address the workforce issue we needed to work collaboratively, thus the formation of the Coordinating Council on the Clinical Laboratory Workforce.

The CCCLW continues its mission of being a united voice of clinical laboratory organizations and stakeholders, focusing our collective efforts to:

- Increase the number of qualified laboratory professionals.
- Increase healthcare and public awareness of our value in achieving positive patient outcomes.
- Enhance the image of clinical laboratory awareness.

ASCLS is pleased to have had several of our members chair the CCCLW. Paula has been chair two different times over a number of years and during her tenure as chair the group established a guidance that included a more defined structure for the CCCLW and a system for electing the chair, vice-chair, secretary, and steering committee. In addition a dues structure was developed that has allowed the CCCLW to sustain its meetings and projects. ASCLS has been very instrumental in the establishment and continuation of the CCCLW.

Past President Cathy Otto is our Chief Delegate to the International Federation of Biomedical Laboratory Science (IFBLS). As the ASCLS Chief Delegate to IFBLS she is responsible for representing ASCLS' point of view on any policy issues, votes on by-laws etc. that come before the General Assembly of Delegates (GAD).

Cathy ensures the information she conveys to the GAD or any other meeting in which she participates

(Chief Delegates meeting) reflects ASCLS' position. For example, if there is a discussion about personnel standards, Cathy uses our ASCLS position papers and/or white papers to explain our position.

Because she has only been the Chief Delegate for a little more than a year Cathy has not had a significant amount of time to volunteer for committees or consider running for a Board of Directors position. She did volunteer and complete her duties, to serve as a judge for one of the poster sessions at the World Congress in Berlin in 2012, and is planning to submit a proposal to speak at the World Congress in Taiwan next October.

The most recent president of IFBLS, Vincent Gallicchio, is also member of ASCLS, and ASCLS was one of the founding members of IFBLS in 1954. Not all of the founding countries are still members, so ASCLS is pleased to continue to support the IFBLS.

As you can see, these are some great examples of how some of our ASCLS volunteers have been **Sharing Their Passion** for the profession of Medical Laboratory Science and helping to do the Heavy Lifting through representing ASCLS with other organizations. I encourage you to continue to **Share Your Passion for the Profession**, and to look for examples of how you and your colleagues can also do some Heavy Lifting for the profession.

Bioterrorism From Page 5

Recommended Reading:

1. Textbook of Diagnostic Microbiology. Mahon, Lehman, Manuse-lis. 4th edition. 2011.
2. Bailey & Scott's Diagnostic Microbiology. Tille. 13th edition. 2014.
3. VN Pinto. Bioterrorism: Health sector alertness. J Nat Sci Biol Med 4(1):24-28, 2013.

Opportunities From Page 9

Leadership Development Committee, Membership Committee, P.A.C.E.® Committee, Patient Safety Committee, Product Development Committee, Political Action Committee (PAC), and Promotion of the Profession Committee. The charges and responsibilities of each of these committees can be found at <http://www.ascls.org/ascls-leadership/committees>. As a student or new professional appointed to a committee, you are responsible for participating in monthly conference calls and any activities related to completing the committee's charges.

I am truly honored to serve as your FYP Director and I will strive to provide you with any resources you may need as we transition from a student into a first-year professional and then into a new professional. Please feel free to contact me at laceyanncampbell@gmail.com if you have any questions or if you are interested in serving ASCLS in any capacity. As you transition from student status, get involved and join me in giving back to the profession.

Fostering Pride From Page 10

armed with the kits and literature. Over the course of that week, over 40 potential donors signed onto the registry. Again, I watched with pride and amazement as my students explained to potential donors about the importance of the registry, how it can save a life and how they were in a program of study educating them to become laboratory professionals and the role they will play in the diagnosis of diseases like blood cancers. They truly took ownership of this project. With very little effort and at very little cost to our organization, this community service project became a win-win situation: answering a call for an important need and, for a group of young students, making a difference and fostering pride in their future profession.

Safety Tips From Page 11

responsibility to also focus on patient safety. This may include patient education on laboratory testing, providing the patient with tools and resources on laboratory testing to keep him/her informed, assessing patient statements for potential signs of complications and reporting these to his/her provider, or referring the patient to his/her provider as appropriate. We must ensure testing results are reported to the patient's provider in a timely manner and that a 'read back' protocol is followed if verbal reporting is completed, especially in instances when the patient is not from the local area and result reporting must occur utilizing manual methods.

The ASCLS Patient Safety Committee has developed a tool to assist patients with monitoring their Coumadin therapy. The new

product is called: Personal Pocket Coumadin INR Tracking. The tool can be downloaded, personalized with your laboratory's information, and provided to your patients to encourage them to monitor their testing. To access the tool visit the Patient Safety section of the ASCLS website at: www.ascls.org/patient-safety/patient-safety-tips-tools.

Licensure From Page 13

to recommend the continuation of CLS Licensure in Montana under the current board structure. We MLS professionals felt part of a working participatory government that day and for the most part, Montanans can thank ASCLS members and common sense citizen legislators for achieving and maintaining this valuable protection.

VOICE

VALUE

VISION



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ASCLS Today

ASCLS Today
(ISSN 1073-466X) is published monthly except combined in Jun/Jul and Nov/Dec by the American Society for Clinical Laboratory Science
1861 International Dr., Ste. 200
McLean, VA 22102

Periodical postage paid at
McLean, VA and additional
mailing offices.

POSTMASTER: Send address changes to ASCLS Today, 1861 International Dr., Ste. 200 McLean, VA 22102

ASCLS Today is distributed as a regular service to ASCLS members only; \$8 of society membership dues are allocated to an annual subscription.

Cheryl Caskey, Editor