



Creating Shared Value with the ASCLS Scientific Assembly

*Beth Warning, MS, MLS (ASCP)^{CM}
ASCLS Scientific Assembly Coordinator*

An innovative corporate trend is to create shared value, where the industry or corporation focuses on generating business while being social minded, a blending of business and society. The three main goals in shared value can be summarized as:

- Meeting customer needs while making a positive contribution to society
- Defining productivity and supporting innovation
- Addressing the wellbeing of the company and improving society conditions

One of the tenets of ASCLS is Value, and the Scientific Assembly sections are the venue to create shared value, a blending of the mission and purpose of the 'business' with the needs and expectations of 'society.' The ASCLS Scientific Assembly sections (SAs) are groups of individuals who share common interest in specific laboratory disciplines. Every ASCLS member is encouraged to participate in one or more of the following groups:

- Chemistry/Urinalysis
- Microbiology/Public Health
- Laboratory Administration/Industry/Consulting/Quality
- Immunology/Immunohematology
- Hematology/Hemostasis
- Generalist
- Education
- Phlebotomy
- Molecular Diagnostics
- Informatics
- Point of Care

There are two ways to join a Scientific Assembly. The first is through your annual ASCLS membership

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Susan Morris, Patient Safety Star!

*Karen Golemboski, Ph.D., MLS(ASCP)^{CM}
Vice Chair, Patient Safety Committee*

Well, actually, she's a Patient Safety Officer – but that's close. Susan is the PSO at St. Luke's Magic Valley Medical Center, a 200-bed hospital in Twin Falls, Idaho (a city of about 45,000, located between Boise and Pocatello). As PSO, she's the person who pulls together diverse healthcare professionals to analyze incidents, refine procedures, and create policies that improve patient outcomes and save patient lives.

In the process, Susan uses her education and experience, applying all five competencies identified as essential for healthcare professionals by the Institute of Medicine:

- Teamwork
- Informatics
- Evidence-based practice
- Quality improvement
- Patient-centered care

Susan's responsibilities include conducting failure mode and effects analyses (FMEA) to identify and prevent patient harm in existing or new processes, as well as investigating incidents that have occurred using a root cause analysis (RCA) to learn how current processes failed to prevent this type of event

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ASCLS: One Voice, One Vision



President's Message

Susanne Norris Zanto, MPH, MLS(ASCP)^{CM}SM
ASCLS President 2014-2015

2014 ASCLS House of Delegates Address

I believe in ASCLS. Those of you in the audience – I'm guessing that you, too, believe in ASCLS.

We are all active members of ASCLS because we believe in ASCLS. Leadership expert, Simon Sinek, describes a simple model for inspirational leadership that he calls the Golden Circle: three concentric circles – the outer circle being the WHAT, the middle circle being the HOW, and the smaller inner circle – the WHY. What drives people to belong is not WHAT an organization offers, or HOW that organization provides those services, but WHY that organization exists. People associate with a purpose, a cause, a belief.

ASCLS does a good job defining WHAT we do, and HOW we do it. But WHY does ASCLS exist? The ASCLS Long Range Planning Committee, engaging the rest of the Board and many ASCLS leaders, worked to answer this question over the past year. Thanks to everyone who provided input. Knowing WHY ASCLS exists will help us better direct our efforts for the future, and inspire others to be members of ASCLS.

Let me tell you why I was inspired to be a member of ASCLS. It has become tradition for the President to describe their personal journey to this prestigious position in ASCLS. I was born and raised in Montana on a small 120 acre ranch/farm about 30 miles from Great Falls, Montana, and less than a 2 hour drive from Glacier National Park. I was the middle child of three girls, and I was five when I remember my first exposure to the health care system. I was diagnosed with nephrosis, and that kidney problem provided me with numerous opportunities to interact with the health-care system. I grew up knowing I wanted to go into the medical field, but I didn't want to be a nurse. My high school counselor provided me with a pamphlet about the Microbiology major, Med Tech option offered by Montana State University and told me he thought

I would have a good chance for a scholarship. I did get that scholarship, and was the first in my immediate family to graduate from college, with a degree in Microbiology. I did my 12 month internship at what is now Benefis Healthcare in Great Falls, and realized that I loved this profession. I became an ASCLS (ASMT) member during my internship, thanks to my Education Coordinator, who was a past president of the Montana society. After I completed my internship, I married my best friend, Jack, and moved to Helena, MT where I worked at the VA Medical Center as a staff tech, and then Chief Med Tech until my son, Ryan, and daughter, Megan were born. I was a stay-at-home mom for a couple of years and let my ASMT membership lapse. I started my career at the Montana Public Health Laboratory in 1985, and found my calling – public health laboratory science. My co-worker, Anne Weber, was in the leadership of ASMT-MT and during Montana's push for licensure, I re-joined ASMT because I believed in the cause. Anne asked me to be the Montana Laboratory News editor, which was a wonderful way to learn about ASMT, and I was hooked. I remember my first national meeting was in Washington DC in 1993, when Legislative Day was held in conjunction with the meeting. This was also the meeting that we voted to become ASCLS, and I got to experience lively debate at the House of Delegates. I was elected President of ASCLS-MT in 1997, and served as Region VIII Director from 2001-2007. After my term on the Board, I decided to pursue my Masters Degree in Public Health, which I accomplished in 2010. My personal aspirations have been fulfilled; I'm reaching the end of my career at the Montana Public Health Laboratory, I have three wonderful grandchildren, and am looking forward to retirement with Jack. Yet I realized I still wanted to pursue my professional aspiration – to continue to give back to my profession, and to the organization that has given me so many opportunities to grow – by

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serving ASCLS as a national leader. I believe in ASCLS.

During this past year, the Long Range Planning Committee and the entire ASCLS Board has been working on a new direction for ASCLS, and to define our belief – WHY we exist. The Board attended two teleconferences – one on 8 Steps to Leading Successful Change, provided by Janelle Chiasera (thanks so much, Janelle), based on John Kotter's book *Leading Change*. We wanted to provide ourselves with tools that could be used to effectively lead this organization in a new direction.

The second teleconference described a new concept, based on the book by Chan Kim and Renee Mauborgne, *Blue Ocean Strategy: How to Create Uncontested Market Space and Make Competition Irrelevant*. The premise of the Blue Ocean Strategy is simple: to win in the future, companies must stop competing with each other. The only way to beat the competition is to stop trying to beat the competition. The authors describe "red oceans" and "blue oceans". Red oceans represent all the industries in existence today – or to make it pertinent, all the laboratory professional organizations in existence today. Blue oceans represent all industries NOT in existence today. This is undefined market space, otherwise known as OPPORTUNITY. Most blue oceans are created from red ocean companies expanding industry boundaries. Red oceans compete in the existing market space, blue oceans create uncontested market space.

Part of the Blue Ocean Strategy is to capture the current state of the market by detailing the factors that organizations compete on, in products, service and delivery. This is called the Strategy Canvas. Applying these Blue Ocean Strategies to ASCLS, we asked for input from the Board of Directors, the Constituent Society leaders, Past Presidents and other ASCLS leaders. Through a survey, these leaders were asked to provide feedback on 17 or more products or services that could be eliminated, reduced, raised or created. With this input, the Board created a new value curve - our ASCLS Strategy Canvas. We also wanted a compelling, memorable ASCLS tagline that would strengthen our competitive edge by describing WHY we exist.

Today I'm excited to unveil our ASCLS tag line, and our Strategy Canvas for 2014-15.

For 2014-15, ASCLS will work to achieve these key elements:

1. Maintain our presence in providing high quality continuing education
2. Maintain our *ASCLS Today* and *Clinical Laboratory Science* publications
3. Maintain our in-person meetings and other networking opportunities
4. Maintain our collaborative efforts with other healthcare related organizations
5. Create a strong social media presence
6. Strengthen our government and legislative advocacy
7. Increase member participation in professional development opportunities
8. Enhance our consumer advocacy role through outreach to patients and members of the healthcare team

The first 4 key elements are products and services that ASCLS must maintain, but they do not create new market space. Other organizations offer similar services. Where we feel that ASCLS can set ourselves apart from the other organizations, where we can expand our boundaries, is by placing our emphasis on the next 4 key elements. These are products and services that we can enhance, creating our new direction as we speak with [One Voice, One Vision](#).

Achieving these key elements will address the overall existing strategic goals to:

- Strengthen organizational viability
- Position ASCLS to recognize and respond to the changing needs of our members
- Engage the profession in continuously improving patient safety
- Identify and develop strategies to address issues and opportunities that will impact clinical laboratory professionals
- Respond to advances, opportunities, and challenges in scientific and information technology that will impact the profession

During my term of office, I will communicate more details about these ideas, and work with all of you and the entire ASCLS membership to further this new direction. If ASCLS is to continue to exist as the voice of the professional, promoting our shared vision of the profession, and therefore demonstrating the value of the clinical laboratory professional, we need to recruit and retain members. I am hopeful that this

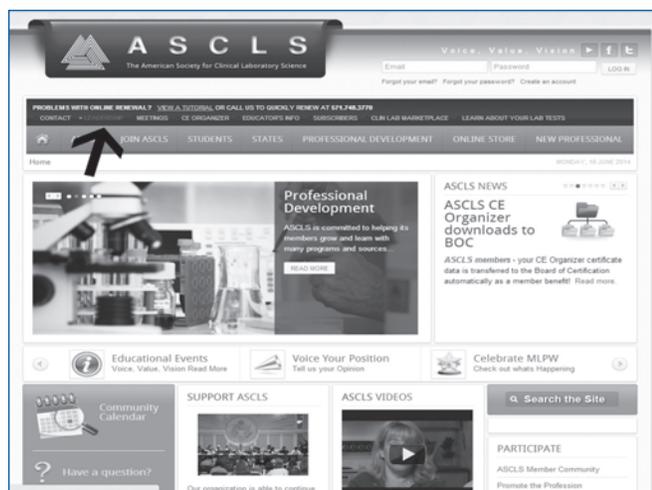
Creating Shared Value with the ASCLS Scientific Assembly - From Page 1

renewal or initial membership, where you can designate involvement in up to two disciplines of interest on the paper or electronic renewal form. The second way to be involved in the SA is through the ASCLS website, where you can add or change the groups to which you belong.

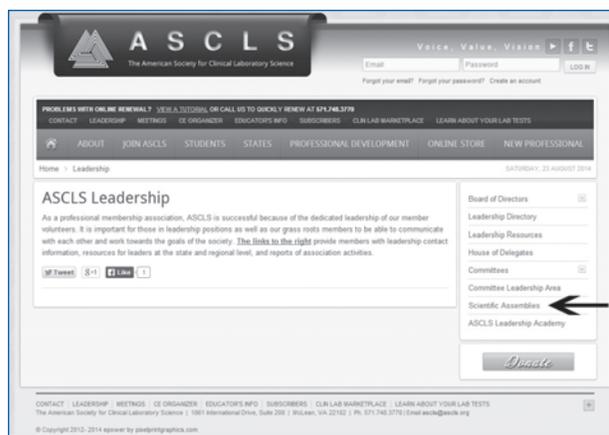
In the past, the SA members communicated via a discipline specific listserv. SA communication is now shifted to the ASCLS Member Communities. The Member Communities functions somewhat similarly to Facebook, in that you can join a specific group, send messages to ASCLS members, join discussion boards, post professional information such as webinar announcements, or post images of interest to the group, as the Hematology SA demonstrated last fall. To become a member of a Scientific Assembly through the Member Community follow the steps outlined below.

- Log into the ASCLS website (www.ASCLS.org) with your username and password.
- Click on the Leadership header (1)
- Select the Scientific Assemblies option in the right hand column of the Leadership page (2)
- Click on the title of the SA discipline that you would like to join (3)
- Select the option Join Group at the top of the column on the right (4)
- Select the frequency and type of announcements and notifications you would like to receive. Click on each radio button to enable or disable the option. These options can be edited at any time.
- For additional help in joining, view the tutorials available on the Scientific Assemblies page (<http://www.ascls.org/about-us/need-help-navigating-the-website>) or contact ASCLS at ascls@ascls.org

(1)



(2)



Once you are a member of a member community, you can log into your account through the ASCLS home page.

Click on "ASCLS Member Community" under Participate to gain access to the Member Community Dashboard. On the dashboard, the menu includes options to change your ASCLS profile, view the Community Calendar, read or respond to a discussion, send a private email to a member, and view your Groups, or the SA sections in which you are enrolled. You are automatically included in the Group representing your State Society.

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(3)

ASCLS
The American Society for Clinical Laboratory Science

Voice, Value, Vision

Welcome, Mrs. Karrie B. Howis (My Account) LOG OUT

PROBLEMS WITH ONLINE RENEWAL? VIEW A TUTORIAL OR CALL US TO QUICKLY RENEW AT 871.748.3778

CONTACT LEADERSHIP MEETINGS CLE ORGANIZER EDUCATORS INFO SUBSCRIBERS CLIN LAB MARKETPLACE LEARN ABOUT YOUR LAB TESTS

ABOUT JOIN ASCLS STUDENTS STATES PROFESSIONAL DEVELOPMENT ONLINE STORE NEW PROFESSIONAL

Home > Leadership > Scientific Assemblies MONDAY, 20 AUGUST 2014

Scientific Assemblies

ASCLS invites all members to join Scientific Assemblies for no additional expense. The Scientific Assemblies offer members opportunities for scientific, professional, and personal growth through pursuit of these goals:

- ✓ Provide expertise within a CLS discipline.
- ✓ Provide opportunities for basic and continuing education including online education.
- ✓ Identify avenues for scientific and professional advancement.
- ✓ Assist in developing clinical laboratory standards.
- ✓ Participate in CLS discipline-centered written and electronic communication.
- ✓ Participate in the web-based ASCLS forum.
- ✓ Identify talent for scientific and professional activities.

The Scientific Assemblies provide active discussion lists for regular member communication. Please join members in this area to learn and contribute to your professional organization. To sign up for an ASCLS member SA discussion group, click on the link below. If you are not a member of the group, simply click on "Join Group."

For help using the ASCLS Member Community, click here. Questions? Contact us at ascls@ascls.org.

Chemistry/Urinysis
Education
Generalist
Hematology/Hemostasis
Immunology/Immunohematology
Informatics
Laboratory Administration/Consultant/Quality/Accreditation/Industry
Microbiology/Public Health
Molecular Diagnostics
Point of Care Testing
Phlebotomy

Join Group

Dispute

(4)

ASCLS
The American Society for Clinical Laboratory Science

Voice, Value, Vision

ASCLS Home My Dashboard Online Store Groups Events Calendar Resources

Group Directory Microbiology/Public Health

Edit Microbiology/Public Health's information.

Hello, Karrie!
View my profile
Edit my settings

Microbiology/Public Health
Members: 1,230 Owner: Ross Robinson

Join Group
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Join Requests (0)
Edit Group Notification Defaults
Download Group Roster

My Dashboard
Administration Home
Reporting Home

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My Contacts
My Content Alerts
My Events

Announcement view all
Annual Meeting/AMI Proposal Deadline Only One Week Away
Posted 8 days ago on Aug 15, 2014

So how do the Scientific Assembly sections create shared value within the organization? Let's go back to the three basic goals:

- The SAs meet the needs of its members by supporting continuing education that impacts society through healthcare services and information
- The SAs define productivity by supporting innovative techniques along with research and scholarly activities to benefit the laboratory profession
- The SAs address the wellbeing of ASCLS members through information sharing such as webinar information, journal articles, or news stories relevant to the SA discipline, networking, and providing valuable resources to improve the laboratory profession and, in the long run, patient outcomes

The SA members are considered content experts in their respective specialty, serving as a resource or knowledge bank, for communication in laboratory science. In the past year, the SAs have supported ASCLS initiatives by:

- Reviewing and updating the Body of Knowledge
- Identifying authors for ASCLS Today and the *Clinical Laboratory Science* Journal
- Reviewing topic specific articles prior to publication
- Soliciting volunteers to create continuing education material for ASCLS
- Identifying speakers for audio-conferences or webinars
- Nominating colleagues deserving of professional achievement awards
- Sharing expertise through the discussion board regarding the specific discipline
- Identifying avenues for scientific and professional advancement
- Assisting in the development of current clinical lab standards and practices
- Sharing continuing education opportunities with the group members

The ASCLS Scientific Assemblies each have a chair and a co-chair, who work together to welcome new members and disseminate information or tasks to the group. The chair and co-chair are elected by the SA members during the face to face business meeting held at the ASCLS Annual meeting. Here, the opportunity is available to discuss trends, solve related issues, and share best practices while networking with like-minded individuals. Involvement in the SA expands the connections between the needs of the Society as a whole with the needs and expectations of the membership. As new members join ASCLS, and ask 'What's in it for me?' point them in the direction of the Scientific Assembly sections, so they, too, can participate in the shared value of our organization.

Resource: Porter, Michael E. and Kramer, Mark R., *Rethinking Capitalism*, Harvard Business Publishing, January 2011 as accessed at <http://hbr.org/2011/01/the-big-idea-creating-shared-value/> June 16, 2014.

E&R Grants and Scholarships 2014

George A. Fritsma, MS, Chair, E&R Fund, Inc.

Through your contributions, the *ASCLS Education & Research Fund, Inc.*, has once again supported our profession by awarding 3 grants and 9 scholarships, including our two new MLS scholarships, one honoring **Daniel K. Southern** and another that memorializes **Michelle S. Kanuth**. Both Michelle and Dan served as E&R Fund trustee and chair. Michelle was a long-time ASCLS member, and Dan continues as a member and loyal supporter. Friends and colleagues are invited to honor Dan and memorialize Michelle by contributing to the new scholarships.

This is the second year for the *E&R Fund Memorial* MLS scholarship. The Memorial scholarship is intended for contributors who wish to honor or memorialize a colleague, friend, or family member with a gift in his/her name. The recipient receives, in addition to the scholarship, a letter with the donors' and honorees' names. If you would like to contribute to the Memorial scholarship, address your check to the ASCLS E&R Fund, or use the www.ascls.org **DONATE** button, designate the E&R Fund Memorial MLS Scholarship, and provide the name of your honoree.

This is also the third year for our **Edward C. Dolbey** scholarships, which support both graduate and undergraduate education.

2014 Scholarship Winners

This year's Daniel K. Southern MLS scholarship winner is **Linda Duong**, University of Tennessee Health Science Center; our Michelle S. Kanuth MLS scholarship winner is **Meghan Moore**, Oregon Institute of Technology; and our Memorial MLS scholarship winner is **Jeyavathsala Kanagaratnam**, University of Rhode Island. The Edward C. Dolbey graduate scholarship goes to **Regina Wulff**, Rutgers University. The Edward C. Dolbey MLS scholarship winners are **Amy Beth Fitterer**, Providence Sacred Heart School of Medical Laboratory Science; **Michele Stretch**, University of Nebraska Medical Center, and **Bernadette L. Urioste**, Colorado Center of Medical Laboratory Science. The Edward C. Dolbey MLT scholarship is awarded to **Denise Davis**, Arapahoe Community College and **Samantha Groves** Mississippi Delta Community College. The 2014 total of scholarship awards supported by your contributions is \$14,000.

2014 E&R Fund Grants

The E&R Fund grant program attracted 9 applications for the *Member Grant* and 9 for the **I. Dean Spradling** graduate student grant. Member grants were awarded to **Emily Hill**, Virginia Commonwealth University, for her proposal, *Emerging Pathogens in Cystic Fibrosis Patients at VCU Medical Center* and **Jean Sparks, PhD**, Texas A&M, for *Kalanchoe pinnata Preparation in the Treatment of Type 2 Diabetes*. The I. Dean Spradling graduate student grant was awarded to **Ekaterina Syskin**, St. Louis University, for *Development of a Quantitative Biofilm Assay*. Owing to our increasing volume, we invited additional expert grant reviewers to assist, and all were gratified by the quality of the applicants' proposals. We wished we had the resources to fund more projects.

2015 Grant and Scholarship Cycle Begins October, 2014

Our 2015 scholarship and grant cycle begins in October. Application forms and instructions are available at www.ascls.org, and the **deadlines are April 1 for scholarships and May 1 for grants**. Please print and US-mail your scholarship applications with accompanying transcripts and references to **Joe Briden, Alpha Mu Tau Fraternity Executive Secretary, 7809 South 21st Drive, Phoenix, AZ, 85041-7736**. Joe processes scholarship applications for both E&R and AMTF. Please email your **grant applications to ASCLS Executive Vice President, Elissa Passiment, elissap@ascls.org**.

Contribute!

What better way is there to meet your charitable goals than to support our developing professionals? You can use the DONATE button that appears on www.ascls.org to make your contribution to the E&R Fund, **or simply mail your check to the main office, c/o Elissa Passiment, American Society for Clinical Laboratory Science, 1861 International Drive, Suite 200, McLean, VA 22102**. Though your contribution is officially a tax deductible donation to our 501c3 fund, it is more accurate to think of it as an investment in our profession.

Acknowledgement: Thanks to Shirlyn McKenzie, PhD for assistance with this article.



Mentoring for Membership Matters!

Lacey A. Campbell
First Year Professional Director and New Professionals
Committee Vice-Chair

Think back to the day that you became an ASCLS member. What or who motivated you to join? Were you a student or new professional in the field motivated by your professor or a co-worker to become a member? For most of us, this is exactly the case! For me, it was my Program Director and two other professors who showed me that being extremely active in our professional society was the key to a successful career.

We all know mentoring is a proven method to build leaders and yet we fail to give it our best efforts. Regardless of age or professional level, we all need mentorship at some point in our careers to help us develop our skills, and think outside the box instead of staying within our comfort zone. As humans we need those individuals around us to not only encourage us every step of the way, but also to point out our opportunities to improve. Mentors not only give us the knowledge and understanding we need for our careers, but they also allow us to blossom into great thinkers and problem solvers. So why not start from the beginning of one's career, while in school, attentive and eager to learn?

Unfortunately, over the years we have seen our membership numbers drop drastically. This may be due to many circumstances: the costs of membership and the difficult economy we live in, a lack of understanding or appreciation of the benefits offered, or a lack of networking and mentorship for the members we do have to retain them and inspire them to in turn recruit new members. We see this dramatically in the membership drop from students to first year professionals each year.

But, it is not just the responsibility of the Program Director or the professors; it is also up to the Clinical Laboratory Directors, the managers of the labs where students complete their clinicals, and the employees who staff those labs. We need to begin every student's path to their career by inviting them to join ASCLS from the first day they walk into class and reiterate it throughout the entire process. If we get them eager and excited to join ASCLS while they are a student, especially when the opportunities for

scholarships and committee positions are easier to achieve, then our odds of keeping them involved greatly improves.

As we know, students today live in the world of social media and electronic overload. So if we want to reach out to them, we must learn to use the resources that consume their everyday life. To be most effective as a mentor, I suggest you ask for their personal email (the email they will continue to use once they graduate and finish clinicals) and befriend them on Facebook, LinkedIn, Twitter, Instagram, Pinterest, or any other social media site you feel comfortable using. Staying in touch with the students even after they graduate and finish clinicals can have an immense effect on the possibility of getting them to join (or renew) their membership. If they see how involved you are in ASCLS, it will inspire and motivate them and they will want to take part. But the most important part is to start early! As soon as you meet them, inform them of the benefits of ASCLS, personally invite them to join you at a state, regional, or national meeting, or provide them with the information on how to apply for scholarships or serve as a student committee representative. There are so many avenues for them to be engaged even as a student, but if we don't tell them they may never know!

The job of a mentor never really stops. If you build that relationship early while they are a student, it is essential to retain that same rapport throughout their career. If we encouraged them to get involved and even nominated or motivated them to run for a position, then we should continue to mentor them by providing support and reassurance. We should praise them for tasks and projects completed with great diligence and provide feedback for opportunities to improve. If you have successfully established this great mentor/mentee relationship, they will respect and appreciate your comments and use them to expand their leadership abilities.

Successfully mentored followers turn into great leaders and mentors themselves. Every time we mentor a bright new mind in the field of Medical Laboratory Science we could be mentoring the future of our leadership, not only in ASCLS, but also in laboratories across the world!



Focus on the Region IV Council

Rosalyn McQueen
Region IV Director

Region IV is comprised of an amazing group of dedicated ASCLS members from the states of Michigan, Ohio, Indiana and Kentucky. Our history shows the first state chartered in Region IV was Ohio (1934). Through the years there have been several name changes from the State Society for Medical Technology, followed by state Society for Clinical Laboratory Society and finally, ASCLS-OH, MI, and IN (we're still working on Kentucky). Although the names have changed, the purpose and mission remains the perpetuation of the society on the state level.

State	Name of Society	Year Chartered
Indiana	ASCLS-Indiana (Previous - Indiana Society for Clinical Laboratory Science and Indiana Society for Medical Technology)	1944
Kentucky	Kentucky Society for Clinical Laboratory Science (Previous - Kentucky Society for Clinical Laboratory Science)	1939
Michigan	ASCLS-Michigan (Previous: Michigan Society for Clinical Laboratory Science, Michigan Society for Medical Technology)	1948
Ohio	ASCLS-Ohio (Previous - Ohio Society for Clinical Laboratory Science and Ohio Society for Medical Technology)	1934

The Regional Council is a fundamental governance body of ASCLS and Region IV in particular. This body serves as a conduit between the national society and the constituent states. The success of our region is due to the dedication, commitment and devotion of the officers and members of these four constituent societies who work to perpetuate this organization by participation in its governance.

Purpose of Region IV Council

The purpose of the Region IV Council is to “coordinate within the regional boundaries activities that support the principles and further the goals of ASCLS and to provide for the constituent societies of Region IV greater access to, and utilization of, the resources of ASCLS.” More specifically, the council offers an opportunity for state presidents to dialogue about issues, best practices, challenges and success they may have experienced. It also serves as a pivotal source of communication between the Regional Director and, between the states and ASCLS. As Director, I am charged with the dissemination of ASCLS information which is shared and discussed at the Council meeting.

Our Region IV Council is comprised of the nationally elected Regional Director; the Presidents, Presidents-elect, and Immediate Past-Presidents of the constituent societies located within the region; and any members residing in the region who serve ASCLS and/or Region IV in an elective or appointed capacity. I am privileged to serve as the 16th Regional Director.

Each year, the delegates of each state gather together at the “Regional Caucus” meeting. For years, I was confused about the association between the Region IV Council and how it related to the Caucus. Eventually, through the years it became clear that there were two separate entities operating within the same time sequence. The Regional Caucus meeting has two focuses, one to serve as a caucus body to deliberate about issues and politics

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Everything is Bigger in Texas: Including Deregulation Sentiment

Joanna Ellis, MS, MLS(ASCP)^{CM}
President of TACLS

Every twelve years, the Texas government reviews its state agencies in a process called the Sunset Review. A group of state Senators, Representatives, and 2 public members compose the Texas Sunset Advisory Commission. Sunset staff members are composed of evaluation and administrative professionals who dive into the inner workings of the state agencies. At the end of the staffs' review, they prepare a report filled with recommendations to improve that state agency. That report is presented to the Commission and law changes, based on the Commission's suggestion followed by a final vote by Congress when the legislative session resumes.

The Government Action Committee of The Texas Association for Clinical Laboratory Science (TACLS) was excited for the opportunity to present our compelling evidence that laboratory professionals should be licensed to the Sunset staff since they were reviewing the Department of State Health Services(DSHS). We hoped that if we showed them that Texas is number one in the nation for CLIA-sanctioned labs for six (now seven) years in a row, that the Sunset staff would recommend licensure for laboratory professionals in their report. Members of TACLS and our lobbyist met with two of the Sunset staff members and presented the CLIA data that clearly indicated that the minimum educational requirement of a high school diploma was inadequate to uphold CLIA proficiency requirements. We explained that improperly performed lab testing by under-qualified individuals is most certainly a public health issue and a costly one at that.

The Sunset staff report for the Department of State Health Services (DSHS) was posted on their website at the end of May. I was stunned by the report. The Sunset staff did not suggest that laboratory professionals be licensed. They suggested something far worse. They recommended 19 allied health professionals such as respiratory care practitioners, radiological technologists, medical physicists, etc., be DEREGULATED (lose their licenses) citing "laboratory technicians" as a technical group that is not state regulated whose standards are not lowered by this practice. In other words, they used us as a "poster-child" for not licensing allied health professionals! The staff report says that all of these professionals perform their work in highly regulated environments with adequate oversight; therefore, do not need to be licensed.

The leadership of TACLS responded by generating a petition in support of licensure for laboratory professionals. I gave all members and lapsed members detailed instructions on how to comment on the staff report via the Sunset Commission's website. I felt it was important to inform the Commission that four (4) pediatric clinics were closed in 2012 due to repeated CLIA violations. I visited the offices of the Sunset Committee's

Classified Ad

MEDICAL TECHNOLOGIST

Responsible for performing various chemical, microscopic and bacteriological tests in any section of the lab to obtain data for use in diagnosis and treatment of diseases. Analyze and interpret patient data and test results and record findings. Communicate with dept. manager, director, lead medical technologist, pathologists and other hospital staff regarding results. Perform routine preventive maintenance on lab instruments and equipment according to schedules and procedures and verify instrument functionality by calibrating instruments as well as document data according to standard procedure and record in instrument logs. Perform quality control studies, follow clinical quality control standards, and check supply levels. Assist with orientation and training of new employees and medical technology students and supervise technical staff, as needed. Min 40 hrs/week. Must hold a Bachelor's Degree or equivalent in Medical Technology and certification by the American Society of Clinical Pathologists or equivalent/similar organization. Send resume to: Mary Lanning Healthcare, Attn: Julie Brodrick, HR Generalist, 715 North St. Joseph Ave., Hastings, NE 68901.

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Patient Safety Star From Page 1

from occurring. But there is much more involved in maintaining a culture of safety and improving the quality of care throughout the hospital. She serves on teams ranging from the Falls Prevention Task Force to the Infection Prevention Committee, and at least twelve others. She works with professionals across the hospital and within the healthcare system, including the Chief Nursing Officer, unit managers, physicians, and others in a variety of healthcare disciplines, who have come to respect her analytical thinking and clinical knowledge (I wonder where she picked that up!). Developments of which she is proud include open lines of communication within and between units, including the laboratory, to improve cooperation and encourage the initiation of improvement project teams – such as helping departments engage staff in performance improvement activities by using a Teamwork Board to share information about the projects in progress, or the improvements they have made, which staff members have embraced. Managers, she believes, are interested in improving inter-departmental processes and communication, but sometimes need one person to pull the necessary people and processes together.

What has contributed to Susan's success as a PSO? Experience as a Laboratory Manager provided familiarity with other manager-level individuals, as well as a good perspective on how hard it is to add another task to anyone's already-long to-do list. Her Masters degree in Public Health, along with the analytical thinking and understanding of clinical implications that were mentioned previously, gave her credibility with other professionals. A thorough understanding of quality control and statistics has been

especially valuable. Perhaps most important, though, are good communication skills – specifically, the ability to discuss a difficult situation without making others angry.

Of course it isn't always smooth sailing – Susan has run into physicians who are slow to engage in patient safety processes, and laboratory professionals who are reluctant to think beyond the analytical phase of testing. She is hopeful that those educated more recently are increasingly willing to recognize that pre- and post-analytical processes are part of the laboratory professional's responsibility, as well. As she says, "We all own a piece of making it right, and improving it for everyone."

Susan's advice to managers and educators, who want to include patient safety in their laboratory or in their curriculum, is to introduce teamwork skills and encourage interaction with other professions. She suggests that laboratory professionals need to embrace a mindset of tracking indicators to improve processes – that's not something we've all been trained to do, but we can all learn to do it. And, she says, don't hesitate to share what you know with others outside the laboratory – we should become a part of the healthcare team, even if we don't feel welcomed initially. Over time, as Susan has seen, our analytical thinking and clinical understanding will increase both our credibility and our visibility.

If you'd like to increase the awareness of patient safety in your laboratory, Susan suggests that you "talk about the errors and harms that are occurring – if not in your laboratory, then in laboratories somewhere." Identify a process that could be better, set a goal, and start with a Quality Improvement

project in your own department. Then, reach out of the laboratory to partner with others to improve something. After you've implemented changes, track the outcomes to show improvement. Above all, PSO Susan Morris reminds us, "Never become complacent – there's always room for improvement!"

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President's Column From Page 3

Blue Ocean Strategic Canvas, and our new tagline will help you encourage others to believe in, and belong to, ASCLS.

Last year, during my candidate's speech, I spoke about a 10 year old with a pixie haircut and pink glasses that remembered JFK's assassination. This young girl has had a fantastic journey as I stand before you today, as the President of ASCLS. I have been shaped by many life experiences, have developed my leadership skills through the opportunities provided by ASCLS, and been mentored by many leaders and friends in ASCLS. I believe in ASCLS. I believe that this new direction for ASCLS will position us for the future.

Thank you so much for the honor of leading ASCLS this coming year, and for putting your faith in me. With your help, I think we can achieve great things!

ASCLS: One Voice, One Vision

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Region IV Council From Page 8

of the organization, and the other to convene the meeting of the Region IV Council.

Leadership Academy

A major challenge of all regions is the identification of members interested in leadership roles within the organization. Region IV is now pursuing the establishment of a Region IV Leadership Academy. At

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Region IV Council From Page 10

the 2013 Region IV Caucus meeting, the concept was presented and approved by the delegation to pursue the establishment of a Region IV Leadership Academy. Over the last few months, we were able to garner assistance from Region V Director Deb Rodahl, and Region III Director Lisa Anderson who have leadership initiatives already in place.

During the Fall of 2013 Region IV Council meeting, the established leadership academy models were reviewed, discussed and revised for implementation in Region IV. Cathy Schaffner (OH) was appointed as chair, and Christina Goll (MI former Leadership Academy graduate) was appointed co-chair. The committee is comprised of former and current Leadership Academy graduates. Still at the development stage, we are actively pursuing the development and implementation of this project in Region IV in 2014-15. Ready, set, go to the establishment of Region IV Leadership Academy.

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Deregulation From Page 9

legislators. I was told that the sentiment in the state is overwhelmingly anti-regulatory. I was encouraged to learn that the respiratory care practitioners and radiologic technicians were fighting to keep their licenses, so that there was definitely a pro-licensure sentiment reflecting back. I spoke to some legislative aids and some Chiefs of Staff. I always began with a synopsis of our importance with examples such as catching bacteria in the spinal fluid of an infant, correctly blood typing a trauma patient needing a blood transfusion, catching leukemia cells in a blood smear. I was told that having the industry behind the initiative was definitely powerful.

The petition was persuasive with 300 signatures at that time. The CLIA statistics resonated with some of the members' staff. Two aids said that they couldn't believe we weren't already licensed, but the likelihood of laboratory professionals being included in the Sunset Commission recommendations is highly unlikely.

After the Sunset Commission had time to review the staff report, a public hearing was scheduled. June 25th was the big day to testify on behalf of our field. Maureen Burke and I waited for hours to testify because the Sunset Commission had to listen to public comments on the Department of Assistive and Rehabilitative Service (DARS) and Department of Family and Protective Services (DFPS) prior to our time. Maureen is a laboratory supervisor and had to go to work before she was able to give her testimony. I was finally called and testified in front of the members. I cited a recent article in the Texas Tribune which quoted the Chair of the Sunset Commission, Senator Jane Nelson, stating that there is a "growing public health problem" because border detention centers are releasing mothers and children in "rough shape". The article stated that DSHS officials thought there was an "infectious disease outbreak threat" in the area. This happens to be in the exact region those 4 pediatric clinic labs were shut-down due to CLIA violations. I informed the members that misdiagnosing children due to bad lab testing has the potential to increase infection transmission rates, disease progression, hospital admissions, and would have an overall negative impact on public health. I also cited newspaper stories of lab closures in other parts of the state emphasizing that these problems could have been avoided by implementing licensure with mandatory certification. I was able

to report that I had over 500 signatures of people that agreed with me and that their comments were in the written testimony that I had provided.

Time will tell if they heard us. There were over six (6) hours of people testifying against de-regulatory actions from other allied health professionals! The Sunset Commission was overwhelmed by the respiratory care and X-ray technologists' resistance to removing their licenses, so Chair Senator Nelson created a subcommittee to revisit those deregulatory suggestions. I have asked TACLS members to swamp those subcommittee members with calls and visits asking for licensure for laboratorians. Could the tide change? August will be the next update.

There is a glimmer of hope. We can only hope that logic and truth will prevail. It will be tough since the anti-regulatory sentiment in Texas government is bigger than a ten-gallon hat...bigger than a Brahma bull...bigger than a cotton field... bigger than a Ford Dually pick-up... bigger than...well, you get the picture.

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"Time will tell if they heard us."



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Keep in Touch with the ASCLS NATIONAL OFFICE

1861 International Dr., Ste. 200
McLean, VA 22102
Phone: 571-748-3770
Fax: 571-354-7570
Email: ascls@ascls.org
website: www.ascls.org

Elissa Passiment
Executive Vice President
elissap@ascls.org

Karrie Hovis
Education Office
karrieh@ascls.org

Don Lavanty
Legislative Affairs

Andrea Hickey
*P.A.C.E.® Membership
Services Coordinator*
andrea@ascls.org

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