



ASCLS 2015 Legislative Symposium

Linda Goossen, Ph.D., MT(ASCP)
ASCLS Government Affairs Committee

Over one hundred thirty clinical laboratorians from 33 states met March 16 and 17 for the 27th Annual Legislative Symposium. This annual event is sponsored by five professional organizations - the American Society for *Clinical Laboratory Science* (ASCLS), the Clinical Laboratory Management Association (CLMA), the American Society for Clinical Pathology (ASCP), the American Medical Technologists (AMT), and the Association of Genetic Technologists (AGT) - and representatives from each of these groups warmly welcomed the attendees. This annual two-day event first enables attendees to learn about the legislative and regulatory issues at the federal level that impact laboratories, our patients, and our students. Second, attendees become equipped to take the issues to their senators and representatives and thus advocate on behalf of the profession.

Patrick Cooney, ASCLS Legislative Liaison, spoke at length about the federal budget and its impact on clinical labs. Elissa Passiment, ASCLS Executive Vice President, and Patrick reviewed the reductions in Medicare reimbursements that clinical laboratories have experienced over the past two decades.

- Clinical laboratories suffered deep cuts as a result of the Affordable Care Act, which included a direct cut to the Medicare Part B Clinical Lab Fee Schedule (CLFS) of 1.75 percent each year from 2011 through 2015. Laboratories also received another cut in 2011 through the productivity adjustment, resulting in an additional 11 percent cut over ten years. Together, the direct cut and the productivity adjustment results in a cumulative 20 percent cut over ten years.
- Clinical laboratory reimbursement was also cut an additional 2 percent to help pay for the postponement

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#Howdoyouhashtag

Jasmin Davis
NPNMF Region VII

It's been said that the heart of any business' success lies in the way it can effectively market. By definition marketing is the action or business of promoting and selling products or services, including market research and advertising. For ASCLS, it is everything we do to place our services and products in the hands of our members. Marketing includes offering the proper services and merchandise, selling successfully and promoting our organization and its products to the public. So why is marketing important to ASCLS you might ask? Simple, it is how we get members. Marketing is imperative to gain attention, build service and product demands and recruit members. Members need to be interested in ASCLS and what we have to offer. What it is that ASCLS does best? What can ASCLS offer that is different from any other organization? Undoubtedly a huge portion of marketing is advocating and this is something we are going to have to invest in heavily if we want to remain successful. This is how people are going to hear about ASCLS and decide whether or not they are interested in joining ASCLS based on the advocacy.

Most people would say, "Well we need a lot of money to advertise." In today's day and age, social media has made it much easier to access a broad audience and connect on a powerful platform to advertise and

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President's Message

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

Communication

I have spent the past issues of my President's Message explaining the key elements of the ASCLS Strategy Canvas developed over a year ago. I have tried to communicate our vision for the future of ASCLS, because I believe effective organizational communication will allow our members to work together to achieve our ASCLS goals. This sense of teamwork is vital; the more members know about ASCLS, our culture, our key elements, and the things we are accomplishing, the better job our members can do when serving as ASCLS Ambassadors. Members who have a strong, positive relationship with ASCLS, developed by learning about what ASCLS stands for, are more likely to share that information with others, and encourage others to become members.

So in this issue, I would like to discuss effective communication. Whenever I am part of a strategic planning workgroup, it seems better communication is always one of the areas for improvement. I always wonder what communication must look or feel like for folks to believe that the communication is good. Why, in this era of information overload, do we not do a better job of communicating? American journalist Sydney J. Harris wrote: The two words "information" and "communication" are often used interchangeably, but they signify quite different things. Information is giving out; communication is getting through. Although I realize people need to be exposed to an idea multiple times before it takes hold, maybe the message just isn't getting through – the information is there, but the communication is not effective.

Effective organizational communication leads to strong teamwork and allows members at all levels of the organization to work together to achieve goals. ASCLS realizes our multi-generational membership wants multiple communication options, and members like to receive information in more than one way, so ASCLS has developed multiple communication/

information sharing methods.

Clinical Laboratory Science Journal

We have a wonderful peer-reviewed scientific publication in the *Clinical Laboratory Science* journal, but most of us don't take advantage of the opportunity to write for this journal. Many of us have case studies or practices of note that could (and should) be published so our colleagues can learn and possibly adopt these good ideas. Now that the Journal is electronic, we no longer have a page limit, so we can print more articles – but we need you to submit. If you don't know where to start because you have never written a journal article, you can be paired with an experienced author. Please consider publishing in the *Clinical Laboratory Science* journal, and use this format to communicate/share information.

ASCLS Today

Another print media communication is our ASCLS Today newsletter. By continuing to put a paper copy in your mailbox, we hope that each time it arrives in the mail, it reminds you of what ASCLS is accomplishing on your behalf. Please take the time to read the content; maybe one of the articles will resonate with you, and you will decide to become even more actively involved.

Society News Now and other e-newsletters and e-mails

I have received positive feedback about the monthly Society News Now e-newsletter that I have written this year as a means of communicating all the work being done by volunteers over the past months. The ASCLS eNewsbytes, another electronic newsletter containing the latest scientific and continuing education information, is sent out every week. The Government Affairs Committee also publishes an e-newsletter to keep us informed on issues in the legislative and

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Spotlight On: Ian Wallace – A Stellar Key to the Future!

Joan Polancic, MEd, MLS(ASCP)^{CM}
ASCLS -CO



Ian Wallace is a living example of a “key to the future (KTF)” in ASCLS. He received the KTF award in 2013 and has not stopped his activity since! In fact, he keeps increasing his activity and involvement!

Ian and I first met in March 2013 at his first ASCLS Legislative Symposium. Since both of us are from Colorado we were able to go to the Hill visits together. He did a great job for a “rookie!” He was able to explain what our job entails to the legislative

aides by using examples from his experiences working nights in the laboratory at Denver Health Medical Center.

Ian has been active with ASCLS-CO, moving from the student representative position to the first year professional (FYP) position to the New Professional representative. He has worked diligently to get students and new professionals together via social events. He has helped to rejuvenate the “Central” (Denver) District of ASCLS-CO by planning some fun continuing education and social activities to help area laboratorians network and learn.

Who knew the actual science involved in beer and whiskey making??!! Ian organized truly fascinating tours at a local brewery and a whiskey distillery which were very educational and entertaining! While some may not think of this as applicable education, the fact that many local laboratorians gathered showed it is an area of interest. And where two or more laboratorians gather, there is always a networking opportunity!

He has also written articles for the ASCLS Today and

ASCLS-CO newsletters to keep members informed of legislative issues, CE opportunities and career options.

Ian is very active in career recruitment. He has gone to area MLS and MLT programs to talk to students about the importance of, and a career in, medical laboratory science. Because of his work experience he can speak very knowledgeably about lab science and provide exciting examples of what the job entails.

His level of interest in the profession and in being involved in ASCLS is amazing to see! He has a true desire to be active and to contribute in a way that will benefit ASCLS and the profession. He understands the importance of a professional organization and the benefits it brings to the profession and the individual professional. He actively demonstrates this by talking to co-workers about his activities and shares examples of the importance that one person can make and how individuals who work collectively can make a difference.

Ian’s leadership potential is currently being “groomed” as a member of the 2014-15 Leadership Academy. The future is bright with Ian Wallace as a member, and future leader, of ASCLS!

Ian’s service & awards recognition

2012: ASCLS- CO Student Representative
ASCP - National Student Honor Award

2013: ASCLS-CO New Professional/First Year
Professional Representative
Outstanding Service and Leadership Award
(ASCLS Student Forum)
Society of *Clinical Laboratory Science*: “Omicron
Sigma Award”
American Society of *Clinical Laboratory Science*:
“Key to the Future” Award

2014: ASCLS Region VIII New
Professional Representative
ASCLS New Member New

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Letter to the Editor: Promote Yourself or Perish

Betty Ciesla, MS MT(ASCP)SH

As medical laboratory professionals, our potential and our skill set are extreme assets. No reliable diagnosis is made without the information that we provide: information garnered from techniques that are quality controlled, available and accurate. We continue to be a profession whose expertise is little recognized, and we've been saying this year after year. So let's consider some avenues that we may pursue in the name of change. ASCLS has collaborated with Lab Tests Online to answer consumer questions as part of the ASCLS Consumer Response team. This is a mega opportunity to share your expertise with JohnQPublic, a grateful participant. As a member of this group, you are answering questions in your discipline from the United States and approximately 10 foreign countries. You have the rare opportunity to show knowledge, provide direction, and share the laboratory profession. This is not a powerless exercise; it is an exercise of amazing depth and potential. You know that you are immediately helpful and that because of you, someone is less anxious and better able to deal with their crisis. And you the laboratory professional are responsible for that!!!

Now how can we turn that "power" into every day laboratory promotion? I have always used the "tell ten people" rule. Presently, I am teaching Scientific Writing, and have 5 different majors in my classroom including medical laboratory scientists. At the beginning of this MLPW, I wrote on the board all of the major courses, ancillary courses, and test procedures expected of an entry level scientist. Of course, it filled the entire black board. Then I read one of my LTO questions with my response to demonstrate our knowledge and proactivity. IT WORKED. My other students had no idea of how demanding this profession is and now they will be able to portray the depth of what we do. And they will tell 10 people. Additionally, in lab and out of lab I never miss an opportunity to speak out. Through my medical advocating with patients I never miss the opportunity to ask questions like: "you mean you are not considering this test? And why not?"

We cannot be silent and we cannot be subtle. Since our patient contact is limited we have to avail ourselves of potential opportunities to be members of integrated hospital committees, welcoming new employees, visitations, anything promotional. **Until each** of us begins to share what we know and show what we know, we will be obscured. Our tactics cannot be gentle but they can be resolute. Consider how YOU can be part of **promoting** the promise of our profession, every day and in any way.



Want to Be in Laboratory Management? Become a Generalist!

Diagnostic testing is constantly improving, which can make laboratory management, regulation, and compliance a bit complicated. Labs across the nation are understaffed, have increasingly busier workloads, and the influx of medical laboratory scientist personnel is nowhere near enough to cover those who are retiring. I think that a laboratory manager must be an individual who is not only expert in all testing the laboratory offers, but also possesses mechanical prowess, is able to organize documentation and maintain changes in regulation, monitor QA/QC, and overall has exceptional interpersonal communication skills.

Okay – well what is the good news, you ask? Here's the good news: If you are a generalist you already have started fine tuning the bulk of these requirements. The more experience you gain, the more intuitive you will become about general laboratory operation. To get more insight on how being a generalist greatly influences and contributes to laboratory management, I spoke with Kay Todd who is the Laboratory Technical Supervisor of St. Anthony's Hospital in Lakewood, CO. Kay was a generalist for over 20 years and has now been Technical Supervisor for over 3 years. Kay took responsibility for her laboratory during a time when there was no lead supervisor or management to

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Full Time Faculty Position/Director of Clinical Education/Clinical Education Coordinator

The Department of Clinical Laboratory Sciences in the School of Health Professions at The University of Texas Health Science Center at San Antonio is seeking candidates for Clinical Education Coordinator with a fulltime (12 month) faculty position.

Minimum Qualifications include: Master's degree required.

Doctorate or equivalent terminal degree in education, biosciences, laboratory medicine or related field from an accredited university or college preferred; graduation from an accredited Clinical Laboratory Program; Current certification as a Medical Laboratory Scientist MLS(ASCP)^{CM};

Two or more years of teaching experience in a MLS/MLT program, professional qualifications and experience consistent with requirements for appointment for rank; three or more years of professional clinical laboratory science experience, desired experience and expertise in one of the clinical laboratory disciplines; evidence of active participation in national professional societies; evidence of scholarship.

Academic rank/appointment/tenure or non-tenure track status/salary are dependent on the educational experience and degree of the successful candidate. Review of applications will begin April 1, 2015 and the search will remain open until the position is filled. The position is available as early as July 1, 2015. Applications are being accepted and review will begin immediately and continue until the positions are filled. Send a letter of interest, current CV, and the names, email addresses and phone numbers of three references to:

De De Gardner, MSHP, RRT, FAARC
Interim Chair – Clinical Laboratory Sciences
Department of Clinical Laboratory Sciences
School of Health Professions
UT Health Science Center – San Antonio
7703 Floyd Curl Dr. MSC 6249
San Antonio, Texas 78229-3900

Application materials can be submitted electronically to GardnerD@uthscsa.edu

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Product Development Committee

Lynda Britton, Ph.D., MLS(ASCP)^{CM}, Chair

The Product Development Committee is charged with developing new products for purchase from the ASCLS online store or as continuing education courses in MediaLab Inc. This year we have published “What is a Patient Blood Management Program?” and “Parasitology Case Studies: Protozoa in Blood.” Almost ready for purchase are “Reproductive Hormones” and “Lamellar Body Counts: Is This the Future of Fetal Lung Maturity?” These courses can be accessed at <http://www.ascls.org/continuing-education/online-education>. In addition “Student Bowl Games for CLT/CLS Volume 3” was recently updated. You may purchase it on CD or download it. We are constantly looking for new ideas and would welcome any input.

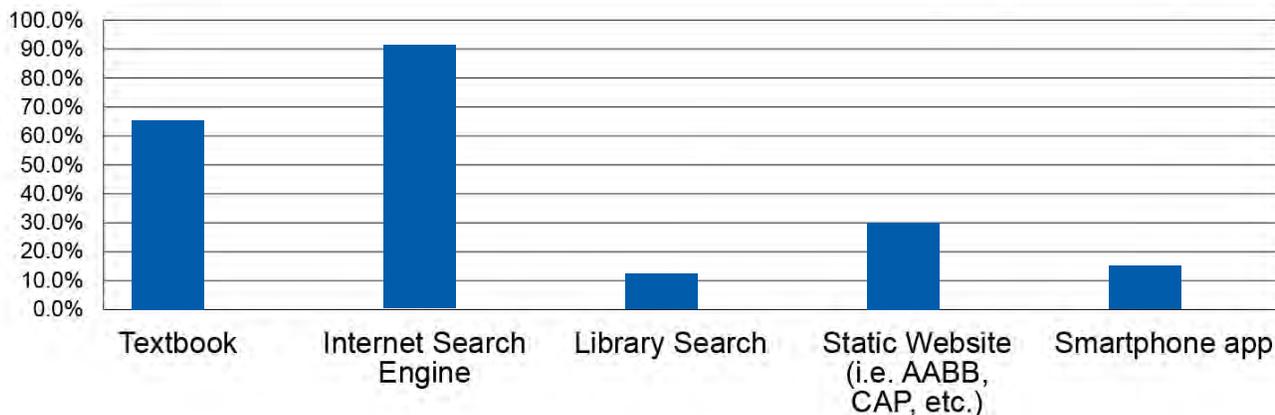
The committee sent a survey to all members in November 2014 to determine ASCLS members’ educational needs. The results were interesting. Of the 315 members who completed the survey, most indicated that they receive their continuing education (CE) from their employer, followed by ASCLS state and regional meetings. They preferred online courses but 60% had never purchased one from ASCLS. Besides having their CE provided by employers, the next most common reason for not purchasing items was lack of knowledge about what is available. Of those who had purchased something from the ASCLS store, the most common was an online course from MediaLab or Westgard.

Of the numerous topics suggested, there was no clear winner; each topic received about 40% of the votes. Sales have been down in the last few years, so we still need input on what members want to purchase.

One of the charges provided by Susie Zanto, President, to the PDC was:

“As more patients access their test results, design products to empower members to take a role in consumer advocacy, and provide clinical laboratory science expertise to the public, similar to the service provided by the Consumer Information web team.”

The Committee thought a mobile application for smartphone and tablet might help laboratorians to confidently provide laboratory results and explanations to the public. We developed another survey in January to determine interest. Of the 690 people who responded, 70% were clinical laboratory scientists. Ninety-three percent presently own a device that uses apps (61% of those were Apple devices) and most use them daily. Seventy percent preferred an app that would provide continuing education and 60% would also use it for work related purposes. Although only 12% of responders preferred a smartphone app, none of the apps currently available provide an logic-based approach that would match best laboratory practices. One vision is to produce a mobile application that will allow laboratorians to determine the most appropriate tests to perform in a situation and then explain what the results of the tests mean. (Before we develop such an app, we will have to investigate if there are any regulatory/legal issues that must be addressed.)

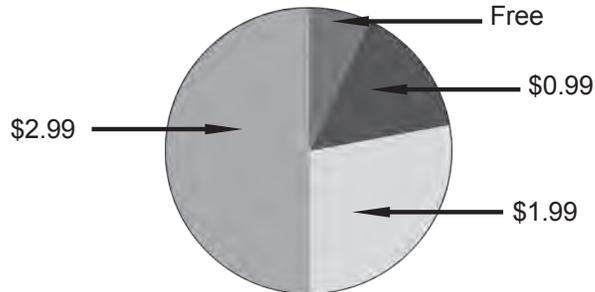


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Of the 20% of the responders who were students, 71% used apps for studying with the highest number (89%) using it for hematology. Students were only willing to pay \$1.99 on average but preferred a free app, while MLSs would pay \$2.99.

How much would you pay for an app that could be used to look up information on all areas of laboratory testing?



Because we believe strongly that a mobile application would promote the profession and ASCLS as a leader in it, the PDC proposed we develop it, and the ASCLS Board of Directors approved the formation of a team and budget to look into the development of a laboratory-based app. The committee welcomes any input or expertise.



Once an MLS Always an MLS!

Karen Chandler, M.A. MLS(ASCP)^{CM}
Region VII Director

Think about the many people you have known throughout your career. How many have moved into new career opportunities because of their experience in the field of clinical laboratory science? I don't like to hear former students and colleagues say apologetically that they "have left the lab" and then go on to say that they are now a hospital administrator, or safety officer, or infection control officer etc. You can fill in the blank with a number of career moves. I would suggest that they are always a medical laboratory scientist at heart. It is sad many don't feel it is important to acknowledge their roots, because they are often in that different position because of the experience and knowledge they gained while working as a medical laboratory scientist. You seldom hear a nurse say they left nursing if they move to other related positions. In fact, they make a point of using their credentials as part of their signature. In just about every healthcare institution, nurses can be found in a variety of administrative positions and all of them proudly add their credentials to their signature as part of their identity. Yet, all too often I have seen laboratory colleagues drop their credentials as soon as they make a career move that is not immediately considered to be part of the laboratory.

Perhaps it goes back to Past President Mary Ann McLane's theme that we need to put a face on the laboratory. The laboratory is not just a group of rooms. It is composed of the medical laboratory professionals who work there. We are the professionals who put heart and soul into providing reliable and high quality laboratory results to our patients. I believe we carry the skills and knowledge that we have gained wherever life may take us. Think about the skills you have developed throughout the years. Most medical laboratory scientists are highly organized, multi-task well, remain calm under pressure, think logically and are detail oriented. I am sure you can add to the list. These things are part of us and have helped to shape us. Using credentials on a regular basis helps to put a face on our profession and provides a visible sign to others. I was recently reminded of this when I saw the signature on a grant letter from a national foundation. The letter was signed by an R.N. While she had left direct patient care, she didn't leave her professional identity behind!

I am reminded of my experience with one of my first laboratory managers. He was new to the hospital and one of the first things he tried to do was to increase

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Medical Laboratory Science: Not Just Bench Work

Ian Wallace MLS(ASCP)^{CM}

During my time as a Medical Laboratory Scientist (MLS), I have heard over and over again how, “there is nowhere to go as a bench tech” or “I feel stuck in this profession”. This jaded attitude towards our career is very frustrating to me, especially considering that I have met so many individuals whose careers have led to many different positions; yet each and every one of them began as a “bench tech”. Utilizing these contacts, I decided to reach out to the ASCLS community to gain some insight into the types of positions available to those who have an MLS background. I asked each individual to provide a summary of what they do, as well as how and/or why they decided to pursue their specific career. The participants in the article also provided email addresses to answer questions, provide information, and even mentor those who are also interested in following similar paths using the skills and knowledge of an MLS.

Education:

Gilma Roncancio-Weemer: Serving as a program director for a medical laboratory science/medical laboratory technician program is an excellent way to maintain your connection with the clinical laboratory while mentoring and developing future laboratory professionals. As required by NAACLS, our program’s accrediting agency, “the program director must: be responsible for the organization, administration, instruction, evaluation, continuous quality improvement, curriculum planning and development, directing other program faculty/staff, and general effectiveness of the program.” A minimum of three years teaching experience along with MLS/MT certification, a master’s or doctoral degree, and knowledge of certification and NAACLS accreditation are required to meet the NAACLS qualifications. However, academic and hospital based programs may have additional requirements.

As a clinical instructor for the hospital based program which I now direct I was able to not only share the knowledge I attained but also contribute to the professional development of my future co-workers. When the opportunity arose to become the program’s assistant director and then director I jumped at it to help shape students into laboratory professionals. As I hear from

our graduates about how well prepared they are for their positions and I see them advance in their careers I am reminded about the contributions our program made to their success. I feel extremely fortunate to have found such a rewarding career!

(grwcls@comcast.net)

Supervision:

Bill Hunt: Laboratory management (supervision) handles the interface with multiple departments outside of the laboratory in addition to the day to day operations of the laboratory. This would include strategic planning (as departments in the hospital add/close services), human resource issues, technical issues, vendors, quality issues and a myriad of unexpected events that don’t easily fit into any category. Laboratory management accomplishes little without the contribution of staff.

One of the main reasons I moved into laboratory management was because I liked planning and dealing with the unexpected. My MBA has a concentration in Decision Sciences; it was the exploration of the why things are done or errors occur and wanting to see both the details and the big picture that have always interested me. (William.Hunt@uphs.upenn.edu)

Information Services:

Scott Aikey: I work in Information Services at the Children’s Hospital of Philadelphia (CHOP). Most, if not all, hospitals have a large hospital Information Services (IS) department. Some IS departments include Laboratory Information Services (LIS) as a part of the larger department and some LIS departments are a part of the Clinical Laboratory. At CHOP, the LIS team is a part of the larger Hospital IS department. Most Hospital IS departments are split into multiple divisions which might include Application Support, Infrastructure Support, IS Security, etc. Application support involves the support of the hospital’s various applications, such as the LIS, as well as other clinical systems such as the hospital’s Electronic Medical Record and those systems used in other departments such as Radiology, Pharmacy, etc.

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*Bench Work**From Page 8*

For me, moving into Hospital IS was a natural progression in my career. In every laboratory technologist position I ever held, I always gravitated toward the computer aspect of the job, which was mostly the support of the LIS. After transferring to and working on an LIS team, it was a natural progression to move to the larger hospital IS department. I found my clinical laboratory background was very useful and actually essential as the projects at the time were implementing laboratory interfaces between Quest and LabCorp and our hospital's EMR. Over time, I learned more and more, got involved in more diverse projects and eventually got promoted to the position where I am today as a Director of Clinical Application Support. (aikey@email.chop.edu)

Public Health:

Dr. Rodney E. Rohde: I spent a decade as a public health microbiologist and molecular epidemiologist with the Texas Department of State Health Services (DSHS) Bureau of Laboratories and Zoonosis Control Division prior to my academic career. While there, I helped establish the DSHS laboratory as an internationally recognized regional reference laboratory for rabies typing. I also participated in the internationally successful Oral Rabies Vaccination Program which helped eliminate canine rabies from parts of Texas. (Rodney received the prestigious J.V. Irons Award for Scientific Excellence from the DSHS Bureau of Laboratories for these efforts in rabies control and prevention.)

As a microbiologist, I was fascinated by the most dangerous microbes. I had worked with poliovirus during my MS (virology) and had begun reading various research articles about polio and other microbes. As I was finishing my MS, *"The Hot Zone"* (by Richard Preston) came out regarding the introduction of Ebola in to the US. I was hooked! I applied for an entry level job at the Texas DSHS laboratories as a Public Health Microbiologist. I actually started in the Newborn Screens area and learned a ton. But, I always had my eye on an opening in the Virus Isolation unit. As soon as a spot opened there, I applied and was selected. Eventually, an amazing opportunity presented itself in the form of a hybrid position – a molecular epidemiologist. I worked 50% in the rabies/arbovirus laboratory and 50% as a molecular epidemiologist in the DSHS Zoonosis Control Division. It was here that my career took off. I was asked to develop a Regional Rabies Virus Typing Lab for Texas

so I got to spend a couple of internships with amazing mentors at CDC in their Rabies Lab, and also amazing mentors in the DSHS Rabies Lab. I love my job in academia and the MLS environment but I often find myself thinking about sitting at the rabies bench or heading out to the field to help. (rrohde@txstate.edu)

CLIA Regulation and Compliance:

Lezlee Koch: Laboratory federal regulation and accreditation compliance is essential for all laboratories who are CLIA licensed and is a requirement to perform laboratory testing. As CLIA federal regulation and/or accreditation agency standards change, laboratories must implement change within specific timeframes to remain CLIA certified and sometimes these laboratories require assistance in monitoring changes and interpreting the regulations to determine the actions they may need to take.

As a practicing laboratory manager for many years, I have expanded my knowledge about these regulations, identified sites and organizations that require monitoring and produced communications and resources specific to new and/or revised regulations for laboratories within our hospital-based outreach program, health system and ASCLS-SD. This type of communication educates laboratory professionals on current regulations, alerts them of changes that will require action within their laboratories to assure compliance with regulations and provides the practicing professional resources to assure quality laboratory services are provided. (lezleek@sio.midco.net)

Point of Care Testing (POCT):

Ruthann Ciszewski: Point of Care testing (POCT) is also referred to as alternate site testing or bedside testing. It refers to laboratory testing performed at or near where care is being given to the patient and is typically performed by a non-laboratorian. The location could be at the patient bedside in the hospital, on the nursing unit, in the operating room, or in a physician's office. The person performing the test could be a medical assistant, patient care technician, LPN, RN, respiratory therapist, perfusionist, physician assistant and even a resident or a physician. The most

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Bench Work From Page 9

common POC tests include: glucose via the glucose meter, dipstick urinalysis, urine hCG testing, specific gravity by refractometer, fecal/stool occult blood, pH testing, strep testing, mono testing, hemoglobin, electrolytes and blood gas testing. Especially useful is a test the laboratory does not perform: ACT testing (activated clotting times for higher dosing of heparin during cardiac catheterization or open heart surgery) via POC coagulation instruments.

When I took the position in POCT, I wanted to share my lab knowledge with non-laboratorians to help ensure quality testing. My background in both *clinical laboratory science* and education were a great fit for teaching others. There is a lot of basic information about laboratory processes such as the concepts of QC, false positive and negative reactions, and regulatory rules that healthcare employees who perform “simple” POC testing don’t know. They lack basic instruction in laboratory techniques and principles. Many non-laboratorians don’t understand concepts like performing QC before patient testing. Or taking the time to troubleshoot when QC doesn’t perform as expected, and remembering to document actions taken. They have numerous other responsibilities directly related to patient care that often take priority, and laboratory testing is just a minor task. Someone who takes a position in POCT must have good communication skills with all levels of hospital employees to explain, mentor, and coach those with varying educational backgrounds. It is up to the laboratorians to monitor testing to ensure testing performed outside the laboratory meets quality and regulatory standards. (ruthannlovesmusic@yahoo.com)

As you can see, the opportunities in our profession are nearly limitless, and the examples I have written about are just the “tip of the iceberg” when it comes to what we can do with our background. A career in consulting, research and development, sales, the military, forensic science, and more are all possible. I want to personally thank all of those who contributed to this article. They are the ones who have opened the doors to opportunity and it has been a pleasure to work with them on this article. I hope this article has helped expose you to what you can accomplish in the field. With our knowledge we have the ability to grow and pursue our passions; it is all just a matter of taking the first step to do so!

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Nebraska: Planting the Seeds for Future Laboratory Professionals

Brad Hays, BS, MLS(ASCP)^{CM}
Kevin McGuire, MLS(ASCP)^{CM}

Debby Boone once said “Dreams are the seeds of change. Nothing ever grows without a seed, and nothing ever changes without a dream.” Many young people have aspirations to help people when they grow up. When asked what they want to be when they grow up, the common responses are firefighters, police officers, nurses, and doctors. The leadership within ASCLS-Nebraska has made it our goal the past year to educate students of all age levels about the medical laboratory profession and the importance we play in quality patient care.

Elementary School

When speaking to elementary school students, the presentation begins with that question- “What do you want to be when you grow up?” The students are reminded they want to choose something that will make them happy. When I mention I am a *Medical Laboratory Scientist*, the looks are priceless. Many respond with “You are a what?” This is the very reason I enjoy speaking to these students: to introduce them to a profession many do not know about. I explain to the students the role we play in medical decisions and how we save lives. The students then have the opportunity to participate in a hands-on activity in which they extract DNA from their cheek cells. Laboratory professionals are the individuals who work behind the scenes and are rarely seen. Even though we are rarely seen, we are focused on the patient behind each sample we analyze.

High School

ASCLS Nebraska leadership believes educating the high school and college students of today about the laboratory profession is essential given the personnel shortage in laboratories. In McCook, Nebraska, 83 local high school students attended the Community Hospital Career Discovery Days. The students toured all areas of the laboratory. They were able to see units

of blood in blood bank, view bacteria growing on plates in microbiology, see inside the Vitros 5600 and Sysmex XT4000i and draw blood from a phlebotomy teaching arm. Many of the students were amazed by the laboratory and stated they would consider laboratory professions in the future.

College

Many health majors at colleges have never heard of our profession. We stress the importance of the health care team working together. Laboratory professionals do not meet the patients they serve in most hospitals, but the results we provide directly influence the decisions made about a patient’s care. Students enjoy hearing case studies related to what we do and how we truly do make a difference every day. Speaking to those who are already interested in Medical Laboratory Science is also very important.

Each fall, ASCLS-NE gives a presentation to the laboratory education programs in Nebraska about ASCLS and the many benefits of being a member. While attending clinical rotations at hospitals across the state of Nebraska, many students are again exposed to the many benefits of ASCLS. Students enjoy being a part of the Student Forum. The ASCLS-NE Student Forum conducts two fundraisers each year which helps raise money to send students to the state and national meeting. In the fall, students sold raffle tickets for the chance to win tickets to a Nebraska football game. During the spring, the students sell laboratory themed t-shirts. This year, ASCLS-NE incorporated a career panel that gave students some insight about the opportunities they have after graduation and about the importance of staying active within the profession. The students also had the chance to win a Board of Certification Review App that ASCP graciously donated. Students are the future of our profession and they are eager to grow as professionals!

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Symposium

From Page 1

of the Medicare Sustainable Growth Rate (SGR) in 2012; the SGR is a method currently used by the Centers for Medicare and Medicaid Services (CMS) to control spending by Medicare on physician services.

- And last, but not least, the Budget Sequestration of 2013 cut laboratory reimbursement by another two percent.

All totaled, Medicare payments for clinical laboratory services have been reduced by approximately 40 percent (inflation adjusted) over the past twenty years. This shrinking reimbursement is not keeping pace with the significant increase in costs, technology, complexity, and delivery of laboratory services laboratories have provided over the past two decades. In the end, these drastic cuts will cost the health care system and Medicare more because (a) tests will be sent to reference labs, thus increasing the cost to hospitals and clinics, (b) the lack of information from the laboratory may require the utilization of more expensive diagnostic and monitoring procedures, and (c) less preventive care testing will lead to treatment costs that will be much more expensive than if the disease had been prevented. Based on these facts, the participants in the symposium asked their representatives in the Senate and the House to reject further cuts to clinical laboratory testing services under the Medicare program.

One of the consequences of the significant reduction in reimbursements to clinical laboratories is the personnel shortage, a second issue impacting clinical laboratories. Because of the cuts, laboratorians are not getting raises, resulting in many leaving the field and laboratories operating short-staffed. In addition, hiring

freezes are in place in many clinical laboratories. Since laboratories are understaffed, they are cutting back or entirely eliminating educational programs, resulting in insufficient practitioners entering the field. To further complicate the issue, the aging of the professionals in laboratories, part of what has been termed the “Silver Tsunami” will place an increased demand on the laboratory as these senior citizens leave the workforce in record numbers as well as place an increased demand on the health care system. The U.S. Department of Labor’s Bureau of Labor Statistics states that between 2012 and 2022, the demand for clinical laboratory technologists/technicians will grow by 22 percent. This is twice the average for all occupations during the same time frame.

Programs preparing tomorrow’s laboratory workforce train only about half of what will be needed; fewer than 5,000 individuals are graduating from accredited laboratory educational programs each year. Because of the current personnel shortage and predictions of an even more drastic shortage in the future, we asked our representatives to establish and sponsor a new federal grant program within Title VII of the Public Health Service Act (PHS) to ensure an adequate supply of clinical laboratory personnel to meet the growing demand for essential clinical laboratory services throughout our nation’s health care system. This grant program would fund the recruitment of faculty, curriculum development, expansion of distance learning, and recruitment of students. We also asked our representatives to urge the House and Senate Appropriations Committees to reauthorize and fund the Allied Health Special Projects and Grants Program under Title VII of the PHS Act. This grant program has not been appropriated for us since 2006.

A third issue impacting clinical laboratories is the delayed update of the Medicare Clinical Laboratory Fee Schedule (CLFS). Each year CMS publishes a list of codes in the Spring, which they want to amend or add to the CLFS the following year. They then hold a meeting in July and open the changes up for comment. Following their own time line they are supposed to have all of the final changes published by November. In December 2014, CMS added 29 new Healthcare Common Procedure Coding System (HCPCS) “G” codes for drug levels not listed in July and did not provide an opportunity for public comments, thus circumventing the process. Because the AMA CPT coding system is and has been the standard procedural coding system, the only G codes complicate billing. Any change to the standard system creates exceptions, produces billing errors, and increases costs to serve patients. Symposium attendees asked their representatives to contact CMS and request they follow their own timelines, justify the creation of Medicare HCPCS G codes that duplicate the CPT codes, and not create new codes without going through the public hearing and comment process.

Symposium attendees also asked their legislators to support the repeal of the medical device tax – H.R. 160 and S 149 – and to thank them if they are a sponsor of either the House or the Senate bill. Beginning January 1, 2013, a 2.3% excise tax was imposed on the sale of certain medical devices. Medical laboratory instruments are subject to this tax, and the tax is passed on to clinical laboratories by the manufacturers at the same time lab reimbursements are declining, resulting in further cost constraints for clinical laboratories.

The final “ask” of our representatives on Capitol Hill dealt with the removal

Continued on Page 13

Symposium From Page 12

of anatomic pathology services from the Interoffice Ancillary Services (IOAS) Exception to the Physician Self-Referral Law. Self-referral, the practice of referring patients for certain medical services in which the referring provider has an ownership or financial interest, is a growing problem for patients and payers, including the Medicare program. Of interest to the laboratory community is the self-referral of pathology services. Self-referral of pathology services is creating a troubling financial incentive for physicians that has resulted in the overutilization of diagnostic and medical services (<http://www.gao.gov/products/GAO-13-445>), resulting in higher medical costs for patients and payers, and according to the U. S. Department of Health and Human Services Office of the Inspector General (OIG), adversely affects patient health and safety.

On March 17, over 130 clinical laboratorians rode the Washington D.C. Metro system to Capitol Hill to tell our Senators and Representatives who we are, what we do, and to stress how critical our services are to the health of the people they serve. The experience of advocating on behalf of our profession is rewarding – it feels good to know that we are trying to make a difference and that we are “walking the talk”.



#Howdoyouhashtag From Page 1

ask important questions without costing a dime! So what is a great way to get and keep ASCLS out there other than just a social media page? Hashtags!

So let’s explain what they are:

What is a hashtag?

A hashtag is a word or group of words after the pound sign, #, that makes it easier to find groups or conversational topics through social media sites. (e.g. #ASCLS)

Where did hashtags come from?

Hashtags actually originated as early as 1988, used within the Internet Relay Chat (IRC) networks to categorize topics into groups. Around 2007, Chris Messina proposed using them on Twitter.

How can hashtags be used to market?

First things first: branding. If we want to get attention with hashtags, ASCLS will need to make sure they are unique to our organization, standing out from common hashtags. For example ASCP uses a hashtag #labmedicine; so we wouldn’t want to use that one as it would cause confusion.

Next is content. Content should include any updates on products, events, and locations, such as Medical Laboratory Professionals Week, the Legislative Symposium, the Annual Meeting and much more.

Campaigning is another use for hashtags. Let’s say ASCLS wants to host contests and promotions. The campaign can include a contest for users to submit photos with the desired hashtag to identify entries for that contest. For instance, video contest entries could all be linked by using #ASCLSMEMBER-SHIPVIDEO.

How do we track hashtag progress?

Hashtags can allow us to follow trends. Trending is a term used to describe the most popular conversation topics in real time. Since popularity and usage changes over time, that means there is usually a small window of time where some hashtag usage will be effective. For example, #AnnualMeeting would

be seen only in the summer. Along with hashtags, members can post pictures and commentary about the event simultaneously. This creates more awareness for the organization, and builds relationships with people in different cities, states, and possibly other countries. By driving engagement through this type of conversation, we are able to promote our profession on a very large scale.

Collectively as an organization, we would want to identify our own unique hashtags. Some of the more popular hashtags I have researched are listed here:

- #ASCLS
- #medicaltechnologist
- #clinicallaboratoryscience
- #medicallaboratoryscience
- #AnnualMeeting

Some suggested tags I can think of include:

- #LegDay
- #loveamedtech (I personally just love this one!)
- #AskASCLS
- #medicalprofessionals

If effective marketing of company, brand, image, or organization is not maintained, it won’t stay in business for long. What other hashtags can you come up with? Let us know!

ascls@ascls.org



President’s Message From Page 2

regulatory arenas. ASCLS also has the ability to send blast e-mails to all of our members (now would be a good time to go into your ASCLS member profile and check your contact information), but we take care to make certain you are not overwhelmed with e-mails.

Continued on Page 14

*President's Message From Page 13***Listservs, Social Media and the ASCLS Member Communities**

ASCLS has also been actively posting to Facebook and Twitter – and will be working on posting to other social media sites in the near future. For the most part, the previous ASCLS listservs have been replaced by Member Communities accessed through the ASCLS website. I hope you have been taking advantage of the Scientific Assembly Member Communities, and exchanging ideas with others in your discipline.

Infographics

Thanks to this year's Leadership Academy class, ASCLS will be introducing Infographics as a new way to communicate our message. For those of you not familiar with infographics, Wikipedia defines an infographic as graphic visual representations of information, data or knowledge intended to present complex information quickly and clearly (see example "Infographics - Communicating in the Modern Workplace", Queens University of Charlotte: <http://online.queens.edu/resource/business-leadership/infographic/communicating-in-the-workplace>). Recent research has shown people will recall information communicated by infographics far better than with traditional spreadsheet charts or text explanations.

Verbal Communication

In addition to these written communication options, ASCLS also utilizes verbal communication methods – in-person educational meetings, small group interactions or one-on-ones, through conference calls, and believe it or not, there are still people who pick up the telephone and call a colleague!

I just spent a day at Disney World and I noticed that young folks are

carrying around a "selfie stick" that holds their cell phone so they can take selfies in front of certain picture-worthy scenes. I remarked to my husband, Jack it appears some folks would rather carry this extension around than have to talk to another person and ask them to take their picture. It reminds me of this quote I came across by Joseph Priestly: The more elaborate our means of communication, the less we communicate. As we text, tweet, or instagram, are we losing our ability to effectively communicate verbally?

The leadership in ASCLS realizes communicating with our members is one of the most important charges we have. But have our communications been effective? Effective communication develops trust and loyalty, especially when the communication meets individual needs, conveys important information and provides a mechanism for upward and downward flow of communication. Let's all become ASCLS Ambassadors, and pledge to effectively communicate the great things ASCLS is accomplishing for its members and for the profession, with One Voice, One Vision.

Spotlight From Page 3

2014: Continued
Professional Forum Region VIII Representative
ASCLS-CO New Professional Representative
ASCLS-CO Central District Representative
ASCLS Promotion of the Profession Committee Member
Omicron Sigma Honor Roll Nominee for ASCLS New Professional of the Year Award

2014-15: ASCLS Leadership Academy

Generalist From Page 4

delegate responsibilities and an inspection was looming on the horizon. She voluntarily attended a CAP inspector course to get an inside perspective, took management and leadership classes, and self-taught herself laboratory regulation. Kay acquired a broad knowledge and expertise in all laboratory areas while being a generalist in large facilities, which in turn gained her the utmost respect from colleagues and employees. From her experience, Kay has instinctual troubleshooting capabilities and does not have to think much about laboratory issues. She believes regulation came easier because of her background as a generalist. Her laboratory intuition and willingness to become educated and develop proper leadership skills allowed her to focus more on people management.

The move from being a generalist to taking on managerial positions can be difficult. Luckily, as a generalist you may be an expert in the laboratory and your staff knows this. However, changing from a peer to leader can be confusing regarding where boundaries lie and how delegation will be implemented. Based on the management style you choose, carrying out these changes may vary. Luckily – there are classes for that. Having trouble with communication with doctors, nurses, and other hospitals under your jurisdiction? There are classes for that too!

People management is arguably the more difficult part of the job – so if you're aspiring to be in a managerial position at any time during your career, become a generalist! You will gain experience, acquire intuition, and ultimately possess a broad knowledge and expertise in all areas of the laboratory. You will then be able to focus on the more difficult areas

Continued on Page 15

Generalist *From Page 14*

for you, whatever they are; and be on your way to a rewarding position you can be proud of, surrounded by people who you respect and respect you in return, while offering exceptional patient care in the process.

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Always an MLS *From Page 7*

the visibility of the technologists who worked in the laboratory. Yes, folks that was back in the time of the dinosaurs when only medical technologists roamed the earth and we didn't have different names! The changes he implemented were minor in some ways but as a new technologist, many of the changes had a profound impact on how I viewed my profession. Technologists were included in hospital committees outside of the laboratory. If anything was sent from the laboratory with a signature, it was to include the appropriate certification credentials for the individual. He also encouraged involvement in our professional association. This was when I first became involved with what was then ASMT. The term "empowerment" was never mentioned but these were in fact some of the features of empowerment. These simple ideas had a major impact on how I viewed my profession. It was an acknowledgment to everyone that I was part of a larger group of professional colleagues.

I noticed that the program for our Annual Meeting in Atlanta has a career panel to explore alternate career routes. I have also seen similar panels at state meetings. I am glad to see this because I believe this is a wonderful opportunity for our new graduates to learn about the different career options possible. I hope they will always remember their roots and proudly use their credentials to help provide a face for the lab no matter where life may take them.

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ASCLS: One Voice, One Vision.



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Editor's Correction: The March issue "Helping Our Cause" article author was incorrect; the author was Madelena Josephs. We apologize for the confusion.

ASCLS: One Voice, One Vision.

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