



Laboratory Co-Insurance (Co-pay): A Remerging Concern and a Change in Direction

Rick Panning and Kyle Riding, Government Affairs Committee

In 1984, with the support of the Health Care Financing Administration (HCFA), Congress eliminated Medicare beneficiary co-insurance or co-payment for clinical laboratory tests¹. (The terms are comparable; both describe a payment that beneficiaries would be required to make when utilizing laboratory services.) In exchange, the clinical laboratory community agreed to be paid under the Clinical Laboratory Fee Schedule. Over the past 30 years, Congress has periodically revisited the concept of copayment, usually when money is needed or Medicare utilization is under scrutiny. ASCLS and other laboratory professional organizations have fought vigorously against Medicare beneficiaries being forced into co-insurance for laboratory services because we believe co-insurance represents a cut in our reimbursement and a burden on beneficiaries and will not control utilization.

We are revisiting this issue yet again because it has been raised during the budget and debt ceiling discussions in Congress. As the Congressional "Super Committee" works to identify approximately \$2 trillion in budget cuts, ASCLS feels that co-insurance will be back on the table. We want to reiterate the

facts as we all face this challenge again.

ASCLS maintains that co-payments for laboratory services would not affect utilization.

The Institute of Medicine (IOM), in its December 2000 report, "*Medicare Laboratory Payment Policy: Now and In the Future*," weighed in against imposing co-payments for laboratory services in Medicare, stating:

"The current policy of not requiring beneficiary cost sharing for Medicare outpatient clinical laboratory services should continue. Cost sharing is unlikely to significantly reduce overuse or increase the detection of fraud and abuse; it could create barriers to access for the most vulnerable Medicare beneficiaries; and it would be financially and administratively burdensome for laboratories, patients, and the Medicare program depending upon its design."

The Congressional Budget Office (CBO) also stated in 1990: "*Cost-sharing (i.e. co-insurance) probably would not affect enrollees' use of laboratory services substantially, . . . because decisions about what tests are appropriate are generally left to physicians, whose decisions do not*

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What Does E&R Fund Do For You?

Dan Southern, Chair
ASCLS E&R Fund

The ASCLS Education and Research (E&R) Fund is a 501 (c)(3) organization managed by 8 trustees appointed by the ASCLS President and approved by the ASCLS Board of Directors. Contributions to the fund are tax deductible. Dan Southern (NC) is the E&R chair for 2011-12. Ginger Weeden, ASCLS Board liaison and Elissa Passiment, ASCLS Executive Vice President, advise the E&R Board of Trustees. The other seven trustees are Angela Foley (LA), Sally Pestana (HI), Susie Zanto (MT), Rebecca Rogers (TN), Dwight Bowlin (AR), George Fritsma (AL) and Marcia Lee (OH). These ten people meet face to face at the national meeting and by

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President's Message

*Catherine Otto, Ph.D., M.B.A., MLS
(ASCP)^{CM} ASCLS President 2011-2012*

Core Values—The DNA of ASCLS

In July, the 2011 House of Delegates adopted a new Mission Statement in addition to Beliefs and Core Values statements. Although the Mission Statement is a succinct statement of the organization's purpose, it is the list of Core Values that really describe the heart of ASCLS. These Core Values define the ethical ideals - what is important and worthy - for ASCLS. They will be used to guide future decisions for the organization with respect to positions adopted, programs funded and policies implemented. What is also unique about them is they are descriptive, not just listed as one or two words that leave the reader to apply his/her own interpretation. Because our Core Values are so eloquently explained, they are also an extraordinary resource to use and think about when recruiting new members.

"Ensuring safe, accurate, efficient, appropriate and cost effective laboratory services is a component of quality." Since its inception, identifying the components of quality medical laboratory services has been integral to ASCLS' purpose. When the definition of quality was expanded by the Institute of Medicine in its 2001 report Crossing the Quality Chasm, A New Health System for the 21st Century, ASCLS adopted this more explicit definition of quality. ASCLS then became one of the first laboratory professional organizations to create a

Patient Safety Task Force in 2006. The Patient Safety Committee has developed continuing education programs for current practitioners, informational products for patients and the framework for a collaborative conference to identify research questions to demonstrate the value of medical laboratory services for improving safe patient care. This first Core Value also guides the remaining five, because they are attributes and factors necessary to meet this Core Value.

"Defining the characteristics of competent personnel within the profession and providing professional development opportunities so that practitioners can maintain competency are essential roles of a professional association." Since its inception, ASCLS has defined and delineated characteristics of competent personnel. As the needs of the profession have evolved, the characteristics of competent personnel have been identified and described in position papers adopted by the ASCLS House of Delegates. "Practice Levels and Educational Needs for Clinical Laboratory Personnel," adopted by the 2009 House of Delegates illustrates a recently updated position. ASCLS has been providing professional development opportunities—continuing education—since our beginning through its Annual

Meeting, Regional and State meetings, our journal and all of our self-study products.

"Enabling laboratory professionals to function at their highest level of competence will contribute to cost effective healthcare." ASCLS has embodied this core value from its early days—supporting methods that empower laboratory practitioners to be able to work at their levels of competence based upon their education, training and certification. We have numerous position papers delineating levels of competence including "Scope of Practice," "Model Career Ladder" and "Levels of Practice". Our efforts to enable practitioners to function at their highest levels of competence were rewarded when in 2009 the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS) published their "Guide to Accreditation for Doctoral Clinical Laboratory Science Programs."

"Promoting diversity supports the delivery of quality laboratory service." Recently, ASCLS' efforts have focused upon identifying methods to ensure diversity is embraced by providing continuing education to its members on this important issue, as well as resources prepared for patients. Two sessions at the 2011 Annual Meeting discussed how to appreciate each individual's uniqueness so employees are valued for their

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Title VII - Why is it Critical for Our Profession?

Dave Falleur, ASCLS Government Affairs Committee

What is Title VII?

Title VII and Title VIII of the Public Health Service Act authorize a myriad of programs for students and institutions to improve the geographic distribution, quality, and racial and ethnic diversity of the health care workforce. The programs are administered through the Bureau of Health Professions in the Health Resources and Services Administration (HRSA). The monies allotted for Title VII programs support physician, dentist, and allied health profession training, the bulk of which is dedicated to dentistry and primary care training, as well as to medical student diversity. Title VIII programs fund nursing education and nursing workforce diversity. In 1998, the Health Professions Education Partnerships Act consolidated the Title VII and Title VIII programs into seven categories: Minority and Disadvantaged Health Professions; Primary Care Medicine and Dentistry; Interdisciplinary, Community-Based Linkages; Health Professions Workforce Information and Analysis; Public Health Workforce Development; Nursing Education Act; and Student Financial Assistance.¹ These categories encompass a number of pipeline programs created to increase the number of qualified minority applicants applying to health professions programs. Programs such as the Health Careers Opportunity Program (HCOP), and Scholarships for Disadvantaged students have benefited many allied health students, as well as other underrepresented minority students across the country. The history of this legislation dates back over forty years.

Title VII Programs that Affect Clinical Laboratory Professionals

The programs that directly benefit our profession include the Health Careers Opportunity Program (HCOP), Scholarships for Disadvantaged Students, Grants for Training Programs, and Area Health Education Centers (AHEC).

The HCOP Program is designed to increase the number of individuals from educationally and economically disadvantaged backgrounds who are studying and working in the health

who were HCOP participants.

Most of these students would not have been able to complete the program without the assistance of HCOP, or would have chosen another career path.

Scholarships for Disadvantaged Students provide funds to individuals from disadvantaged backgrounds to improve their education and graduation rates and expand their ranks in the health professions. At Texas State University, the College of Health

Professions has an ongoing SDS grant which provides funds for CLS, Communication Disorders, and Physical Therapy students. The funding is need-based, and each year, 5 to 7 stu-



and allied health professions. This program also provides support needed to compete, enter and graduate from health professions programs. At Texas State University in San Marcos, Texas, the College of Health Professions had a very successful HCOP Program for 4 years. The program supported 20 community college students each summer, and introduced them to the professions of Clinical Laboratory Science, Respiratory Therapy, and Health Information Management. The CLS Program at Texas State, benefited from the program with the successful graduation and certification of seven students

dents in the CLS program receive funding from this program. These scholarships enable students to focus on their education and reduce some of the stress associated with the high costs of tuition and fees.

HRSA also provides grants to institutions to expand the knowledge base of health professionals and support their continuing education. At the University of Texas Medical Branch, in Galveston, Texas, the Department of Clinical Laboratory Sciences received a HRSA grant that enabled the

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appear to depend on enrollees' cost sharing.”²

Reinstatement of Co-insurance Would Essentially Impose an Additional Reimbursement Cut for Laboratories

Over the past 17 years Congress has systematically reduced the clinical laboratory fee schedule by more than 35 percent, and reduced or frozen inflationary increases for laboratory services. Co-payment is, in essence, another cut – a 20-25% cut. This co-insurance provision could quickly put many small laboratories out of business with no one to replace their services.

The Cost of Billing for Co-insurance Often Would Exceed the Amount Collected

According to the IOM, “A co-payment of 20 percent would be less than \$2.30 for the 100 highest dollar volume tests. The average number of tests per patient claim in some laboratories is 2.5, but the cost of producing and sending a letter could be more than \$5.” As a result, the IOM concluded “administering co-payments is impractical because the cost to the laboratory of billing and collecting the co-payment will often exceed the expected payment amount.”

Shifting Costs to Beneficiaries

Co-insurance would shift the costs of the Medicare program to senior citizens on fixed incomes and force them to incur an additional \$23 billion in out-of-pocket expenses.

Seniors in rural areas and in nursing homes and home health settings would be hardest hit by the implementation of co-insurance. These patients are served primarily by small, local independent and hospital laboratories that specialize

in serving these most vulnerable populations.

...but now, A Paradigm Shift – A Possible Change in Direction

At the time that this issue of ASCLS Today was going to press, the country had undergone many weeks of debate on raising the debt ceiling and reducing government spending by trillions of dollars. Your Government Affairs Committee (GAC) discussed this issue at length, with background provided by Elissa Passiment (ASCLS Executive Vice President) and Don Lavanty (ASCLS Legislative Consultant). We believe the value of the laboratory co-insurance to be \$8.5-\$15.0 billion. We believe that the landscape has changed dramatically and that the alternatives to agreeing to co-insurance for Medicare beneficiaries would be a significant reduction in the CPI (Consumer Price Index) for the Clinical Laboratory Fee Schedule or, more drastically, an across the board cut in the Clinical Laboratory Fee Schedule. **At the time that this is being written, MedPAC (Medicare Patient Advisory Committee) is recommending an across the board cut that would be 9-10%!**

With a co-insurance, we might be able to recoup a large share of the 20% beneficiary responsibility whereas a reduction in the fee schedule is a loss of revenue that we have no opportunity to get back. (In preparation for the GAC meeting, we did some informal surveying of laboratories across the country and found, for the most part that laboratories already deal with co-insurance and deductibles for many private insurance plans and while some does get written off as uncollectible, a significant share is

realized, with much, focused effort.)

So ASCLS's legislative advocacy strategy should have a two-pronged approach. **The following would only occur if your government affairs leaders and committee felt that the alternatives being proposed would be worse for the laboratory than accepting the implementation of the co-insurance.**

- Agree to co-insurance provided we were allowed flexibility in how to collect the 20%, AND
- Agreement to require CMS to implement a negotiated rule-making process to allow for the modernization of the Clinical Laboratory Fee Schedule.

The two of these must go hand-in-hand. We realize that ASCLS would be making a significant “about-face” in terms of this issue, but we also believe that the economic environment is such that the implementation of laboratory co-insurance will be preferable to other draconian cuts that could be imposed upon us.

The Government Affairs Committee will be monitoring the situation through the fall of 2011 and may ask you to contact your representatives and senators in the coming weeks, and will utilize CapWiz to enable you to send this message. As always, if you have any questions and concerns, please email Elissa Passiment at elissap@ascls.org or myself at rick.panning@allina.com.

¹ Clinical Laboratory Coalition.
“Laboratory Copayments: Oppose Laboratory Co-payments as They are Unfair to Beneficiaries and Clinical Laboratories.”

² CBO, “Reducing the Deficit: Spending and Revenue Options,” February, 1990

ER Fund**From Page 1**

conference call three times during the year. They are also in contact with each other by email as needed.

Mission Statement

The ASCLS Education and Research Fund is the preeminent foundation supporting awards, scholarships, and research grants that benefit the medical laboratory profession and improve health care services provided to the society by medical laboratory professionals.

Tax deductions

When members renew their membership each year, they have the opportunity to contribute to the tax-deductible E&R Fund. Members can also donate to the fund any time during the year and take advantage of the tax deduction.

So, what can E&R do for you other than provide a tax break for your donations?

Scholarships

If you are a student member (undergraduate or graduate) E&R supports scholarships and research grant-in-aids. The undergraduate scholarships of \$1,500 each are given annually to deserving applicants. When students apply, the application goes to Joe Briden, Executive Secretary for Alpha Mu Tau Fraternity (AMTF) who partners with E&R to receive the applications and choose the scholarship winners. All student applications are considered for both the E&R-and AMTF sponsored scholarships. It is much more convenient for students to apply once and be considered for the many scholarships awarded at the annual meeting. If you are a graduate student and student member, E&R offers a \$3,000 scholarship for you. Application for the graduate

scholarship is also made through AMTF. Scholarship applications are available on the ASCLS website at <http://www.ascls.org/?page=ER> and the AMTF website at http://alphamutau.org/wp/?page_id=3.

Graduate Research Awards

If your graduate program requires a research component and you are a student member, the E&R fund offers two \$3,000 graduate research awards to support your research project. Application for both awards (Cardinal Healthcare Award and the I. Dean Spradling Award) is made directly to E&R. One application makes the student eligible to receive both awards. Application forms are available on the ASCLS website.

Research Grant-in-Aids

If you are an ASCLS member interested in doing research, E&R offers grants-in aid of \$5,000. Application is made electronically to Elissa Passiment at ASCLS headquarters. Application forms are available on the ASCLS website at http://www.ascls.org/?page=ER_Restricted.

Awards

If you are a member and published in the CLS Journal, your article is automatically eligible for the Joseph J. Kleiner Memorial Award. Five E&R trustees serve on the Kleiner Selection Committee. They nominate articles from the four journal issues and the Educational Scientific Assembly supplement each year and choose the winner who receives a plaque and \$1,000. The Kleiner family funds this award through E&R.

The Gloria "Mike" Gilbert award (\$300 and a plaque) established to recognize professional excel-

lence and assist individuals within the profession of clinical laboratory science in their development or improvement of skills in laboratory administration is sponsored by the Georgia Society as a memorial to Gloria who died in office as the Region III Director in 1982. Hassan Aziz and Ed Peterson are the most recent winners of this award given by the E&R Fund. An E&R selection committee judges the nominations and chooses the winners. The nomination form can be found on the ASCLS website at http://www.ascls.org/?page=ER_Gilbert.

The highest award that ASCLS gives is the Mendelson Award. The purpose of the award is to honor outstanding service and contributions to ASCLS, the ASCLS Education and Research Fund, or clinical laboratory science. E&R funds the plaques for winners nominated by the ASCLS Board of Directors. Nominations should be channeled through your Region Director.

In Summary

The ASCLS E&R Fund is all about you, the member. A group of 8 trustees and advisors work very hard all year to provide our members with the opportunity to apply for scholarships to help you graduate, graduate research awards to help you finish your MS or PhD, grants-in-aid to help members complete their research and recognition awards for those who publish or are leaders in ASCLS. Each member has the opportunity to make a tax-deductible contribution when they renew membership or at any time during the year. Industry partners can help by contributing to the E&R fund with the same tax advantage. Please help us help our members.

When I Was A Clinical Laboratory Student ... Climate Change Has Occurred

Nancy Stedelin-Todd DLM, SCT, MACT, MT (ASCP)
CLT Program Director, West Kentucky Community & Technical College

"When", is a major challenge laboratory educators encounter when creating a learning and motivational climate for today's clinical laboratory students.

Does a student perceive generational "differences" as being positive or negative? Do clinical educators perceive generational "differences" as positive or negative? Based on the English Thesaurus, the word "difference" has synonyms of diversity, dissimilarity, differentiation, divergence, variation, and modification. The word "perception" has synonyms including insight, view, awareness, and opinion. The word "reality" has synonyms of realism, actuality, authenticity, and truth.

We must realize, PERCEPTION IS REALITY! As educators, we cannot change the "differences" in generations. Therefore, all students and faculty must adapt. Students and faculty must succeed by diminishing the negative generational dynamics of the clinical laboratory climate. The perception of the student population has changed dramatically since most educators were in school, in the 1970's. Many of the challenges presented by generation-associated perceptions are having a profound impact on student and clinical faculty experiences in the laboratory.

Age differences dramatically alter the climate in a laboratory. The 2010 United States Department of Education data shows that 35.78% of

students enrolled in post-secondary education belong to Generation "X" (30-45 years of age), but the majority, 74.86%, are Generation "Y" members and less than 30 years of age. The "gaps" between preceptors and students are often two generations apart in their views of the world and work. Most often, Baby Boomers are teaching the Generation "X" and "Y" students to be laboratory scientists "like themselves." "Like themselves" is an impossible goal for educators and students. The "X" and "Y" generations will never be like Baby Boomers. Their experiences and perceptions of the world are vastly different! Research has shown influences on generational diversity include their age, values of their parents, life events during critical development, as well as their experiences and attitudes.

Generational Characteristics:
The Traditional Generation (> 65 years of age) was influenced by World War I, the Great Depression, Prohibition, the Korean War and World War II. They value honesty and loyalty. They also respect authority, structure, and practicality. This generation believes that their purpose in life is to be loyal to employers and that hard work leads to promotions. They view work not for self-fulfillment, but necessary to support the family. They know "payment of dues" is necessary in work and life. Civic duty is expected and the goal to provide a "better life" for their children is of utmost importance. They learned by classroom instruction and respectful feedback. Later generations view the Traditional

generation as being old, slow, out of touch with technology, having limited education, and being "grouchy."

Baby Boomers (45- 65 years of age) were influenced by the Vietnam War, Civil Rights Movement, Cold War, and Woodstock. They value loyalty, relationships, optimism and they are workaholics. They believe success and advancement determine self-worth, that following directions is best, but resisting authority is honest. They need recognition that "their opinion counts." They feel they must sacrifice family time to be successful and that retirement will never happen. Later generations view the Baby Boomers as being ready to retire and burned out. Others see the Boomers as resistant to change and deserving of minimal respect.

"X"ers (30- 45 years of age) were influenced by two working parents, being latchkey kids, MTV, global competition, AIDS, home technology, and the 9-11 terrorist attack. They value a balanced life, autonomy, and the right to question authority. They believe "they should work as hard as necessary to get the job done," but on their schedules. They believe job changes lead to success, and questioning authority is a respected duty. They respect knowledge and work, not age or experience. They want to be "given a task, left alone to work and they will come to you if they need you," but they do need "feedback." They share the view that competent leadership should be based on performance and not age or "who

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How ASCLS Changed / Is Changing My Life ...

Jasmin Davis

ASCLS Student Forum Chair

I got my feet wet at my first ASCLS-associated event at the state level. In April 2011, I attended the Texas Association for Clinical Laboratory Science convention in Austin, TX. There I participated on the Texas State University student bowl team, and attended many of the convention's workshops. By the end of the convention this term "student forum" had been brought to my attention, but was left as an unclear concept I was yet to fully grasp. A fellow classmate of mine, Steven Garcia, was elected as the new Student Forum Chair of Texas. He was preceded by our fellow Texas State graduate Stephanie Snow, who has successfully gone on to carry out her duties as the past Student Forum Chair. Along with our active professors who are excellent mentors, good leaders brewing in the mix, and my history of being an active member on campus through my CLS society and many other subsequent organizations and activities, I was determined to learn how I could become more active in ASCLS.

When I was presented with the opportunity to attend the 2011 ASCLS Annual Meeting in Georgia, I didn't hesitate. A few other interested society members and I held countless fundraisers literally from night to day to raise the funds to attend the meeting. When I arrived in Atlanta, I was immediately taken by surprise by how different it was from Texas, a place from which I haven't had the opportunity to travel too far. Every day at the convention was another

day to learn something new, meet more people, and learn something valuable that could be shared with others. The Clinical Lab Expo was so overwhelming I often found myself just staring in amazement. I don't believe I made it to every booth but I learned about a lot of new technology, and left with a few "goodies" from some of the vendors. I also had the opportunity to attend all of the Student Forum meetings. Here was that term again, "Student Forum." In attendance were other students like myself, who seemed to have the same values and concerns I have. So what exactly was the Student Forum? Through a little research I learned the Student Forum was an approved "forum" of ASCLS designed to coordinate the involvement and interest of students in the field of clinical laboratory science. It also provides students with a voice in their professional society, and educates students in the concepts of professionalism as expressed by ASCLS in its philosophies, policies, and procedures. All ASCLS members who qualify for student membership status are automatically part of the Forum lead by the elected Student Forum officers composed of a Chair, Vice-Chair, and Secretary. Officers are elected at the Student Forum meeting during the annual ASCLS meeting.

After much contemplation, I decided this was something for me. I was already accustomed to being in organizations and serving in leadership roles, and I decided I would run for Student Forum Chair. By 1pm that Friday, after many great speeches

"The mission of ASCLS is to make a positive impact on health care through leadership that will assure excellence in the practice of laboratory medicine."

and much debate, to my amazement I was elected the new ASCLS Student Forum Chair! I was immediately bombarded with cameras, unfamiliar faces, pens, and business cards. This new position I had just achieved came with many responsibilities. As Student Forum Chair I was aware I would now serve as the voice of the Student Forum, and become a voting member of the ASCLS Board of Directors. I am also responsible for:

- Appointing national committee student representatives during my term of office
- Assuming overall responsibility for all activities undertaken by the Student Forum
- Disseminating information to the Student Forum leadership
- Corresponding with the Student Forum Advisor.

I also must submit reports at each Board of Directors meeting, review and advise the Student Forum manual, write articles for ASCLS Today and e-newsletter, preside over the student meetings at the national meeting and legislative symposium, and serve as the First Year Professional Chair upon completion of my Student Forum officer term.

I couldn't wait to get started! What better way to become more involved as a student than to get involved in the Student Form. Since flying back to Texas, I have been in constant contact with the other Student Forum officers and my board liaison. We have been diligently working

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The ASCLS Scientific Research Award

The Scientific Research Award recognizes and encourages the development of scientific research in Clinical Laboratory Science. Any Medical Laboratory Scientist (or group led by a Medical Laboratory Scientist) involved in research pertaining to the development of scientific materials (new test methodology, quality assurance, reagent or instrument development, etc.) is eligible. The research project submitted must be well underway or completed, not in a preliminary stage. Judging is based, in part, on scientific merit including relevancy to laboratory medicine, originality, and impact on patient care or the CLS scope of practice. Published information or a synopsis of the study is required.

The postmark deadline for the application is February 15, 2012 (no exceptions). Entries must be submitted on the official ASCLS Scientific Award application form. Applications, guidelines, and judging criteria are available from your state president or on the ASCLS website at <http://www.ascls.org/?page=Awards>. If you have questions, the contact for this award is Melody Tang, awards@ascls.org

Good luck to all nominees and we look forward to hearing from you.

ASCLS BioRad Professional Achievement Awards

This award recognizes outstanding professional achievement of an individual ASCLS member within his or her chosen area of academic, scientific or professional interest. The award for each Scientific Assembly section will be based on specific measurable contributions through evidence submitted to the judges. The chairperson of each Scientific Assembly section is responsible for appointing an Awards subcommittee to select the winner.

The nominator completes the nomination form and forwards it with an application form to the nominee. Applications can be found at: <http://www.ascls.org/?page=Awards>. The nominee must complete the application form and submit three (3) copies (six copies for Education) to the ASCLS Awards Committee contact, Melody Tang at awards@ascls.org

The postmark deadline for the application is February 15, 2012 (no exceptions). Entries must be submitted on the official ASCLS BioRad Professional Achievement Award application form. Entries, guidelines, and judging criteria are available at the website referenced above.

Theriot Award for Development of Significant Materials in Media and Equipment

The Theriot Award was established to honor the memory of the late Betty Lynne Theriot (1954-1997). It recognizes and encourages the development of significant materials in the areas of media and equipment. Betty Lynne was not only an innovator in education; she was also a business woman, author, editor and program director.

All ASCLS members who have developed materials in the area of media and/or equipment, or provided the idea for such items are eligible for the award. Moreover, any organized group that has developed media or equipment, or provided the idea for the items and is sponsored by an ASCLS member will be considered for this award. If you are such an individual or group (or know of one), or need additional information please visit: <http://www.ascls.org/?page=Awards> for complete rules and instructions.

The postmark deadline for the application is February 15, 2012 (no exceptions). This is a great way to give recognition to yourself or your peers so get your application today or sponsor someone you know! Applications can be obtained from the website mentioned above. For additional information regarding this award, the contact is: Melody Tang, awards@ascls.org

ASCLS Constituent Society or ASCLS Affiliated Group Publication Award

The purpose of these publication awards is to recognize excellence in a constituent society's or other ASCLS affiliated groups (e.g., Forum for Concerns of Minorities or Student Forum) publication / newsletter. Awards are given in three (3) categories: 1) paper-based version with black and white print; 2) paper-based version with color print; and, 3) true web-based newsletters with associated links, animations, etc. Copies of static paper newsletters that are posted on a website fall into the paper-based category.

Winning societies receive a certificate at the ASCLS Annual Meeting and are recognized in ASCLS exhibit booth at the Clinical Lab Expo. To be eligible to compete for this award, the following rules apply:

- Publication dates of submitted issues must be between the previous February and the current February, inclusively.
- The ASCLS Office must be on the mailing list or email list.
- Entries must include the completed ASCLS Publication Award application form.
- **Four** copies of each of **two** issues that best represent the publication efforts are to be submitted **OR** a PDF file of **two** issues can be submitted instead of hard copies.
- For the web-based newsletter, submit the web site address with an indication of the **two** issues to be judged. Please keep all newsletters for that award year on the website if possible. If space is an issue, contact the Publication Award contact for directions on

submission before newsletter files are replaced. **PLEASE READ THE CRITERIA FOR WEB SUBMISSIONS CAREFULLY.**

One publication award will be awarded to the constituent society newsletter judged the best from each of the three categories listed above. Judging of each entry is based on the following:

- **OVERALL APPEARANCE** - the publication is inviting to the reader. It "jumps out" at the reader from a collection of publications or from the screen. It is easy to follow, has consistent type styles with quality printing (for printed version).
- **COVERAGE & CONTENT** - the articles in the publication should have appeal, relevance, diversity and balance. It should be relevant to medical laboratory science; have a balance of national, regional, and local news and actively elicit suggestions, opinions, articles, etc. from readers. The printed publication should clearly and prominently list contact information for the Editor, Board of Directors, committee chairs, etc. (mail, phone, email).
- **CREATIVITY AND DISPLAY** - the publication design elements should reflect imaginative and original planning. Each page should have a clear center of interest with captions, headlines, photos and copy effectively filling the allotted space. For the web-based version, it should be easy to get to and easy to view.

Posted links must be current and functional.

- **PHOTO, ART, & GRAPHICS** - the photos are of good quality and reflect imaginative and original layout and spacing. Graphics and artwork have technically good quality that enhances the publication.
- **COPY** - the copy is informative, interesting and includes imaginative headlines, news stories, feature articles, quotes, etc. The writing is lively with strong, colorful nouns and verbs (except for scientific articles). Paragraphs of approximately 40 words have the most important facts in the opening words.

The postmark deadline for the application is February 15, 2012 (no exceptions). Entries must be submitted on the official ASCLS Publication Award application form. Entries, guidelines, applications, and judging criteria are available on the ASCLS website at <http://www.ascls.org/?page=Awards>. You can also contact the ASCLS Awards Committee contact, Melody Tang at awards@ascls.org, for information or if you have any questions.

Good luck to all nominees; we look forward to hearing from you!

The Jeopardy Game

Linda Gorman
Region IV Director

ASCLS-Ohio, located in Region IV, has a student team competition each year based on the Jeopardy Game. Students are asked to pick dollar amounts from the various laboratory categories listed. As with the TV game, the “answer” is given and the student team must come up with the laboratory related “question.” Typical items may be “picric acid reagent is used in the measurement” and the question would be “What reagent is used to measure creatinine?” ASCLS-Ohio has been holding these student competitions for a long time and has its very own “Vanna” in Kay Hanna, who coordinates this event arranging for judges, technical support and reads the items while dressed for the part in a cocktail dress (like Vanna White). If you get a chance to come to ASCLS-Ohio Spring meetings, the medical laboratory scientist and technician student competition is a must see activity. The competition is lively and the information review invaluable.

ASCLS and the Jeopardy game, what do they have in common? Seems like we have answers to lots of the needs for our society, but are we asking the correct questions? You be the judge.

Answer: DCLS or Doctorate in Clinical Laboratory Science
Questions: *What should be the educational degree for persons wanting to bridge the clinical laboratory results with the medical condition of a patient? Who should be talking to physicians about their patient results? Who should be educating future MLS students for the profession?*

Answer: Membership

Questions: *What is the most critical issue for our state societies? What is one of the critical issues for ASCLS? Who are the core group for any professional organization?*

Answer: The connection between being a “professional” and sustaining membership in our society.

Questions: *What is the “elephant in the room”? (see “Coming Full Circle” by Mary Ann McLane in ASCLS Today August, 2010). What is the hardest marketing job we have in ASCLS?*

Answer: Unity of laboratory professionals

Question: *What major benefit is there to the CASA proposal for ASCLS? What did Region VI Director Tim Randolph commend us to foster in his article “There is Strength in Numbers” ASCLS Today May, 2011? What is the one problem we have that hinders us from being taken seriously by Congress, vendors, other healthcare professionals, and the general public?*

Answer: Licensure

Questions: *What does California, Hawaii, Florida, New York, North Dakota, Rhode Island, Tennessee, Louisiana, Nevada, West Virginia, Montana, Georgia have that others need? What is needed to ensure diagnostic testing for our patients is performed by qualified laboratory professionals? What piece of state legislation do we want so we will be recognized as “equal” to other healthcare providers?*

Answer: ASCLS Government Affairs Committee

Question: *Which ASCLS Committee promotes Legislative Symposia every March? Who fosters our Key Contact network when we need to Provide the Face to our congressional representatives?*

AND the DAILY DOUBLE round!!!!

Answer: You

Questions: *Who is the life blood of ASCLS? Who can make a difference every day in the workplace by promoting our profession and ASCLS? Who can mobilize ASCLS to greater action for our profession? (See Past President Marcia Armstrong’s President message on “Awareness is Empowering” in ASCLS Today June/July, 2011)*

While the Jeopardy game is played for dollars on TV and for points by the Ohio-ASCLS students in their Student Bowl, the prize for us is in recognizing the questions that will lead us and ASCLS to new heights. We have so many answers, but we get lost in the questions. Making a difference for your profession cannot be left to the “leadership” in your ASCLS organization. Making a difference by raising your Voice and offering your Vision is the way to show Value to others who you want to influence. Now is not the time to fall back into our daily routines and wait for Spring meetings to influence others to join ASCLS. Rather now is the time to move forward with energy and renewed vitality. Let us Provide the Face of our profession everyday by example and by our words.

Specimen Quality Improvement: Stat Lab

Erica Cebulski MLS(ASCP)^{CM}
Samantha Aldrich MLS(ASCP)^{CM}

The Stat Laboratory receives thousands of patient samples every day from various parts of the hospital, mainly from the Emergency Center (EC) and the Intensive Care floors (ICUs). Samples are sent to the Stat Laboratory with an expected quick turnaround time to initiate treatment of those patients most in need of medical care. The most common type of specimen the Stat Lab receives is blood collected in lavender, light blue or gold top SST tubes. For the Stat Lab to process these samples, a quality sample must be collected from the patient to produce accurate test results in a timely manner. Unfortunately, many times these specimens are poor quality samples, resulting in rejection and request for recollection of the sample. The three most common reasons for rejection of a blood specimen include hemolysis, clots, and an insufficient (QNS) specimen, or any combination of the three. The nursing staff assigned to the patient must be notified of the rejected specimen and asked to collect a new sample. During this process, unnecessary and preventable waste is created because many of the

10 month period. The second goal was to identify from where the problem samples were coming, including the EC, individual patient care floors of the hospital, and various outpatient facilities. With the obtained data, it was determined what types of unacceptable specimens are sent to the Stat Lab. The final goals were to compile the information into charts and to create educational flyers to post within the nursing floors, EC, Outpatient Facilities and the Phlebotomy areas on blood collection technique.

DATA

When a poorly collected sample is received in the Stat Lab, the Medical Laboratory Scientist (MLS) handling the sample documents the patient name, location, type of test ordered, as well as the name of the nursing staff member notified of the rejected sample on the Canceled Specimen Rejection Log. The MLS also indicates the reason for rejection (e.g. hemolyzed, clotted or QNS). The data from the Canceled Specimen Rejection Log from the Stat Lab was counted

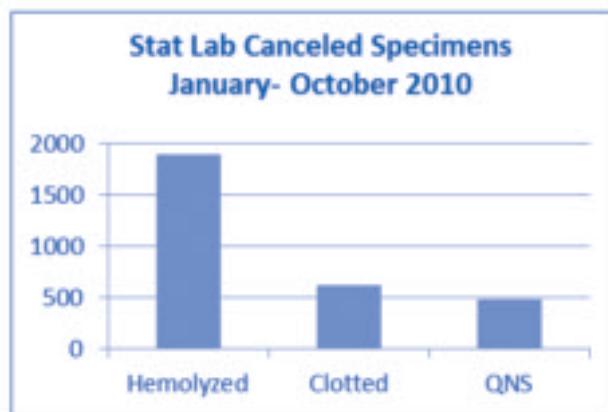


Figure 1: Jan- Oct 2010 Data

hospital's resources are consumed including employee and patient time, money, and phlebotomy supplies. In addition, this creates a delay in obtaining test results and as a consequence, a setback in treating the patient.

ACTION PLAN AND GOALS

Using data recorded in a Canceled Specimen Rejection Log (CSR Log) from the Stat Lab, the first goal was to determine the number of clotted, QNS, and hemolyzed samples rejected each month and also over a

and converted into four charts. The first chart showed the number of hemolyzed (1897- 63%), clotted (623- 21%), and QNS (488- 16%) samples rejected over a 10 month period compared to the total number of rejected specimens (3008) the Stat Lab had received (Figure 1). Three other individual charts were created for hemolyzed, QNS, and clotted samples with regard to where the specimens were collected. These three charts illustrate the types of poor quality specimens

Continued on Page 14

ASCLS Elected Positions for 2012-13

Charlie Francen, ASCLS Nominations Committee Chair

Each year, the ASCLS House of Delegates votes to fill the open leadership positions for the coming year. This is one of the superb benefits of belonging to our ASCLS grass roots organization: being able to both VOTE FOR, and BE CONSIDERED AS A CANDIDATE FOR, these positions. The Nominations Committee is charged with "presenting no less than two (2) nominees for each position under consideration." This year the committee is working hard to achieve this charge since we feel our members deserve to have options.

The Candidate Information form is on the ASCLS website at www.ascls.org/?page=State_Lead_Area (under Leadership Resources).

Leadership positions to be elected by the 2012 ASCLS House of Delegates are:

President-elect (3 year commitment, automatically succeeding to President and Past President)

Eligibility: Professional and emeritus members of this Society are eligible to hold office provided they have been a member for at least five (5) consecutive years immediately prior to election, and have held office or membership on the Board of Directors either in this Society or in a constituent society and they must have been a Delegate to the National Meeting three (3) of the last five (5) years.

Duties: Become familiar with the duties of the office of the President;

assist the President as directed and in the absence of the President preside at meetings of the Board of Directors; in the event of a vacancy in the office of the President, serve as the President; serve as a member of the Board of Directors and Executive Committee; Chair the Committee on Long Range Planning and the Appointments Committee; serve on the Annual Meeting Steering Committee

Region Directors for Regions III, IV, V and VI (3 year term) and **Region VII** (1 year term)

Eligibility: Professional and emeritus members, who have been members for at least five (5) consecutive years prior to election, are eligible for election to the Board of Directors of the Society. Additionally, they must have held office or membership on the Board of Directors of the Society or in a constituent society. Regional Director candidates must have attended at least two (2) regional council meetings in the last five years and must have been a Delegate to the National Meeting three (3) of the last five (5) years.

Duties: Serves as coordinator of constituent society activities within defined regions; acts as the representative from the respective constituent societies to the Board of Directors; represents the Board of Directors to constituents; facilitates communication among the Board of Directors, Regional Council and constituent societies; serves as a member of the Board of Directors; may serve as a member of the Executive Committee.

Judicial Committee (one position, 5 year term)

Eligibility: Professional or emeritus members of the Society are eligible who have served this Society previously as an officer, director, or presiding official of the Bylaws Committee of this Society.

Duties: An impartial body to investigate or deliberate matters referred for its consideration; to test facts against the Bylaws of this Society or against common standards of justice and fair play; and to render opinions as recommendations for action of the Society.

Nominations Committee (two positions, 3 year term)

Eligibility: Professional or emeritus members of this Society who have been active members in the Society for ten (10) years or more prior to election. No officer, director, elected or appointed representative of this Society is eligible. Candidate must have served as a member of a national task force, national committee or the ASCLS Board of Directors within the last five (5) years and have attended three (3) of the last five (5) ASCLS annual meetings, with a preference given to those who have served as delegates.

Duties: Publicizes position vacancies; secures nominees and evaluates those nominees as to qualifications and experience in order to prepare a slate of candidates for election.

Core Values From Page 2

contributions and how understanding diversity can help avoid medical errors. The Patient Safety Committee recently translated its "Fasting Patient Safety Tips" flier into Spanish. (Available on the ASCLS website.)

"Taking a leadership role in standard and policy setting is a core professional responsibility." ASCLS has wholeheartedly embraced this value since its very early days. Our structure supports this core value, in that each of our numerous position papers and policies impacting our profession are written by a task force, followed by a peer review process during which members may submit comments. All position papers and policies are approved by the Board of Directors and adopted by the House of Delegates. Being leaders in promoting standards of practice for laboratory professionals and our unique democratic delegate system is a deeply held value of ASCLS. This core value is so strong it permeates the other five core values. As an organization ASCLS cherishes its leadership in identifying standards and policies that impact our profession and the patients we serve, taking responsibility for our profession.

"Advocating for quality within the laboratory is essential to the assurance of quality healthcare delivery." It has never been enough to just identify and adopt standards and positions, it has always been imperative that we share our views with others outside of our profession. Since the early 1970's, ASCLS has been involved in government affairs—monitoring, lobbying and testifying on proposed legislation that impacts laboratory professionals

and the provision of medical laboratory services. Advocating our views, concerns and positions has consistently incorporated sharing the patient's point of view. Although some think we are hidden from the patient, the patient is never hidden from us, particularly when we promote appropriate personnel standards for laboratory practitioners, support an amendment to eliminate a competitive bidding demonstration project, and oppose closing medical laboratory science programs. As a member of ASCLS, we work collectively to represent all of our interests, and more importantly the interests of the patient who benefits daily from our work in laboratories throughout the country.

These six Core Values describe what is important to us, how we spend our energies, and the value of being a member of ASCLS. The tangible outcomes of our Core Values are products for patients, continuing education programs for practitioners, and positions that guide our advocacy. The intangible outcomes of our Core Values promote what it means to be a medical laboratory professional.

Climate Change From Page 6

you know." Others view the "X"ers as being over-indulgent, disrespectful and "they will do anything to get ahead."

"Y"ers (< 30 years of age) were influenced by the technology explosion, parental excesses, school violence and the 9-11 terrorist attacks. They value adaptability and hope, while being confident and exhibiting self-esteem. They embrace diversity

and entitlement, without needing to "pay their dues." This generation feels they should be able to work around their own schedules to get the job done, usually from 9 pm till 3 am. They admit, "If it makes us happy then we will do it...if it doesn't, then we will be reluctant." They need to hear how they are doing, often, and they want to hear an enthusiastic response when they ask "have I shown you the APP on my IPAD?" Other generations view the "Y"ers as lazy, selfish, exhibiting no work ethic, and having no manners or boundaries.

Negative perceptions of generational differences cause conflict if not anticipated and diffused in the work or educational environment. We ALL must use our **common values** to work together and minimize the negative perceptions of "differences." The negative impairs our ability to teach and learn. Faculty and students must make the effort, be respectful, and honor the role and contributions of each generation. Research shows that ALL generations SHARE important values including fairness and ethical behavior in the workplace. They expect efficient communication via computer. All groups recognize the importance of family and have a desire to set their hours, as long as work gets done. We must remind everyone involved in education how important the sharing of multi-generational values is to avoiding conflict and enhancing interactions between students and faculty.

We must encourage clinical preceptors and students to be aware of perceptions, look at other generation's values, and show respect for each other. Educators must model behaviors and motivate faculty and students to appreciate generational

Climate Chang**From Page 13**

diversity. The goal is to take advantage of the multi-generational strengths found in any environment. We ALL benefit from diversity in the classroom and work environment. Climate change is inevitable!

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Stat Lab**From Page 11**

sent to the Stat Lab based on collection area. Moreover, the charts provided the data to evaluate each collection area to determine if any of the areas had a predominant type of poorly collected sample.

ANALYSIS

From the hemolyzed, clotted and QNS charts, it was possible to depict the most common, poorly collected specimens based on collection area. In addition, it was clear the areas sending the most unacceptable samples were those that had the most critical patients (i.e. EC and the ICUs). These locations require very quick turnaround times due to the overall clinical condition of patients. However, the Heart and Vascular Center (HVC) along with Radiology also had large numbers of unacceptable samples, possibly correlating with the phlebotomy experience of the staff collecting patient samples at these locations. From the data analysis, it was determined the EC was the main area from which hemolyzed (86%), clotted (68%) and QNS (53%) samples were coming. In terms of hemolyzed specimens, the second and third most common areas collecting unacceptable samples were the Surgical Intensive Care floor SICU (3.7%) and the HVC (2.1%). The second and third most common areas sending clotted samples to the Stat Lab were the two different wings of the SICU, both at 3.7%. Lastly, the second and third most common locations sending QNS samples to the Stat Lab were the Newborn Nursery (14.1%) and the Neonatal Intensive Care floor (NICU) (3.9%).

RESOLUTION

As a means to decrease the number of unacceptable specimens rejected by the Stat Lab, as well as to decrease waste, three educational flyers were created. The flyers were titled "How to Collect a Quality Sample" and each focused on the prevention of hemolyzed, clotted and QNS samples. The flyers provided information on how poor sample collection can occur, numerous proper collection techniques, and the different laboratory tests that can be adversely affected by a poor sample. Moreover, an image was added to each flyer depicting what a hemolyzed, clotted, and QNS sample looks like. The flyers were distributed throughout the hospital floors and other locations such as the EC and outpatient facilities. They will be used as a teaching tool to educate any hospital employee who may need to perform phlebotomy on a patient. The flyers provide reminders that when proper collection techniques are utilized the quality sample collected will provide quick and accurate test results.

Moreover, future studies will evaluate the canceled specimen data post implementation of these posters. Without any delay to patient care, treatment options and diagnosis can be determined sooner. Ultimately, the best patient care starts with a properly collected quality sample.

Title VII**From Page 3**

department to set up a distance program for MLTs who wanted to bridge from MLT to MLS. This successful program utilizes distance education and onsite laboratories to provide the educational content these students need to expand their career options.

HRSA also supports a network of more than 200 community based training sites in 47 states and the District of Columbia, that provide educational services to students, faculty and practitioners in underserved areas with the aim of increasing the supply of qualified providers in those communities.

The Area Health Education Centers (AHECs) coordinate these activities. In Texas, our CLS programs have been working with AHEC Centers to provide clinical rotation sites in rural areas of the state. Many of these communities have a serious shortage of laboratory personnel, and these clinical experiences provide students with the opportunity to practice in a smaller community hospital setting. As a result of these experiences, our students are more likely to seek employment in these rural community hospitals.

What Can You Do to Support Continued Funding?

Federal funding for health professions training is taking a significant blow during this year's budget and appropriations process on Capitol Hill, despite predictions that allied health work force shortages will continue to worsen. Health advocates are particularly worried, as such funding supports efforts to diversify the health work force and attract workers to under-served areas. Research shows that underrepresented minorities are more

likely to practice in under-served communities in both urban and rural settings. The programs funded by HRSA have proven track records and need to be expanded if we are going to provide the clinical laboratory professionals who will be needed in the future. Laboratory professionals need to contact their legislators and let them know how critical these programs are to the nation's health. To learn more about grant opportunities at HRSA, go to www.hrsa.gov/.

¹US Department of Health and Human Services, Health Resources and Services Administration, www.hrsa.gov, accessed September 9, 2011.

Changing My Life From Page 7

on how we can best serve you the students, and have your voices heard, and represented. Now is your chance to rise to the occasion, and if you aren't already an ASCLS member, join and get involved in the Student Forum. There are many benefits such as networking at the state, local, and national level, gaining professional development and career enhancement, receiving publications such as the Clinical Laboratory Science journal and ASCLS Today which contains current information regarding the profession. You also receive reduced registration fees to annual, state, and regional conventions, have access to grass roots information about your local, state, regional, and national professional activities. ASCLS is also involved with social media so you can stay tuned with the Facebook page and twitter ac-

count @ASCLS. With membership dues as low as \$25 (with state dues if applicable) you have the opportunity to have your voice heard through the Student Forum. ASCLS gives VOICE to your concerns, opinions, competence and professionalism. The mission of ASCLS is to make a positive impact on health care through leadership that will assure excellence in the practice of laboratory medicine. Leadership shows strength in numbers, and I am thrilled to serve the Student Forum while being a part of such a great organization. **So join us and let's become stronger together!**

"Enabling laboratory professionals to function at their highest level of competence will contribute to cost effective healthcare."

ASCLS has embodied this core value from its early days—supporting methods that empower laboratory practitioners to be able to work at their levels of competence based upon their education, training and certification."

Catherine Otto



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ASCLS Today

ASCLS Today
(ISSN 1073-466X) is published monthly except combined in Jun/Jul and Nov/Dec by the American Society for Clinical Laboratory Science
2025 M Street, N.W., Ste. 800 Washington, D.C. 20036

Periodical postage paid at Bethesda, MD and additional mailing offices.

POSTMASTER: Send address changes to ASCLS Today, 2025 M Street, N.W., Ste 800 Washington, D.C. 20036

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