



VOLUSION...ASCLS SD

Grassroots explosion of **VOICE**, **VALUE**, **VISION**
Official publication of the American Society for Clinical Laboratory Science ~ South Dakota

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All ASCLS SD members are invited to submit articles of interest to the co-editors for publication in future issues.



Christmas Season - MLS Musings

Baking, cooking and cleaning! Oh my!
Presents to wrap, ribbons to tie!
Parties abound and people to see –
Garlands and ornaments to place on
the tree.

But in spite of the hustle and bustle
and cheer,
Patients still need us – our roles are
quite clear.
Labs provide answers through testing
and more –
We love what we do, it's never a chore.

Pride in our service should show
through our voice
Professionalism is clearly our choice.
But let's not forget that we too can
have fun!
Smiles and much laughter cannot be
outdone!

After all, here's your chance to spread
joy and sing songs;
Taking time for renewal can never be
wrong.
Sharing your knowledge, enthusiasm,
and skills
Helps patients recover from all of their
ills.

**Life in the lab – it's the life that we love!
Share holiday joy - angels smile from above!**



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President's Message: " The Holiday seasons are here...but the grass roots aren't dormant!"

By: Robert Jenson, ASCLS-SD President 2012-13

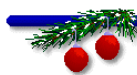
It has been a busy fall. Between the national election, hurricane Sandy, the fiscal cliff and many other headlines it hasn't been a dull fall! Here are a few items that stick out in my mind as a laboratory professional.

ASCLS/CLMA merger: After several months of due diligence by 4 separate task forces comprised of members of both organizations on the proposed merger the CLMA board decided to not proceed with the process. While I am personally disappointed with the outcome, we still enjoy a good working relationship with CLMA at the state level and will continue with the strong collaboration as we have had in the past.

The **Region V Symposium** held at the Arrowwood resort in Alexandra, MN Oct 11th and 12th was well attended and was a great venue for the event. This event provided continuing education credits and some networking with regional leaders in laboratory science.

ASCLS-SD/CLMA Fall Collaborative Conference was held in Aberdeen on the 8th and 9th. There were 25 plus vendors present as well as diverse educational topics that piqued everyone's interest. While social networking is a wonderful advance in technology it was great to see laboratory professionals getting together at these meeting and networking in the good old face-to-face fashion.

These are just a few of the things that have happened this fall that gave me pause to reflect. While the fall has been busy there are upcoming events for the spring as well. If you couldn't make either of these meetings mentioned above the **ASCLS-SD 2013 Spring Symposium & Annual Business Meeting** will be April 8th in Yankton SD at the Avera Sacred Heart Pavilion. If you have an itch for travel, the national ASCLS annual meeting will be held in Houston Texas this coming July.



ASCLS-SD Society Activities Update



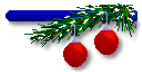
Your ASCLS-SD board continues with their monthly teleconferences with updates from the 4 state task forces as well as the national Government Affairs Committee. Region V (SD, MN & ND) had formed a task force to look at the feasibility of doing the Leadership Academy on the regional level. MN and SD have signed off on this venture and we are waiting for a response from ND. This will be an exciting opportunity for upcoming leaders in the profession. The board is preparing for the next year with the charge going out to the nominations committee to start contacting members to fill out the 2013-2014 slate of officers, planning for Legislative Days in March 2013, filling out positions for the Fall Collaborative meeting in Rapid City 2013 and the Region V Symposium next fall in Minnesota. If you have questions, concerns please contact one of your board members and we would be happy to assist in any way possible. Here are wishes from your Board of Directors for a Merry Christmas and a Happy New Year.



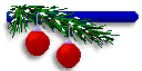
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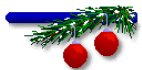
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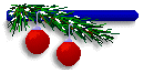
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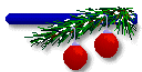
ASCLS Region V
www.ascls-sd.org/asclsregionv



ASCLS Region V Fall Symposium
www.ascls-sd.org/region-v-meeting



ASCLS
www.ascls.org



**REGION V TRI-STATE LEADERSHIP ACADEMY
MORE INFO TO BE AVAILABLE SOON!**



Region V Director's Message: Celebrating ASCLS & Region V

By: Deb Rodahl, ASCLS Region V Director

Another year has come and gone in our busy lives. Did it seem like a flash (yes)? Did we accomplish the ambitious goals we set last New Year (some - yes; others – not so much). ASCLS has had another busy year full of hopes and goals for the future. Like us, some things have gone well and some things did not reach fruition. However, even the disappointments represent the **Voice, Value, and Vision** that ASCLS provides for our profession.



CLMA Merger talks were ended at the request of the CLMA Board of Directors. While this is disappointing, it does not mean that we won't continue to collaborate with our laboratory professional peers. There are many synergies with CLMA that brought excitement at the prospect of merging. However complications arose over the structure and management oversight for a merged organization. ASCLS has always been a "grassroots" organization, which means that our members have a real voice in the direction and leadership of our organization. Additionally, we have included all aspects of the profession from Students and New Professionals to Educators, Managers, and front-line practitioners. As a laboratory manager, this is what has attracted me to ASCLS and to become active in ASCLS.

The work that was accomplished in the effort to merge with CLMA has helped us identify our strengths and values and has also given us a closer look at areas where we can improve as an organization. To that end a task force has been formed to evaluate the number and content of our committees and task-forces to ensure that they are bringing value to ASCLS. Some committees may be sunsetted and others may be merged. There is also work being done to evaluate the various regions in ASCLS to make sure they are capturing the right groupings of states based on populations and geography. There may or may not be changes coming from this discussion.

The 3rd annual **Region V Tri-State Symposium** was held in October at the Arrowwood Resort in Alexandria, Minnesota. **Trish Roehrl, Karen Renaud, and Alice Hawley** chaired a fantastic meeting with the support of many ASCLS members from MN, ND, and SD! The Arrowwood Resort provided a wonderful 'destination meeting' venue, with great food, many activities outside of the meeting, spacious hotel rooms and a great view of the lake!

In November I attended **ASCLS-SD's Fall Collaborative Conference**. The Keynote speaker for the second day, David Hewitt, President/CEO for the South Dakota Association of Health Care Organizations, provided a strong reminder of why we all need to pay attention to what is happening on the legislative front. He helped put the "Fiscal Cliff" in perspective and the impact on health care if congress and the president fail to reach a budget resolution. ASCLS is closely monitoring the discussions and debates in Washington to be able to give us notice on changes that might impact the laboratory profession.

Wishing you the gifts of the season – Peace, Joy, Hope

It is truly an honor to represent Region V in ASCLS. I enjoy hearing from our members (or non-members). I can be reached at drodahl@earthlink.net (651)779.8906



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**ASCLS-SD Proudly
Salutes It's
Premier Industry
Sponsors!**



www.mayomedicallaboratories.com



www.usd.edu/medlab



www.sdstate.edu/cee/degrees/mls.cfm



www.alere.com



**Membership Testimonials...
Investment in Self & True Value in ASCLS!**



20 Years of Investments in ASCLS for What???

By: Pat Tille Ph.D. MLS (ASCP), ASCLS-SD 2nd Vice President

Laboratory professionals frequently ask "What will I get out of being involved in a professional society? Why should I spend the money?" It is not a tangible benefit that you can simply buy and have immediate gratification from an item or a tangible good. However, over time the investment you make in ASCLS truly becomes an investment in you.

I joined ASCLS in 1992, and was selected as the South Dakota student forum representative. At that time I only knew my eight classmates and the professionals in the lab where I interned. When I was selected as the student forum representative I had the opportunity to travel to Washington DC for the annual National ASCLS meeting. Believe it or not, I traveled on an airplane for the very first time in my life. I met a host of amazing individuals that have served as mentors and friends since that first experience, and also went on to serve as the Region V ASCLS student representative. For a period of time, like many young professionals, I was not able to actively participate in meetings and major events due to work and family obligations, but I never lost touch or failed to keep abreast of what was happening in the profession. I maintained my membership and hoped that someday I would have the opportunity to again invest time in my profession through ASCLS.



That time did come, about 10 years later, when I was asked to serve on the ASCLS-SD board. The rest is history to many folks in South Dakota. I served as Second Vice President, and then due to a resignation, moved directly to President where I was fortunate to serve two terms for our local society. As a result of that opportunity, I have not missed a national meeting in over 10 years. In addition, I now make every attempt to attend the annual Region V meeting and the Clinical Laboratory Educators meeting, because of the opportunities that are offered for continuing education, networking and simply keeping me knowledgeable of what to expect for future professionals and the changes that we are experiencing.

As a result of attendance at these meetings, my network has expanded to national and international colleagues and friends. I have written grants and papers with a variety of these individuals, and in many cases just called or emailed for a "hey, how would you, or how are you doing this?" I have recently completed my first and maybe my only textbook, again with the support and collaboration of professionals across the country, in South Dakota and internationally.

What every professional should consider is how far and how much do I want to do? What is in it for me? No one says you have to become an author of a textbook. In fact, no one says you have to become an officer for ASCLS. But what you can do is attend continuing education opportunities and talk to other professionals who are or who have experienced what you do



Recruit A New Member!

Be An ASCLS Star!

Every clinical laboratorian deserves the professional benefits of **ASCLS!**

- ★ Award winning publications
- ★ Members-only discounts for continuing education, resources, references and tools
- ★ Professional & Regulatory Advocacy
- ★ Grassroots benefits at the local, state, and regional levels
- ★ An instant professional family of thousands
- ★ Cutting edge resources and updates
- ★ Leadership development
- ★ Discounted services - credit cards, hotels, insurance programs and more

Share **ASCLS's VOICE, VALUE & VISION** with your professional friends and colleagues! We all benefit when ASCLS grows! The more members we have in South Dakota, the stronger our professional voice is here at home. Recruitment tips & tools can be found at:

<http://www.ascls.org>
<http://www.ascls-sd.org/>

Join Online at:
<https://ascls.site-ym.com/?page=Join>



on a daily basis. Maybe they can help you solve a problem, or maybe they can just listen to what you may be experiencing and provide some collegial support. Whatever the investment you put in, you cannot help but get back the investment of your time and your involvement. Because maybe YOU are the one who is providing the insight as the provider and you are not the recipient.

My point to all of this is, whether you participate as a professional at the state, regional or local level is that your membership provides an investment. You are invested in your profession, but that investment is really an investment in yourself.

So remember, your return on investment is what is important to you and no one else! My 20 years of investment in ASCLS and the profession, was truly an investment in ME! And how can you argue with investing in yourself?!



It's a Wonderful Life!

By: Mona Gleysteen, ASCLS-SD Membership Chair 2012-13

This movie from 1946 starred James Stewart, Donna Reed, and Lionel Barrymore. It is rated 8.6/10 on IMDb with this description "An angel helps a compassionate but despairingly frustrated businessman by showing what life would have been like if he never existed."

The film is still popular--watched every Christmas by many people as an annual event. Initially it was viewed as a flop due to high production costs and stiff competition but now it is considered a "classic". The film was nominated for five Oscars at the time it was produced but didn't win any. It has been recognized by the American Film Institute as one of the 100 best American films ever made, placing number 1 on the list of the most inspirational American films of all time.



I recently attended a funeral where one of the speakers used this theme to talk about the achievements of the person who had died. It was an interesting way of thinking about the accomplishments of the person we were remembering that day. The speaker commented that this and that would not have happened if it hadn't been for the deceased. It started me thinking about ASCLS. What wouldn't be if there was no ASCLS?

Although there is not a mandate, most laboratories seek out employees that hold certification. ASCP started the certification standard, but ASCLS contributed greatly to the process through the formation of certification testing offered most recently by NCA (National Certification Agency). In my opinion, the standard that all those certified must either perform continuing education (or similar activities) or retest within a 3 year time period was a process developed by ASCLS.

National Medical Laboratory Week would look different. Who knows if there would be such an activity? Many of the professional recognition events would not take place. I know that many of you still feel that our profession doesn't get recognized. Without ASCLS, there wouldn't be as much recognition as we get now. And the leadership academy and other professional development activities would not be available to us. Without ASCLS... there would be no Legislative Symposium and providing the MLS face on capitol hill.

EVENT



CALENDAR



ASCLS CLEC Meeting

Feb 14-16, 2013
Kansas City MO

www.ascls.org/?page=CLEC



ASCLS Legislative Symposium

March 18-19, 2013
Washington DC

[www.ascls.org/?page=Annual
Meeting](http://www.ascls.org/?page=AnnualMeeting)



ASCLS-SD 1-Day Spring Symposium & Annual Meeting

April 9, 2013
Yankton SD

www.ascls-sd.org/id4.html



2013 ASCLS Annual Meeting

July 30-Aug 3
Houston TX

[www.ascls.org/?page=Annual
Meeting](http://www.ascls.org/?page=AnnualMeeting)



There would be no/or limited upward mobility in the educational path. There would be no future doctorate in MLS. This might not seem important to you, depending on your age. I will be happy if, when I have to be hospitalized in the future, there is a doctorate in MLS that can consult with my primary care physician regarding my laboratory testing.

The standards for the lab profession would look very different; maybe there wouldn't be standards. ASCLS has provided insight in development of CLSI standards.... and provided input on revisions to CLIA regulations.

Without ASCLS, I wouldn't have many of my special laboratory friends and confidants. I wouldn't have attended the national, regional, and state meetings and gained so much at them. Several of our students wouldn't have gotten scholarships. My life has been made much richer through ASCLS.



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ASCLS-SD 2013-14 Elections: Seeking Potential Candidates

By: Shirley Heber, ASCLS-SD 1st VP 2012-13

Do you have untapped potential? Great ideas just waiting to be heard? Do you wish someone would invite you to get more involved? Here's your chance! ASCLS-SD is looking for interested members who may wish to serve on the ASCLS-SD Board of Directors for the coming year. Elections will be held at the state spring meeting in Yankton on April 9, 2013.



Open positions for 2013-14:

- | | |
|----------------------------------|---|
| President | 1 year term with succession to Past President |
| 1st Vice President | 1 year term with succession to President |
| 2nd Vice President | 1 year term with succession to 1st VP |
| Board Member-at-Large | 2 positions - 2 year term |
| New Professional Member-at-Large | 1 year term |
| Nominations Committee | 2 positions - 1 year term |

If you are interested in any of these elected positions or have questions on what the position involves, please contact:

Bob Jenson, ASCLS-SD President 2012-13

bob.jenson@prairielakes.com

Jeff Kistler, ASCLS-SD Nominations Committee

jeffrey.kistler@cardinalhealth.com

Deb Pravecek, ASCLS-SD Nominations Committee

dpravecek@hotmail.com



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**ASCLS-SD
Proudly
Recognizes!**

**Our New
Members**



Christina Fanning
Brookings

Amandalyn Graves
Baltic

Mike Black
Sioux Falls

John Potts
Brookings

Jody Thompson
Rapid City

Heather Constable
Aurora

**Our New
First Year
Professionals**



Katie Pieschke
Pierre

Todd Mickalowski
Sioux Falls

Cory Gunderson
Volga

Rachel Gervais
Sioux Falls

Chelsie Schrupp
Watertown

Chemistry Scientific Assembly: "Screening for Prostate Cancer"

By: Vikki Laurence, ASCLS-SD Chemistry Scientific Assembly Chair 2012-13

In a release date of May 2012, the U.S. Preventive Services Task Force (USPSTF) recommended against PSA based screening for prostate cancer. This applies to men in the general U.S. population, regardless of age. This recommendation does not include the use of the prostate specific antigen (PSA) test for surveillance after diagnosis or treatment of prostate cancer, as the use of the PSA test for this indication is outside the scope of USPSTF.

Prostate cancer is the most commonly diagnosed non-skin cancer in men in the United States, with a lifetime risk for diagnosis currently estimated at 15.9%. Most cases of prostate cancer have a good prognosis, even without treatment, but some are aggressive; the lifetime risk of dying of prostate cancer is 2.8%. Prostate cancer is rare before age 50 years and very few men die of prostate cancer before age 60 years. Seventy percent of deaths due to prostate cancer occur after age 75 years.

Contemporary recommendations for prostate cancer screening all incorporate the measurement of serum PSA levels; other methods of detection, such as digital rectal



examination or ultrasonography, may be included. There is convincing evidence that PSA-based screening programs result in the detection of many cases of asymptomatic prostate cancer. There is also convincing evidence that a substantial percentage of men who have asymptomatic cancer detected by PSA screening have a tumor that either will not progress or will progress so slowly that it would have remained asymptomatic for the man's lifetime. The terms "over diagnosis" or "pseudo-disease"

are used to describe both situations. The rate of over diagnosis of prostate cancer increases as the number of men subjected to biopsy increases. The rate of over diagnosis also depends on life expectancy at the time of diagnosis. The primary goal of prostate cancer screening is to reduce deaths due to prostate cancer and, thus, increase length of life.

Men with screen-detected cancer can potentially fall into 1 of 3 categories: those whose cancer will result in death despite early diagnosis and treatment, those who will have good outcomes in the absence of screening, and those for whom early diagnosis and treatment improves survival. Only randomized trials of screening allow an accurate estimate of the number of men who fall into the latter category. There is adequate evidence that the benefit of PSA screening and early treatment ranges for 0 to 1 prostate cancer deaths avoided per 1000 men screened.

According to USPSTF there is convincing evidence that the PSA test often produces false-positive results (approximately 80% of positive PSA test results are false positive when cutoffs between 2.5-4.0 ug/L are used). Men who have a false-positive test result are more likely to have additional testing, including one or more biopsies, in the following year than those who have a negative test result. They also say there is convincing evidence that PSA-based screening leads to substantial over diagnosis of



☑ Unexpected opposition to EHR incentive program should be watched by pathologists and clinical laboratory managers

Questions about the value of the federal government's program to encourage provider adoption of electronic health record (EHR) systems were raised by Republican leaders in both houses of Congress just weeks before the election on November 6.

Because clinical laboratories and pathology groups have a big stake in interfacing their laboratory information systems to physicians' EHRs, this new development bears watching.

In October, GOP Senators and House Republicans joined together and issued a call for an immediate halt to distribution of incentive payments to providers for implementing electronic health record (EHR) systems. This program is now in its second full year of implementation.

-continued-

prostate tumors. There is a high propensity for physicians and patients to elect to treat most cases of screen-detected cancer, given our current inability to distinguish tumors that will remain indolent from those destined to be lethal. Thus, many men are being subjected to the harms of treatment of prostate cancer that will never become symptomatic.

I recently collected blood on a 46 year old man who said he was livid when he first heard this on the news. He had been diagnosed with prostate cancer from a routine screening, had no symptoms, had surgery and thought they got it all. With a follow up PSA in a year he found the PSA was climbing again. Now he is going through treatments and said it would have never been found early enough if not for a routine screening. He went to the doctor with no symptoms and only because he hadn't had a physical for many years and recently lost his dad at a young age.

Although the USPSTF discourages the use of screening tests for which the benefits do not outweigh the harms in the target population, it recognizes the common use of PSA screening in practice today and understands that some men will continue to request screening and some physicians will continue to offer it. Older age is the strongest risk factor for the development of prostate cancer. However, neither screening nor treatment trials show benefit in men older than 70 years. Across age ranges, black men and men with a family history of prostate cancer have an increased risk of developing and dying of prostate cancer. To see comments and further discussion, the complete article from USPSTF can be read on their website.



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Laboratory Administration Scientific Assembly: " Reality Based Work Place - Ditch the Drama for Better Work Satisfaction"

By: Warren Erickson, ASCLS-SD Laboratory Administration Scientific Assembly Chair 2012-13

Have you ever stopped to think about your career? Taking inventory from time to time of what you like and don't like about your job is a good thing. It helps to pull your thoughts out of the day to day and resets your compass to achieve long range plans. Do you enjoy where you work? Does your employer appreciate you as an employee? An average labor force falls into three categories which follows a bell shaped curve. The top 20% are visionary, high performers that are ready for any changes that come their way and take it on as a challenge that makes them feel good handling the adversity in their day. The middle 60% are competent at their job and for the most part low maintenance. Change is more difficult but when they feel they understand why changes in work process are needed, they make the necessary changes. The bottom 20% is negative about work, quick to point out problems, blame problems on others and never have viable solutions to offer. Do you know which category your supervisor or fellow co-workers would put you into? The top 80% are valuable to an organization and make up the backbone of a company's labor force. The bottom 20% is seen as high maintenance and low performers. The high and mid level performers are held back from extraordinary performance by the bottom group due to the drama that accompanies this



GOP Lawmakers Want Tougher Interoperability Standards

Four Republican Senators sent a letter to Health and Human Services (HHS) Secretary Kathleen Sebelius. The Senators cited "weak" EHR interoperability standards under Stage 2 of the HITECH Act and called for temporary suspension of EHR incentive payments.

The Senators who signed the letter were **John Thune (R-SD)**, Tom Coburn (R-OK), Richard Burr (R-NC), and Pat Roberts (R-KS). These senators all serve on either the Finance or Health, Education, Labor and Pensions (HELP) committee.

TEST Act (H.R.6118 and S. 3391) Signed By President Obama, Provides Regulators Discretion When Laboratories Mistakenly Violate CLIA PT Requirements

On December 4, the clinical laboratory testing industry gained an important measure of regulatory relief after President Obama signed into law the Taking Essential Steps for Testing (TEST) Act

group. This group is also the least happy of any work group.

Trends in management are to reality based leadership which changes judgment and drama to fact based decision making at all levels of the organization. The focus is on forward thinking and recognizing mid- and high- level performers more often to create a higher achieving more satisfying work place culture. I recently attended a leadership seminar on reality based leadership given by Cy Wakeman (www.cywakeman.com). Cy's message was simple, "Ditch the Drama". On average a person spends 2 hrs of every day complaining, judging and blaming problems on others. If the energy put into that drama could be channeled into looking at the reality

of the situation, reviewing facts, finding solutions and improving one's own performance, a higher level of satisfaction could be achieved by all participants. It is what makes us professionals.

Take some time this week and think of how your co-workers would rate you and how you would rate your co-workers and supervisor. How much drama do you create in the workplace? Are you forgiving of others mistakes and always looking for ways to improve company performance or your own performance? Do you feel satisfied when you come home after a day of work or do you need time to vent about all the idiots you work with? This may help you understand if your compass is pointing you in the right direction to succeed and be happy in life.



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Industry Scientific Assembly: " Patient Self-Testing Review"

By: Patrick Bezenek, ASCLS-SD Industry Scientific Assembly Chair 2012-13

The evolution of clinical testing devices in conjunction with a drive to expand patient testing has pushed point of care devices to the forefront of health care delivery. As patients begin to demand more control over their health care, patient self-testing must be evaluated. As I reviewed studies that have been conducted relating to patient self-testing, I made it a point to look for data that included more than just "clinical" correlations. While important to mitigate risk of a major event like a stroke, major bleeding episode, or death, there are other factors to consider, such as cost, therapeutic compliance, quality of life, and last but definitely not least, patient satisfaction.



A study that was able to address all the aforementioned factors was the THINRS study, published in the Oct. 21, 2010 *New England Journal of Medicine*. This study was put together in an attempt to compare the effectiveness of home testing vs. clinical testing for PT/INR. I will admit that going into this review, I believed the benefits associated with patient self-testing would far outweigh the benefits of receiving monthly PT/INR testing at the physician's office, but I did my best to remain unbiased. The study included 2922 patients taking warfarin because of mechanical heart valves or atrial fibrillation. All of these patients were trained on

of 2012. This law removes severe penalties for medical laboratories that inadvertently violate proficiency testing (PT) requirements.

More specifically, the language of the TEST Act provides guidance to federal regulators to resolve an issue concerning the inadvertent referral of PT specimens as defined by the Clinical Laboratory Improvement Amendments (CLIA) statute of 1988.

2013 Medicare Clinical Laboratory Fee Schedule - What will our decrease be?

The recently published 2013 Medicare CLFS has revealed numerous apparent errors. By law, CMS should have revised the fee schedule by implementing an across the board **2.95% cut** (an **additional 2% cut** may need to be applied due to sequestration or fiscal cliff provisions if Congress and the President cannot come to an acceptable compromise). However, the 2013 fee schedule appeared to contain numerous changes that cannot be explained by recent -continued-

self-testing for PT/INR. They were randomized to include either weekly self-testing at home or monthly high-quality testing in a clinic. The study followed patients for 2 to 4.75 years with the primary end point being the time to a first major event (stroke, major bleeding episode, or death). Secondary end point analysis involved time within therapeutic range, patient satisfaction, quality of life, minor bleeding, and cost.

The results of the study showed comparable primary end point (clinical outcome) results with both methods of testing. The patient self-testing group showed a small but significant improvement in the percentage of time during which the INR remained within the target range, as well as a small but significant improvement in patient satisfaction with anticoagulation therapy and quality of life. Costs were higher in the self-testing group but not significantly different from those in the clinic-testing group¹.

THINRS: Incidence of the primary end point				
End point	Self testing (%)	Clinic testing (%)	HR (95% CI)	p
Stroke/death/major bleed	19	20	0.88 (0.75-1.04)	0.14

THINRS: Secondary end points				
End point	Self testing	Clinic testing	Difference	p
Time within therapeutic range (%)	66	62	3.8	<0.001
Patient satisfaction (DASS score) ^a	46.8	49.2	-2.4	0.002
Quality of life: Cumulative gain in health-utilities index ^b at 2 y	1.204	1.049	0.155	<0.001
Healthcare costs at 2 y (\$)	25 754	24 505	1249	0.32
Minor bleeding (%)	22	17	5	0.01

a. Depression and anxiety stress scale (DASS) scores: Lower scores indicate better satisfaction

b. Health-utilities index: quality of life, with higher scores indicating better quality

Some may view this study as evidence that patient self-testing does not produce better outcomes than clinical testing and therefore it is not a viable option. I am a “glass half full” kind of guy, so I view this study as being able to show that patient self-testing can produce comparable clinical outcomes with those achieved at high quality clinics. Along with producing comparable clinical outcomes, patient self-testing is able to provide a slightly better overall patient experience. As health care moves toward outcome driven, patient-centric delivery models, patient self-testing will have a seat at the table.



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legislation and the resultant authority of CMS and its contractors. The published fee schedule was pulled from the CMS website and was not available at the time of this newsletter publication.



Opportunity Knocks... Represent South Dakota in Washington DC!!

*Learn more about
issues affecting the
profession of clinical
laboratory science!*

ASCLS-SD is looking for an interested member to join the South Dakota delegation traveling to Legislative Days in Washington DC – the event will take place March 18-19, 2013. This annual event is held every spring in our nation's Capitol, with intensive two-day sessions designed to inform delegates on hot topics in the laboratory field and equip them to discuss these topics with members of Congress. If you are interested in learning more about this opportunity, please

POC/Phlebotomy Scientific Assembly: "Phlebotomy & Point-of-Care - Critical Services in Quality Health Care"

By: Sheila Rezac, ASCLS-SD POC/Phlebotomy Scientific Assembly Chair 2012-13

Let's start with a few definitions – first, what is “phlebotomy”? Phlebotomy is the process of removing blood from a person's circulatory system by a puncture or incision. This process makes up the largest component of the pre-analytical phase of the total testing process. There are multiple ways this can be done.

- ▲ On infants, health care providers may perform a heel stick. This is done by poking the infant's heel with a lancet to obtain blood.
- ▲ Arterial punctures, such as blood gases, are performed when oxygen rich blood is needed.
- ▲ The most common practice used to obtain blood is a venipuncture, which is obtaining blood from a vein using a needle. However, if a patient is a difficult draw and/or minimal blood is needed, a capillary stick, using a lancet to puncture a finger, may be performed.



Next, what is “POC testing”? POC (point of care) testing is performed at a patient's side/bedside immediately following a blood draw. Many tests, such as glucose, protime, creatinine, electrolytes and blood gases, are available for POC testing. The specimen collection (pre-analytical) component of POC testing is critical to assure quality results.

Instrumentation used for POC testing is typically hand held and is easily transportable. A broad range of healthcare providers, ranging from a phlebotomist, clinical lab scientist, pharmacist, respiratory tech or a registered nurse, may perform these tests.

The amount of blood (one to three drops) needed to perform these tests is minimal. Blood is applied to either a cartridge or a test strip and inserted into the hand held device. Once this has been done, results are available within minutes. When using a cartridge, a series of quality control diagnostics are performed prior to running the sample. The instrument monitors the quality of the sample as well as validates the reagent. When using a test strip, typically a “high” and “low” control are run daily, or whenever a new lot number is started.

POC testing is appealing to providers who are looking for quick turn-around times; this may be a physician in the emergency room treating a trauma patient, or a primary care provider monitoring a patient's anticoagulation studies. The speed of this testing allows the provider to make immediate, medical decisions for the treatment of their patient.

Patients also find POC testing appealing, especially those that have to do weekly draws. Patients often feel a capillary stick is less painful than having blood drawn from their arm. With POC testing, patients know that when they leave the patient service center, their result is already available for their physician.

Point of care testing is a valuable service to both patients and providers – expect to see more tests developed for POC testing in the future.

Patient Safety Focus in Phlebotomy and POC Testing: Many studies have been completed and document that the pre-analytical phase of the total laboratory testing process is where the majority of laboratory errors occur. Pre-analytical errors can occur at the time of patient assessment, test order entry, request completion, patient identification, specimen collection,

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ASCLS Region V Student Forum Update!

By: Karen Larson, Region V Student Forum Rep



This year's Student Forum is working very hard to serve ASCLS student members better than ever before! Last month, the National Student Forum posted an online survey for student members across the country to voice their opinions on what they want most from ASCLS. This information will help us better serve our students. We can't wait to read the responses and present the feedback to the

or specimen handling and transport. Published studies document that pre-analytical errors predominated in the laboratory, ranging from 46% to 68.2% and also document that an additional 7-13% of errors can occur in the analytical phase of the total testing process. (Table 1 below)

Both phlebotomy and Point-of-Care testing are performed by many non-laboratory professionals so it is critical that laboratory professionals take an active role in education and oversight of quality specimen collection and testing performance to assure quality test results.

Table 1

Phase of Total Testing Process	Type of Error	Rates
Pre-analytical	Inappropriate test request	46%-68.2%
	▪ Order entry errors	▪
	▪ Misidentification of patient	▪
	▪ Container inappropriate	▪
	▪ Sample collection and transport inadequate	▪
	▪ Inadequate sample/anticoagulant volume ratio	▪
	▪ Insufficient sample volume	▪
	▪ Sorting and routing errors	▪
	▪ Labeling errors	▪
Analytical	Equipment malfunction	7%-13%
	▪ Sample mix-ups/interference	▪
	▪ Undetected failure in quality control	▪
	▪ Procedure not followed	▪

Reference:

Lab Med. 2012;43(2):41-44. © 2012 American Society for Clinical Pathology
Medscape "A Review of Medical Errors in Laboratory Diagnostics and Where We Are At Today" Feb 19, 2012

www.medscape.com/viewarticle/758467



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ASCLS-SD Strategic Initiatives: Task Force Updates

ASCLS-SD continues its efforts to enhance professional recognition and benefits for its members through work that is being done by our established Task Forces. Below are the update reports from our Strategic Initiative Task Forces.

Student & New Professional Task Force Update

By: Stephanie Bonertz, ASCLS-SD Board New Professional-at-Large & Task Force Co-Chair

Greetings from our entire task force! This is our second year and it has so far been amazing. Our first student scholarship fundraiser of this ASCLS year was held at the ASCLS-SD/CLMA Fall Collaborative Conference in Aberdeen. We had three themed baskets that were raffled off, one was pantry food items, second was a "lady"



Board of Directors!

If you are currently a student, please visit our "Student Center" at www.ascls.org. You will find our bimonthly newsletter, scholarship information, job postings, and much more! Also, ASCLS sells a study guide filled with questions to prepare you for your board exam. As a member, you can purchase it online for \$20 less than the list price! That's almost your entire membership fee! Make sure to sign into your member profile to receive the discount.

Don't hesitate to contact me at Kbates1@fairview.org with any questions, comments, or opinions. It is a pleasure to serve as your Region V Student Representative. I look forward to hearing from you!



**To You &
Yours
From
ASCLS-SD**

themed, and third one was donated with a wine theme basket. Our taskforce members did a fantastic job on donating items for the pantry basket and the "lady" inspired basket themselves and recruiting businesses and others to donate for our fundraising project. Also at the conference we had a job opportunities board with job openings which was well received by the attendees. This board allows students and others that attended to view job openings in South Dakota and some of the surrounding states. At the conference there was a Student Quiz bowl which about 15 students from MLS/MLT programs participated in.

As the Co-Chair, I just want to thank every task force member who helped with the fundraiser. If someone has other fundraising ideas please don't hesitate to tell us, we are always open for new ideas. The Student & New Professional task force members are always willing to hear any of your comments and ideas. Any one that is interested in becoming involved in our task force, please contact Kay Rasmussen or myself, we are always excited to have more members.

Membership Task Force

By: Mona Gleysteen, ASCLS-SD Membership Chair 2012-13

Your Membership Task Force is off to a very good start with new offerings, recruitment plans, and will be obtaining information from members on several key areas related to electronic connectivity. Richard Kipena, ASCLS-SD Student Forum Rep will be visiting with the USD students on ASCLS membership. Location recruitment meetings (2-4) are being planned and will include 'free' CE sessions for attendees. Possible locations for these meetings are Pierre, Huron, Sioux Falls and Rapid City. Member retention will also have a major focus over the next several months. The Membership Task Force will be surveying the membership on various topics to assure that our society incorporates changes to meet our member needs. Areas of input from members may include preferred method for electronic communication and what additional offerings/benefits can be offered to meet the specific needs of our students and new professionals. Additional activities being planned include tapping into institutional program leaders to obtain student information as they graduate to enhance the student to First Year Professional conversion and communication with previously lapsed ASCLS members will be completed to invite them to 'come back to ASCLS-SD'.

Leadership Development Task Force

By: Lezlee Koch, ASCLS-SD Past President & Task Force Co-Chair

10-9-8-7-6-5-4-3-2-1...**Region V Tri-State Leadership Academy** is progressing to 'lift off'! The 3 host states ASCLS-MN, ASCLS-ND and ASCLS-SD have approved moving forward! Final touches are being put on the structure, curriculum, application process, marketing materials and web page. Leadership Academy materials will be disseminated electronically to all ASCLS Region V members as soon as available... WATCH your email inboxes! Investing in tomorrow's leaders today!!!

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**Ring in the
New Year right...
get involved in
ASCLS!**

