



MSCLS NEWSLINKS

Michigan Society for
Clinical Laboratory Science

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President's Message Terri Pauken

HAPPY NEW YEAR EVERYONE!

"Happy New Year", That greeting will be said and heard for at least the first couple of weeks as 2010 gets underway.

Here's a little trivia for you.....

Did you know that the celebration of the New Year is the oldest of all holidays? It was first observed in ancient Babylon about 4000 years ago. The Babylonian New Year began with the first new moon after the Vernal Equinox (first day of spring). The Romans continued to celebrate the New Year in Late March, but their calendar soon became out of synchronization with the sun. In order to set the calendar right, the Roman Senate, in 153BC, declared January 1st to be the beginning of the New Year.

Some traditions of the season include the making of New Year's resolutions. That tradition also dates back to the early Babylonians. Popular modern resolutions might include the promise to lose weight or quit smoking. The early Babylonians most popular resolution was to return borrowed farm equipment.

I thought it would be fun to ask our some of our MSCLS members what their New Year's resolutions are, and here is what they said:

Once again, to send Birthday and anniversary cards to my friends and family on time...I make this resolution every year and usually get through January's Birthday before I fail, so my mom and husband gets cards and that is it.

-Linda Goossen

Every mile you drive a 20 mpg car puts one pound of CO2 in the atmosphere, so I plan to bicycle to work (weather permitting) at least 2 times per week.

-Paul Guthrie

I resolve to keep balance in my life and not let work consume me. Wish me luck!

-Kay Paff

Keep my appointment calendar free of conflicts!

-Suzanne Butch

This year I promise to stop annoying my co-workers by taking the "good" electric pipette from station 1 and using it to do bench work at other stations.

-Sharon Bobryk

My New Years resolution is to stop having surgeries! In the past 14 months I have had 3 surgeries! I don't think I have anything left to take out! But seriously, I resolve to wake up and thank God for all of my blessings each and every day. No matter what this year might bring, I know I have the love of my family and friends to help get me through it.

***Thank you everyone for sharing your
New Year's resolution with all of us!***

With this New Year, come new opportunities for MSCLS. I am still campaigning for new members and I am happy to report that as of 7:00AM on December 21st we have 22 new members! Way to go everyone! Let's take this opportunity to make a MSCLS New Year's Resolution of our own. Lets all get just 1 person to join or renew. It is easy, just 1 person. Think about who you work with. Do they all belong to MSCLS? NO? Well then ask them to join! They can go on line to our website at www.mscls.org and click on "join today". Can you imagine if we all just asked 1 person to join how our membership would grow? What a good way to start out the New Year! Remember I still have lots of goodies to give away to any new members as well as the person who recruited them!

NOMINATE YOUR COLLEAGUE FOR AN AWARD!

Do you know anyone who you think should be recognized for their outstanding service? Well now is the time to send those nominations in. The March 19th deadline is fast approaching and will be here before you know it. Contact Alicia Estlack, our awards chair for more information via email at: alicia.estlack@metrogr.org

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MARK YOUR CALENDERS FOR THESE UPCOMMING EVENTS!

MSCLS Board of Directors Meeting
January 23rd
(time and location to follow)

2010 Legislative Symposium
March 15-16th
Washington DC

2010 Annual MSCLS Spring Meeting & Exhibits
"New Challenges for a New Decade"
April 14-16th
Kellogg Hotel and Conference Center
East Lansing, Michigan

As we all start this New Year, get in touch with what you love about the laboratory profession. Be passionate about your contribution to the health-care team. Make sure that everyone you come in contact with can feel and see just how much laboratory medicine still means to you and ultimately to them. Get out there and spread the word! Provide the Face! If not us, who? If not now, when? Remember, it is the Laboratory Professional who helps save lives. It is the Laboratory Professional who sends out results or decreases turnaround times. It is the Laboratory Professional who can multitask six things at once. It is the Laboratory Professional who calls critical results to the physicians in the middle of the night. We are often over looked in favor of the more glamorous or visible participants of the healthcare team. That doesn't mean however we should contribute to that oversight. Be proud of what we do, remember the love and drive that put you in this profession to begin with. Be passionate about making sure everyone you come in contact with can feel and see just how much laboratory medicine means to you and ultimately to them.

It is my hope that everyone had a joyous Holiday Season and I hope you all have a wonderful New Year filled with love and happiness.



**Michigan
Society for
Clinical
Laboratory
Science**

MSCLS Newslinks

A bi-monthly publication of the Michigan Society for Clinical Laboratory Science. Deadlines for articles are the 10th of Feb, Apr, Jun, Aug, Oct, & Dec. Articles must have name of author. Anonymous letters will not be published. The editor reserves the right to edit all materials submitted for publication. Articles appearing in *Newslinks* represent the opinion of the author and may not represent the opinion of the society.

Membership: Join MSCLS by visiting the ASCLS web site:

www.ascls.org/membership/app.pdf

Non-Member Subscriptions

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Full Page Ad:	\$200

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MSCLS Leadership: Visit our web site at

www.mscls.org

for a complete listing and contact information for all MSCLS board members and a wealth of other information on the Society.

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Clinical Laboratory Science

An Educational Section for Case Studies and Technology Updates
Articles from members are welcomed. Submit to editor at address on page 2

Three Part Series: Creating an Effective Request for Proposal for Instrumentation Purchases



Series 1: Writing your Instructions for Response & Evaluation Criteria

Kevin McGlinchey

Editor's Note: MSCLS member Kevin McGlinchey is the Hemostasis Marketing Manager for Trinity Biotech. We are grateful to him for proving this insightful series on a topic that those laboratorians who move up the career ladder will eventually encounter: the new instrument acquisition process.

When it comes to purchasing instruments, writing a Request for Proposal (RFP) and writing an effective Request for Proposal are not one in the same. Much time, thought, and effort is required by the person heading up the RFP process in order to create an effective and powerful RFP that will place your laboratory in a strong purchasing position for years to come. Throughout this discussion, there will be several acronyms and terminology used to describe the RFP process (displayed in Table 1).

Table 1: Acronyms and Terminology

- **RFP= Request for Proposal**
- **RFQ= Request for Quotation**
- **RFI= Request for Information**
- **RR= Reagent Rental**
- **CPR= Cost Per Reportable**
- **CPRR= Cost Per Reportable Result**
- **FSE= Field Service Engineers**
- **TS= Technical Support**

The key message to take home from this quick article is that in order to create an effective RFP, one must consider

and then believe that the RFP is about much more than just pricing.

There are four key components found in effective RFP's: Instructions to vendor for their response, Evaluation Criteria, Vendor Response, and Analyzer Specifications. The first in this three part series will focus the Instructions for Response and Evaluation Criteria.

Writing your "Instructions for Response"

- State that all answers to questions that affect scope or timetable will be communicated from you in writing to all vendors as quickly as possible
- State that all proposals become the property of your organization
- State that your organization reserves the right to award or cancel this process at any time
- Be sure to make the claim that if the vendor must provide an explanation of conditions for each conditional response
- Vendor must indicate uncertainty and explain any conditions or assumptions pertinent to that condition when the vendor believes that any question in the RFP is unclear or susceptible to more than one interpretation
- Vendors should make every attempt to use terminology in their proposal that is consistent with that of your organization. Comparable terminology may be substituted where appropriate if the vendor provides clear and concise definitions
- State that if your organization awards a contract to a proposing vendor, then the vendor's responses to this RFP will become a part of the executed contract
- State that your organization reserves the right to amend the RFP without altering the timing requirements indicated. Any changes or addenda to the RFP documents should be communicated in writing to all vendors as quickly as possible
- Make vendor proposals are firm and irrevocable for a period of at least 6 months from the date

and time of response to the RFP

- Your organization should reserve the right to negotiate final terms and conditions of the proposal and the resulting agreement, assume no cost for proposal preparation and submission, and reserves the right to award or cancel this process at any time



Evaluation Criteria

- **Get Information about the Vendor:** History behind company, business standing currently and in the past, acquisitions vs. organic growth, company growth strategies, information on launch dates/current installed base, number of help desk/hotline and field based technical support personnel, location of FSE's trained to support systems in RFP, average response times (both phone and FSE), maintenance programs
- Be sure to state even what seem to be obvious general requirements: FDA approvals, in production, software/hardware updates prior to installations shall be included at no charge, user reference lists, vendor must be willing to contractual commit to all RFP sections
- **System Functionality:** Must meet all specifications stated in RFP and include how, when, and where you would like the evaluation to take place

*Next in the series: **Vendor Response and Analyzer Specifications***



How Technology Has Changed the Role of the Laboratorian

**Desiree Maun,
Student Representative**

I spoke with Jeremy J. Spinney, MT (ASCP) Laboratory Manager at Regional Medical Laboratories, Inc. and asked him:

“How has EMR (Electronic Medical Record) affected the position of the laboratorian?” and “How has it affected your duties as a lab supervisor?”

And he replied:

“EMR's have helped dramatically in minimizing key stokes in the laboratory allowing for better accuracy and quicker turnaround of results to physicians, however it has modified the laboratorian role. Not only do laboratorians have to have the training in the hard sciences required to be successful in their profession, the increasing demand for EMR to LIS interfaces are causing the laboratorian to have at least a working knowledge of how servers, networks, and the transfer of health information occur within the IT industry. The ever growing demand for electronic sharing of laboratory results is forcing laboratorians to become IT savvy along with being a scientist, which gives a whole new meaning to the phrase "Computer Science".”

Being a generalist, I can attest to this. All too often we are met with these challenges. Our facility employs experienced and qualified lab techs to be our liaison between the lab and our clients which include physicians as well as patients. Without this, it would be difficult to function to the capacity and serve the amount of clients that we serve efficiently.

As the medical field continues to advance as more technology becomes available, the laboratorian's knowledge must constantly be re-evaluated and expanded as it grows. The most important part of the testing process is positive patient identification and sample collection. The bottom line is if you need to perform a test on John Doe, you must be sure without any uncertainty that he is the same John Doe that the Physician is requesting the test on and label the samples accordingly. You then must handle the collection and processing of the specimen accurately, or everything else after that is not going to even be invalid.

What happens when we don't know what test the requesting physician wants? If someone is reading this and does not work in a laboratory, they may say, “that sounds silly, how can you *not* read what is put on the order?” Well, while EMR (Electronic Medical Records) have improved turn around time giving physicians faster results while saving a lot of filing space within their office and time by making it accessible from anywhere, it has directly affected some patient testing, diagnosis, and treatment in a negative way. In order to perform a test,

we must know which test is being requested. To Doctor X, a CBC does not include a differential, but to Doctor Y and most labs, it does. There is no standard or rule that says a CBC includes a differential or does not and this the orderable name. This is a simple and routine test that is performed on a regular basis and it still creates confusion.

So what happens when a Physician orders a test that is rarely performed and known as test ABC to Doctor X and test XYZ to Doctor Y? The entire process must halt until clarification by the physician is obtained. Meanwhile, the patient's healthcare has been compromised. In the cases of certain diseases, hours and days can make the difference between the diagnosis and effective treatment of that disease. In many cases, the person taking care of the problem may "assume" what the physician wanted, which is probably the worst thing to do because even if you get patients of Doctor X all of the time and you feel like he always orders his CBC's without a differential, you cannot assume that is what he wants with this patient. In some labs, phlebotomists and/or office personnel may be the ones doing the investigative work, which may take some pressure off of the tech, but if that person has limited lab experience and the physician wants a test whose name is very similar to a test that the investigator has seen so he/she orders it but it is something totally different. The wrong test gets run. Money and time is wasted. The physician is frustrated with the lab; the patient is frustrated with the physician and the lab, and meanwhile what ever is causing this patient the sickness in which the physician is trying to diagnose is getting worse. That patient has lost faith in the entire healthcare community and decides not to go back to the doctor or the lab and eventually dies from a treatable cancer. Sound hypothetical? It is very realistic and preventable.



Lack of understanding and communication is the major downfall of EMR. There are different programs for EMR recording and translation but there is no concrete standard for ordering which increases the odds that the person creating the order and the person collecting and processing the sample may be on two different pages based

on experience and knowledge. Attempts have been made to create computer programs that "translate" information from one system to the next, but they are far from fool proof and require a lot of money to create and implement and would need constant upgrading. I am not suggesting that we should not use it, I am saying that we need to create a globally recognized testing standard. When you take Chemistry classes, you learn about a nomenclature which is used by each and every chemist. I may be dating myself, but I remember when it was acceptable to use the first four letters of the state when sending a letter, and finally a two letter abbreviation was created for each state. People adapted and these abbreviations are recognized everywhere. My point is; we need to create a standard for all tests. Each in which has its own code, so as to not be confused with any other test. I realize that giving hundreds and thousands of tests a specific name and code is not as easy as giving our states a two letter abbreviation, but it is not impossible.

As laboratorians, we shouldn't find this hard to adapt to because this is how we operate. We research, we create a procedure, we do studies to prove our theories, and we do parallel testing to further prove our test works and create a standard, and follow it. So, why can't the scientific community collaborate with the rest of the healthcare community and resolve this issue? Costly and timely? We are spending a lot of money and time on revising procedures and accommodating every computer program and client to fulfill their needs. If test A is only called and ordered as test A with the code 123, then we have saved money by not running the wrong test, or missing a test, or having to have the sample recollected because of improper collection and handling and we have saved money by not having to employ someone to do investigative work. Instead they can work on performing the duties that they were hired for which would increase turn around time and patient/client satisfaction. It would also greatly improve the relationship between the lab, physician and the patient and improve healthcare.

Obviously such a complex plan would take time and hard work, but the problem is not going away. As we advance in the medical field, the need for a universal test standard with specific names and codes, will continue to drastically increase and lives, time, and money saved by creating and implementing this can not be underestimated. The collaboration of the scientific, clinician and computer community to create a resolution would be historic and could change healthcare as we know it and lead us a step in the right direction before these issues get any worse!

2009-2010 MSCLS Awards Competition

Alicia Estlack, Awards Chair

Poster Competition

All MSCLS members are eligible to compete for the following awards: the *Clinical Poster Award* (Undergraduate and Graduate categories), the *Scientific/Technical/Literature Research Award* and the *Clinical Laboratory Scientist of the Year*. Monetary prizes are awarded in most categories. If you have completed a study on a laboratory related topic within the past year, consider submitting your work in the form of a poster or paper, using the format listed in the November/December 2009 Newslinks. These are also available online by visiting www.mscls.org. Applications and more detailed guidelines are available through me by email. The deadline for abstracts is Friday, March 19, 2010. Please have your applications in to me by that time to be eligible.

Nominations

Nominations are still be accepted for Clinical Laboratory Scientist of the Year, the Donna Duberg Mentorship Award, and the Pam Agren Inspirational Award. If you know an MSCLS member that you feel should be nominated for any of these awards, please submit his or her name and personal achievements to the MSCLS Awards Chair by March 19, 2009.

Clinical Laboratory Scientist of the Year: The CLS of the Year Award is given to the individual who best represents our profession through active involvement and leadership in professional activities. Eligibility for the CLS of the Year Award: MSCLS/ASCLS member for 4 consecutive years, MT/CLS certified for 5 years, actively employed, active in professional, civic and non-professional activities.

Donna Duberg Mentorship Award: A crystal bowl will be awarded to the person who best exemplifies characteristics of mentorship. This award has been in existence since 1990 for the purpose of recognizing the person who exhibits outstanding abilities to enlighten and guide others in our profession.

Pam Agren Inspirational Award: This award honors the memory of Pamela K. Agren. Started in 1999, this award is given to recognize the “behind the scenes” activities of a person who benefits the society greatly, but doesn’t always get recognized or highly publicized.

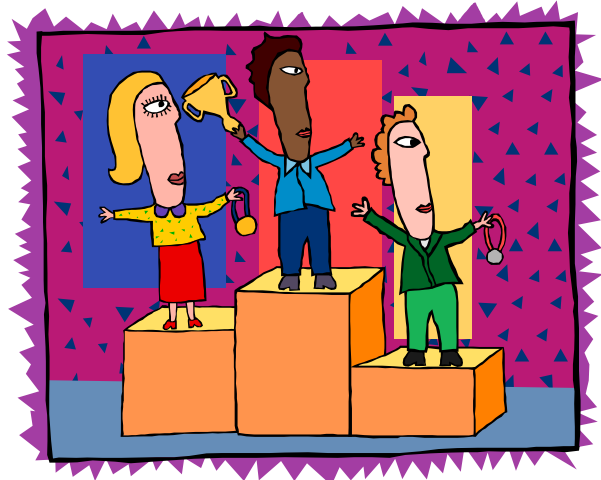
Application Requirements: Submit 5 copies of typed, double-spaced information on nominee that includes: name, address, employment history, educational background, ASCLS/ state-district activities, civic/ nonprofessional activities if known, name of nominator and date of submission. Selection Method: Chosen by a vote of the 5 most recent active recipients of each award.

Please address applications, nominations or questions to me at:

Alicia Estlack
3120 Waterchase Way Apt 309
Wyoming, MI 49519

Or by email at: alicia.estlack@metrogr.org

Nominate Today!



Scholarships and Awards

Kristen Kay Deloney Scholarship Chair

Many scholarships are available for deserving Clinical Laboratory Science students.

BEAM SCHOLARSHIP

The Beam, (Biomedical Exhibitors Association of Michigan), Scholarship will be awarded to an outstanding Michigan Clinical Laboratory Science Student. This award is dependent upon donations by the BEAM group (approximately \$300). Eligibility is limited to those students who complete their clinical internships by December 31, 2009.

Nomination forms will be sent to educators of Laboratory Science Programs in Michigan in mid January 2010. The Deadline for nominations is March 8, 2010.

ALPHA MU TAU FRATERNITY AND EDUCATION RESEACRCH FUND SCHOLARSHIPS:

Alpha Mu Tau is a national fraternity whose purpose is the advancement of professionals in the clinical laboratory sciences.

The ASCLS Education & Research Fund (E & R) is the charitable foundation of ASCLS and was founded to encourage and assist educational and scientific research in the field of medical laboratory science.

AMTF Graduate Scholarship is awarded to a deserving student in an approved Masters or doctoral program. One scholarship of up to \$2000 for a full time student or up to \$1500 for a part-time student may be awarded yearly.

AMTF Memorial Scholarship up to \$3000 is awarded to the highest scoring applicant.

Ruth M. French Graduate or Undergraduate Scholarship was established in 1987 by friends of Ruth French and AMTF, to honor her contributions to the profession. One scholarship up to \$3000 is offered.

Dorothy Morrison Undergraduate Scholarship was established in 1985 in memory of a member of our fraternity and is funded by donations from friends and members. One scholarship up to \$2000 is awarded to a deserving student in a NAACLS accredited undergraduate laboratory science program.

Ida and May Reilly Graduate or Undergraduate Scholarships were established in 2000 in memory of Ida Reilly and her sister May. Ida was a member of the fraternity, a Clinical Laboratory Science Educator and a very active Clinical Laboratory Science Professional. Scholarships up to \$2500 will be awarded.

Martha Winstead Undergraduate Scholarship was established in 2002, in memory of Martha, a member of the fraternity, a past president of the American Society for Clinical Laboratory Science and very active in the profession. One scholarship up to \$1500 may be awarded.

Royce Watson Scholarship Fund was established in 2008 by Royce Watson, a member of AMTF since 1971. Award details are pending.

AMTF Undergraduate Scholarships Several scholarships up to \$1500 are awarded to deserving students in NAACLS accredited programs in clinical laboratory science.

ASCLS Education & Research Fund, Inc. Scholarships: AMTF administers the ASCLS E & R Fund, Inc. Graduate and Undergraduate Scholarship Program. One graduate scholarship up to \$3000, and several undergraduate scholarships up to \$1500 will be awarded to deserving students in NAACLS accredited CLS/MT or CLT/MLT programs.

The deadlines are April 1, 2010.

Applications are available:

- On line at www.ascls.org/leadership/awards/amt.asp
- By e-mail at www.alphamutaujoe@yahoo.com
- By mail from Joe Briden, AMTF Scholarship Coordinator, 7809 S. 21st Drive, Phoenix, AZ 85041-7736 (#10, self-addressed/stamped envelope required. Others will **not** be recognized.)

**Michigan Society for
Clinical Laboratory Science**

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Moving? Please forward new address
to Newslinks Editor



**We're on the Web
at www.mscls.org**

THE HENRY FORD PRODUCTION SYSTEM *LEAN* TRAINING PROGRAM

Next available session: Jan. 7-8, 2010

Future Session Dates in 2010: March 11-12, June 10-11, Sept. 16-17, Nov. 11-12

15.5 hours of CME education class-time held over 2 days.

"It's the work, not the man that manages."

So what does that have to do with us in healthcare? The concept of focusing on design of work, across silos of control, according to defined rules of change and design as practiced in the manufacturing industry is very pertinent to each of us in healthcare. Our challenge as leaders is to adapt these successful approaches, that engage the entire workforce, to our unique environment in healthcare.

This is a didactic and hands-on introduction to LEAN management philosophy and manufacturing-based work rules and tools designed to prepare physicians, administrators, and technical support staff for the realities and potential successes of practicing in a LEAN environment. These sessions are not only oriented to laboratory medicine but also adapted to the processes encountered in clinical services as well.

This may serve you as an eye-opener to the world of LEAN but also consider that many departments and medical institutions across the USA have opted to train with us as teams of individuals who are then sufficiently educated and empowered to implement LEAN management on return home. We look forward to sharing our experiences with you.

**Find the full course description, agenda and registration at:
<http://www.henryford.com/body.cfm?id=47242>**