



President's Message

Stephanie K Mabry



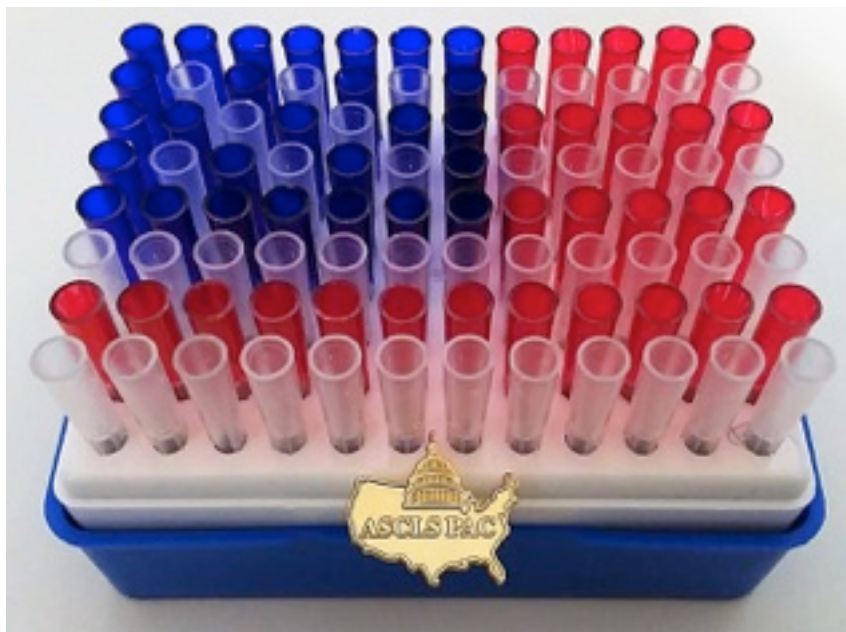
Advocacy: It's Easier Than You Think!

With the annual Legislative Symposium just around the corner March 16-17, 2020, you have likely been hearing much about advocacy lately. You may even have seen the new catchphrase "Labvocate" as an emerging term for the advocacy our profession does to advance our legislative agenda. Here, I would like to share with you a few ways you can become a "Labvocate" for our profession, legislatively and in other ways.

Each year, shortly after the Legislative Symposium, short articles called "Leave-Behinds" are posted on the ASCLS Advocacy Center website. These leave-behinds are designed to be left behind in the

legislator's office after the Capitol Hill visits, and as such are a quick, efficient way to learn about the critical issues facing our profession. The easiest way to be a Labvocate is to read these leave behinds also, so you are up to date on the issues. A step farther could be to visit the ASCLS Action Center after the Legislative Symposium and send a customizable prewritten letter to your legislators about one or more issues. A few clicks, and you've become a bona fide Labvocate!

Another way you can Labvocate is to donate to the ASCLS/PAC. The ASCLS Political Action Committee solicits donations from ASCLS members and contributes to campaigns, health policy events, and elected officials in a purposeful way to attract the attention of lawmakers to our political concerns. You can donate online at the ASCLS website through your Member Portal, or you can plan to donate at the upcoming ASCLS-Michigan Annual Conference. All donors at the Conference will receive a ribbon for their badge recognizing them as a donor, and donors of \$20 or more will receive a PAC Pin to show off on a name badge, lanyard or other flair-displaying mechanism!



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Finally, the upcoming [Lab Week Run](#) is a great way to step out of our labs and into our communities. This Virtual 5K is a walk/run that anyone can do at home on a treadmill, in your neighborhood, or as part of an organized group! Stay tuned, ASCLS-Michigan is putting together plans to organize groups throughout Michigan to do this as a networking experience with other laboratorians and to share the face of the lab in our communities!

I hope this has shown you that advocacy, while important, doesn't have to be daunting or intimidating. I can't wait to see how our laboratory professionals in Michigan Labvocate this Spring! Michigan is often well-represented at the Legislative Symposium, and if you would like to attend as well and add to the visible voice of the laboratory community, visit: <https://www.ascls.org/advocacy-issues/legislative-symposium>



**American
Society for
Clinical
Laboratory
Science
Michigan**

ASCLS-Michigan *Newslinks*

A bi-monthly publication of the American Society for Clinical Laboratory Science - Michigan. Deadlines for articles are the 20th 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.

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Clinical Laboratory Science

A focus on what is happening in our profession

Featuring articles from Scientific Assembly Chairs.

Materials from all members are also welcomed. Submit to editor. See page 2 for details.

Pediatric Phlebotomy and Child Life – A Natural Pairing

Jennifer Slater, B.S., PBT (ASCP)

Administrative Manager – Onsite Phlebotomy Services

Michigan Medicine

Although patient and family centered care is not a new concept, over the last ten years it has become an integral part of our pediatric phlebotomy services at Michigan Medicine. As you may know, blood draws can be stressors for pediatric patients, those who accompany them and involved staff. It has not always been a quick journey, and often there are systemic hurdles to overcome, but I look forward to sharing how we have enhanced the patient experience for our littlest Victors.

One of the first major initiatives involving phlebotomy was the “Poke Plan,” which has been in place since 2008. This program allows for streamlined communication from patients and their families to alert hospital staff to their preferences

associated with needle sticks. Initially the program focused on inpatient stays, with signage posted on the door where patients and their family members could denote which comfort measures were important, their level of fear associated with the procedure, and who they may want included in the procedure.

The Poke Plan slowly made its way to our ambulatory locations with the Poke Plan Passport, a portable version of the form that could be presented at clinic visits. At our onsite Blood Draw station, we were offered on call services of a Certified Child Life Specialist (CCLS). Child Life Specialists are healthcare professionals who complete formal education on childhood development and focus on

Today's date: ____/____/____ (mm/dd/yyyy)

Comfort measures for (child's name): _____

How would you describe **your/your child's** experience (s) with previous needlesticks?

☐ no problems ☐ cries ☐ worries ☐ very fearful ☐ no previous experience

Comments: _____

Information:

Does the patient have a central line or port? ☐ yes ☐ no Can we draw labs from it? ☐ yes ☐ no

Would the patient like (check all that apply):

☐ step-by-step instructions ☐ to be awakened for poke ☐ curtain pulled/privacy

People: Who would the patient like to be involved in the needlestick?

☐ parent ☐ staff ☐ Child Life staff member (when available)

Position: Does the patient prefer to: ☐ lie flat ☐ sit up ☐ be held

Watching: Does the patient prefer to: ☐ watch ☐ not watch


Distraction: Would the patient like (check all that apply):

☐ count out loud “1, 2, 3,” then poke ☐ bubbles ☐ book ☐ TV

☐ other distraction ideas (specify): _____

Comfort Measures: Does the patient use any of these comfort measures? (check all that apply)

<i>For infants:</i>	<i>Children of all ages:</i>
<input type="checkbox"/> swaddle	<input type="checkbox"/> imagery (e.g. my favorite place)
<input type="checkbox"/> caress	<input type="checkbox"/> deep breathing
<input type="checkbox"/> pacifier	<input type="checkbox"/> my own comfort item (stuffed animal, book, music)
<input type="checkbox"/> sucrose	



providing developmentally appropriate education to patients and their families as a means to reduce anxiety related to the often stressful and invasive procedures encountered during medical care. For blood draw procedures, this takes form in distraction techniques and education on comfort holds. As patient knowledge of these programs grew, so did demand and Child Life Specialists were not as readily available to assist.

We were then approached in June of 2018 by our Child and Family Life Department to participate in a pilot program. It would consist of basing a full time Certified Child Life Specialist in the participating department (in this case, Pediatric Blood Draw) for a duration of six months. Additionally, they would help to gather data on our before and after state, talking with patients and staff along the way. We were eager to join!

A dedicated CCLS joined our team in September of 2018, bringing with her several years of experience in Children's Emergency, another department quite familiar with needle sticks! We met to review strategies for integration into daily care and the plan to gather information throughout the pilot. Quantifying the quality of care a patient receives can be challenging. We focused on the volume of patients who requested and received care from a Child Life Specialist and surveys to both patients and staff along the way.

Our pediatric phlebotomy training program already integrated information on comfort measures for needle sticks, but through the pilot, our staff, patients and family members found additional support from the Child Life Specialist. Distractions such as bubbles and pinwheels help the child focus on breathing during the procedure. Comfort holds

such as the Chest to Chest Bear Hug depicted below allow for parent/family interaction.

The outcome of the pilot was overwhelmingly positive. Staff reported on the convenience for patients when a Child Life Specialist was based in our unit, allowing for expedited care and 95% of our staff stated they felt better prepared to support pediatric patients after working with a Child Life Specialist. Although some may attempt to argue these interventions are time consuming, we find that care is expedited when patients are less fearful and comfortable with the procedure being performed.

When asked if the utilization of a Child Life Specialist enhanced their experience, 90% of patients and their families responded positively. We have experienced parents calling to confirm when a Child Life Specialist will be available because they feel it has made the difference in their child's care, and some travel an additional distance knowing the service is available at our onsite location.

These are just a few examples of the positive impact this collaboration has afforded our teams and patients. In fact, the overwhelming benefits have led us to request a full time position dedicated to Child Life in our pediatric blood draw station, which sees approximately 175 patients daily. This position will bring increased educational opportunities focused on needle sticks and blood draw to both patients and staff, and will provide dedicated support to our patient population. We know that medical care, hospitalization and procedures can be triggers for fear and anxiety. By integrating this service into our clinic, we aim to minimize these fears and equip patients and their family members with coping strategies that can extend beyond the walls of care at Michigan Medicine. We are all excited about this next step in patient and family centered care!

Chest to Chest Bear Hug works well for:

- ♥ IV
- ♥ Blood Draw
- ♥ Injections



Molecular Diagnostics and the Fight Against Coronavirus Disease 2019

Kaitlyn G. Martin, Scientific Assembly, Molecular

A Novel Coronavirus

On December 21, 2019, multiple patients were admitted to a hospital in Wuhan, China for respiratory symptoms where they were diagnosed with pneumonia of unknown cause. Unbeknownst to the Chinese medical professionals and public health officials, a new type of coronavirus was about to become rampant in China and rapidly spread on a worldwide scale. According to medical records reviewed by *The Lancet*, the first person eventually diagnosed with the Wuhan Coronavirus (COVID-19) had symptoms that began on December 8, 2019. There were 41 laboratory-confirmed hospitalized patients by January 2, 2020. On January 30, 2020, the first confirmed person-to-person transmission was reported in the United States. Due to the spread of the virus beyond the Chinese border, the International Health Regulations Emergency Committee of the World Health Organization declared a “public health emergency of international concern” on the day of the confirmation in the United States.

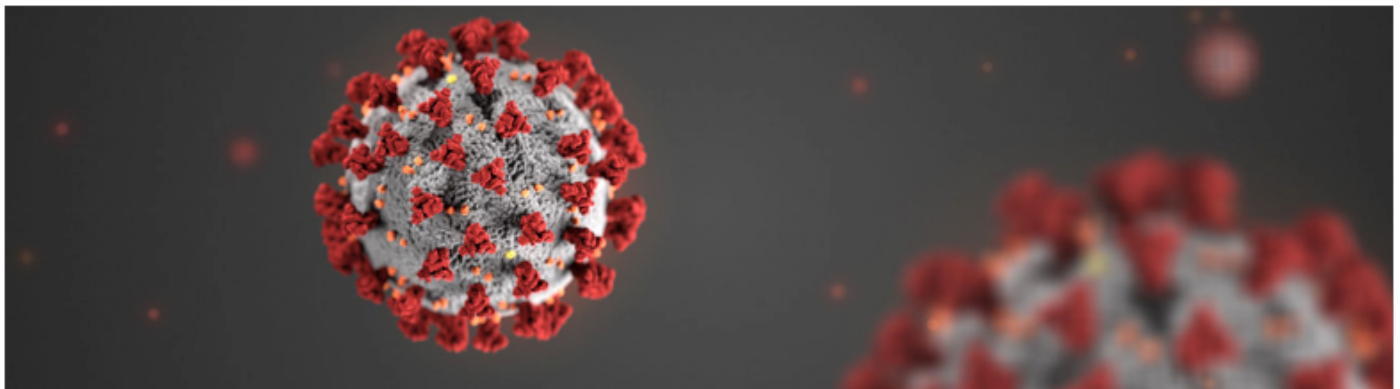
The origin of the virus is believed to have been spread from animal-to-person at a large seafood and live animal market in Wuhan. However, only two of the seven earliest patients diagnosed with COVID-19 between December 8 and December 18 had been linked to the market, indicating the virus was spreading from person-to-person. At the time of

writing this article, the WHO has reported over 75,000 confirmed cases of COVID-19 worldwide with over 2,000 reported deaths.

According to the risk assessment provided by the CDC, the potential public health threat posed by COVID-19 is high. However, risk is dependent on exposure, and those in close contact with infected patients are at the highest risk, while the general American public (who are unlikely to be exposed at this time) are considered low risk. As more cases develop, including here in the United States, it is expected that person-to-person spread will continue despite government attempts to minimize introductions of the virus into the country via travel restrictions. These restrictions include suspended entry and, in some cases, quarantine for those who have traveled to the infected areas of China. While travel restrictions will not eliminate the virus, as it is already here (15 confirmed cases in the United States at the time of writing this article), in conjunction with early detection and diagnosis, the spread and impact of this virus can be drastically reduced as seen in the past with outbreaks of Ebola, Zika, Middle East Respiratory Syndrome (MERS-CoV) and Severe Acute Respiratory Syndrome (SARS-CoV).

Molecular Diagnostics Fights Back

Molecular diagnostics is at the forefront of rapid



<https://www.cdc.gov/coronavirus/2019-ncov/images/home-banner.jpg>

detection of the virus, beginning with the Chinese scientists who identified the RNA sequence of COVID-19 by method of whole genome sequencing shortly after the outbreak was recognized in December. Based on this sequence, the first detection kit was then developed by researchers from the German Center for Infection Research (DZIF) in Berlin using reverse-transcriptase polymerase chain reaction (RT-PCR).

The process of RT-PCR involves the use of reverse transcriptases (RTs) to synthesize complementary DNA (cDNA) from messenger RNA transcripts, and then uses PCR to amplify regions of interest. In diagnosing and detecting COVID-19 in clinical samples, viral RNA is extracted from the specimen where it is then reverse transcribed by RTs to cDNA and PCR amplifies the target sequence. The levels of amplified cDNA are measured by fluorescence in real time. This is currently the only method for detection, although other methods including those based on DNA microarrays are currently in development. The CDC has also developed real time RT-PCR assays that can diagnose COVID-19 in respiratory samples from clinical specimens and has posted the protocol for this test online along with other resources for laboratory professionals working with potential or suspected COVID-19 specimens (<https://www.cdc.gov/coronavirus/2019-nCoV/lab/index.html>).

Early detection and diagnosis are essential to reduce the prevalence of COVID-19 and prevent the disease from further spread. Despite the virus already having crossed into our borders, the resources provided to our molecular laboratorians will allow them to continue to fight the battle against COVID-19. Molecular diagnostics is at the heart of this battle and continues to develop the best preventions for pandemic tragedies.

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Patient Safety Awareness Week is Celebrated Every March

Billie Ketelsen



In a blink of an eye, March is here again and that gives all health professionals the chance to celebrate **Patient Safety Awareness Week (PSAW)**. **March 8-14, 2020** has been deemed PSAW. As medical laboratory professionals we should take this opportunity to show our commitment to patient safety on a more global level. PSAW is a great opportunity for everyone in healthcare to stop, reorganize our efforts to support our patients, and above all do no harm, a motto used often in healthcare but not always believed by everyone on the healthcare team, medical laboratory professionals included.

Patient safety is a vital part of our jobs as medical laboratory professionals. In the lab, you may not ever see a patient in person but each time you touch their lab sample, you are a part of their care. Have you ever stopped and asked yourself what you are doing to promote patient safety? PSAW was established to do just that!

PSAW is supported by the Institute of Healthcare Improvement (IHI) and the World Health Organization (WHO). While it does not seem to be widely honored across institutions and it might be too late to celebrate in 2020, there are resources to help. IHI has an entire webpage dedicated to PSAW that includes a virtual learning hour and twitter chat to learn more about Patient Safety and how you can impact this important part of your career. There is also a poster for PSAW you can share with your administration. Check out the IHI webpage <http://www.ihl.org/Engage/Initiatives/Patient-Safety-Awareness-Week/Pages/default.aspx> to find out more or join the Patient Safety and Healthcare Quality community on the ASCLS connect site and support patient safety all year around!

Patient Safety Awareness Week



ASCLS-MICHIGAN 2020 ANNUAL CONFERENCE

APRIL 15-17, 2020



Radisson Plaza Hotel

100 West Michigan Avenue, Kalamazoo, MI 49007



Attendee Guide

ASCLS-MICHIGAN 2020 ANNUAL CONFERENCE



A few highlights:

OPENING KEYNOTE

The Power of Empathy

Tonya M. Jones

Dynamic Training Manager, Sentara Healthcare

Opening Keynote Sponsored by
American Proficiency Institute



LIFETIME ACHIEVEMENT RECEPTION

What You Do DOES Matter!

Cindy Johnson

President, American Society for Clinical Laboratory Science



GENERAL SESSION

Conflict Is Inevitable: Frameworks for Survival

Nicholas Brehl

Program Director, IU School of Medicine Clinical Laboratory Science Program



LUNCH-AND-LEARN

Adding Value to the Clinic-Pathology Partnership

Brian Castle

Point Of Care Coordinator, Henry Ford Health System



GENERAL SESSION

Looking at Lab QC with 2020 Vision

Sten Westgard

Director of Client Services and Technology, Westgard QC



CLOSING KEYNOTE

Creating a Culture of People First

Nick Rambow

Pre-Analytics and Patient Care Manager, Spectrum Health

Lori Bruins

Lead Improvement Specialist, Spectrum Health



Images Not Yet Available

[Click here for more information on special events, sessions, lodging and more!](#)

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