

Spring Issue

March 2010



ASCLS-IL Insights

SPRING EDITION

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MEET YOUR CURRENT OFFICERS

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Near-miss event strategy of questions can promote patient safety

By: Eleanor Wolfram, MS

As the National Patient Safety Awareness Week (NPSW) of March 7-13, swiftly comes to a close and we begin to prepare for the April 18-24 National Medical Laboratory Week (NMLW), I can't help but take a brief pause and think of the various historical cause-and-effect events that has improved delivery of patient care services. You would think that after working in the regulatory compliance field for so many years, I would desensitized to the fact that the *bulk* of the requirements institutions must adhere to are often derived from tragic events. When these unintentional adverse events are relentlessly evaluated with open minds and willing hearts, a wealth of beneficial "how-to-knowledge" for health care providers and their patients is uncovered.

One of the earliest recorded tragic healthcare events that I know of was in 1934. According to the facts, the Sulfanilamide doses administered for the treatment of streptococcal infections actually contained Diethylene glycol (poisonous antifreeze). As a result of ingesting the flawed medication close to 110 patients died, most of which were children. The tragedy led to the inception of what we now know as the Federal Drug Administration (FDA). Numerous questions were asked and answered which led to the development of FDA's regulations for the 1934 tragic event and the adverse medical events through the years that have followed. Recently,

within the last decade, other reveals of tragic developments have thrust the regulatory requirements into hyper-speed. One such development was the 1999 Institute of Medicine (IOM) report "To Err Is Human", which reported between 44,000 to 98,000 patients die yearly from preventable medical errors. IOM's original report and their 2001 follow-up report (*Crossing the Quality Chasm*) led to several well-meaning and organized activities, including the Joint Commission on Accreditation's National Patient Safety Goals (JCAHO's NPSG); the Institute for Healthcare Improvement's 100,000 Lives Campaign; and the Consumers Advancing Patient Safety (CAPS) to name just a few.

Due to the growing consumer and media pressures surrounding the Institute of Medicine's (IOM) reports and others, in 2005 President Bush signed into public law (P.L. 109-41), the "Patient Safety and Quality Improvement Act". In celebrating the upcoming National Medical Laboratory Week (NMLW), please take time to reflect on the fact that medical laboratories were trail blazers for promoting patient safety quality reviews many decades earlier through the Clinical Laboratory Improvement Acts (CLIA) in 1967 and 1988. And the improvement efforts continue, as just recently Congressman Elijah E. Cummings re-introduced the CLIA Act in 2005 for upgrades to ensure that laboratories performing medical testing comply with federal standards and that

the bill also included whistleblower protections for personnel who alert the appropriate authorities about medical laboratory safety violations. As a result of healthcare providers working in collaboration with public officials in pursuing improved care, we have consistently developed 1934 regulations up to the current regulations. But more often than not many of the regulatory developments are reactive in nature.

Addressing events and putting corrective regulations in place "after" the adverse event is a good thing. But as an auditor, my thrill comes from seeing planned proactive activities reducing and/or eliminating the need for the after-the-fact corrections. Proactive prevention versus reactive intervention can come from well-planned near-miss event analysis.

Join me in the next issue of **Insights (Summer 2010)**, when near-miss models and resolution approaches are examined in part 2 of this 3 part series.

Eleanor Wolfram
(ewolf@qutips.com) is a certified QA/QC auditor.



Near-miss events are unplanned events that do not result in injuries, illnesses or damages---but had the "potential" to do so.



MASTERS OF SCIENCE GRADUATE PROGRAM IN IMMUNOLOGY AND INFECTIOUS DISEASE — LOYOLA UNIVERSITY

Dear Colleague:

I would like to bring to your attention a newly established Masters of Science Graduate Program in the Immunology and Infectious Disease at Loyola University of Chicago. The attached flyer describes the new program. I would appreciate if you would display our flyer at your institution, pass it on to your colleagues and encourage any student or co-worker interested in pursuing a graduate degree in Immunology and Infectious Disease to apply. Students in the program will gain a strong foundation in the basic sciences and exposure to medicine through participation in a combination of basic science and medical school courses. Importantly, in the course of their thesis research students will develop a translational project at the interface of basic science and clinic practice. This dual training is a distinctive feature of our program that makes it appealing to students seeking a basic or clinical science research career, as well as students already in the work force who wish to advance in or establish biomedical careers. We anticipate that our program will appeal particularly to students interested in health-related fields including medicine, nursing, clinical laboratory science, biotechnology, translational research, biotechnology, forensic medicine and pharmaceutical research and product development, as well as other careers with a science emphasis, such as science writing and health care policy.

Students who enter the program can expect to:

- Receive broad training in the biomedical sciences and focused training in Infectious Disease and Immunology
- Gain technical expertise in molecular and/or cellular biology, based on a strong foundation in biochemistry, immunology and microbiology
- Experience outstanding mentoring with both a basic science and a clinician scientist
- Develop outstanding communication and presentation skills
- Participate in weekly journal clubs, departmental lab meetings, and seminar series

We are very excited and enthusiastic about this new degree program. Prospective students are encouraged to visit our website for more information and for an application.

<http://www.stitch.luc.edu/depts/indii/Masters.htm>

If you have any questions please do not hesitate to contact me at 708-216-5682 or email at pschrecken@lumc.edu.

Sincerely,

Paul Schreckenberger, Ph.D., D(ABMM)
Professor, Loyola University Stritch School of Medicine
Director, Clinical Microbiology laboratory, Loyola University Medical Center

What is an Action Agenda? by: Sherry Miner

Is It Time for ASCLS-IL to Use an Action Agenda?

At the January 2010 ASCLS-IL board of directors meeting there was a full agenda of business to cover, as usual. There were the routine reports from the president and treasurer, minutes of the previous meeting, and then all the committee reports. Everything on the agenda was important. Some items would help determine future action. Some items would be informational for new members. Some items reported on the results of actions already taken. There was so much to cover that there is no time for much discussion or brainstorming. The officers, committee chairs and members have taken time from their routine daily activities to attend the meeting. Are we using our meeting time in the most effective manner?

The national ASCLS Board of Directors uses an Action Agenda format for their meetings. All board reports, committee reports have a pre-meeting deadline so that they can be read prior to the meeting. Specifically agreed upon items on the agenda are always taken care of, such as approval of previous meeting minutes, the president's report, and treasurer's report. For the committee and task force reports, only those reports that contain a **Concern** or a **Request for Action** are discussed. This means everyone has the opportunity and responsibility to read the reports and actual meeting time is reserved for those items which require discussion and decision making. This holds everyone more accountable for being prepared for the meeting.

Should we take up this format for our state board meetings? This will be a request for action item on the agenda for the April 12 board meeting. When there is a request for action, a motion is made by a voting member of the board. The motion describes the proposed action. Another voting member of the board seconds the motion before it is discussed. The motion can be passed, defeated, withdrawn or tabled. Tabling a motion means that action is postponed for another time.

Let's compare the current agenda format with an action agenda format.

ASCLS-ILLINOIS
BOARD OF DIRECTOR'S MEETING
POSSIBLE ACTION AGENDA TEMPLATE



	Call to order 10:00 am.	Speaker
	Welcome and Introductions	Always on the agenda
	Appointment of Parliamentarian	Always on the agenda
	Adoption of Agenda	Always on the agenda
	Announcements	Always on the agenda
	Secretary's Report, Approval of Previous Minutes	Always on the agenda
	Executive Secretary's Report	Always on the agenda
	Treasurer's Report	Always on the agenda
	President's Report	Always on the agenda
	Planning and Scope	
	Branch Presidents' Reports	
	A. Central Branch	Always on the agenda
	B. Chicago Branch	Always on the agenda
	C. Northwest Branch	Always on the agenda
	D. Springfield-Southern Branch	Always on the agenda
	Requests for Action	
	A. Branch Request	
	B. First Committee Request	
	C. Second Committee Request	
	Concerns	
	A. Branch 1 Concern	
	B. Committee Concern	
	C. A Second Committee Concern	
	Old Business	
	New Business	
	Adjournment	

The action agenda works well at the national level. Would it work at the state level?

What are the pros and cons? Please join the discussion at the upcoming board meeting.

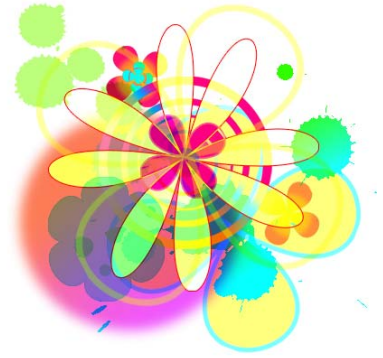


ASCLS-ILLINOIS
BOARD OF DIRECTOR'S MEETING

Name of Place, Room , date

CURRENT AGENDA TEMPLATE

Call to order 10:00 am.	Speaker
Welcome and Introductions	
Appointment of Parliamentarian	
Adoption of Agenda	
Announcements	
Secretary's Report, Approval of Previous Minutes	
Executive Secretary's Report	
Treasurer's Report	
President's Report	
Planning and Scope	
Branch Presidents' Reports	
A. Central Branch	
B. Chicago Branch	
C. Northwest Branch	
D. Springfield-Southern Branch	
Annual Meeting Reports	
A. year and branch	
B.	
C.	
Committee Reports	
A. Annual Meeting Oversight	
B. Audit	
C. Awards	
D. Career Recruitment	
E. Constitution & Bylaws	
F. Finance	
G. Fundraising	
H. Government Affairs/PAC	
I. State Legislative / Key Contact	
J. Leadership Development	
K. Membership Development	
L. Nominations & Elections	
M. PACE	
N. Promotion of the Profession Committee	
O. Publications	
P. Scholarship	
Q. Scientific Assembly	
R. Student Bowl	
S. Student Forum	
T. First Year Professional	
Old Business	
New Business	
Adjournment	



DATES TO REMEMBER

- * **ASCLS-IL Annual Meeting:** April 12-14, 2010 — Oakbrook, IL — Registration still open!
Register online at www.ascls-il.org

- * **Hey students!**
 - * Deadline for ASCLS Alpha Mu Tau and ASCLS E & R Fund Scholarships is **today!** More information at <http://www.ascls.org/leadership/awards/amt.asp>
 - * **May 1st** — Education Scientific Assembly Student Paper Award Deadline. More information at: <http://www.ascls.org/leadership/awards/studentpaper.asp>
 - * Deadline for Forum for Concerns of Minorities Scholarship is **today!** More information at: <http://www.ascls.org/leadership/awards/fcm.asp>

Get involved in the election of your officers! Coming in early May!

