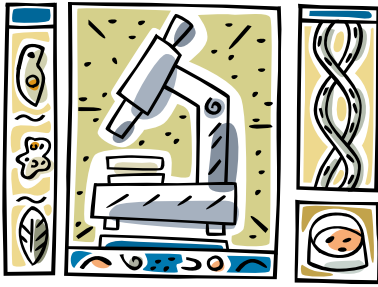


October 2004



Texas Association for Clinical Laboratory Science

TACLS News

A Message from the President

Christie Thompson, Ed.D., TACLS President



Last week, the Exhibits Chair for the TACLS Annual Meeting in Corpus Christi asked me to provide information about TACLS to a biomedical company representative. My response directed the representative to our website and the ASCLS website, but I also added the statement – “TACLS is the primary continuing education organization for laboratory professionals in the State of Texas.”

I want to highlight some of the continuing education (CE) opportunities TACLS and the local districts will provide this year. All TACLS Board meetings are preceded by a presentation. On October 9, before the Fall Board meeting in Houston, we enjoyed a presentation by Kimberly Murray on “TEG: Thromboelastograph”. We will also have a presentation before the Winter Board meeting in San Antonio on February 5. TACLS members are planning a Traveling Seminar to laboratory professionals in Nacogdoches during the last weekend in February. Other presentations have been given by local districts this Fall or will be

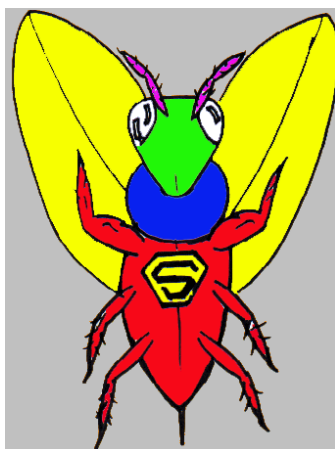
presented during the next few months. The annual meeting in Corpus Christi from March 30 – April 2 will have over 20 presentations, as well as, exhibits from instrument and reagent suppliers and health care organizations. Our newsletter often has case studies, review courses, and new product information and is mailed to members each month and is posted on our Web site.

TACLS provides many services for laboratory professionals including monitoring and advocating new legislation, raising funds for the Children’s Miracle Network, providing leadership opportunities for laboratory professionals, providing scholarships for students and providing support for National Medical Laboratory Week. However, when I think about all of the things TACLS does, the one activity that comes to mind first is the provision of continuing education for all laboratory professionals. Continuing education for laboratory professionals has always been important, but the rapidly changing laboratory and health care climate, and the increased emphasis on continuing education by certification and accrediting agencies, has health care institutions and individuals requesting more CE activities. TACLS commitment to quality continuing education was the reason I joined many years ago and it is the main reason I stay involved today. If you want a program in your area or you are interested in giving a presentation at any of the programs mentioned, please email me at cthomp@falcon.tamucc.edu for additional information. Join us in this important professional activity.

Heighten Your Awareness of Community Acquired or Hospital Acquired Resistant Organisms

Ellen P. Sanderson, B.S., CLS(NCA)
Senior Infection Control Professional
UTMB-Galveston

A few years back I spoke at the TACLS convention about “superbugs” of the future. The future has arrived with the quick emergence of community acquired MRSA (methicillin resistant *Staphylococcus aureus*) and VRE (vancomycin resistant *Enterococcus*). Just a couple of years back if you got an infection, your doctor would treat you with an antibiotic. Now the doctor has to think twice, maybe this organism is resistant to that antibiotic.



I work at a university hospital, and every day I review the clinical microbiology laboratory reports along with my co-workers. Our department of Healthcare Epidemiology has established a system for flagging clinic or hospital patients with positive reports of MRSA (methicillin resistant *Staphylococcus aureus*), VRE (vancomycin resistant *Enterococcus*) or MTB (*Mycobacterium tuberculosis*). When the flag appears on a patient entering the hospital, he or she is placed into an isolation precaution. If they return to the clinic, the flag appears and the healthcare worker uses appropriate isolation precautions. Besides the Clinical Microbiology lab report, every week my coworkers and I do surveillance cultures of the intensive care patients. A nasal culture is performed for colonization of MRSA and a rectal culture for colonization of VRE in the GI tract. Upon finding methicillin resistant *Staphylococcus aureus* (MRSA) or vancomycin resistant

Enterococcus (VRE), the patient is flagged and placed into an appropriate isolation precaution.

The State of Texas has realized the importance of resistant organisms in the community. The state also wants hospitals to report their infection rates of these resistant organisms. Even though we have an active program at our hospital, a culture upon admission would have to be done on every patient coming into the hospital to determine his or her status for resistant organisms. The state has to think of the cost of this massive

undertaking of culturing every patient. These organisms can be community-acquired as well as hospital-acquired. MRSA is emerging as skin and soft tissue abscesses, which can cause infections, then the person can become colonized with the disease. The common factors of acquiring MRSA include direct person to person contact or skin to skin contact. Also sharing contaminated objects such as towels, bar soap and uniforms.

This is why we have seen this increase of the superbug in our athletic programs, our detention halls, jails and nursing homes.

Hospital acquired MRSA was first seen in 1960. The common risk factors for MRSA are obesity, diabetes, renal failure, multiple clinic or hospital visits, previous antibiotic usage, chronic urinary catheter use, and prolonged use of indwelling catheters. MRSA transmission is by transient hand carriage by personnel from infected or colonized patients, as well as certain environments of patients at high risk such as intensive care units, burn units, dialysis units, transplant, and surgical units.

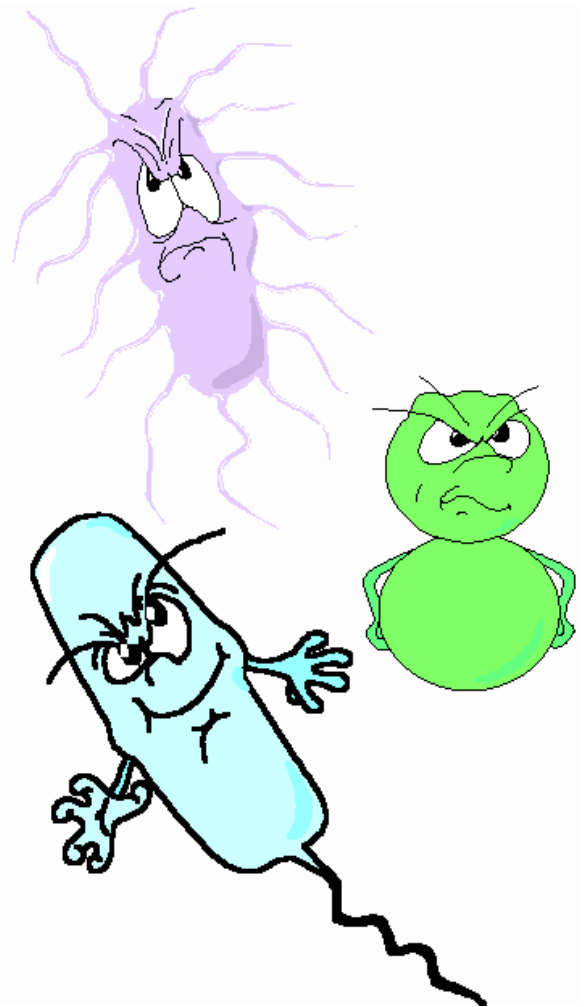
How do you prevent and control resistant organisms?

1. Monitor patients with clinical cultures for appropriate management of infections
2. Surveillance cultures of high risk patients
3. Start an aggressive program to culture all patients upon admission into the hospital
4. Use Contact or Standard precautions upon admission until the patients status is known
5. Antisepsis-enhance hand and personal hygiene
6. Use antimicrobial soap or special antibacterial handwashing gels after every contact with a patient or environment
7. Standard housekeeping-maintaining a clean environment
8. Education for the community and healthcare workers should be ongoing.
9. Increase awareness, detection and diagnosis of resistant organisms.
10. Target surgical and antimicrobial therapy for infections.
11. Do not ask your doctor for antibiotics for viral infections or common colds

The real superbugs are the emergence of vancomycin resistance with methicillin resistant organisms. It has happened in a few cases, so let's get MRSA and VRE under control now. Stop the next superbug from erupting in our community.

Editor's Note:

For more information on this topic, go to the TACLS Website <http://www.tacls.org/education.htm> and click on the link to the recent Texas Department of State Health Services Conference on MRSA.



TACLS 2005 CALL FOR PAPERS/POSTERS

Laboratory Professionals & CLS/CLT Faculty

Laboratory professional poster and paper submissions are invited for presentation at the TACLS 2005 Convention scheduled for March 30-April 2, 2005, in Corpus Christi, Texas.

Submissions are invited for original research, method evaluation, case presentation, or technology demonstration. Submit one copy of the abstract (limit 1 page) and a cover sheet that includes:

The title of the presentation. _____

Whether you desire to be considered for: circle your choice(s)

Oral presentation AND/OR Poster

Name of first/presenting author: _____

Highest degree of author: _____

Institution: _____

Mailing Address: _____

e-mail address: _____

Phone number: _____

Submission Deadline: December 31, 2004

Notice of acceptance will be e-mailed to author by Jan. 31, 2005

Send or e-mail abstract and cover letter to:

Sandra Cabrera, TACLS 2005 Conference Committee Chair

Texas A&M University-Corpus Christi

6300 Ocean Drive

Corpus Christi, Texas 78412

cabreras@falcon.tamucc.edu

Note: This form can be found on the TACLS website, www.tacls.org

TACLS 2005 CALL FOR STUDENT POSTERS

Student poster submissions are invited for presentation at the TACLS 2005 Conference scheduled for March 30-April 2, 2005, in Corpus Christi, Texas.

Submissions are invited for topics of your choice. Submit one copy of the abstract (limit 1 page, 12 font) and a cover sheet that includes:

The title of the poster.

Name of first/presenting author: _____

Author list: _____

Mailing Address: _____

e-mail address: _____

Name, phone number and e-mail address of Program

Director: _____

Submission Deadline: February 1, 2005

Notice of acceptance will be e-mailed to author by March 1, 2005

Send or e-mail abstract and cover letter to:

Sandra Cabrera, TACLS 2005 Conference Committee Chair

Texas A&M University-Corpus Christi

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Corpus Christi, Texas 78412

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Education Corner

Texas State University Offers Graduate Degree in Health Services Research

Charles Johnson, Ph.D., Texas State University—San Marcos

The Texas State Health Services Research program builds upon the clinical expertise and understanding of the laboratory professional to prepare them in biostatistics, epidemiology, health informatics, and quality improvement. These courses are designed for health professionals, and focus on the application of advanced statistical, computer, and industrial engineering concepts useful in the measurement and improvement of health. Many different career paths are possible depending upon the selection of courses. Students can prepare for careers in public health working as epidemiologists; clinical outcomes researchers; market researchers and strategic planners; or process or quality improvement specialists for health care. While working on a Master of Science degree, students typically use their courses to complete requirements for one of three graduate certificates in either biostatistics, epidemiology, or health informatics. Clinical Laboratory professionals have completed this program in the past and gone on to careers as biostatisticians in medical research, or careers in pharmaceutical research. Newer opportunities available through this program include courses in six-sigma process improvement for health care, and ISO 9000 quality standards for health care.

For additional information, contact:

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Texas State University—San Marcos
601 University Drive
San Marcos, Texas 78666
cj01@txstate.edu

Courses Taught in the Department of Health Services Research

Management Science

5311 Seminar (Process Improvement and

Statistical Quality Control for Health Care)

5311 Seminar (JCAHO Accreditation and ISO 9000 Quality Standards)

5311 Seminar (Grant Proposal Writing)

Epidemiology

5311 Seminar (Infectious Epidemiology)

5311 Seminar (Information Technology)

5311 Seminar (Privacy and Confidentiality)

5311 Seminar (Group Practice Computerization and Data Management)

Biostatistics

5330 Biostatistics for Health Professionals

5331 Experimental Design and Biomedical Research

5333 Regression Analysis and Biostatistics

5337 Clinical Trials

5339 Advanced Multivariate Health Data Analysis

Operations Research / Management Science

5341 Operations Research in Health Administration

5343 Decision Support Systems for Health Care

5345 Simulation Modeling in Health Care

Epidemiology

5351 Principles of Epidemiology

5353 Advanced Epidemiology Methods

5355 Environmental and Occupational Epidemiology

5357 Clinical Epidemiology and Outcomes Research

Computer Software and Information Technology

5362 Bioinformatics

5363 Medical Informatics

5369 Health Information Systems

Market Research

5383 Healthcare Marketing Research

Capstone Experiences

5399A Thesis

5399B Thesis

5490 Internship in Health Research and Evaluation

5495 Directed Study in Health Services Research

Mentoring – No More Talk, Just Do It

Debbie Faubion, MA, CLS (NCA)
Region VII Director



Hello, I am your new Region VII Director. For those who do not know me, I live in Galveston, Texas. I am a Technical Consultant for a Diagnostic Company and travel throughout Texas and Louisiana. In my 12 years in Industry I have had the opportunity to cover most of the States in Region VII (Texas, Louisiana, Arkansas, Oklahoma, and New Mexico) and have met many wonderful colleagues and it is an honor to represent them now.

As I begin my tenure as Region Director I only hope that I will continue the great tradition of professionalism of past Directors. Two such examples come to mind, Cheryl Caskey and Shirlyn McKenzie. Both of these individuals have been mentors for me in numerous ways in my career and in ASCLS. Mentoring is such an important part of this organization. It has been stated, written and talked about numerous times. But as we look at our membership numbers and those who are actively involved we need to step up to the plate. Now, even more we need to promote ourselves, our organization and mentor new active members.

Let's do more than talk about it, let's put mentoring into ACTION. I ask each member, whom have you mentored? I hope that list is a long one and even if it is, please continue those efforts. I would like to challenge every member to get active and invite a colleague to a local meeting. Or if you would rather work as a team to mentor a group or individual. Each team member could focus on a different aspect of ASCLS. This team approach worked well recently for me. I have a colleague in my company who is a Clinical Laboratory Scientist and works as a Process Consultant. One of her customers happens to be a large hospital in Nashville, Tennessee. These customers are two very active members of ASCLS also. She and I would discuss my active ASCLS roles each year in our booth at the National meetings. This year in Los Angeles a great opportunity arose. These customers who are ASCLS Members were at our Customer Appreciation Event and we all talked to her about joining ASCLS. She promised to do so and she followed through at the Region III Fall meeting. That "TnT" team approach worked. So no more just talking about mentoring, let's just do it.

Lastly, many of you are "ER" fans. Some of you may have caught the October 7th episode in which they used negative references about the laboratory. Many of us responded to the negative image of the laboratory with emails to NBC. We can only hope it will make a difference. Media does play an important part in the perception and images of health care professionals. "CSI: Crime Scene Investigation" has generated a new interest in forensic laboratory testing. My next hope would be that a TV show like "ER" would not only make small references to the laboratory, but would actually develop a character that was a CLS. Imagine if the public saw us as a caring and professional part of the health care system. WOW, what a team approach that would be.

TACLS News

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