Creating a Leaner Rapid Response Laboratory
By Lonnie Stallcup, Manager of Process Improvement

Recent construction projects at St. Joseph's Hospital Health Center (SJHHC) required Laboratory Alliance to surrender some of the space in its Rapid Response Lab (RRL). The hospital needed to widen the hallway adjacent to the laboratory to accommodate the transportation of patients. However, Laboratory Alliance was able to acquire additional space for the RRL toward the laboratory's northern border. The expansion and reconstruction afforded the perfect opportunity for Laboratory Alliance to renovate the RRL into a more productive design.

A Lean Team began planning the laboratory redesign last November. The team included SJHCC employees Mary Ellen Milczarski, a medical technologist, Cassandra Renfer, a laboratory office assistant, David Stewart, a Lean consultant from OpEx, and me. We sought input from managers, technical supervisors and other laboratory employees at the site.

Working with a construction team while running a laboratory that operates 24/7 was extremely challenging. It had to be carefully staged. Laboratory Alliance held daily meetings with contractors and hospital personnel to assure the successful transition of the lab. Although noise and other distractions in the lab increased during renovation, laboratory personnel continued to provide the very best patient care. They are the true heroes of this project.

The layout of the existing lab did not lend itself to efficiency. Fixed casework took up valuable space and prevented laboratorians from being able to effectively help one another. Instrumentation and materials required to complete a task were not in convenient places, causing staff to walk back and forth excessively.

Once the barriers were removed, instrumentation was placed in strategic locations to allow for a linear and orderly flow of specimens throughout the laboratory. The additional space on the lab's north side was used to build new offices for St. Joseph's Pathology, P.C. and to expand the lab. We were also able to divide the technical lab into two areas: an automated work-cell, where 80 percent of the laboratory tests are processed, and a manual work-cell for tests that are more labor intensive.

In anticipation of an increased workload in the Transfusion Service Department, an east-west dividing wall was removed to allow that department to expand toward the lab's eastern side.

The project has been challenging but it is not complete. Improved and standardized work practices will be implemented soon. Job responsibilities will be redefined to allow for the most efficient use of personnel.

One of the principles of Lean Management is that an effective Lean program is not a project-of-the-month. It continually looks for ways to improve. Although we achieved a fabulous laboratory redesign, Laboratory Alliance is committed to continuous process improvement – a core principle of Lean Management.

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www.laboratoryalliance.com
Laboratory Alliance opened a new patient service center at 5000 Brittonfield Parkway in East Syracuse on Jan. 9. The center is open from 8 a.m. to 4:30 p.m. Monday through Friday. It is closed for lunch from 12:15 to 1 p.m. The Brittonfield Medical Center is in the newly renovated building that was originally home to O’Brien and Gere. Brittonfield Parkway connects to both Collamer and Fly Roads and is adjacent to Route 481 and the New York State Thruway exit 34A. Laboratory Alliance is in Suite A108, on the first floor to the left. Free parking is located next to the building, which is handicap accessible. Special upgrades to the office space include a comfortable patient welcome area, private patient rooms and efficient and spacious laboratory and administrative work spaces. When a healthcare provider orders lab work, patients may choose the laboratory they want to perform the service. Appointments are not necessary and most medical insurance plans are accepted. Experienced professional phlebotomists and medical technicians are always on hand and the company’s couriers transport lab specimens to the main laboratory located on Electronics Parkway in Liverpool, N.Y. In addition to the East Syracuse center, Laboratory Alliance operates 10 other patient services centers in Central New York, including locations in Baldwinsville, Camillus, Cicero, Fayetteville, Liverpool, Pulaski and four locations in Syracuse, one at each of the three hospitals.

When you need lab tests, we’re in your neighborhood.

Visit our newest location in East Syracuse! 5000 Brittonfield Parkway.

We’re now open just off Collamer and Fly Roads and conveniently adjacent to Rt. 481 and the NY State Thruway exit 34A. We’re on the first floor to the left in Suite A108. Experienced professional staff • No appointments necessary Many locations open on Saturdays • Most medical insurance plans accepted

We’re also in Baldwinsville, Camillus, Cicero, Fayetteville, Liverpool, Pulaski and 4 locations in Syracuse

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Cronobacter Meningitis and Powdered Infant Formula

By Paul A. Granato, Ph.D., Director of Microbiology

On December 30, the CDC reported that those tests were negative for the presence of C. sakazakii. In addition, the FDA tested factory-sealed containers of powdered infant formula and nursery water as the same lot numbers as the open containers collected from Missouri and no Cronobacter contamination was detected.

However, the CDC did find Cronobacter in an opened container of infant formula, an opened bottle of nursery water, and other powdered infant formula used in the Missouri case. How this contamination occurred is not known but it may have been from an environmental source introduced by parents or care givers.

The CDC also tested the C. sakazakii isolate from the Missouri infant by using molecular genotyping analysis and found it to be genetically different from the isolate recovered from the Missouri case. The isolates from the Oklahoma and Florida cases were not available for genotyping. Based upon the epidemiologic studies and genetic analysis of the two isolates, the FDA and CDC concluded that that this cluster of infections occurred in December 2011 in otherwise healthy infants. The infections occurred in Missouri, Illinois, Oklahoma and Florida. The infant cases that resulted in fatalities occurred in Florida and Missouri. All infants consumed a powdered infant formula (Enfamil Newborn formula) which resulted in the formula being pulled from over 3,000 retailers’ shelves until the batch could be tested for contamination by the CDC.

Respiratory syncytial virus (RSV) and influenza viruses are major causes of human respiratory infections particularly during the late fall through early spring months. RSV infection, which presents primarily as a bronchiolitis and/or viral pneumonia, is the leading cause of lower respiratory infection in infants and young children. Peak incidence of severe RSV disease is observed at age 2 to 8 months. Overall, 4 to 5 million children younger than 4 years of age acquire an RSV infection, and more than 125, 000 children are hospitalized annually in the United States, caused by this infection. It translates to 3 to 7 per 1,000 children younger than 1 year who are hospitalized annually for this condition.

Virtually all children have had at least one RSV infection by their third birthday. Adults may also get symptomatic RSV infection but the disease is not severe due to the presence of protective humoral immunity from past childhood infections. However, as one ages, this immunity wanes and the elderly, particularly those in nursing homes and extended-care facilities, are at increased risk for more serious pulmonary infection. Influenza, otherwise known as the “flu,” is an acute, contagious respiratory illness caused by influenza A, B, and C viruses. Of these, only influenza A and B are thought to cause significant disease in humans, with infections due to influenza B usually being milder than infections caused by influenza A. Influenza A viruses are further categorized into subtypes based on 2 major surface protein antigens: hemagglutinin (H) and neuraminidase (N). Common symptoms of influenza infection include fever, chills, sore throat, muscle aches, headache, weakness/fatigue, and a nonproductive cough. Certain patients, including infants, the elderly, the immunocompromised, and those with impaired pulmonary function are at risk for serious complications. In the United States, influenza results in approximately 36,000 deaths and more than 200,000 hospitalizations each year. The Centers for Disease Control estimates that up to 20 percent of the population in the United States is infected with at least one strain of influenza each year. In 2009 to 2010, a novel influenza virus (called 2009 H1N1, or “Swine” flu) appeared in Mexico and quickly spread worldwide, causing the first global pandemic in more than 40 years. The influenza A H1N1 virus continues to cause disease in humans but in a much lower prevalence than the 2009 outbreak.

Laboratory Alliance has established a testing algorithm for detecting those respiratory viruses most likely to cause disease based upon specific age groups.

Since influenza can cause respiratory infection in all patient age groups, all nasopharyngeal specimens collected from patients regardless of age will be routinely tested for the presence of seasonal influenza A, influenza A H1N1, and influenza B. Since RSV can cause serious disease in both the pediatric and older patient age groups, nasopharyngeal specimens collected from infants and children (<16 years old), and the elderly (>65 years old) will be tested for the presence of RSV as well as the influenza viruses.

Healthcare providers are reminded that Laboratory Alliance continues to offer a more comprehensive culture-based test for 7 respiratory viruses (RSV, influenza A and B, parainfluenza 1, 2, 3 and adenovirus), if the clinical situation warrants. This test may be requested by ordering “Respiratory Virus Culture” with final results usually available within 48 to 72 hours of specimen receipt.

Pertussis Update

By Paul A. Granato, Ph.D., Director of Microbiology

The Oneida County Health Department (OCHD) issued a “Pertussis Update” on Jan. 5, 2012, notifying healthcare providers that small outbreaks of pertussis have been identified in several middle schools in Oneida County since November of 2011.

The OCHD recommended that timely diagnosis of pertussis in symptomatic patients could be most reliably achieved by using the Bordetella PCR test. Furthermore, the OCHD asked for the cooperation of area physicians to curtail the spread of the disease in the community by excluding patients with diagnosed or suspected infections from school or work until treatment was complete.

Healthcare providers are reminded that a large outbreak of pertussis occurred in more than five states from April to September of 2010. In California alone, over 9,500 infections were confirmed resulting in at least 11 infant deaths.

The pertussis outbreak was also documented in Central New York. From May 1 to July 31, 2010, Laboratory Alliance’s Microbiology Department detected 17 percent of patient specimens (104 of 606) as positive for Bordetella by using nasopharyngeal PCR assays. Physicians and other healthcare providers who wish to order the Laboratory Alliance Bordetella PCR assay on their patients should collect a nasopharyngeal swab specimen using the orange color-topped specimen collector containing the black-colored charcoal transport medium.

If necessary, please consult the Laboratory Alliance website at www.laboratoryalliance.com or call Customer Service at (315) 461-3008 for specific instructions on proper specimen collection.
Universal Cholesterol Screening Recommended for Children

A panel of healthcare experts recently recommended that all children have a cholesterol screening blood test between the ages of 9 and 11 years. The guidelines, sponsored by the National Heart, Lung and Blood Institute (NHLBI) and endorsed by the American Academy of Pediatrics, strongly recommend a one-time universal blood cholesterol screening to identify children early on who are at risk of heart disease as adults and to encourage them to change their diet and get more exercise.

Identification of children with dyslipidemias (high blood cholesterol levels) must include a comprehensive assessment of serum lipids and lipoproteins, wrote the expert panel in the December issue of Pediatrics. One in 500 kids has an inherited disorder that causes high levels of LDL (“bad”) cholesterol that may require medication to control. However, since the problem doesn’t create observable symptoms, as many as half of these kids don’t know they have the condition. To help identify these children, the NHLBI panel made this recommendation.

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Research has shown that 10 to 13 percent of children have elevated cholesterol levels. Treatment for the vast majority should focus on lifestyle interventions, says Stephen Daniels, chairman of the Department of Pediatrics at the University of Colorado School of Medicine, who led the NHLBI panel. A much smaller number of those children, the ones with a genetic predisposition to high cholesterol, may need to take a statin, he says.

Universal Cholesterol Screening Recommended for Children

Christine ‘Chrissy’ Traphagen Named CHAMP

Laboratory Alliance has several programs in place that encourage employee training and advancement within the company and our most recent Champ is taking advantage of this opportunity. Chrissy Traphagen recently transferred into our Histotechnician Training Program at our Operations Center. She was previously a senior laboratory office assistant in the Central Receiving Department at our Operations Center. Chrissy was recently licensed by the New York State Department of Education as a clinical laboratory technician.

Chrissy, a Liverpool native, joined Laboratory Alliance in September 2000. Chrissy’s coworkers wrote many nice things about this most recent CHAMP, including “Chrissy always has the time to stop and help others,” “She always has a positive attitude and is full of energy,” “She is always consistent and professional” and “Chrissy is a pleasure to work with.”

Chrissy enjoys exercising and shopping and is a wonderful hair stylist in her spare time.

New Employees

Please welcome our new employees

At our Operations Center
Brittaney Barrella – Laboratory Office Assistant
Kristie Brummer – Laboratory Office Assistant
Jessi Burgess – Phlebotomist
Jolene Jordan – Laboratory Office Assistant
Van Le – Technical Processing Assistant
Nadia Mbsaci – Technical Processing Assistant
Margan McVeen – Laboratory Office Assistant
Richard Rock – Courier
Andrew Scheinere – Courier
Theresa Swinnen – Courier
Kenneth Sokolowski – Courier
Gary Sparks – Phlebotomist
Carrie Wayman – Phlebotomist

At our Rapid Response Laboratory at Upstate University Hospital at Community General
Jodi Dix – Medical Technologist

At our Rapid Response Laboratory at Crouse Hospital
Paul Woods – Medical Technologist

At our Rapid Response Laboratory at St. Joseph’s Hospital
Christine Augurante – Laboratory Office Assistant
Ashley Barzee – Medical Technologist
Nichole Danzey – Laboratory Office Assistant
Patricia Holt – Laboratory Office Assistant
Courtney Pomichter – Medical Technologist

Pediatricians Endorse HIV Screening for All Teens Who Live in High Risk Areas

In an effort to help stop the spread of HIV among teens, the American Academy of Pediatrics now recommends routine screening for adolescents who live in certain high risk communities.

In areas where more than 1 in every 1,000 people is infected with the virus or the HIV prevalence is unknown, pediatricians should offer testing at least once to all teens between the ages of 16 to 18 regardless of sexual history.

Read the full article to learn more, available online at http://labtestsonline.org/news/hiv-screening-for-teens112222/
National Medical Laboratory Professionals Week (NMLPW) is an annual celebration of the medical laboratory professionals and pathologists who play a vital role in every aspect of health care.

Lab Week is our opportunity to let our clients and business associates know about our dedication and commitment to our profession and to quality patient care.

Since laboratory professionals often work behind the scenes, few people know that the critical testing they perform every day to save lives, reduces morbidity, and helps control the cost of care.

Today, with advances in analytical science and automation – and as cost pressures reduce patient stays in the hospital – our work in the laboratory is more important than ever.

Lab Week is a time to honor the more than 300,000 medical laboratory professionals throughout the country who perform and interpret more than 10 billion laboratory tests in the United States every year.

With a critical nationwide shortage of medical laboratory professionals, a degree in Clinical Laboratory Science is a smart career move since job opportunities are plentiful.

Numbers that speak volumes

- Nearly 10 million tests performed annually.
- Over 5 million tests performed STAT last year.
- Over 1 million miles driven annually by our couriers.
- Over 200,000 annual patient phlebotomies.
- Over 435 dedicated employees.
- Over 55 interfaces built to clients’ electronic health records.
- 11 Patient Service Centers.
- 4 laboratory locations.

One outstanding team committed to you.

Providing Central New York with excellence in laboratory medicine.
Learn more at www.laboratoryalliance.com or call (315) 461-3008.

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Comments, suggestions or inquiries should be directed to Anne Marie Mullin, Vice President of Business Development and Marketing, (315) 461-3036, or by email to annemariemullin@lacny.com

CALCENDAR OF EVENTS

Friday, Feb. 3
American Heart Association’s “Go Red for Women” Day
Laboratory Alliance participated in this event

Saturday, March 31
Ignite 2012 Catholic Men’s Conference, SRC Arena at OCC
Laboratory Alliance is an exhibitor

Tuesday, April 3
Upstate New York BioCareer Connection, Ithaca, N.Y.
Laboratory Alliance is a presenter and an exhibitor

Sunday, April 22-
Saturday, April 28
National Medical Laboratory Professionals Week
The theme is “Laboratory Professionals Get Results”