The Importance of Attitude
By Anne Marie Mullin, Chief Executive Officer

“The longer I live, the more I realize the impact of attitude on life. Attitude, to me, is more important than facts. It is more important than the past, than education, than money, than circumstances, than failure, than successes, than what other people think or say or do. It is more important than appearance, giftedness or skill. It will make or break a company... a church... a home.

The remarkable thing is we have a choice every day regarding the attitude we will embrace for that day. We cannot change our past... we cannot change the fact that people will act in a certain way. We cannot change the inevitable. The only thing we can do is play on the one string we have, and that is our attitude. I am convinced that life is 10% what happens to me and 90% how I react to it. And so it is with you... we are in charge of our Attitudes.”
— Charles R. Swindoll, American writer

A positive attitude is the result of a disciplined and deliberate way of seeing, thinking and responding ... it's mental toughness. A positive attitude does not imply that one is naïve or sugar-coats problems. A positive person sees a problem, looks for opportunities within the problem and focuses on solutions. People with positive attitudes understand the power of their words – that what they speak reflects what is already in their heart. They understand the concept of “WOW” – watching our words. We create a direct path to success and happiness by what we say. As I stated in my article in the Winter 2016 issue of this newsletter, a person with a positive attitude lives life with an attitude of gratitude.

I conclude by sharing with you one more quote. It’s by Scott Hamilton, retired American figure skater, Olympic gold medalist and two-time cancer survivor. When facing his first diagnosis of cancer he said, “The only disability in life is a bad attitude.”

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• Test information and required forms
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• Photos of devices, laboratories and staff members
• Management and affiliated pathologists and other information you seek, quickly and with ease

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Sentinel Antibiotic Susceptibility Prevalence Studies for Groups A and B Streptococci
By Russell A. Rawling, MS, M(ASCP)SM, RM(NRMSM), Microbiology Manager

Sentinel antibiotic susceptibility prevalence studies for groups A and B streptococci are performed at least biannually by Laboratory Alliance's Microbiology Department to monitor the emergence of resistance to select antimicrobial agents, namely penicillin, erythromycin, and clindamycin. Group A and group B streptococcal isolates were recovered from patient specimens from various physician practices and/or area hospitals throughout Onondaga County so that the results would not be biased by geographic location or physician practice specialty. The following highlights the results of these studies.

Group A streptococcal study results
From April 27, 2016 to May 20, 2016, 50 isolates of group A streptococci (GAS) recovered from 25 adult and 25 pediatric pharyngeal specimens were randomly selected for testing against penicillin, erythromycin, and clindamycin. As expected, all 50 isolates (100%) were susceptible to penicillin but, notably, only 64% of the GAS were susceptible to erythromycin and 66% were susceptible to clindamycin. The resistance rates for pediatric and adult specimens were identical. In the past, this resistance has appeared to correlate with increased use of azithromycin. As there can be cross-resistance between macrolides and clindamycin, there may not have been overuse of clindamycin. Since the percent of isolates susceptible is lower than previous years, the prescription use of macrolides may have increased this year compared to previous years.

Chart 1 and Table 1 show the comparative results of the antibiotic sentinel studies.

<table>
<thead>
<tr>
<th>Year</th>
<th>Penicillin</th>
<th>Erythromycin</th>
<th>Clindamycin</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>100%</td>
<td>94%</td>
<td>98%</td>
</tr>
<tr>
<td>2009</td>
<td>100%</td>
<td>82%</td>
<td>84%</td>
</tr>
<tr>
<td>2011</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>2012</td>
<td>100%</td>
<td>68%</td>
<td>72%</td>
</tr>
<tr>
<td>2013</td>
<td>100%</td>
<td>65%</td>
<td>69%</td>
</tr>
<tr>
<td>2014</td>
<td>100%</td>
<td>84%</td>
<td>90%</td>
</tr>
<tr>
<td>2015</td>
<td>100%</td>
<td>82%</td>
<td>86%</td>
</tr>
<tr>
<td>2016</td>
<td>100%</td>
<td>64%</td>
<td>66%</td>
</tr>
</tbody>
</table>
The 2016 susceptibility patterns for erythromycin and clindamycin represented an increased resistance than was detected for these antibiotics over the last sentinel study periods. 2014 and 2015 showed improved susceptibilities for both macrolides and clindamycin as compared to 2012 and 2013.

The results of this limited sentinel study indicate that penicillin continues to be effective therapy for the treatment of GAS pharyngitis in the non-penicillin allergic patient and that erythromycin and clindamycin may be effective alternative therapeutic choices in the penicillin-allergic patient, but only when the results of susceptibility testing are available to verify the effectiveness of these drugs. This antibiotic susceptibility trend will be monitored and tracked by performing periodic sentinel studies.

**Group B streptococcal study results**

A similar antibiotic susceptibility prevalence study was performed on 50 randomly selected group B streptococci (GBS) recovered from vaginal specimens requested for Group B Strep from women of childbearing age over a similar time period.

*Chart 2 and Table 2 show the comparative results for the sentinel studies conducted for various years ranging from 2007 to 2016.*

<table>
<thead>
<tr>
<th>Year</th>
<th>Antibiotic Tested (% Susceptible)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Penicillin</td>
</tr>
<tr>
<td>2007</td>
<td>100%</td>
</tr>
<tr>
<td>2009</td>
<td>100%</td>
</tr>
<tr>
<td>2011</td>
<td>100%</td>
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<tr>
<td>2012</td>
<td>100%</td>
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<td>100%</td>
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<tr>
<td>2014</td>
<td>100%</td>
</tr>
<tr>
<td>2015</td>
<td>100%</td>
</tr>
<tr>
<td>2016</td>
<td>100%</td>
</tr>
</tbody>
</table>

As expected, all GBS isolates were susceptible to penicillin. However, an alarming and continued significant resistance to erythromycin and clindamycin was noted with only 32% and 42% of the GBS isolates testing susceptible to these respective antibiotics. Although erythromycin and clindamycin are the recommended antibiotics of choice for the treatment of GBS vaginal colonization or infection in the penicillin-allergic patient, this astounding increase in resistance to erythromycin and clindamycin may be due to the increased use of these antibiotics to treat GBS colonized or infected patients who are not penicillin allergic.

If treatment is indicated for GBS, penicillin remains the agent of choice for intrapartum antibiotic prophylaxis in the non-penicillin allergic patient. Ampicillin is an acceptable alternative but penicillin is preferred because it has a narrower spectrum of activity and is less likely to select for bacterial resistance. Importantly, physicians are reminded that confirmed GBS resistance to penicillin has not been reported to date and, as such, antimicrobial susceptibility testing against this agent is not performed.

For penicillin-allergic women at risk for anaphylaxis, cefazolin, clindamycin, and erythromycin are possible therapeutic options as recommended by the Centers for Disease Control. While there is no GBS reported resistance to cefazolin, the results of this sentinel study show that only 32% and 42% of the GBS isolates tested were susceptible to erythromycin and clindamycin. Since antimicrobial susceptibility testing is not routinely performed on GBS isolates, physicians may specifically request such testing when considering erythromycin or clindamycin as therapeutic options in the penicillin-allergic patient.

For more information, please contact me at 315-410-7060 or at russellrawling@lacny.com.
Introducing our Chemistry Department Staff

Laboratory Alliance’s Chemistry Department staff of 58 professionals work at our four laboratory sites and many are pictured here at their labs. They perform testing on serum, plasma, urine, CSF, body fluids, feces, dialysate, cardioplegic and various other fluids. The department operates 24 hours a day, seven days a week, and run tests in eight functional areas: General Chemistry, Therapeutic Drug Monitoring, Toxicology, Endocrine Function, Lead Testing, Diagnostic Immunology, Serology and Whole Blood Analysis/Blood Gas.

Some members of our chemistry staff at our RRL at Upstate University Hospital – Community Campus include Derek Graney, Tanya Voytovich, Lisa Gilbert, Marene Ballard and Chemistry Supervisor Tammy Short.

Part of our team of Chemistry Department staff who work at our Operations Center Chemistry Department are, from left, Chemistry Supervisor Lori Martin, Nancy Crossett, Lori Taylor, Irene Kiner, Michelle Botwinick, Megan Ormsby, Patricia Doherty, Morgan Butler, Chemistry Manager Cheryl Haskins and Mitalbahen Patel.

Also part of the team from our Operations Center Chemistry Department, front row from left, are Jennifer Walczyk, Kristalyn House, Jackson Lam, Breton Smith and Sarah Pluff. In the back row are Sister Maria Grace Quartiero, Mark Jordan, Heidi Ricci, Dawn Doviak, Nadia Goode, Michelle Kelley-Leonard, Diane Hall and Kelly Kranz.
Pictured left and below are some members of our RRL at St. Joseph’s Hospital. Left are Kelly Allport, Jeanette Reynolds, Kelly Bouchard, Lisa Dennis, RRL Manager and Chemistry Supervisor Wanda Salem, Beverly Carrigan and Ashley Barzee. Below, from left, are Teresa de Veyra, Mary Ellen Milczarski, Michele Connor, Sara D’Arcy, Kathleen Laubenstein, Morgan Thomas, Danielle Goodrich and Dylan Washburn.

Left, some of our chemistry staff at our RRL at Crouse Hospital are Jim Trembley, Kathy Campanaro, Nicole Rivanera and Chemistry Supervisor Pam Swierczek. Below are Evening Supervisor Katie Raimondo, Nikki Zingaro and Samantha Lovelace.
Nicole Rivanera Recognized by BBANYS

Nicole Rivanera, a medical laboratory technician at Laboratory Alliance of Central New York's Rapid Response Laboratory (RRL) at Crouse Hospital, received the 2016 Barb Gonnella Fostering Future Leaders Award recognizing her leadership and innovation in transfusion medicine.

The Blood Banks Association of New York State (BBANYS) presented the award to Rivanera at its annual meeting on June 9 in Albany, N.Y. This award recognizes a BBANYS member in good standing who demonstrates leadership and/or innovation in transfusion medicine and has been a blood bank/transfusion professional for less than 10 years.

Rivanera joined Laboratory Alliance in June 2008 as a medical laboratory technician following her graduation from Broome Community College. She was licensed in February 2009. She is a member of BBANYS.

The award is named for Medical Technologist Barb Gonnella, who died in February 2013. She was the transfusion service manager of Laboratory Alliance since its inception in 1998. Gonnella was an active member of BBANYS and wore many hats in the organization, serving on the board, the newsletter committee and several annual planning committees.

The BBANYS award announcement describe Rivanera as “…a model employee. True to her caring nature, she is a mentor to her coworkers and is always willing to assist others.”

Laboratory Alliance’s Cathy Husted, technical specialist of Transfusion Services at the RRL at Crouse Hospital, agrees. “Nicole is always looking for ways to improve laboratory processes. She puts the care of the patient first and foremost. Nicole is always courteous and professional and is a wonderful role model for all medical technologists. We are fortunate to have her.”

Scientific Publications

The following members of Laboratory Alliance’s Microbiology Department coauthored scientific publications:

- Paul A. Granato, Ph.D. coauthored “Multicenter Evaluation of Solana Group A Streptococcus Assay: Comparison with Culture.” It was published June 29 in the Journal of Clinical Microbiology.
- Sally Sayed Ahmed, M(ASCP), Russell A. Rawling, M.S., M(ASCP), MSM, and Paul A. Granato, Ph.D., were coauthors on “Trueperella bernardiae Abscess Infection: A Case Report.” It was published in the June 15 issue of Clinical Microbiology Newsletter.
- Paul A. Granato, Ph.D., and Brenda R. Alkins, MT(ASCP), M.S., along with others, coauthored “Preliminary Evaluation of the Research Use Only (RUO) iCubate iC-GPC Assay for the Identification of Select Gram-Positive Bacteria and Their Resistance Determinants in Blood Culture Broths.” It was published in the Oct. 14, 2015, issue of the Journal of Clinical Microbiology.

Oral Presentations

Dr. Paul Granato was an invited presenter at the following scientific meetings and venues:

- “Tests for the Laboratory Diagnosis of Pharyngitis: Good, Better, and Best,” presented at the South Central Association for Clinical Microbiology (SCACM), in April in Sandusky, Ohio.
- “Group A Streptococcal Pharyngitis: The Disease, Options for Diagnosis, and the Business Case Scenario,” presented to the local branch of the ASM in July in Springfield, Mo.

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Announcing

The following doctors now serve as medical directors for Laboratory Alliance of Central New York. They are employees of University Pathologists Laboratories, LLP.

Robert J. Corona Jr., DO, is the new medical director at our Rapid Response Laboratory (RRL) at Upstate University Hospital – Community Campus (UUH-CC). Dr. Corona is the chief of pathology of Upstate University Hospital’s main laboratory at 750 East Adams St.

Matthew Elkins MD/Ph.D., is one of three assistant medical directors at our RRL at UUH-CC. Dr. Elkins is medical director of the Blood Bank, Transfusion Medicine and the director of hemapheresis at Upstate University Hospital. Also, he will be the medical director of the soon-to-be-opened Upstate Cord Blood Bank on the UUH-CC.

Scott Riddell, Ph.D., was named assistant medical director at our RRL at UUH-CC. He is medical director of both microbiology and virology at the hospital.

Deanna L. Kiska, Ph.D., is assistant medical director at our RRL at UUH-CC. She is assistant director of both microbiology and virology at the hospital.

In The News

Hematology Manager Anne Chamberlain, pictured center with Siemens Marketing Director of Hemostasis and Hematology Jackie Hauser and Senior Vice President of Laboratory Diagnostics North America Jack Kenny, accepts the award on behalf of Laboratory Alliance for being the first Siemens Sysmex CS-5100 installed in the United States. It was presented at the American Association for Clinical Chemistry’s (AACC) annual scientific meeting July 31-Aug. 4 in Philadelphia, Pa. More than 20,000 healthcare leaders attended the meeting, which featured pioneering advances in medical testing that will help patients get accurate diagnoses and more effective treatment.

While at the AACC, Anne spoke on stage about Laboratory Alliance’s experience with the CS coagulation analyzers. The video, produced by Siemens, can be viewed on Laboratory Alliance’s LinkedIn page. Her photo was also shared on Siemens’ Twitter feed.

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Syracuse, N.Y.

Groton Family Practice
Groton, N.Y.

New York Heart Center
Syracuse, N.Y.

Syracuse Eye Physicians
Syracuse, N.Y.

California of Events

Friday, Sept. 9
Blood Banks Association of New York State (BBANYS) Annual Fall Half-day Seminar at Laboratory Alliance’s Corporate Offices.

Saturday, Sept. 10
Laboratory Alliance Company Clambake, The Spinning Wheel Restaurant.

Friday, Sept. 16
September Song to benefit Hospice of CNY, Traditions at the Links.

Friday, Sept. 23
2016 Tribute Evening to benefit Crouse Hospital Foundation, The Oncenter.

Wednesday, Oct. 12
“There’s No Place Like Home” event to benefit Francis House, Horticulture Building, New York State Fairgrounds.

Technology Corner

In June, as a result of recommendations by the American Gastroenterology Association (AGA) and the American College of Gastroenterology (ACG), we discontinued Helicobacter pylori serology testing. The recommended replacement test is Helicobacter pylori Stool Antigen Test (test code: HPSAG).

Effective Aug. 15, 2016, our Microbiology Department will be replacing routine throat cultures for group A Streptococci and our group A Streptococci non-amplified test with a new molecular test for the improved diagnosis of group A Strep pharyngitis (new test code: GASM)

Comments, suggestions or inquiries should be directed to
Joan Rusin, Senior Executive Assistant,
315-461-3038, or by email to joanrusin@lacny.com