



The Price of Nice

As an avid reader, I pick up many business books. One that received a fair amount of attention is *The Power of Nice* by Linda Kaplan Thayer and Robin Korval. The subtitle is *How to Conquer the Business World with Kindness*.

In this book, the authors, who are owners of the Kaplan Thayer Group, an advertising agency in New York City, explain why clawing your way to the top doesn't work. Rather, they say, the road to success is paved with being nice. Being tough and/or ruthless isn't as effective as it may seem and can be counterproductive.

The authors outline six Power of Nice Principles:

1. Positive impressions are like seeds. In other words, being nice prompts a variety of untraceable positive effects.

2. You never know. You never know when being nice to a stranger will pay off – such as holding the door for someone as you're both entering, only to discover that the person is your potential client.

3. People change. Be nice to everyone, regardless of social station or power. The feet you trample today may be the ones you have to kiss tomorrow.

4. Nice must be automatic. That is, you never get a second chance to make a good first impression.

5. Negative impressions are like germs. This is the flip side of Principle #1. Nastiness begets nastiness.

6. You will know. Whether you're nice or nasty, you face yourself in the mirror every morning and evening. What do you want to see when you look into your own eyes?

The Nice Principles are intimately tied to my column about "attitude" in the Summer 2016 issue of this newsletter. Being nice flows from the attitude that we adopt each day. A positive attitude gives you permission...

- To see the good things, not the bad.
- To see how to make bad things good.

- To treat others the way you want to be treated.
- To see the opportunity and the resolve when an obstacle faces you.
- To encourage others when they need support.
- To see things from the "what is right" side, not the "what is wrong" side.
- To never let the negative things affect you for more than five minutes.
- To (almost) never have a "bad day."
- To be internally happy.
- To have something nice or humorous to say.
- To have an attitude of gratitude.

None of these principles are rocket science. Whether tackling a problem at work or at home, the "power of nice" can break through barriers that keep you from achieving your goals.

I'll always be grateful to my dad, Jack Mullin, for impressing upon me the importance of being nice. My six siblings and I grew up hearing him say...

It doesn't cost anything to be nice.

Anne Marie Mullin
CEO



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Point of Care Laboratory Services: An Important Innovation in Healthcare

By Susan Salerno MT (ASCP) SBB
Manager, Special Projects, Rapid Response Laboratory at St. Joseph's Health

Clinical laboratory data is a key component of evidence-based healthcare, with an estimated 70 percent of physician decisions relying on laboratory test results for diagnosis and treatment. Laboratory Alliance is part of a national movement to deliver laboratory data in a manner that facilitates rapid diagnosis and treatment by performing testing outside of the laboratory. Advances in technology allow the replacement of manual testing methods with an assortment of rapid throughput analyzers located in centralized or specialized referral laboratories.

As healthcare reform responds to advances in medicine and increased demand for services, hospitals are promptly evolving from diagnostic centers to treatment centers for the acutely ill. The challenge for laboratories is to maintain quality test results, while achieving shorter turnaround times, lowering costs through faster discharges and countering personnel shortages. The solution: **Point of Care Testing (POCT)**, testing performed outside of a centralized laboratory closer to the patient. Laboratory Alliance now oversees testing done on smaller devices designed for use in a wide range of clinical settings outside of the laboratory. POCT is appropriate in settings where there is evidence of better outcomes with faster availability of test results than the central laboratory can provide.

POCT Performed at Our Rapid Response Laboratories

Laboratory Alliance oversees Point of Care services at each of its three Rapid Response Laboratories; St. Joseph's Health, Crouse Hospital and Upstate University Hospital – Community Campus. The POCT augments testing performed in the central laboratory. POCT is performed at the patients' bedsides and surgical suites as well as at primary care settings. Our centralized laboratory service continues to perform complex testing as a wide variety of newly

developed tests are added to our test menu. The central laboratory will also continue to provide definitive results for POC tests with analytical limitations.

POCT Meets Stringent Standards

No matter where it is performed, all laboratory testing must meet stringent quality standards. The Centers for Medicare & Medicaid Services and Food and Drug Administration closely monitor POCT to ensure accurate test results are obtained in less controlled settings. Regulatory oversight has been established in two categories: Waived and Non-Waived testing. Testing is assigned to either category based on a seven-criteria ranking system for Risk of Harm. Complexity of a test method encompasses the technical difficulty and the knowledge, skills and experience necessary to perform the testing. Waived testing is the simplest with the least stringent requirements. Waived POCT is performed by thousands of clinical staff employed at the three hospitals, including physicians, nurses, perfusionists, respiratory therapists and medical assistants.

Laboratory Alliance's Rapid Response Laboratories employ licensed clinical laboratory scientists who provide technical oversight to its POCT program. Each location's POCT program is customized to meet its patient population and clinical needs. Tests included in our combined POCT menu are: whole blood glucose, rapid Strep A, rapid Flu A&B, urine dipsticks, international normalized ratio (INR), urine and serum pregnancy testing, troponin, lactate, basic

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Members of the St. Joseph's Health Rapid Response Laboratory who perform POCT testing include, from left, Manager **Susan Salerno**, Laboratory Scientist/Point of Care Coordinator **Lori Post** (seated), Technical Assistant **Jillian Stach** and Medical Technologist **Carrie Long**.

Medical Technologist **Maureen Conklin** is performing a quality control test on a Nova glucose meter to ensure the meter and test strips are performing as expected. Maureen is at our Upstate University Hospital — Community Campus Rapid Response Laboratory.



Syracuse City School District P-TECH Program

Employees Participate as Career Coaches in Second Mentoring Event

By Mark Jordan, Ed.D., R & D Specialist / Student Coordinator

Continuing Laboratory Alliance's commitment to the Pathways to Technology Early College High School (P-TECH) program, 14 of our 28 employees who serve as career coaches traveled to Henninger High School on April 12 to participate in this year's second mentoring event.

Building on the first mentoring event held March 1 at Laboratory Alliance's Corporate Offices, 35 students enrolled in the Clinical Laboratory Technology (CLT) and Health Information Technology (HIT) programs presented what they were working on to our career coaches. The presentations summarized what the students learned while visiting Laboratory Alliance in March.

The career coaches reviewed the presentations for content accuracy, formatting, appropriate use of references, and team participation and offered constructive feedback for improvements.

The students delivered their final presentations before their peers, teachers, school district administrators and Laboratory Alliance's career coaches at May's mentoring event, which was hosted by Onondaga Community College. Our career coaches participated in evaluating and grading the presentations.

Laboratory Alliance's career coaches represent nearly every department within the organization and include medical technicians and technologists, cytotechnologists, laboratory office assistants, technical supervisors, technical directors, information systems specialists and managers, our human resources manager and our vice president of human resources.

They include: **Michael Adetu, Brenda Alkins, Laura Buehler, Michelle Botwinick, Robin Corlis, Sara d'Arcy, Sarah Elsafty,**

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Point of Care Laboratory Services, *continued*

Continued from page 2

metabolic panel, activated clotting time (ACT), blood gases and electrolytes, occult gastric and fecal blood, provider-performed microscopy (PPM), potassium hydroxide preparation or KOH prep, fern test and amnio pH.

Adaptable Staff Manages Growing Program

Point of Care testing requires resilient staff adept at multi-tasking and managing rapidly changing priorities with patience and a smile. Each year, approximately 600,000 Waived and Non-waived POC patient tests are performed on site on manually read test strips and on 340 POC instruments using instrument read test strips, test cards, cassettes and cartridges. Our staff is responsible for regulatory compliance, instrument selection and validation, policies and procedures, education and training of clinical staff performing

testing, quality management, connectivity and information management, program administration, inventory control of equipment and testing materials.

POCT has also migrated into our communities in the form of self-testing and closer access to routine care such as at neighborhood pharmacies and in primary care centers. The St. Joseph's Health program oversees testing at four primary care centers and two surgery centers in addition to inpatient settings. Crouse Hospital offers testing at local health fairs and at the annual New York State Fair.

The experience gained by Laboratory Alliance's POC program contributes to further development of this laboratory specialty. Programs like ours will have a future in rural communities, developing countries, disasters, emerging epidemics, cruise ships and manned space stations.

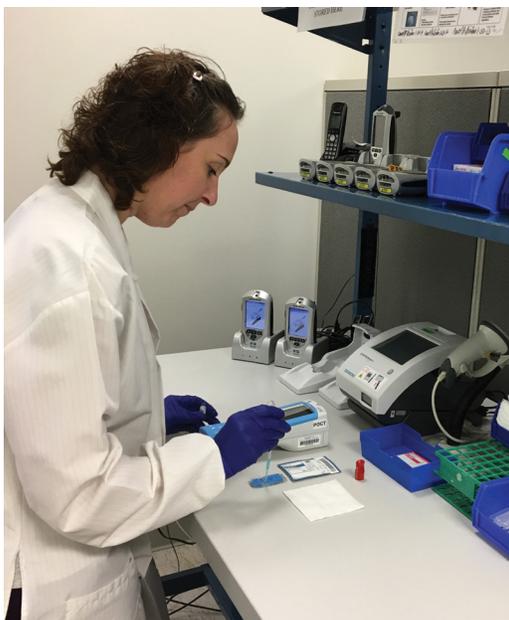


Photo left, Technical Supervisor of Chemistry **Sara Stankivitz** performs customized programming on an i-STAT analyzer for testing to be accomplished on a specific clinical unit. Sara is at our Upstate University Hospital —Community Campus Rapid Response Laboratory.

Photo right, Technical Supervisor of Chemistry **Pam Swierczek**, left, and Medical Technologist **Nikki Zingaro** prepare for point of care testing at the Crouse Hospital Rapid Response Laboratory.



Sentinel Antibiotic Susceptibility Prevalence Studies For Groups A and B Streptococci

By Russell A. Rawling, MS, M(ASCP)SM, RM(NRM)SM, Microbiology Manager

Sentinel antibiotic susceptibility prevalence studies for groups A and B streptococci are performed at least biannually by the Laboratory Alliance 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 14, 2017 to May 4, 2017, 50 isolates of group A streptococci (GAS) recovered from adult and 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 96% of the GAS were susceptible to erythromycin and 100% were susceptible to clindamycin. 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 higher than 2016, the prescription use of macrolides may have decreased this year compared to the past year.

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

Chart 1

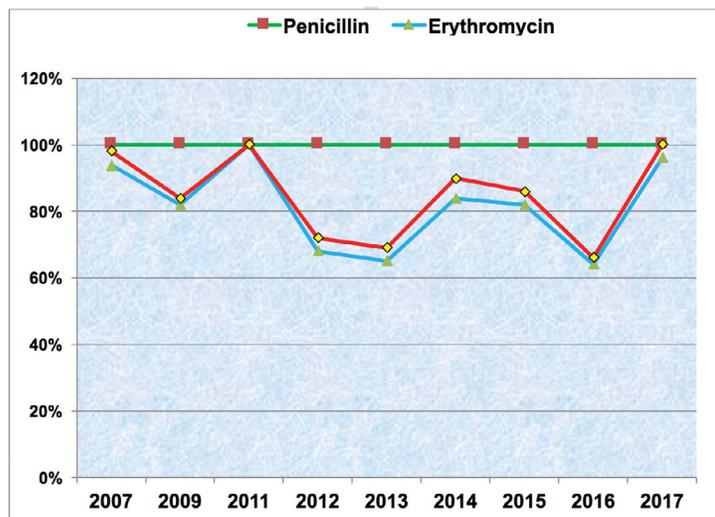


Table 1

Year	Antibiotic Tested (% Susceptible)		
	Penicillin	Erythromycin	Clindamycin
2007	100%	94%	98%
2009	100%	82%	84%
2011	100%	100%	100%
2012	100%	68%	72%
2013	100%	65%	69%
2014	100%	84%	90%
2015	100%	82%	86%
2016	100%	64%	66%
2017	100%	96%	100%

The 2017 susceptibility patterns for erythromycin and clindamycin represented a decreased resistance than was detected for these antibiotics over the last sentinel study period of 2016, which had shown decreasing susceptibility to both macrolides and clindamycin as compared to 2014 and 2015.

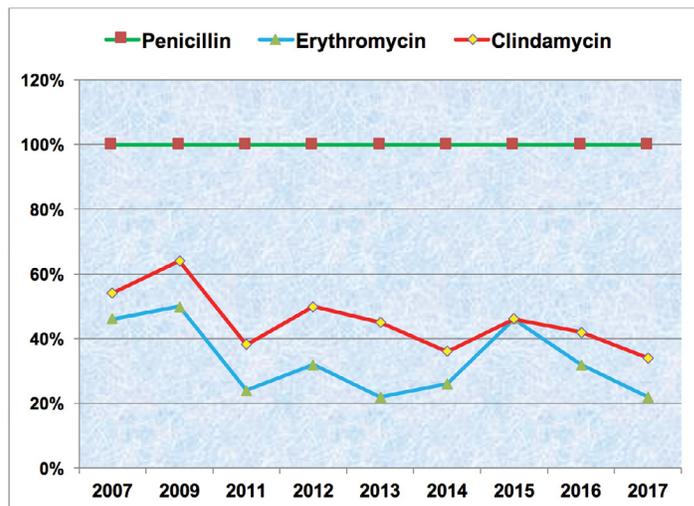
The results of this limited sentinel study indicate that penicillin continues to be effective therapy for the treatment of GAS pharyngitis in the non-penicillin allergic patient and that erythromycin and clindamycin may be effective alternative therapeutic choices in the penicillin-allergic patient, 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 2017.

Chart 2

Continued on page 5





Laboratory Alliance Enhances Toxicology Test Menu With Addition of New Faster Ethylene Glycol Method

By Roy Huchzermeier, PhD FACB, Director of Assay Development

Ethylene glycol is a colorless, sweet-tasting liquid that is a component of many household products including anti-freeze, de-icing solutions, and some brake fluids. Owing to its accessibility and sweet taste, ethylene glycol is

frequently implicated in accidental and intentional poisonings.

Since 2008, Laboratory Alliance has been offering ethylene glycol (ETG) testing by gas chromatography (GC). While this methodology represents the gold standard for ethylene glycol

testing, it is labor-intensive and lengthy. Laboratory Alliance recently validated a new enzymatic test method for ethylene glycol on one of our automated chemistry platforms, and we have obtained approval from the New York State Department of Health to utilize this new method to test for ethylene glycol in patient sera.

This new methodology, now performed at our Operations Center, enables Laboratory Alliance to significantly reduce the turnaround time for reporting ETG results. This is expected to enhance the level of treatment available in suspected poisonings. Laboratory Alliance continues to offer our “gold standard” GC method which provides both ethylene glycol and methanol results.

Laboratory Alliance is the only clinical laboratory in the central New York area that offers ethylene glycol and methanol testing. The nearest laboratories to us that are capable of performing this testing are Strong Memorial Hospital in Rochester and Albany Medical Center. Ethylene glycol and methanol testing at Laboratory Alliance is available to its two owner hospitals — Crouse Hospital and St. Joseph’s Health — to SUNY Upstate Medical Center’s Downtown and Community Campuses, and to other regional hospitals.

The ordering of serum ethylene glycol and/or methanol testing is handled differently than other tests. All requests for testing must first be approved by the Upstate New York Poison Center. Once the order has been approved, specimens are transported to the Operations Center by Laboratory Alliance couriers. Results are reported directly to the poison center specialists, as well as to the hospital where the patient is located. The new enzymatic method for ethylene glycol is available from 7:30 a.m. to 11:30 p.m., seven days a week. The GC method for ethylene glycol and methanol is available Monday through Friday during our day shift hours.



Chemistry Supervisor Lori Martin and Dr. Huchzermeier review the results of their new ethylene glycol assay on one of Laboratory Alliance’s automated chemistry analyzers. They are joined by Steve Coulter, right, from Siemens Healthineers.

Sentinel Antibiotic Susceptibility Prevalence Studies - *continued*

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Table 2

Year	Antibiotic Tested (% Susceptible)		
	Penicillin	Erythromycin	Clindamycin
2007	100%	46%	54%
2009	100%	50%	64%
2011	100%	24%	38%
2012	100%	32%	50%
2013	100%	22%	45%
2014	100%	26%	36%
2015	100%	46%	46%
2016	100%	32%	42%
2017	100%	22%	34%

As expected, all GBS isolates were susceptible to penicillin. However, an alarming and continued significant increased resistance to erythromycin and clindamycin was noted with only 22% and 34% of the GBS isolates tested 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 22% and 34% of the GBS isolates tested were susceptible to erythromycin and clindamycin respectively. 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.

Announcing



Cynthia Kukenberger Appointed Transfusion Services Manager

Cynthia Kukenberger was named transfusion services manager at Laboratory Alliance of Central New York. She will provide oversight of the Transfusion Services Departments at the company's rapid response laboratories at Crouse Hospital, St. Joseph's Hospital Health Center and Upstate University Hospital – Community Campus.

Cynthia most recently worked at Cortland Regional Medical Center and has extensive transfusion services, laboratory information systems and leadership experience. She has worked at hospitals, the American Red Cross and reference laboratories as an LIS implementation consultant.

She has received an ASCP Specialty in Blood Bank certification and a master's degree in health care administration.

Denice Linehan Promoted to Hematology Technical Supervisor

Denice Sullivan Linehan was promoted to hematology technical supervisor at Laboratory Alliance's Operations Center in March. She has worked at the Rapid Response Laboratory at Crouse Hospital since joining Laboratory Alliance in 2015.

Denice brings a wealth of technical and management experience to her new role, having worked as a medical technologist (MT) in hematology at Crouse Hospital, as a senior MT in hematology at Radisson Clinical Laboratory, and as laboratory manager at North Medical Laboratory Services.

Also, Denice worked as a sales consultant for Becton, Dickinson and Company, during which time she volunteered with Direct Relief International and was instrumental in setting up a laboratory in Ghana, Africa. In addition, she volunteered with the President's Emergency Plan for AIDS Relief in 2011 to help train phlebotomists in Zambia, Africa.

Denice earned her Bachelor of Science in Medical Technology (ASCP) from Upstate Medical University and her Master's in Healthcare Administration from the New School for Social Research.



Ashley Barzee Named Technical Supervisor of Chemistry At St. Joseph's Health Rapid Response Laboratory

Ashley Barzee has been promoted to chemistry technical supervisor at Laboratory Alliance's Rapid Response Laboratory at St. Joseph's Health. As a member of the laboratory's management team, she will oversee that site's Chemistry Department.

Ashley has more than six years of experience in the field of medical technology. Prior to joining Laboratory Alliance in 2011, she worked at Albany Medical Center in Albany, N.Y.

Ashley earned her Bachelor of Science in Biomedical Technology at Albany College of Pharmacy and Health Sciences.

Accomplishments

Business Applications Manager **Kathleen Shumway**, a longtime dog trainer, earned certification as a Certified Professional Dog Trainer in March. She joins more than 2,000 certificants worldwide who have passed the exam to earn the title Certified Professional Dog Trainer — Knowledge Assessed and may use the designation "CPDT-KA" after their names. All certified trainers must earn continuing education credits to maintain their designations or take the examination again in three years. Kathleen, who works at our Corporate Office, owns five dogs and provides dog training services in Oswego, southern Jefferson and northern Onondaga counties.

Welcome to a New Client

Baldwinsville Chiropractic
Baldwinsville, N.Y.

In the News

Director of Microbiology **Paul A. Granato, Ph.D.**, is the author of a book chapter titled "The Microbiota of Humans and Microbial Virulence Factors" in *Biological Safety: Principles and Practices*, edited by Dawn P. Wooley and Karen B. Byers. The fifth edition of the book was published in 2017 by ASM Press.

Also, **Dr. Granato** was invited as the keynote speaker to give a presentation titled "Varicella-Zoster Virus — The Great Imposter" at Quidel's International Sales and Marketing meeting in February in San Diego, Calif.

Dr. Granato coauthored a case report manuscript titled "*Mycobacterium goodii* Related Breast Implant Infection: A Case Report" that was published in the April 2017 issue of *Clinical Microbiology and Infectious Diseases*.

Paul A. Granato, Ph.D., **Marcia A. DeGilio, MT(ASCP)**, and **Elsie M. Wilson, MT(ASCP)**, all members of Laboratory Alliance's Microbiology Department, coauthored a scientific publication titled "The Unexpected Detection of Varicella-Zoster Virus in Genital Specimens Using the Lyra Direct HSV 1+2/VZV Assay" that was published in the October 2016 issue of *Journal of Clinical Virology*.

LA Newsmakers

Employee Anniversaries

April, 5 Years

Roy Huchzermeier
Patti Tripp

May, 5 Years

Megan Talbot
Lori Taylor

May, 10 Years

Laura Buehler

May, 15 Years

Mindy Barnes
Beverly Becker
Mary K. McCrohan

June, 5 Years

Annamaria Daucher
Joanne Ladd
Sarah Pluff

New Employees

Please welcome our new employees

At our Operations Center

Martin Bailey – Courier
Brittany DuBois – Histotechnologist
Thomas Long – Courier
Brian Taylor – Courier

At our Rapid Response Laboratory at St. Joseph's Hospital

Lisa Blair – Laboratory Office Assistant
Heather Marks – Laboratory Office Assistant

Technology Corner

Following are announcements regarding existing tests, new tests and test methods included on Laboratory Alliance's test menu:

Lead Testing at Laboratory Alliance of Central New York

The Food and Drug Administration recently issued a safety communication warning about the use of Magellan Diagnostics' LeadCare analyzers due to potential falsely low results when testing venous blood samples. **Laboratory Alliance does not use the instrument or method included in this warning.** Both venous and capillary specimens submitted for blood lead analysis are tested using graphite furnace atomic absorption spectrometry.

β -Hydroxybutyrate Testing Available at Laboratory Alliance

Effective June 14, Laboratory Alliance will offer serum and plasma β -Hydroxybutyrate testing in our Rapid Response Laboratories. This test replaces the serum and plasma ketones test currently available, which detects primarily acetoacetic acid. Samples for test requests from our clinic and outreach clients will be analyzed at one of our Rapid Response Laboratories.

Questions regarding these tests may be directed to Manager of Chemistry and Referral Testing Cheryl Haskins, MS, MT(ASCP)SC, at 315-410-7014 or by email to cherylhaskins@lacny.com.

New Enzymatic Test Method Validated

Laboratory Alliance recently validated a new automated enzymatic test method for ethylene glycol, and has obtained approval from the New York State Department of Health to utilize this new method to test for ethylene glycol in patient sera. This new methodology, which is performed at our Operations Center, will enable Laboratory Alliance to significantly reduce the turnaround time for reporting ETG results. This is expected to enhance the level of treatment available in suspected poisonings. Laboratory Alliance will continue to offer our "gold standard" gas chromatography (GC) method, which provides both ethylene glycol and methanol results. Since 2008, Laboratory Alliance has offered ethylene glycol (ETG) testing by GC.

Questions regarding this test may be directed to Director of Assay Development Roy Huchzermeier PhD FACB, at 315-410-7221 or by email to royhuchzermeierphd@lacny.com.

Ova and Parasite Screenings to Incorporate Preferred DFA Method

Effective June 19, the Microbiology Department will discontinue the routine performance of comprehensive ova and parasite (O&P) examinations on stool specimens. Instead, all stool specimens submitted for O&P examination will be screened for the presence of *Giardia lamblia*, also known as *Giardia intestinalis*, and *Cryptosporidium parvum* using a direct fluorescent antibody (DFA) method. This policy change is based upon the results of two independent, retrospective O&P audits conducted by Laboratory Alliance as well as recommendations published by the Centers for Disease Control and Prevention. However, if the patient has a history of travel or is an immigrant from an endemic area, a comprehensive O&P exam can be ordered by contacting the Microbiology Department at 315-410-7067.

Questions regarding this test may be directed to Microbiology Manager Russell A. Rawling, MS, M(ASCP)SM, RM(NRM)SM, at 315-410-7060 or by email to russellrawling@lacny.com.



**Choose a career in
laboratory medicine.
A career in two years,
not just a degree.**

We're hiring skilled medical technologists and technicians to work in our main laboratory and at our labs in Crouse Hospital, St. Joseph's Health and Upstate University Hospital - Community Campus.

Talk with us about careers in laboratory medicine and visit our website to learn more:

laboratoryalliance.com/careers

Community Connections

Laboratory Alliance employees contributed \$500 to **Hospice of Central New York**. The money was collected on Denim Day, April 28, celebrated during Medical Laboratory Professionals Week. Gratitude for the staff donations was expressed by CEO Anne Marie Mullin, who is a longtime Hospice board member and currently president of Hospice's Operating Board. Visit hospicecny.org to learn more about Hospice of CNY and to see the many opportunities to contribute to this important local non-profit.

Laboratory Alliance employees generously donated 75 swimsuits to the 5th Annual Swimsuit Drive sponsored by **United Way of Central New York** and the **YMCA of Greater Syracuse**. This will enable children to participate in the free water safety instruction program this summer. The goal is to prevent drowning, the second-leading cause of accidental death among children. Pictured below, with some of the swimsuits donated at our Operations Center, are (from left) Transportation Supervisor **Jean Amidon**, Transportation Department Manager **David Dollinger** and Administrative Assistant **Deborah Reed**.

Calendar of Events

Thursday, May 18

Hospice of CNY "Celebrating Life Through Chocolate," Bella Domani, Taft Road, North Syracuse. *Laboratory Alliance was a participant.*

Friday, June 2

St. Joseph's Hospital Health Center Gala, Turning Stone Resort Casino. *Laboratory Alliance was a sponsor.*

Monday, June 19

Foundation for Upstate Towsley Pro-Am, Kaluhyat at Turning Stone Resort Casino. *Laboratory Alliance is a participant and sponsor.*

Saturday, June 10

Green Lakes Triathlon to benefit the YMCA's programs for cancer survivors. *Laboratory Alliance donates the pace car.*

Monday, July 17

Crouse Health Foundation Classic Golf Tournament, Bellevue Country Club. *Laboratory Alliance is a participant and sponsor.*



Employees Serve as Career Coaches, *continued*

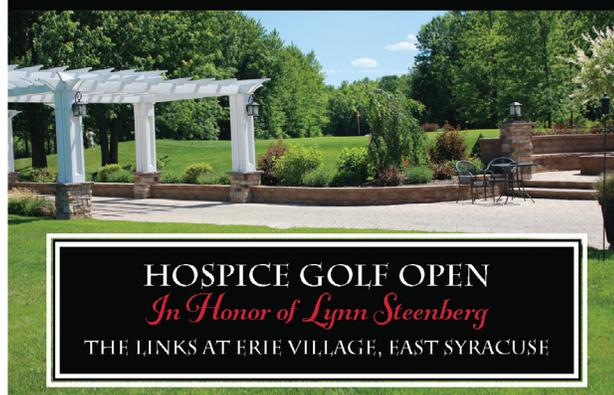
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Jeremy Fuller, Barbara Guiffrida, Brenda Henry, Roseanne Ianuzi, Mark Jordan, Matthew Kinsley, Daria Lebduska, Jodi Lippke, Susan Maloney, Lazaro Martinez, David Mineo, Sarah Pluff, Katie Raimondo, Heidi Ricci, Rita Romano, Debra Shannon, Angela Smith, Jessica Spicer, Morgan Thomas, Samantha Thompson, Jennifer Walczyk and Dylan Washburn.

Laboratory Alliance is part of a collaborative partnership between the Syracuse City School District, SUNY Broome, and Onondaga Community College. The purpose of the P-TECH program is to train high school students for careers in the health care industry. The 35 ninth-graders enrolled in the P-TECH Health Careers Academy will graduate in five to six years with a high school diploma, and associate's degree, industry-recognized credentials and preference for local jobs. Associate's degrees in clinical laboratory technology or health information technology are offered through SUNY Broome and Onondaga Community College, respectively. Laboratory Alliance provides employee mentors to the students, and will allow the students to be "first in line" for jobs after they graduate. Every year, the program anticipates accepting another combined 35 students for both their CLT and HIT P-TECH programs.

At the start of the program in August 2016, students in the CLT program visited Laboratory Alliance's Operations Center, where they learned first-hand what is involved in becoming a laboratorian. This August, two cohorts of CLT P-TECH students will return to Laboratory Alliance to further their understanding of what it takes to work in a clinical laboratory.

SAVE THE DATE
JUNE 16, 2017



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LABlines

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