Letter to the Editor

RE: CLIN LAB SCI 21(2) DD BECK
July 12, 2008

Dear Fellow Laboratorians:

I commend everyone on an excellent proposal. It is well thought out and the recommendation and levels of practice skills are exactly what this profession needs. I believe the proposed model is a step in the right direction. Unfortunately, I do not see an easy way to implement it without legislative incentives. The proposed recommendations to implement the practice are excellent, but why would anyone change now? Laboratory managers cater to administration and are unable to find the staff they need to fill positions. They are in a fight to get through each day.

Laboratory practitioners are looking at how green the grass is for all the other professions in the hospital and getting out of the laboratory. Administration does not support education needs of the laboratory staff.

There are so many laboratory certification agencies that no one, especially human resources, knows who is credible. This is one area that needs to be fixed before any real changes will occur in the laboratory. One organization should represent the laboratory, and they should support the proposal.

At the critical access hospital where I recently worked, we lost all the BSMTs capable of doing microbiology. Now only MLTs are available. There is a huge workload because the hospital is part of a system and one of the other small hospitals sends their microbiology there. This is a cash cow for the small hospital. Without a legislative mandate to hire a BSMT, I do not see this hospital changing. Of all the recommendations in the proposal, the one I support more than any other is having a Baccalaureate degree person in microbiology. I shudder to think how much is missed in this laboratory due to lack of education. I also wonder how many other rural laboratories will be able to meet the education level for microbiology. It is almost impossible to hire a med tech to work in microbiology in a rural laboratory. I do not see how they can comply with this proposal.

I am passionate about laboratory medicine and all that the great MLTs and MTs have done for their patients. I find it unfortunate that they are not respected and rewarded for all their hard work. I believe that licensure is the only way to make the changes your proposal suggests.

I have one last suggestion which is somewhat unrelated. Regarding Level V POC oversight, I caution anyone taking on the CLIA license for POC. I believe that the license should be held by the person accountable for the staff doing the tests. By that I mean if nursing is doing the majority of the POC testing, the nurse manager should hold the license. The Baccalaureate degree laboratory person should be an advisor. My concern is when I held the license (therefore I was legally accountable), I was unable to motivate the nursing staff to follow all the rules stated by CLIA and JCAHO.

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ERRATA

Eid SS, Kamal NR, Shubeilat TS, Wael AGM. Inherited bleeding disorders: a 14-year retrospective study. Clin Lab Sci 2008;21(4):210-4.
On page 210, the sentence "Inherited deficiencies or defects of the plasma proteins that are involved in blood coagulation can lead to life long bleeding disorders, the severity of which is inversely proportional to the degree of factor deficiency" should be corrected to read, "Inherited deficiencies or defects of the plasma proteins that are involved in blood coagulation can lead to life long bleeding disorders, the severity of which is directly proportional to the degree of factor deficiency."

On page 211, the title of Table 1 reads "Prevalence of factor deficiency in their homozygous states". In most instances, VWD is autosomal dominant, and VIII and IX deficiency are sex-linked recessives that appear in the "hemizygous" state.

Bamberg R. Occurrence and detection of iron-deficiency anemia in infants and toddlers. Clin Lab Sci 2008;21(4):225-31.
On page 227, section DETECTION OF ID AND IDA BY LABORATORY TESTING OF INFANTS AND TODDLERS, the sentence "A hemoglobin or hematocrit is then run and should have risen by at least 10 g/L or 0.30 L/L, respectively, to confirm ID" should be corrected to read, "A hemoglobin or hematocrit is then run and should have risen by at least 10 g/L or 0.03 L/L, respectively, to confirm ID."

Clinical Laboratory Science regrets the errors.