

Critical Points

AACC Critical & Point of Care Testing Division Member News

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Karen Jenkins Named 2013 Point-of-Care Coordinator of the Year!



This award is funded by Lifescan, Inc. and includes a cash award and funds to support attendance at the AACC Annual Meeting. The

recipient, Karen Jenkins, MT(ASCP), POCC(AACC), manages the point-of-care programs at Emory University Hospital – Midtown - in Atlanta, GA. Congratulations on behalf of the Awards Committee.

After being named the first Point of Care Coordinator at Piedmont Hospital in 1995, Karen had the pleasure of joining Emory Healthcare in 1998 as Point of Care Coordinator overseeing 5 hospitals and many clinics. She worked with Laboratory Administration to add to the Point-of-Care Department and currently works with 6 other Point-of-Care Coordinators managing approximately 1800 beds, 50 POC licenses and over 1 million glucose tests annually.

Karen has participated in many State of Georgia, CAP and TJC inspections and in conjunction with nursing, developed Inspection Readiness Checklists. She has also developed Quality Assurance and Performance Improvement programs for all Point-of-Care Testing.

Continued on page 12

James Nichols Receives CPOCT Lifetime Achievement Award



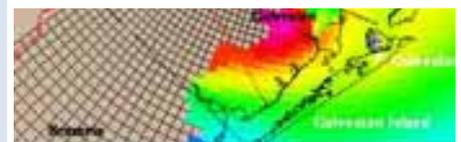
This newly created award is in honor of Herald Waldon Jr. and funded by Abbott Laboratories.

The first recipient of this award is James H. Nichols, Ph.D., DABCC, FACB, Professor of Pathology, Microbiology and Immunology, Medical Director, Clinical Chemistry Vanderbilt University School of Medicine, Nashville, TN

The award will be presented at the CPOCT Meeting and Mixer held at the AACC Annual Meeting.

Dr. Nichols received the award based on his record of distinguished service as a Point-of-Care Director (or industry innovator) and insuring the overall quality of testing at the point-of-care. For more, visit www.pointofcare.net/Lifetime_Achievement_award_2013.htm.

Other Award Winners: See Page 9



11th Annual CPOCT Forum

See Page 12

Sunday, July 28

Afternoon Short Course
Hot Topics in POCT:
New Regulations and Certification Programs
1:30 PM - 4:30 PM

Session Level: Intermediate

CE Hours: 3 Hours

Session Overview: This course describes the most current topics in point-of-care testing. Information on how to identify weaknesses in the testing process and develop control processes to manage risk will be addressed. New recommendations for quality control and a new Laboratory Quality Management Systems certificate program that strengthens quality will also be presented.

Needs Assessment: POCT continues to grow but is complicated by the number of sites, devices, and operators involved in the testing process. The Clinical and Laboratory Standards Institute (CLSI) has published a guideline (EP23) describing the development of laboratory quality control plans based on risk management. EP23 provides guidance on implementation of risk management in laboratory practice, prediction of laboratory test errors, and action to take to control processes to prevent errors. This short course provides practical examples in clinical laboratories and explains the basics of implementing risk management, including new regulations incorporating risk management principles. It also updates good laboratory practice using a recently released Quality Management Systems Laboratory Certificate Program offered by CLSI.

Intended Audience: This session is intended for pathologists, laboratory directors, laboratory managers, clinical laboratory scientists, POCT coordinators, IVD manufacturers, as well as government and accreditation inspectors.

Expected Outcome: After this session, participants will be able to: 1) use new guidelines as a resource for developing laboratory quality control plans based on risk management; 2) practice control procedures which incorporate risk management principles; and 3) describe a new Laboratory Quality Management Systems certificate program.

Developed With: Centers for Medicaid and Medicare Services (CMS), Clinical and Laboratory Standards Institute

Speakers:

- James Nichols, PhD, Vanderbilt University School of Medicine, Moderator
Managing Risk at the Point-of-Care: Preventing Errors in the Real-World
- Ann Snyder, BS, Center for Medicare and Medicare Services
Latest Updates to the CLIA Interpretive Guidelines for POCT Programs
- Lucia Berte, BS, MA, Laboratories Made Better! P.C
The CLSI Quality Management System Certificate Program

Member Price:
\$210.00

Non-Member Price:
\$265.00

AACC Members Save \$55.00!

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<https://www.xpressreg.net/register/aacc073/product.asp?id=7799>

Monday, July 29

Mid-Day Short Course
ABCs of a Successful POCT
Glucose Meter Implementation
12:30 PM - 2:00 PM

CE Hours: 1.5 Hours

Session Level: Intermediate

Session Overview: This session will present the trials and tribulations of a successful implementation of a glucose meter program at a very large and integrated health care system. The program will cover all aspects of a plan for implementation of a glucose meter from the initial request for vendor information to the actual implementation.

Needs Assessment: Acquisition and deployment of glucose meters in a hospital environment is extremely complex. Successful implementation requires collaboration between the laboratory, information technology experts, the instrument manufacturer, and multiple clinical personnel. With the departure of a large glucose meter vendor from the hospital marketplace in 2013, many institutions that have not recently changed meter systems will be forced to implement new meter systems. This case-oriented discussion will guide such users through the process starting with the initial request for vendor proposals and finishing with post-implementation follow-up.

Intended Audience: This session is intended for pathologists, laboratory directors, clinical chemists, and point-of-care coordinators.

Expected Outcome: After this session, participants will be able to: 1) develop a Request for Information (RFI) that meets specific needs; 2) prepare an appropriate validation plan; and 3) describe common problems encountered during and after implementation.

Speakers:

- Bob Kaplanis, MT (ASCP), Laboratory Sciences of Arizona, Moderator
Developing a Request for Information and Follow-Up
- Charbel Abou-Diwan, PhD, Banner Good Samaritan Medical Center
Evaluation Studies; The Good, The Bad, and The Ugly

Member Price:
\$155.00

Non-Member Price:
\$175.00

AACC Members Save \$20.00!

REGISTER ONLINE AT:

**[https://www.xpressreg.net/register/aacc073/product.
asp?id=7812](https://www.xpressreg.net/register/aacc073/product.asp?id=7812)**

Monday, July 29

Roundtables

Can Point-of-Care Testing Meet the Evolving Diagnostic Role of Hemoglobin A1c?

7:30 AM - 8:30 AM

12:30 PM - 1:30 PM

Member Price:

\$25.00

Non-Member Price:

\$25.00

Session Level: Intermediate

CE Hours: 1 Hour

Session Overview: Diabetes is a primary worldwide concern and HbA1c testing has moved to the forefront for both diagnosis and monitoring of diabetes. This session will review the performance of HbA1c assays used for point-of-care testing with emphasis on the growing applications in near-patient testing and the analytical requirements for clinical care.

Needs Assessment: The use of HbA1c in diabetes has recently expanded to include diagnosis and screening. At the same time, the number of POCT devices for HbA1c continues to increase while the analytical performance requirements for HbA1c have tightened. Both of these aspects have been challenged in terms of being able to meet clinical needs as pointed out in several editorials and articles in recent years including in Clinical Chemistry. This roundtable presentation provides an overview of POCT applications and discussion of the quality expectations for HbA1c if these needs are to be met.

Intended Audience: The session is intended for clinical chemists, pathologists, laboratory directors and supervisors, and technologists with an interest in point-of-care testing and hemoglobin A1c.

Expected Outcome: After this session, participants will be able to: 1) Describe the use of HbA1c as POCT to improve the health of individuals with diabetes 2) Explain the analytical requirements in order to meet specific clinical needs 3) Discuss current performance of HbA1c assays used for POCT

Speaker:

- Paul Yip, PhD, University Health Network
Can Point-of-Care Testing Meet the Evolving Roles of Hemoglobin A1c?

REGISTER ONLINE:

7:30 AM Session

<https://www.xpressreg.net/register/aacc073/product.asp?id=7840>

12:30 PM Session

<https://www.xpressreg.net/register/aacc073/product.asp?id=7841>

Monday, July 29

Afternoon Symposia

Clinical Chemistry in Disaster Response and Resource-Poor Environments

2:30 PM - 5:00 PM

**Member/
Non-Member Price:
\$0.00**

Session Level: Intermediate

CE Hours: 2.5 Hours

Session Overview: This session will discuss the provision of high quality, efficient laboratory testing in disaster response and resource-poor environments. Challenges that will be addressed include maintaining quality assurance, device selection, communication, and test utilization. The viewpoints of a technologist, a pathologist, and a physician will be presented.

Needs Assessment: The practice of laboratory medicine in disaster response and limited resource settings such as the developing world is challenging for many reasons. First of all, maintaining quality assurance practices in tenuous and/or limited resource settings is difficult due to lack of education and training, limited availability of reagents and consumables, and poor adherence to standards. Secondly, communication in such settings can also be extremely challenging, presenting barriers from positive patient identification to test validation. Finally, test utilization management presents additional challenges as supplies are often limited, necessitating careful triage. These issues have been addressed in several ways. Mobile laboratories, such as those deployed by Heart-to-Heart International in disaster response, provide quality laboratory testing by competent operators. Education initiatives focused on laboratory quality assurance practices in the developing world are geared toward improving the global standard of laboratory medicine. For example, small work networks that share authority, responsibility, financing, accountability and accreditation for nodal point of care testing have been shown to improve overall efficiency and cost-effectiveness of laboratories in limited resource settings, as well as improve communication. Comprised of presentations from three distinct viewpoints, this symposium will discuss the current state of laboratory medicine in disaster response and resource-poor environments, increasing awareness of the both the challenges and opportunities in this field.

Intended Audience: This session is intended for clinical chemists, clinical pathologists, lab directors, technologists, trainees, and industry scientists.

Expected Outcome: After attending this session, participants will be able to: 1) identify key challenges to quality and effective laboratory operations in disaster and low-resource settings; 2) develop a plan for QA/QC training in resource-poor environments; and 3) evaluate test clusters and devices for laboratory support of clinical practice in these environments.

Speakers:

- Gerald Kost, MD, PhD, MS, Univ. of California at Davis
Use of Small-World Networks and Technological Advances in Point of Care for Disaster Preparedness, Response and Resilience

REGISTER ONLINE AT:

<https://www.xpressreg.net/register/aacc073/product.asp?id=7837>

Monday, July 29

Afternoon Symposia

Diagnosing Diabetes: Benefits and Drawbacks of Glucose vs Hemoglobin A1C

2:30 PM - 5:00 PM

**Member/
Non-Member Price:
\$0.00**

Session Level: Intermediate

CE Hours: 2.5 Hours

Session Overview: The diagnosis of diabetes for many years was based exclusively on measurement of glucose. The American Diabetes Association, the World Health Association and some other influential clinical groups have proposed that measurement of HbA1c also be used to diagnose diabetes. This remains a highly contentious issue, with many organizations opposing the use of HbA1c. This symposia will review the advantages and disadvantages of using glucose and HbA1C for the diagnosis of diabetes.

Needs Assessment: Measurement of glucose in the blood, either fasting or after a glucose challenge, was for many years the sole criterion for establishing the diagnosis of diabetes. However, the large biological variability of glucose, coupled with the requirement that the subject be fasting and the lack of stability of glucose in the sample tube, have created problems. In July 2009 an International Expert Committee published (Diabetes Care 2009; 32:1327) the recommendation that HbA1c replace the fasting plasma glucose and/or the oral glucose tolerance test for the diagnosis of diabetes. Since the recommendation was published, there has been disagreement among members of the laboratory community and among clinicians as to whether HbA1c should be used for the diagnosis of diabetes. Advantages include the standardization and improved analytic performance of HbA1c assays and the lack of a requirement that the patient be fasting. Disadvantages may be differences in HbA1c values between different populations and variability in red blood cell lifespan that affect HbA1c values. The American Diabetes Association, the World Health Association and some other influential clinical groups have proposed that measurement of HbA1c could be used to diagnose diabetes. This remains a highly contentious issue, with many organizations opposing the use of HbA1c.

Intended Audience: This session is intended for pathologists, lab directors, clinical chemists, technologists, IVD industry scientists, students, trainees, primary care physicians, and endocrinologists.

Expected Outcome: After attending this session, participants will be able to: 1) define the criteria to establish the diagnosis of diabetes; 2) describe the advantages and limitations of glucose in the identification of diabetes; and 3) summarize the advantages and limitations of HbA1c in the diagnosis of diabetes.

Speakers:

- Robert Vigersky, Walter Reed National Military Medical Center
HbA1c Should Be Used to Diagnose Diabetes
- William Herman, MD, MPH, University of Michigan
HbA1c Should Not Be Used to Diagnose Diabetes

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<https://www.xpressreg.net/register/aacc073/product.asp?id=7838>

Tuesday, July 30

Morning Symposia

**Coagulation Analysis by Viscoelastography-
Is There a Point-of-Care Clinical Application?**

10:30 AM - 12:00 PM

**Member/
Non-Member Price:
\$0.00**

Session Level: Basic
CE Hours: 1.5 Hours

Session Overview: Viscoelastography (TEG, ROTEM, SonoClot) provides a unique assessment of coagulation in whole blood. These techniques provide simultaneous assessment of platelet function, humoral coagulation, and fibrinolysis. This session will discuss the principles of this technology, its proper validation and clinical applications.

Needs Assessment: Viscoelastography is a unique technology that is used to assess in vitro formation and dissolution of blood clots. Despite its existence for 2+ decades its clinical use has not been widely adopted. There has been a recent surge in interest for utilizing this technology to improve anticoagulation regimens and blood product usage. These analyzers simultaneously assess a number of coagulation parameters and are not calibrated or traceable to any gold standard. This presents challenges in validation and ongoing analytic oversight. Mathematical parameters derived from viscoelastography are poorly understood in both the laboratory and in the clinic. This session will explain the principle operative aspects and output from viscoelastic coagulation analyzers and provide clinical rationale for their use. 1. van Geffen M, van Heerde WL. Global haemostasis assays: from bench to bedside. *Thromb Res* 2012;129:681-687.

Intended Audience: This session is intended for pathologists, lab directors, POC coordinators, clinical chemists, hematologists, and IVD industry personnel.

Expected Outcome: After this session, participants will be able to: 1) discuss the fundamental principles of viscoelastography; 2) define appropriate procedures to evaluate and implement this technology; 3) assess which patient populations would benefit from the use of this technology; and 4) determine the appropriate personnel (POC or clinical laboratory) to perform this testing within specific institutional settings.

Speakers:

- Brad Karon, MD, PhD, Mayo Clinic
Comparison of Viscoelastic to Routine Coagulation Tests in the Laboratory or at the Point-of-Care
- Mark Ereth, MD, MA, Mayo Clinic College of Medicine
Extraordinary Reductions in Cardiac Surgery, Trauma and Critical Care Transfusion Using Laboratory Algorithms with Viscoelastic Tests

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asp?id=7891](https://www.xpressreg.net/register/aacc073/product.asp?id=7891)**

Tuesday, July 30

Roundtables

Limitations in hCG Point of Care Testing

7:30 AM - 8:30 AM

12:30 PM - 1:30 PM

Session Level: Basic
CE Hours: 1 Hours

Member Price:
\$25.00

Non-Member Price:
\$25.00

Session Overview: The detection of early pregnancy in the healthcare setting is important for proper patient management. Qualitative point-of-care (POC) human chorionic gonadotropin (hCG) testing is often used to assess pregnancy status. This session will provide an overview of the various limitations associated with these POC devices.

Needs Assessment: Detection of early pregnancy in the healthcare setting is often relied upon to avoid exposing a developing fetus to potentially harmful interventions. Emergency departments and outpatient clinics frequently perform qualitative point-of-care (POC) hCG tests to detect pregnancy. Several studies have demonstrated that these devices perform extremely well [1]. The accuracy of urine POC hCG devices at low, yet detectable, hCG concentrations was recently evaluated and revealed that two commonly used POC devices have inadequate analytical sensitivity to detect early pregnancy [2]. Although it is empirically recognized that false negative results are possible early in conception, most assume that this corresponds to a period of gestation preceding hCG production. Recently, the hCG concentrations in these early pregnancy samples that are falsely negative by qualitative tests has been evaluated. This work showed that the analytic sensitivity of these devices is insufficient for the hCG concentrations observed in very early pregnancy. False negative results using POC devices have also been shown to occur when there is an excess of hCG beta core fragment in the urine. This phenomena, which has been termed the "variant effect" is important, not just for hCG, but for understanding the implications of antibody selection, biological complexity, and the lack of harmonization that currently exists between immunoassays. Using the studies mentioned above as a foundation, this round table will provide a detailed explanation on the limitations of hCG POC testing.

Intended Audience: This session is intended for pathologists, clinical chemists, and clinical laboratory scientists.

Expected Outcome: After attending this session, participants will be able to: 1) describe the structure and physiological function of hCG; 2) compare and contrast the different mechanisms for erroneous results in hCG immunoassays; and 3) discuss the limitations of hCG POC qualitative devices.

Speaker:

- Dina Greene, PhD, The Permanente medical Group
Limitations in hCG POC testing

REGISTER ONLINE AT:

<https://www.xpressreg.net/register/aacc073/product.asp?id=8003>

Tuesday, July 30



**TWO GREAT EVENTS
ONE SPECIAL NIGHT**
TUESDAY, JULY 30 DURING THE AACC ANNUAL MEETING



**Hilton Americas
Ballroom of the Americas – D/E**

**CPOCT Membership Meeting and Mixer
6:00pm-7:30pm**

Join your CPOCT Division colleagues for a brief membership meeting followed by recognition of sponsors and the introduction of the 2013 POCC of the Year, Karen Jenkins and the inaugural recipient of the CPOCT Lifetime Achievement Award, Dr. James Nichols (see page 1) as well as **other award winners!**



CPOCT Division Best Abstract Award

Michael Jorgensen, MS, QDx, Inc. “Potential Utility of a Novel Automated Point-of-Care Image Based Hematology Analyzer for the Diagnosis of Malaria as Part of a Routine CBC”

www.aacc.org/members/divisions/cpopt/awards/Pages/AM_Abstract_Winners.aspx#



AACC Van Slyke Foundation CPOCT Research Grant

Lei Zheng, PhD, Vice Dean/Professor at Nanfang Hospital, Southern Medical University, Guangdong China, for his project entitled: “A Biosensor for Electrochemical Detection of MicroRNA’s.”

www.aacc.org/about/vsf/awards_grants/Pages/vsf_cpopt_award.aspx#

**AfterGlow 2013: The POCC Social of the Year
7:30pm-10:30pm**

On the heels of a successful event last year in Los Angeles, and previously in Atlanta, Anaheim, Chicago, Washington, DC and in Orlando, we will once again provide a special party, AfterGlow, for all Point-of-Care Coordinators that will be in town for the conference.

The location for this event will be the same as the AACC CPOCT Mixer and Meeting at the Hilton Americas - Houston.

So make plans to mingle, network and dance the night away with your POCC colleagues and peers! **RSVP at www.pointofcare.net/AfterGlow_2013.htm**

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POCC of the Year Award



Lifetime Achievement Award



CPOCT Abstract Award



Wednesday, July 31

Roundtables

Limitations in hCG Point of Care Testing

2:30 PM - 5:00 PM

Session Level: Intermediate
CE Hours: Pending

Member Price:
\$25.00

Non-Member Price:
\$25.00

Session Overview: Healthcare is becoming more patient centered; patients are demanding faster and better access to care. There are three key developments in delivering this vision: (i) advances in testing and communication technologies, (ii) changes in the healthcare delivery process, and (iii) attention to behavioral adaptation in both patients and care providers. This symposium will discuss how point-of-care testing can enhance patient centered care and where improvements are still needed.

Needs Assessment: A report by The Institute of Medicine concluded that healthcare is error ridden, wasteful, and costly. The report also noted that medical care has evolved toward a hospital-oriented model resulting in limitations to access. The practice of laboratory medicine has evolved in a similar way, from the bedside to a central laboratory-based service. It can be argued that this has led to a disruption in the interaction between clinician and patient when a test result is required. A consequence of this evolution has been the call for a more patient-centered approach to care. Point-of-care testing (POCT) has the capacity to enhance patient-centered care. Point-of-care testing (POCT) was originally developed to enable faster delivery of results, but challenges exist when adapting the technology to non-hospital settings. This challenge is being met with developments in POCT technologies, including miniaturization and alternative optical, physical, and electrochemical detection systems.

Intended Audience: This session is intended for pathologists, laboratory directors, clinical chemists, IVD industry scientists, technologists, clinical care providers, practice managers, administrators, regulators, and healthcare consumers.

Expected Outcome: After this session participants will be able to: 1) identify existing and potential point-of-care technologies able to enhance patient-centered care; 2) define the components of effective processes and changes needed for use of POCT in patient-centered care; 3) compare the motivations of patients and providers that can promote patient-centered care goals; and 4) develop the tools for choosing technologies, processes, and incentives that can jointly achieve effective patient-centered care.

Speakers:

- Larry Kricka, PhD, DPhil, University of Pennsylvania Medical Center
Existing and prospective technologies facilitating more patient-centered care
- Christopher Price, PhD, University of Oxford
Practice and process changes leading to more patient-centered care
- Cynthia Bowman, MD, Enzo Clinical Laboratories, Inc., Moderator
Patient and stakeholder motivation and behavioral changes associated with more patient-centered care

REGISTER ONLINE AT:

<https://www.xpressreg.net/register/aacc073/product.asp?id=7985>

Thursday, August 1

Morning Symposia

The Future Role of the Laboratory in Acute Cardiovascular Care: Will Point-of-Care Take the Lead in the Emergency Department?

9:30 AM - 12:00 PM

Member Price:

\$0.00

Non-Member Price:

\$0.00

Session Level: Intermediate

CE Hours: 2.5 Hours

Session Overview: Several factors influence the speed of diagnostic assessment and initiation of treatment for acute cardiovascular disease. Rapid and precise near patient analysis of cardiac biomarkers may quicken diagnosis, but is faster better? In this session, the capacity of point-of-care analysis to improve patient outcomes will be explored in the context of other clinical processes in the emergency department.

Needs Assessment: In the past, point-of-care (POC) systems had technical limitations and were less robust than central laboratory methods. Therefore, POC was used as a screen which often required confirmation. Now, with advances in technology, highly reliable instruments which produce results comparable to the central laboratory are available. Clinicians implement POC testing in the emergency department with the goal of expediting the diagnosis of cardiovascular disease. However, POC testing can be costly compared to the central laboratory. In addition, other factors influence the speed of diagnostic assessment and should be considered when optimizing processes in the emergency department. This session will discuss how clinicians and laboratorians can work together to optimize emergency cardiovascular care.

Intended Audience: This session is intended for lab directors, clinical chemists, point-of-care testing coordinators, medical laboratory technologists, and IVD industry scientists.

Expected Outcome: After this session, participants will be able to: 1) describe modern point-of-care instruments including test menu, precision, maintainance, quality control and turn-around time; 2) explain the laboratory testing needed in cardiovascular emergencies; and 3) discuss process optimization in the emergency department.

Speakers:

- Frank Peacock, MD, Baylor College of Medicine
Which Cardiovascular Biomarkers Does the ED Physician Needs Fast?
- Alan Wu, PhD, University of California/San Francisco General Hospital
Do Future Technologies in the Central Lab Support Acute Cardiovascular Care?
- Michael Oppert, Klinikum Ernst von Bergmann
Diagnostic Tools for Process Optimization: What do We Really Need?

REGISTER ONLINE AT:

<https://www.xpressreg.net/register/aacc073/product.asp?id=8049>

Thursday, August 1

CPOCT Forum
**The Role of Point-of-Care Testing
in a Disaster (Plan)**
August 1, 2013 | 7:30 - 8:00 a.m.
Hot buffet breakfast | 8:00 - 10:00 a.m.
Presentation George Brown Convention Center
Sponsored by the AACC Critical and Point-of-Care Testing Division

Make plans to attend this program on Thursday, August 1st at the George Brown Convention Center during the AACC Meeting and sponsored by the AACC Critical and Point-of-Care Testing Division

“The Role of Point-of-Care Testing in a Disaster (Plan)” features a Medical Technologist Health Services Officer, who is involved in an array of missions related to disaster and emergency response and a panel of POCCs. The forum will cover various aspects of a disaster planning including:

- An example of a Community based cooperative plan
- A hospital based plan
- A discussion of a guidance document under development in the field.

Join the CPOCT division for a hot breakfast and scientific presentation and hear keynote speaker Daniel Hesselgesser, along with our expert panel of POCCs, Diane Davis; Kerstin Halverson and Peggy Mann. The \$20.00 also includes entry to Thursday’s Expo.

REGISTER ONLINE AT:

http://www.aacc.org/events/Annual_Meeting/Reg/Documents/2013_AM_Conference_Registration_Form_and_Procedures.pdf

POC Forum Committee

Monica Thomas, Cedars-Sinai LA, CA
[ThomasM@CSHS.ORG]

Edwina Szelag, Onsite Laboratory Consulting [info@onsite-lab-consulting.com]

Ann Snyder, CMS, Baltimore, MD
[Ann.Snyder@cms.hhs.gov]

Audrey Gillette, Johns Hopkins, Baltimore, MD [Agillett1@jhmi.edu]

Peggy Mann, UTMB, Galveston, TX, Local Section Member
[pmann@UTMB.EDU]

Kerstin Halverson, Children’s MN
[kerstin.halverson@childrensmn.org]

Rick Lebo, Lifescan [Rlebo@its.jnj.com]

Karen Jenkins Named 2013 Point-of-Care Coordinator of the Year (continued from page 1)

Through teamwork with the nursing staff, Karen and the Point-of-Care team have been able to help streamline workflows by adding POC testing where appropriate. Karen has worked with the Education Department on the Glucose Orientation Program for new employees and student nurses. She also assisted in development of curriculum for the Medical Technology Program. Karen was a founding member of the Georgia Point-of-Care Network. This Network has had several successful meetings around Georgia on topics such as State of Georgia, CAP and The Joint Commission Regulations, Charging / Billing for Point-of-Care Communication Skills for the Point-of-Care Coordinator and Coagulation Testing Basics. For more, visit www.pointofcare.net/POC_of_the_Year_2013.htm.