



Winter Solstice

Greetings from Region IX Director

It is almost the closing of another year, and with that a reminder that NSH memberships are due by Dec 31.

In the New Year please watch your email regarding NSH elections and more information on the Education weekend in May.

Sending My Wishes

Thinking of you this special holiday,
Sending wishes for joy and happiness,
Hoping all good things will come your way:
Satisfaction, comfort, peace, success!



WINTER 2013

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Future Dates
41st Annual Symposium/Convention
August 28-September 2,
2015
Washington, DC

2014 Region IX Education Day
Calgary, AB
May 24 2014 Venue TBA

NSH 40th Convention/Symposium
Austin, Texas
August 21-27, 2014

Bridge the Silos

Nursing, imaging and the laboratory work independently and collaborate when needed to care for patients

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By Scott Warner, MLT(ASCP)

Workplace silos are a natural by-product of professionalism. Nursing, imaging and the laboratory work independently and collaborate when needed to care for patients. But silos are often an impediment to improving quality and fixing day-to-day problems. By understanding what they are and how they are generated, your laboratory can bridge the silos starting today.

Solo Silos

A "silo mentality" arises when departments do not want to share information or knowledge within the same organization.¹ The term is a metaphor for agricultural grain silos that separate types of grain. A siloed organization similarly separates types of thinking to prevent groups working together. This kind of culture breeds isolationism, redundancy, "us vs. them" outlooks and poor decisions.

When a laboratory test is not collected on a patient ward, for example, silos approach the error differently. Nursing culture writes up the incident from root cause to solution without asking the laboratory, blaming the event on phlebotomist inattention or the tech on call. Laboratory culture writes its own version of events, blaming the event on an order not being verified, the person on call not being notified, etc. Both silos are frustrated by an unresolved process that ensures the error will recur, and yet neither bridges the gap to collaborate on a real solution.

Higher stakes often strengthen the silo walls as those within a department become defensive or fear retribution. Giving a unit of blood to the wrong patient, for example, can quickly generate a trail of blame that prevents departments from working together. Similarly, nursing medication errors linked to trough therapeutic drug levels can lock down a department culture into a frenzy of documentation that protects individuals and doesn't consider the big picture of preventing a recurrence.

Up and Over

If your organization chart looks like an upside down tree with the CEO at the top branching to senior leaders on down, silos already exist by design.

As *Bloomberg Businessweek* points out, "Command-and-control-oriented cultures breed silos. In such cultures, fear prevails. Managers focus on guarding turf rather than on engaging colleagues outside their group ... if it seems necessary to involve another department or function, a team member runs the idea up the flagpole within his or her silo."² This vertical "up and over" strategy is at least once removed from those performing the work.

In your laboratory, for example, a suggested change in call hours will first be forwarded to a senior leader, who will review at a resource committee, discuss formally with a nursing director who relays this to other nurse managers. Staff nurses are informed of the change without context, leading to frustration and suspicion. Worse, a different decision is made and laboratory call hours changed by another department, reversing the process.

Command and control organizations distribute information between silos on an arbitrary need to know basis. Thus, individual decisions are based on incomplete knowledge and are often redundant or work at cross purposes for the patient.

Questions to help determine if your organization works in silos as suggested by leadership expert John Kotter in *Forbes* magazine are listed in the Table.³ See how many you agree with to get a sense of your culture.

Break the Silos

Silos are caused by vertical, fear based thinking. The opposite of silo thinking is systems thinking, which considers how interconnections affect the complex dynamics of an event in a lateral fashion. By contrast, silo thinking is simplistic and linear.⁴

Changing from linear to lateral thinking isn't easy, but there are practical, low-cost steps that a manager can take starting today, as suggested by one consultant:⁵

- **Reward collaboration.** Changing a rewards system to recognize efforts to work with other departments will change a culture.
- **Focus on innovation.** Innovative solutions often can only happen when the right people with the right information get together to solve problems. Enabling this kind of interaction and telling these stories will focus energy away from linear thinking.
- **Communicate transparently.** Since silos hide information from each other, breaking them involves sharing all information about how the organization functions.

Focus on the customer. Silos typically focus on internal issues. Sharing market surveys, feedback, and asking patients and their families directly what they would like to see can turn your team away from a defensive self-obsession.

Ultimately, the patient or customer who experiences poor care or service is the loser in a turf war between silos.

Improve Quality

One approach to bridging silos that can work is laboratory rounding through patient and ED areas to review charts, answer questions, follow up on issues, and speak directly to caregivers. A few minutes each morning can catch providers to clarify orders and share microbiological culture information. During this rounding, laboratory professionals can review chart history, orders, and anything else about the patient that improves the quality of results.

This access can improve quality. Pre-printed orders can be reviewed for accuracy and clarity, and during rounding the lab team can ask clerical staff specific questions. If a culture needs to be re-collected, the team can speak directly to the patient nurse and explain why the original specimen was rejected as well as relay the proper collection technique. Being a visible, approachable resource bridges silos and fosters different thinking about how problems can be solved.

At Penobscot Valley Hospital in Lincoln, Maine, we do just that. Each morning two laboratory team members round at nurse stations, focusing on pending cultures, recent or pending obstetrics patients, and blood transfusions. Problems can be solved without a committee.

For example, during one morning visit a ward secretary suggested that instead of the laboratory calling her about a critical value and she pages the nurse to call the laboratory, why not page the nurse directly? These and other problems are easily solved without silo thinking, improving quality and creating an expectation of collaboration.

Silos thinking is optional. By understanding its roots and how to bypass vertical, silo-based communication you can reach across departments and work directly with nurses for better patient care.

Scott Warner is lab manager at Penobscot Valley Hospital, Lincoln, ME

Three Ways the Winter Season Affects Your Sleep

With cold air surging across the country and snow lingering from several winter storms, the winter season is nearing.

But as this time of year ushers in less sunlight, colder air and holiday indulgences, it can have a significant impact on the human sleep cycle.

"Sleep is the time for the body to rest and repair itself and get ready for the functions of the day," Associate Physician in the Division of Sleep Medicine at Harvard Medical School Lawrence Epstein, M.D., said.

The amount of sleep each person needs varies by individual, but most people need between 7.5 and 8.5 hours of sleep each night.

1. Lack of Light

"The change in light can have a big effect on the time and quality of your sleep," Epstein said.

The amount of daylight during the winter is more limited than in the other seasons, impacting the body's cycles.

"Light directly impacts the pituitary, which secretes melatonin," Chair of the Homeopathy Department at Bastyr University's School of Naturopathic Medicine Dr. Brad Lichtenstein, N.D., said.

Melatonin regulates the body's sleep-wake cycles. Lack of light can cause the body to produce more of the chemical, making the body feel tired and sluggish.

In addition, lack of light during the winter months or during the transition from fall into winter can induce seasonal affective disorder (SAD). SAD is categorized by full-fledged depressive episodes that take place regularly during times of seasonal change.

2. Colder Air

Winter is notorious for an increase in utility bills as temperatures drop and heat gets turned on. However, heating can have undesirable effects on sleep quality.

When air is too cold, it will negatively affect melatonin production and cause the body's sleep cycle to be disrupted. However, air that is too dry or too warm will dry out the body's mucus membranes and make the body more susceptible to illnesses such as the cold or flu.

"When we are in an environment where we are heating the air that actually denatures the mucus membranes and makes them more susceptible to bacteria and viruses," Dr. Lichtenstein said.

3. Change in Eating Habits

Christmas cookies, along with other holiday sweets, can alter the body's hormone levels and, as a result, impact the sleep cycle.

While summertime brings forth natural sugars in the form of fruit, winter contributes hearty, dense carbohydrates to the table.

From Halloween through the Christmas and New Year's holidays, much of the winter season is based around sugary, fat-laden and high-calorie foods. These types of foods impact the body's hormone levels.

Associated with metabolism and appetite, the hormone leptin is also influenced by eating a surplus of these types of foods. The change in the levels of leptin in the body ends up disrupting the sleep cycle, and these disruptions will cause the body to further alter hormone levels.

"When our sleep cycle gets disrupted, we wind up craving those foods more and we don't know when we're full," Dr. Lichtenstein said. "If we continue to eat like this, it will affect our sleep... it's a vicious cycle."

The Consequences of Sleep Deprivation

According to Lichtenstein, in 1910 the average American slept between nine and 11 hours each night. By 2001, the average American slept only six hours.

Sleep deprivation is classified as a lack of sleep that affects a person's performance when awake. Symptoms of sleep deprivation can include having trouble staying awake during daily activities and the need for caffeine to get started.

This sleep deficit can lead to memory impairment, poor job performance and higher rates of motor vehicle accidents, according to Epstein.

According to Epstein, studies show that many who are sleep deprived tend to gain weight. Due to sleep's impact on glucose levels and the regulation of sugar metabolism, several studies have even found that it may be a precursor to diabetes.

It can also bring on a weakened immune system, an increased risk for heart disease and hypertension.

According to Epstein, studies show that people who don't get enough sleep don't live as long.

Tips for Better Winter Season Sleep

- 1. Set a routine.**
- 2. Set the room temperature to be cool and comfortable, but not too dry.**
- 3. Turn off electronic equipment an hour or two before going to bed.**
- 4. Get moving or get some exercise everyday.**
- 5. Try to relax before going to sleep.**
- 6. Get some light exposure everyday.**
- 7. Try not to eat three to four hours before going to bed.**



Season's Greetings

from the

Region IX Executive

Ann, Vern, Corinne, Michael, Heather.

And the Committee Chairs

Lisa, June, James, Tracey

Warm Cranberry Dip

1 cup Miracle Whip Original Spread
1 pkg. (250 g) Philadelphia Cream Cheese Spread, softened
1/2 cup Kraft Feta with Oregano, Sun Dried Tomatoes and Cracked Peppercorns Cheese
1/2 cup whole berry cranberry sauce
1/2 cup toasted slivered almonds
1/2 cup sliced green onions

COMBINE in pie plate or ovenproof serving dish *Miracle Whip*, cream cheese, feta cheese, cranberry sauce, almonds and green onions.

BAKE at 350°F for 15 min., stirring once during baking.

SERVE warm with Christie Wheat Thins and Ritz Crackers as well as sliced raw vegetables.

NSH Region IX would like to extend thanks to Leica Microsystems for their continued sponsorship of
The Cutting Edge Newsletter



2014 NSH Teleconference/Webinar

Wednesday January 22 1-2 pm ET
Immuno-Staining Cytologic Specimen Material: Practical Considerations and Potential Pitfalls

Wednesday February 5 1-2 pm ET
What Competency Really Is

THE CUTTING EDGE

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Contributions are welcome.
Please send your articles to:

Ann Lynde

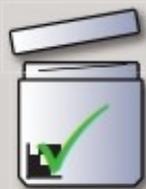
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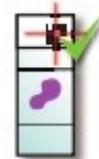
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National Society for Histotechnology Membership Application

Source: _____

Today's Date: _____

Please complete both sides of form

**2013 Membership Year
January 1– December 31**

Referred by:

3 WAYS TO JOIN OR RENEW YOUR NSH MEMBERSHIP

- 1. ONLINE:** Join online from our website www.nsh.org **2. FAX:** Complete form with credit card number included and fax to (443) 535-4055
3. MAIL: Return this completed form with payment to:

National Society for Histotechnology, 8850 Stanford Blvd, Suite 2900 Columbia, MD 21045

** Payments accepted are Cash, Check, Money Order & Credit Card (Visa, Mastercard & American Express.) * A Purchase Orders may not be used for membership dues.*

- 1. Contact Information:** *(Please select which address/email you would like to be your primary address.) Your Primary address will be used for directory and mail.*

Name:	Company:
Home Address:	Work Address:
City/State/Zip	Dept/Bld/Room#:
Home Phone:	City/State/Zip
Personal Email	Phone:
Primary Address: (Please circle) Home Work	Work Email:
Primary Email Address to contact you: (please circle)	Personal Email or Work Email

Are you?: A New Member Renewing your membership

- 2. Membership Type:** *(Please read below and select which Membership type you are applying for)*
- Professional Regular Active(\$80):** Individuals actively engaged and/or interested in histotechnology or an allied profession
 - Retired (\$40):** Members retired from the profession. The member must be an active member in good standing for at least five years prior to retirement.
 - Student (FREE):** Individual in a NACCLS approved or Canadian histology program with documentation from the program director and/or pathologists attesting to their student training status. Individuals may hold student membership for a maximum of two years .
 - International (\$80):** Individuals residing outside the United States, Canada and U.S. possessions, who are gainfully employed and actively engaged in and/or interested in histotechnology or an allied profession

For Student Membership: (Please complete)

Histotechnology School/Program Name: _____ Year started: _____

Director Of Program: _____ Email/Phone: _____

The National Society for Histotechnology is a non-profit organization, committed to the advancement of histotechnology, its practitioners and quality standards of practice through leadership, education and advocacy.

NSH Membership Application - Expires December 31, 2012

3. Title and Credentials:

Name: _____

Job Category: Please check appropriate title

- Trainee Lab Assistant Technologist Supervisor Lab Manager PA Pathologist
 Educator Industry Sales Industry Technical Rep Other _____

Credentials: Please check all the apply

- HT HTL QIHC MT MLT MLS CT SLS PA PhD MD Other _____

4. Areas of Interest: (Please check which resources interest you)

- IHC Hard Tissue Veterinary Research Safety Regulations Molecular Management/Leadership
 Education Mohs Mentoring Other Specialties _____

5. Certifications Interested in Pursuing:

- HT HTL QIHC MT MLT MLS CT SLS PA PhD Other _____

6. Preferences

- A. Are you a New Member? Yes No I have not been a member for many years. (Last year member _____)
- B. Would you like a Society Mentor to contact you about resources available? Yes No I want to think about it
 If Yes, what's the best way to contact you? **Phone:** Home Work **Email:** Personal Work
- C. Are you interested in volunteering for NSH? Yes No Possibly, but I would like more information
- a. If yes, how much time are you able to commit? (Please select one)
 On-site at the Annual S/C A few hours a month A few hours a week Only on special projects
- b. Is there any special area you are interested in volunteering for?
 Presenting a Workshop Presenting a Teleconference Becoming a Society Mentor
 Write an article for Journal of Histotechnology Editing articles for JOH Join a Resource Committee (see #4 for areas)
 Join a Business Committee (Education, Legislative, Bylaws, Membership, PR, Nominations/Elections)
** Please visit our website under Leadership to find out what each committee does.*

7. Addition to Dues:

- Would you like to purchase a membership pin for \$10? Yes No
 Would you like to donate to ADA Fund? Yes No \$ _____
 Would you like to donate to Memorial Educational Fund? Yes No \$ _____

Add Membership \$ _____ Add Pin: \$10 Add Donation: \$ _____
Total Due: \$ _____

Membership Types:	Fees:
Active Regular Professional	\$80
Retired	\$40
International	\$80
Student (see qualifications)	FREE

8. Payment Information: Cash Check # _____ Money Order Credit Card (Visa, Mastercard, American Express)

Name on Card/Check : _____ Amount: _____
 Credit Card #: _____ Exp. Date: _____ CVV# _____
 Signature: _____ Date: _____