



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

I have always loved this quote by Charles Swindoll. I believe there is something in it for each of us. Our attitude

is **everything**. One of the most important steps each of us can take toward achieving our greatest potential in life is to learn to monitor our attitude and its impact on our work performance, relationships and everyone around us. Our attitudes have a profound impact on the way we lead people, how we sell our services, and the way we serve our customers. Our attitudes have a direct impact on how we communicate and collaborate with others, how we contribute to the culture of our work environment and how we perform our daily tasks and responsibilities.

I once heard it said, "Other things being equal, the person with the best attitude will win. Other things *not* being equal, the person with the best attitude still wins!" Unfortunately, many people chose to cling to attitudes that restrict rather than empower their performance.

As Charles Swindoll said, we determine our attitude. Our attitude is not something that happens to us. It's one of the few things in life over which we have complete control. If we want to perform our best and reach our maximum fulfillment, we have to practice control of our attitude -- the life-shaping power of how we choose to see and respond to events, situations, people and ourselves.

When you read about the lives of consistently successful people, you learn that one of their distinguishing characteristics is their ability to maintain a positive and proactive attitude. Successful people produce better outcomes because their minds are not cluttered or distracted by pessimism, negativity or cynicism. Research has shown that, over time, positive thinkers consistently outperform negative thinkers.

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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ANTIBIOTIC RESISTANCE THE GLOBAL THREAT

Antibiotic resistance – when bacteria change and cause antibiotics to fail – is happening **RIGHT NOW**, across the world

The full impact is unknown. There is no system in place to track antibiotic resistance globally



Without urgent action, many modern medicines could become obsolete, turning even common infections into deadly threats.



A GROWING CRISIS WORLDWIDE

In the **EUROPEAN UNION**, antibiotic resistance causes 25,000 deaths per year and 2.5m extra hospital days¹



In **INDIA**, over 58,000 babies died in one year as a result of infection with resistant bacteria usually passed on from their mothers²



In **THAILAND**, antibiotic resistance causes 38,000+ deaths per year and 3.2m hospital days³



In the **UNITED STATES**, antibiotic resistance causes 23,000+ deaths per year and >2.0m illnesses⁴



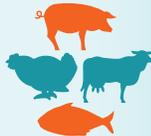
CAUSES OF ANTIBIOTIC RESISTANCE



Over-prescribing of antibiotics



Patients not taking antibiotics as prescribed



Unnecessary antibiotics used in agriculture



Poor infection control in hospitals and clinics



Poor hygiene and sanitation practices



Lack of rapid laboratory tests



Sentinel Antibiotic Susceptibility Prevalence Studies for Groups A and B Streptococci

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

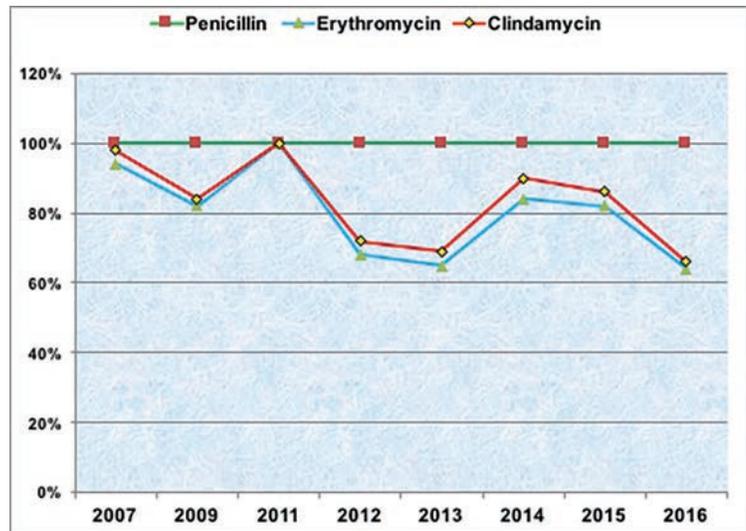
Sentinel antibiotic susceptibility prevalence studies for groups A and B streptococci are performed at least biannually by Laboratory Alliance's Microbiology Department to monitor

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.



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%

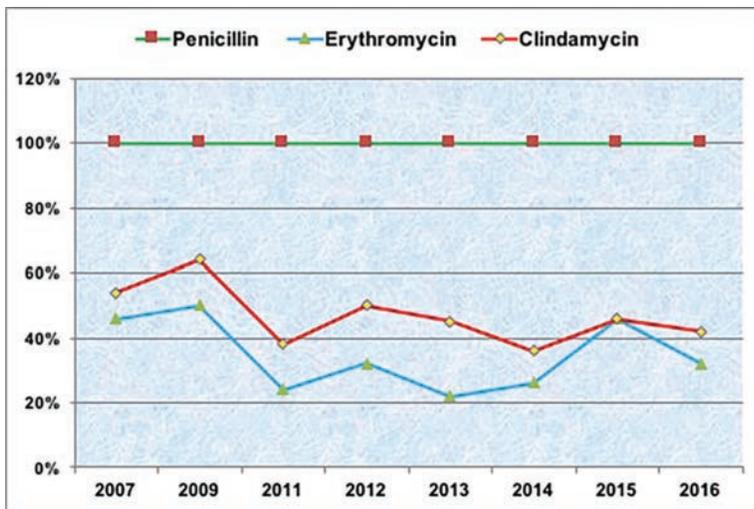
The 2016 susceptibility patterns for erythromycin and clindamycin represented an increased resistance than was detected for these antibiotics over the last sentinel study periods. 2014 and 2015 showed improved susceptibilities for both macrolides and clindamycin as compared to 2012 and 2013.

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.



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%

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

HOW CAN WE STOP IT?

- 1. Improve labs:**
Countries need medical labs to identify bacteria and choose the right drugs to treat them.


- 2. Collect and share data:**
Countries need systems to track cases and report results globally to make better policy decisions.


- 3. Use antibiotics wisely:**
To ensure antibiotics are here when we need them, they must be prescribed and taken correctly now.


- 4. Take measures to prevent infections:**
Especially in healthcare settings, good infection control practices are critical to stopping spread of resistant germs.





Learn More
<http://www.cdc.gov/getsmart>
<http://www.cdc.gov/drugresistance>
 1. The Bacterial Challenge: Time to React. ECDC/EMA Joint Technical Report 2009.
 2. Lahnemann, Platen et al. Antibiotic Resistance: the need for global solutions. The Lancet Infectious Diseases, Volume 13, Issue 12, 1057 - 1058
 3. Pongthorn et al. Health and economic impact of antimicrobial resistance in Thailand. J Health Systems Res 2015;33(2):40
 4. <http://www.cdc.gov/drugresistance/>

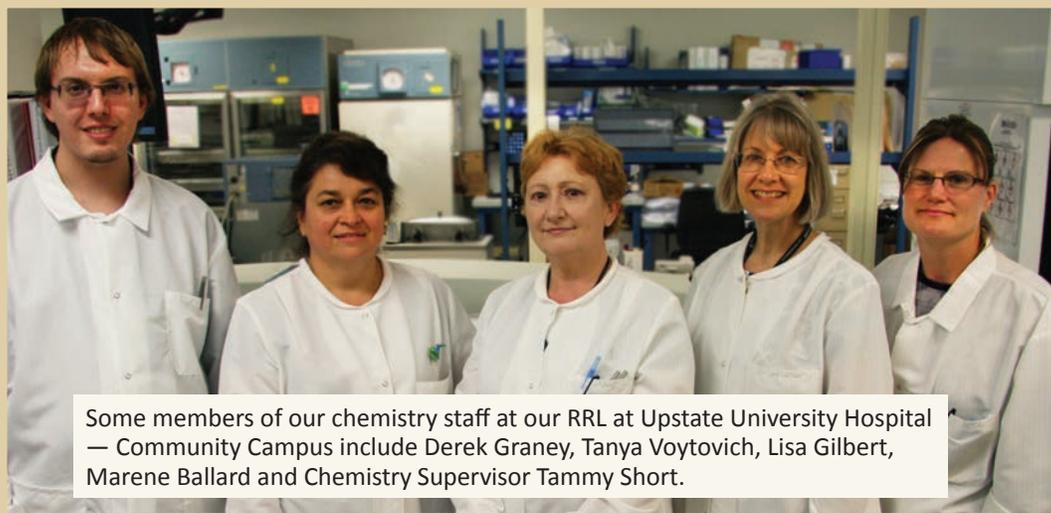
Learn more at
www.cdc.gov/getsmart and
www.cdc.gov/drugresistance

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

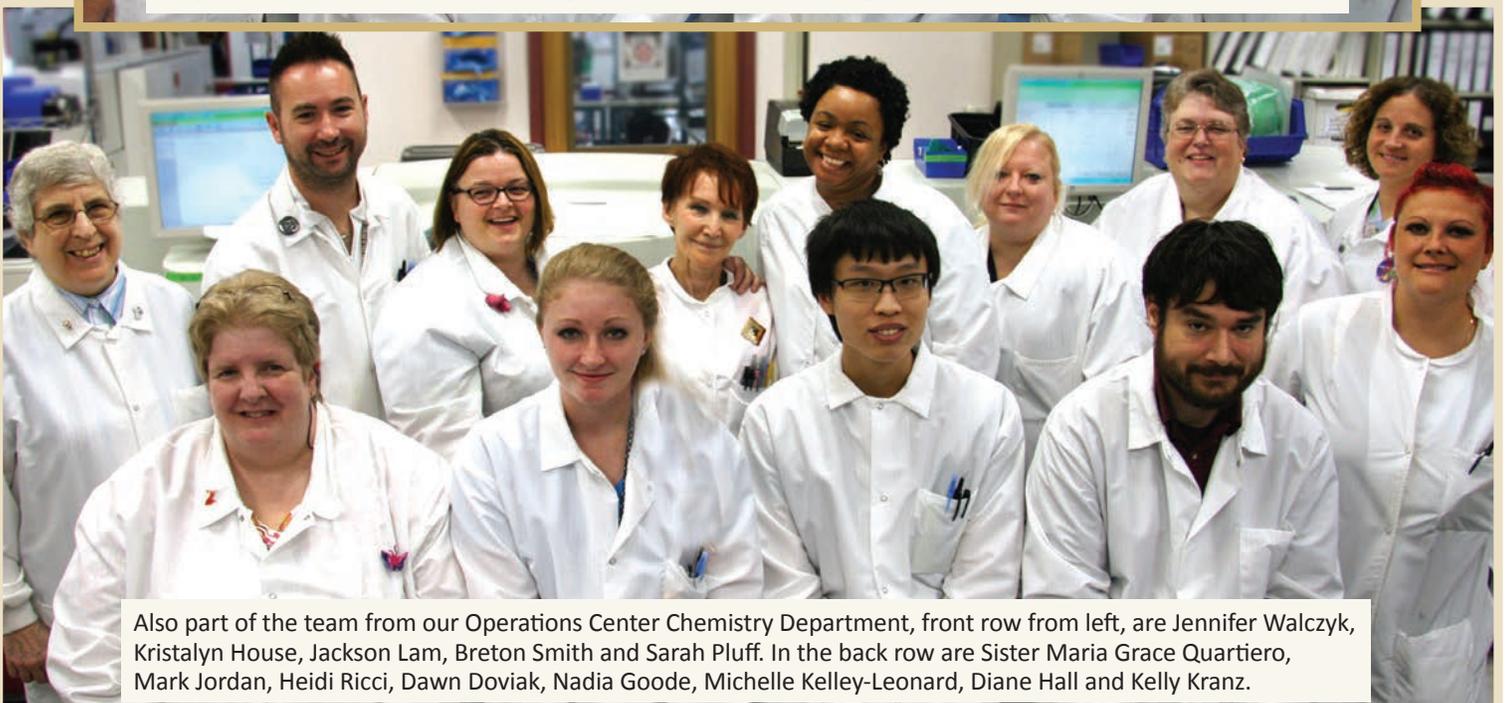


Some members of our chemistry staff at our RRL at Upstate University Hospital — Community Campus include Derek Graney, Tanya Voytovich, Lisa Gilbert, Marene Ballard and Chemistry Supervisor Tammy Short.

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.



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.



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.



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.



LA Newsmakers

Employee Anniversaries

July, 5 Years
Sari Reikes
Rita Romano
Stacy Williams

July, 10 Years
Nadine Riche

July, 15 Years
Michelle Kelley-Leonard
William McCarthy
Jocelyn McManamay
Tamika Ripply

August, 5 Years
Kelly DePasquale
Samantha Lovelace
Wanda Salem

August, 15 Years
Kelly Kranz

September, 10 Years
Leslye Ebert
Michael Galeazzi
Kathleen Woodford

September, 15 Years
Michele Rioux

New Employees

Please welcome our new employees

At our Corporate Offices

Merissa Brillanti – Customer Service Representative

At our Operations Center

Tania Bennett-Clere – Laboratory Office Assistant

Faith Ennis – Laboratory Office Assistant

Diana Frederick – Laboratory Office Assistant

Kristalyn House – Medical Laboratory Technician

Jack Lam – Medical Technologist

Dallas Merola – Laboratory Office Assistant

Jessica Nowakowski – Laboratory Office Assistant

Magela Soto-Haces – Technical Processing Assistant

Ashley Wolfe – Phlebotomist

At our Rapid Response Laboratory at Crouse Hospital

Stefanie Rienhardt – Laboratory Office Assistant

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

Kelly Bouchard – Medical Technologist

Sara D'Arcy – Medical Laboratory Technician

Brittany Ford – Laboratory Office Assistant

Jackie Hand – Laboratory Office Assistant

Kayleigh Ingraham – Laboratory Office Assistant

Sara Helinski – Laboratory Office Assistant

Kiersten MacNabb – Laboratory Office Assistant

Margaret Monnat – Technical Assistant

Deanna Viscusi – Medical Technologist

At our Rapid Response Laboratory at Upstate University Hospital - Community Campus

Derek Graney – Medical Technologist

Jean Sammartino – Laboratory Office Assistant

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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.

Community Connections

Calendar of Events



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

Friday, Sept. 9
St. Joseph's Hospital Health Center 23rd Annual Golf Classic, Turning Stone Resort.

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.



Laboratory Alliance employees responded to United Way's recent appeal to donate children's swimsuits, contributing more suits than any of the companies participating in the "Donate a Swimsuit. Change a Life" campaign. Before delivering the goods, **Karen Carter**, vice president of finance/chief financial officer, **Marsha Herbst**, human resources assistant, and **Rebecca Burton** and **Peg Thompson**, information systems technicians, displayed the suits at our Corporate Offices.

The program is run in conjunction with VolunteerCNY and the YMCA of Greater Syracuse in an effort to keep kids safe in the water by offering free water safety instruction to hundreds of children and their parents. Many of the children do not have appropriate swimwear when they are enrolled in the program.

Welcome New Clients

William M. Bock, MD, PC
 Auburn, N.Y.

Family Practice of Cortland
 Cortland, N.Y.

Five Star Family Care
 Liverpool, N.Y.

David Grossi, DC
 Syracuse, N.Y.

Groton Family Practice
 Groton, N.Y.

New York Heart Center
 Syracuse, N.Y.

Syracuse Eye Physicians
 Syracuse, N.Y.

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)

SEPTEMBER SONG

September 16, 2016

Traditions at the Links
 East Syracuse
 6:30 - 10:00 pm

Music by:
the SWOONERS

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RAT-PACK ERA ATTIRE ENCOURAGED

LABlines

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