

The Core Lab Holds a Tea Party

Ellee Williams, (left side, both images), a lab assistant with UHN for 21 years has worked in areas such as ECG, Diagnostic Test Centre and currently located in the Core Lab. Having had the opportunity to volunteer and participate in humanitarian missions to Haiti, Grenada, Malawi and Cuba during times of natural disasters, it brings her great joy to help people in need.

Ellee's other passions include making and wearing hats — and after watching the Royal Wedding of Prince William and Katherine Middleton, it inspired her to recreate the excitement at work. With managerial approval, she brought in hats, fancy tea cups and had tea and TimBits served as a refreshments.

"It gave me great pleasure to see my smiling co-workers as we all enjoyed a great work spirit for the remaining of the day. I absolutely encourage others to have such theme days as it brings fresh energy and renewed team spirit," said Ellee.



Lab Med News—Quarterly Newsletter for the Laboratory Medicine Program



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NEWSLETTER FOR THE
LABORATORY MEDICINE
PROGRAM

Lab Med News

Melanoma has gone viral

Recently, the David Cornfield Melanoma Fund launched a YouTube video entitled "A Message to My 16 Year old Self."

By the beginning of June, the video already has **1.9 million views!**

Dr. Danny Ghazarian, pathologist in LMP and Chair of the Melanoma and Skin Oncology site at Princess Margaret Hospital, serves as the Medical Advisor for the David Cornfield Melanoma Fund and appears in the video, along with others, to help raise awareness of melanoma prevention.

The David Cornfield Melanoma Fund, which created the video and where Dr. Ghazarian serves as Medical Advisor, was established in 2007 and is devoted to saving lives from melanoma by promoting awareness of this potentially deadly disease.

Watch and share the video to learn more about melanoma.

David Cornfield
Melanoma Fund:
www.dcmf.ca

YouTube video:
<http://www.youtube.com/watch?v=4jgUcxMezM>



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Laboratory Medicine and the Crystal Ball

In thinking about the future of laboratory medicine, we have to stand back and ask what's going to change and how will we adapt to the change? The challenge for us for the future is to be faster, better, and cheaper. That is the bottom line.

How are we going to be faster? In LMP, we monitor our turn-around times and develop innovative approaches to provide timely results for our patients. We have implemented telepathology to provide subspecialty consultations for patients anywhere in our Ontario-wide network.

At PMH we offer a same-day diagnostic clinic. Women come in for mammography—if they have an abnormal feature on their mammogram, and it looks like it's suspicious, they have an immediate biopsy. It's processed in our rapid tissue processor, and within two and a half hours, we have a diagnosis. If the patient has cancer, she will meet with her surgeon, medical oncologist, and radiation oncologist and have a treatment plan in place the same day. That's how all of us would want to be treated.

How can we be better? We have a team of experts in every aspect of laboratory medicine to implement and interpret every test needed for our patients. Clinicians want increasingly detailed, reliable, and relevant information. Our reports have to be comprehensive. We issue a consultative report with a comment about therapy and prognosis.

Even in anatomical pathology we capture our data synoptically and in a database to capture valuable information and enhance translational research.

How can we be cheaper? Our large core lab at UHN does high quality reference testing for almost 100 hospitals across the province while we support rationale testing on site for every hospital in our network in the most cost-effective way.

We have talked before about how hospitals in the Toronto Central LHIN are working together on a laboratory collaborative project. We believe that we can increase the quality of care given to our patients, consolidate resources, enhance research and just as importantly, ensure that the people are well supported through these changes.

We are confident that the plan the CEOs within the TC LHIN come up with will achieve this mandate. This plan will be taken to the TC-LHIN Steering Committee so that all members can comment on the solutions.

We have to ensure that pathology and lab medicine remains a dynamic, integrative, consultative field. That is how we will stay relevant in the public eye. Your input, your experience and commitment to lab medicine will help us to get the plan right for laboratory medicine, our patients and our future.

Sylvia Asa
Medical Director

Brad Davis
Executive Director



Sad News

On April 16th 2011, Mary Guiniaon, a medical laboratory technologist within the Blood Transfusion Medicine department passed away; she was 43.

Mary came to work in the Blood Transfusion laboratory in 2007 and was exceptionally sweet and admired by all. She was a diligent, meticulous colleague whose caring nature was reflected in her work and was seen as an incredible, thoughtful individual and dedicated employee. Her diligence was humbling to all who knew her and she worked through periods of her illness when many would have given up.

Mary leaves her husband, son 17, daughter 10 and also her parents and extended family.



The Value of Accreditation and Patient Care

In April, LMP was assessed by the College of American Pathologists (CAP). CAP is a voluntary professional organization that is designed to promote high quality standards for patient care, excellence in pathology and laboratory medicine practice, education and research.

With over 7,500 various requirements assessed by CAP, LMP had an incredible **99.6 per cent** success rate. This means that only 32 deficiencies across the entire Laboratory Medicine Program were cited. During the final summation meeting on Tuesday afternoon, the accreditation team was so impressed by our labs and our results that one of their comments was that it's "an honour to inspect your great lab – you do a great deal of service to the industry."

Shortly after the CAP inspection, the Blood Transfusion Medicine Laboratories were assessed by a joint accreditation team from the American Association of Blood Banks and the College of American Pathologists (AABB and CAP).

The AABB's Accreditation Program is designed to improve the quality and safety of collecting, processing, testing, distributing and administering blood and blood products. The Accreditation Program assesses the quality and operational systems in place within the facility.

The Blood Transfusion Medicine Laboratories proudly achieved an outstanding **99.9 per cent** compliance rate. There was only one citation and the Transfusion Medicine team has already put corrective action in place to address it.

In mid-May, two of our partner hospitals within the Timmins Cluster underwent the Ontario Laboratory Accreditation (OLA) peer assessment. OLA is mandatory for all licensed Ontario medical laboratories. For 2011, the Notre-Dame Hospital received a compliance score of **97.31 per cent**, with zero major deficiencies and 13 minor deficiencies.

When OLA, CAP and AABB come to visit the Laboratory Medicine Program

"an honour to inspect your great lab – you do a great deal of service to the industry."

For Sensenbrenner Hospital, the 2011 compliance score is **93.93 per cent**, with 1 major deficiency and 28 minor deficiencies. Hornepayne Hospital received a compliance score of 93.56 per cent with 15 major and 15 minor deficiencies. All will be corrected well within the allotted 90 days. The other hospitals within the

Timmins Cluster are undergoing accreditation throughout the summer months.

Accreditation and peer assessment are a vital part of ensuring quality, patient safety and our investment toward being a global leader in laboratory medicine. As the overall missing of LMP is to advance laboratory medicine in our three foundational pillars – research, education and clinical service – these types of inspections and assessments help us reach our goals and assist us in providing world class laboratory medicine for all our patients.



Written by Mary Fountas—Quality/Safety Manager

Many of you may know that with the retirement of our Safety Officer extraordinaire, Ed Kasprzak, the number of people stewarding LMP's safety program is now one - yours truly. I am now in the process of reviewing the duties and responsibilities of the Safety Officer function – and you know people always do much more than we think—in order to make sure we're covered and everything that needs doing will get done and by the most appropriate role or group.

Helping me to do this is the LMP Safety Group which has membership from all labs working to gain compliance with ever-evolving requirements from our accreditors, conducting annual inspections as part of that compliance review, monitoring our safety training program and setting and supporting the expectations for how we conduct our daily work and ourselves.

In a recent meeting it was noted that several staff had been observed in various laboratories bringing in food and personal items on "off-shifts", i.e. evening, midnight and weekend shifts. The question was posed as to the responsibility of the Safety Group member in this situation. The answer to this question is a very easy one; it is everyone's responsibility to ensure we have a safe and compliant workplace.

This responsibility does not fall to everyone only due to OLA or CAP requirements but because of the Occupational Health and Safety Act's Internal Responsibility System. This is a system, within an organization, where everyone has direct responsibility for health and safety as an essential part of his or her job.

To be clear, the expectation for all LMP staff is that food and personal items shall not be brought into the lab. Different days or times of the day do not have different rules.

To Read More:

Laboratory Safety Manual – in Paradigm at <http://paradigm.uhn.ca/>

Occupational Health and Safety Act - <http://www.labour.gov.on.ca/english/hs/>



Hockey for Heart

On May 13 and 14th, a few staff from LMP skated their way to victory – and a few losses - at Hockey for Heart, an annual hockey tournament in support of the Heart and Stroke Foundation.

They lost in the first game 7-0, won the 2nd game 2-1 and lost the 3rd game 5-2. The team had two penalties (one from Mount Sinai and one from TGH - but they insist on keeping the names of the offending players a mystery). The team included one pathologist, three MLTs, two residents and four PAs playing, as well as a few assorted friends and family.

The team raised about \$1100 for the Heart and Stroke Foundation and looks forward to participating in Hockey for Heart again next year—with more players from the lab and to raise even more funds.



Meet Dr. Lili-Naz Hazrati



10 Questions for Dr. Hazrati

What is your position?

Staff pathologist

What do you do here?

I'm a neuropathologist and a researcher at the University of Toronto, at the Tanz Centre for Research in Neurodegenerative Diseases (TCRND).

Why did you get into lab medicine?

I had a postgraduate degree in neuro-anatomy and did research in that field. For me, neuropathology was just a logical continuation in my work. It's a good discipline to continue my interest in brain research.

How did you get started at UHN?

I trained as a resident here in Toronto and in 2009 I got a staff position here as a neuropathologist.

How long have you worked here?

I started my residency in 2002, did my fellowship at UHN in 2008 and the following year was hired in a staff position.

What is the favourite part of your job?

All aspects! I like signing out cases, the variety and the challenge of the research and bridging the diseases with the research we do.

What is the most challenging part of your job?

Keeping up with all the demands from each aspect – the research, the teaching and the clinic are competing pressures.

What value would you say you add to patient care?

I do a lot of autopsies for people with Alzheimer's disease, Parkinson's disease and other related diseases. I'm often in touch with the family members because they want to know answers. I keep that personal contact in order to facilitate that request in a way that's not a burden on their part. When I have findings I talk to them about it and explain what I've found – that seems to be well received by the family members as it answers their questions and takes away some of their anxieties.

How would you say you support the LMP mission to advance lab medicine in its three functional pillars: research, education and clinical service?

I support this mission completely! I do a lot of research and clinical work and I'm involved in education in all levels. I teach full courses over many months – undergrads, grad students, residents. It takes up a lot of time, but I also offer non structured teaching – for example, residents in other disciplines that are close to exams but need refreshers. And, I support education not only in Toronto, but other cities that don't have neuropathology teaching. For example, I teach students in Saskatoon through webcam – a type of tele-education.

In LMP, we often talk about serving as "global leaders" – what do you do to serve as a "global leader"?

My research and clinical work have global implications.

Indeed, the TCRND and the UHN pathology department are both world leaders in their respective fields and our research and some of the unusual clinical findings are regularly presented in major National and International scientific meetings.

Meet Karim Bhaloo



10 Questions for Karim Bhaloo

What is your position?

I'm an MLT (Medical Laboratory Technologist) in Cancer Cytogenetics.

What do you do here?

In conjunction with the technicians and technologists, I process bone marrow and blood samples with the objective of analyzing chromosomes from these tissue types. Processing involves harvesting and banding the slides and programming the automated scanner, called Metafer, to scan the slides and selecting the appropriate metaphases for capture and analysis.

Why did you get into lab medicine?

I found laboratory work, and genetics in particular, interesting and fascinating during my years at university. When I found out that there was a course I could take that would connect human genetics with laboratory techniques in helping with the diagnosis of genetics conditions, I signed up faster than you can say Gregor Mendell (he is the father of genetics).

How did you get started at UHN?

I was working in a prenatal genetics laboratory for a while and decided that I wanted a change. Cancer cytogenetics is a very interesting field where one sees abnormalities more often than in a prenatal laboratory. But I wasn't sure if I could be comfortable with cancer chromosomes so I decided to work part-time and see how I felt. After working part-time for about two to three months, I decided to come on board full-time and haven't looked back!

How long have you worked here?

Full-time since 2002...so nine years!

What is the favourite part of your job?

The variety of cases and abnormalities you encounter on a day to day basis.

What is the most challenging part of your job?

The analysis of a very poor sample. It could take about two to three days to analyze a poor case!

What value would you say you add to patient care?

Cancer cytogenetics technologists play a key role in the diagnosis and prognosis of both hematological malignancies and solid tumors. As the Human Genome Project leads to the discovery of an increasing number of genes important in human disease processes, cytogenetic technologists will play an ever-increasing role in the diagnosis of many conditions which will add value to patient care.

How would you say you support the LMP mission to advance lab medicine in its three functional pillars: research, education and clinical service?

I contribute to the mission by being a continuous learner and learning about the regulatory framework that surrounds healthcare management. I apply my education to healthcare and contribute to clinical service via quality and excellence, integrity and collegiality.

In LMP, we often talk about serving as "global leaders" – what do you do to serve as a "global leader"?

I serve as a "global leader" by participating in educational events (I finished the Health Law certificate program through Osgoode Professional Development, the National Certificate for Investigation/Inspection [NCIT] through Council on Licensure, Enforcement and Regulation [CLEAR] and I'm currently finishing my Bachelor of Health Administration through Ryerson University), professional societies and associations (I'm a board member representing District 5-Toronto at the Ontario Society of Medical Technologists [OSMT] and Chair of the External relations Committee of Clinical Laboratory Management Association [CLMA]). Only by doing this can one be an ambassador of one's profession and strive to be a "global leader."

St. George's Society of Toronto visits the Laboratory Medicine Program's BioBank

On May 12, Dr. Patricia Shaw held an exclusive presentation for the St. George's Society of Toronto, the city's oldest charity, on her pioneering work in ovarian cancer research and the changing paradigm of cancer research itself. Thanks to the financial support of The St. George's almost a decade ago, Dr. Shaw was able to establish the comprehensive BioBank in the Laboratory Medicine Program and make real strides in the research, diagnosis and treatment of ovarian cancer.

"To decrease the mortality of ovarian cancer," explains Dr. Shaw, "we needed to have a better understanding of molecular changes that lead to ovarian cancer."

Dr. Shaw started the BioBank to help researchers work together to figure out how the disease develops in the first place, and who is at risk.

"My goal is to identify the patterns in ovarian cancer that will lead to early detection and better treatments."



There are now several hundred ovarian cancer cases in the bank that she initiated, providing many thousands of research samples for study and tracking.

The BioBank is now recognized as one of the largest and best characterized banks in North America, leading to collaborations with investigators in Canada, the United States and United Kingdom.

A biobank, simply, is a place that stores any biological specimens taken from patients or healthy individuals. This could be blood or tissue from a tumour removed, or it could be spinal fluid, urine, or nail clippings. It is important to note that an optimal biobank contains tissue specimens from healthy individuals as well as patients suffering from the disease or condition being studied, as scientific tests need a 'control' group.

Did you know? The BioBank is Canada's largest tissue repository with tumour samples donated from over 20,000 patients.

Dr. Shaw suspects that ovarian cancer may begin with mutations or cellular changes that take place within the fallopian tubes of a woman, so she has collected tissue from women who have given consent and undergone gynaecological surgery at University Health Network. Without this collection, this groundbreaking research would not be possible, and neither would the investigation of new treatments for the disease. This research is only possible because the majority of surgical patients being treated at The Princess Margaret said "yes" when asked if they will donate tissue specimens to the UHN BioBank.

"A biobank is a bridge between the patient and scientist and clinical information and scientific discovery," says Dr. Shaw. "It links scientists with the specimens they need."

Because we now understand that cancer is a disease of the genome, patients understand that other members of their family could also be affected by cancer some day.

This is a significant motivator for someone to donate to a BioBank, but most patients simply want to do something to help find better treatments and techniques for early detection so other people will be spared the anxiety and difficulties associated with many of today's treatments.

Portions of this article previously appeared in the St. George's Society Spring 2011 newsletter.





The “Ed” of an Era

The Laboratory Medicine Program says good-bye to Ed Kasprzak

On April 29, 2011, Ed Kasprzak said goodbye to the Biochemistry lab in the Laboratory Medicine Program. With 32 years of service behind him, he retired with his head held high and looking forward to the next chapter in his life.

“The problem with retirement is that you never get a day off,” joked Ed. “This summer I plan to spend more time at a cottage we have in Collingwood. As well, I have registered for a welding course at Seneca College. In the fall I hope to find a part-time job in a medical lab again.”

Ed started working in the Toronto Western Hospital Biochemistry Lab on October 2, 1978 – 32 years ago. With only a Biochemistry degree – as in those days there was no licensing or registration requirement - he had no medical lab experience. He was eager to learn and took many evening and correspondence courses for certifications that weren’t yet mandatory.

Ed points out that not too much changed in the lab until TWH and TGH merged in the late 80’s.

Within a relatively short time most of the staff and all of the routine sample testing were transferred to TGH. In 1995, when the Biochemistry Technical Officer at TGH retired, Ed was transferred there to take his place.

In 2001, he was happy to be transferred to the position of TWH site supervisor and come full circle back to where he had started. Over the next 2 years he was involved in the space renovation of both Specimen Management and the RRL.

In 2003, when TML at the Michener moved back to TGH, there was a reorganization of Core Lab management. Eventually he found a coordinator-type position working with Drs PY Wong, Alex Romashin and Eric Yeo, and Michele Henry in the Centre for Clinical Proteomics and Mass Spectrometry. He was also made TML’s Safety Officer and Clinical Coordinator. As OLA and CAP inspectors were coming to inspect the labs, a quality management program needed to be implemented.

With Mary Fountas’ support he trained to become an OLA and CAP inspector, and obtained a Quality Manager certificate from the Michener Institute.

He mentioned “how pleased I am that lab accreditation has occurred –it has both improved the quality of test results and has made the labs a better place to work.”

Ed also credits the biochemists Drs. Diamandis, PY Wong and Paul Yip for their support over the years. He also thanks the current Core Lab management team as it is a group “that works hard, works well as a team, and likes to have fun. I will certainly miss them all!”



Have you met Dr. Charlie Chan?

Recently, we asked Dr. Charlie Chan, Vice-President, Medical Affairs, a few questions to get his take on LMP. Dr. Chan is the new executive responsible for LMP. Dr. Asa and Brad continue their work and will report to Dr. Chan.

What advice would you give to new lab professionals just starting out in health care? You're in a good supportive work place, lots of opportunity to learn and grow your career. Take on challenges and learn as that makes the job fun and moves your career along.

What are some learnings that you've gained over your 35+ year medical career that you'd like to share? What was difficult to do in Medicine 35 years ago, its day to day practice. What is difficult to do today, will be a reality within 10 years with advancing technology. The key to success is to keep up-to-date so one will not be out of date.

What similarities do you see between LMP and other programs in your portfolio? My other portfolios are IPAC and Pharmacy. All three are core services that the hospitals cannot do without to provide quality care and keep the patient safe.



Take a look at the revamped Immuno Lab

In April, the entire Immuno lab was updated and reconfigured over one weekend to provide better work flow for staff and samples, and a more attractive and brighter workplace. The staff worked hard during the reconfiguration, but the pay off will be a better, more efficient work environment for everyone.

The entire automated staining area has been reconfigured according to LEAN principles. We can now accommodate the newer stainers, and it doesn't feel cramped at all. Visually, it looks a lot bigger and better than before.

In addition, the fluorescent staining and slide send out areas have been reorganized. The fluorescence activities can now all be performed in one efficient space. The slide send out area has been expanded and reorganized.

As staff worked through the reconfiguration, everyone realized there were even more changes that can be made that will improve the functional 'pods' for daily workflow, so more work is to be done.

However, significant strides were made and improvements in workflow were seen almost immediately and the representative from Roche spent quite a bit of time with us to reinstall the stainers and perform verification test runs to ensure no hiccups with the instruments.

Everything ran smoothly and the lab was back open for business Monday morning.

Management and senior staff would like to thank everyone involved in the reconfiguration for their hard work, passion and dedication toward the project.

National Med Lab Week

The Professional Development Committee within LMP put together a solid week of educational presentations, updates and contests to help honour and celebrate the hardworking and dedicated medical laboratory professionals at UHN.

Lab tours were also organized by the PD Committee of several of the lab spaces at UHN, including Core Lab, Blood Transfusion and Pathology.

Every day during NMLW an expert in a topic related to laboratory medicine gave a lecture/information session to any interested participants

Everyone in LMP was also encouraged to come up with a fun, witty and engaging phrase or tagline that would help raise awareness and garner interest around the valuable work of laboratory professionals

Overall, the 2011 National Medical Laboratory Week at UHN proved to be a tremendous success and helped raise awareness about the vital role that laboratory professionals play in patient care.

The Big Bike was a big success—all in support of Heart & Stroke



Riding as “Asa’s Aces” a team from the Laboratory Medicine Program went up and around Queen’s Park and down University Avenue on a big red bike —clapping and cheering to help raise awareness about heart disease.

The ride only took 20 minutes, but they were all smiles as the team had successfully raised over \$5,000 in support of the Heart and Stroke Foundation of Canada.

As usual, “Asa’s Aces” lived up to the Program’s reputation as dedicated leaders and the event was well organized by Jennifer Hardaker, Senior Technologist, who thanked everyone for participating and supporting a terrific cause. Well done!

