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Dear Members,

The Holiday season is fast approaching. The end of the ear is just around the corner. Have you remembered to enter all your CEU’s into AMTRAX? If you need to pick up some more credits, check out the articles in the AMT Journal of Continuing Education Topic & Issues.

I would like to thank Sheryl Scott, RMA and Christopher Williams, RMA, AHI for putting on a wonderful meeting October 15th in Dayton at the Miami Jacobs College. What a great way to get six CEU’s, have a really good lunch and meet others in the medical field.

I also want to thank Mary Ann Chaplin, RMA and Ruthann Burkholder for the beautiful door prizes they made. They put a lot of work into the crocheted afghans and other gifts they made.

Our Spring Seminar will be April 21st at the Miami Jacobs College in Independence, Ohio.

After over twenty years of very active service to the Ohio State Society of American Medical Technologist, one of our board members is stepping down. Janet Niese, MT has served as secretary, vice president and president. She has put on numerous state seminars, been a delegate to National Convention and has served on several national committees. Janet has won numerous state and national awards. We will miss her on the board as she has been a great mentor and leader to all of us.

I would like to welcome Christopher Williams, RMA, AHI and Jane Harrah, MT to the board. Lawrence Esper, MT was also reelected. They will all be serving three year terms on the board.

Don’t forget the AMT website has been changed to www.americanmedtech.org. National Convention will be July 9-14, 2012 at the Hyatt Regency Hotel in San Antonio, Texas.

Happy Holidays! See you in April.

Lynette Thomson, MT
President

editor’s corner

The conversation “Who is the body’s most important organ”!

The brain: “without me, nothing would be accomplished”
The heart: “without me pumping blood to your brain, you could not function”
The arms: “without me putting food in the mouth, nothing would work”
The stomach: “without me, your food would not digest”
The lungs: “without us, you could not breath”
The eyes: “without me, you could not see”
The kidneys: “without me, you could not detoxify and eliminate”
The colon: “very meekly, you need me to eliminate all the garbage”!!!

Have a safe, healthy and Happy Holiday Season,
Beth
A very special thanks to everyone involved in AMT’s 73rd Educational Program and National Meeting that was held in Miami, Florida. The meeting was held jointly with the CASMET Association.

We had attendance of over 600 participants. It was great weather, great education, great networking and a great family gathering. It is such a wonderful time to see all our old friends at our National Meeting each year.

CHANGE is coming to AMT in many ways. Please keep your eyes and ears open. Some have begun already with the new computer system in the AMT office. There is a new web domain that is www.americanmedtech.org. More change is coming with our National Meeting beginning in 2012 and going into the future. Please be sure to give us your input on the changes. A lot of the changes are coming about because YOU the members asked for them. We have a new “IT” staff member at the AMT office, Mark Garcia. He can help you with issues you may encounter with getting onto the website. It was suggested that the state societies think of using Face Book for AMT. a lot of AMT members are on it so it is a great tool.

Congratulations to all of this year’s award winners in the Great Lakes District. I applaud you and all the hard work that you do for your state society and AMT. everyone in the Great Lakes District deserves a pat on the back for all their hard work.

Our new national officers for 2011-2012, President-Roxann Clifton, MT, Vice President-Mary Burden, MT, Secretary-Jeff Lavender, MT and Treasurer-Everett Bloodworth, MT. Janet Sesser, RMA was reelected to the board and Jeannie Hobson, RMA (will serve out the term of board member that resigned).

District educational meetings were proposed in the Great Lakes District meeting. I talked to each state president present, requested that they talk to their board of directors and report back with their opinion on the idea. The presidents present were very receptive. Following the meeting, emails were sent to the two state society presidents that were not present at the meeting asking for their opinion. The proposal was made that Illinois or Wisconsin be the location for a district seminar in September 2012. Watch for more information on this in the future.

Mark your calendars for AMT 74th Educational Program and National Meeting, to be held July 9-14, 2012 in San Antonio, Texas. It will be at the Hyatt Regency San Antonio, 123 Losoya St., San Antonio, TX 78205, phone number 210/222-1234.

Continue to support your state society officers. If I can be of help, do not hesitate to contact me.

Clara Boykin, MT, Great Lakes District Councillor
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Personal Character Traits of a Professional
Article #3

Character traits are those qualities or groups of qualities that make a person different from others. Personal character traits are those qualities that individuals possess. Some can be good ones and some can be bad ones. A person usually wants to work on the bad ones and improve or remove them from their character. Bad ones might be impatience, anger, or always putting yourself first.

So, are these personal character traits innate, learned, or can they be both? In my personal opinion, I think that they are both. Heredity and genetics play a role in our other characteristics so why not our character traits as well? I also believe that some people have to learn some of the traits they possess. One does this by observing and being around individuals that act that way and exhibit those traits. Just like a young child picks up on good or bad traits, professionals can also pick up traits by observing and listening. That is why we must always be on our best behavior in the professional world as we never know who is watching or listening.

There are many highly desirable character traits in healthcare. One of the most important traits is a strong work ethic. Employers want people that will work hard and get the job done correctly for them. They want someone who makes their job a high priority in their life and can make sound decisions. Staying focused and leaving your personal problems behind is an important aspect of this.

Some other excellent traits to possess as a professional include adaptability, conservativeness, dependability, empathy, initiative, perseverance, punctuality, reliability, compliance, and there are many others. An adaptable person goes with the flow and does not get stressed out easily. They keep a clear and open mind. A conservative person is prudent and does not waste supplies in the work setting. Dependability and reliability means that an employee gets things done on time and follow through on the tasks at hand. Empathy is to put yourself in the place of the individual and to try and feel their pain, discomfort, or emotional feelings. It is not feeling sorry for them. Initiative is having the get up and go to be a self starter and to get things done if you see the need. Perseverance is not giving up when things do not go your way. You continue to do the best that you can and complete the job. Punctuality means being on time. You are not clocking in at the last possible acceptable minute without being late. You also complete tasks in a timely manner. Lastly, compliance is adhering to the rules and regulations of your facility. You maintain confidentiality and follow other important guidelines without trying to take shortcuts or avoid the policy and procedures of your employer.

As medical professionals we should hold many of these character traits. It is a highly competitive job world out there. Our level of professionalism is apparent when we have interviews with potential employers. Therefore, we need to work at maintaining and improving our personal character traits so that we do get hired or to maintain respect at our current job.

Next issue: Personality, personality qualities, personal image and body language
John W. Sherer, MT (AMT), Chair, Federal Government Affairs Committee
AMERICAN MEDICAL TECHNOLOGISTS

Request that you oppose including a 20% Beneficiary Co-Payment or any other cuts for Medicare Lab Services proposed by the Super Committee under the Budget Control Act of 2011.

The Clinical Laboratory Coalition has learned that Super Committee budget negotiators are seriously considering imposing an across-the-board 20% beneficiary co-payment for all Medicare Part B services, including clinical lab tests, as part of a debt ceiling/deficit reduction legislative package. Beneficiaries currently pay no co-pay, and labs are paid at 100% of the applicable fees. This arrangement has been in effect since 1984.

The lab community has fended-off numerous co-pay proposals in recent years, but this year’s initiative may be the most serious threat yet. If enacted, the co-pay would dramatically reduce labs’ net revenues for Medicare testing because of the cost and difficulty of collecting the co-payments.

This is a bad idea because:

• The added cost will discourage seniors from obtaining vital tests that their physicians order.
• Collecting co-pays would be difficult and burdensome, because patients frequently have no direct contact with the lab provider.
• Because the average co-payment for Medicare lab services would be about $6.65 – and frequently would be as low as $1.11 (for tests commonly ordered alone such as Prothrombin time) – the administrative costs to clinical laboratories for billing and collection will far exceed the amount of the coinsurance.
• The coinsurance proposal would be especially devastating to small labs and regional labs that provide the majority of testing services for seniors who are homebound and in assisted living or skilled nursing facilities. For these small labs, Medicare Part B represents up to 80 percent of their revenues.
• A 2000 Institutes of Medicine (IOM) report on Medicare laboratory payment policy recommends against beneficiary co-pays: “Cost-sharing is unlikely to significantly reduce overuse or increase the detection of fraud and abuse; it could create barriers to access for the most vulnerable Medicare beneficiaries; and it would be financially and administratively burdensome for laboratories, patients, and the Medicare program…”

Also of concern, the House Democratic staff prepared a proposal previously advanced by the Congressional Budget Office to not only require copayments but to include deductibles for Medicare lab services stating this would save Medicare $24 billion over 10 years. Understand these proposals only shifts costs to the beneficiary and will be an administrative nightmare for labs.

The Latest Potential Threat comes from the Medicare Payment Advisory Commission (MedPac) in a proposed fix to the sustainable growth rate (SGR) formula used to annually update the physician fee schedule. The proposal would require congressional approval. In the proposal, to offset the cost of repealing the SGR (an estimated $235 billion over 10 years) the proposal would cut payments to other providers, of which 9 percent would be carved out of Medicare Part B lab spending, or $21 billion.

Clinical Lab services inform 70% of health care decisions, while accounting for only 1.6% of Medicare spending. Yet payments for lab services have been reduced by about 40% in real (inflation-adjusted) terms over the past 20 years. They are scheduled to decline an additional 19% over the next 10 years under changes mandated by the health care reform law.

Additional lab cuts are unsustainable and will cause another phase of labs going out of business or major mergers and a reduction in personnel at a time when unemployment is above 9 percent.
Dear Editor,

I was in Washington, D.C. on the morning of 9/11/2001. Here is my story:

I arrived in Washington, D.C. on 9/10/2001 to take part in a lobbying effort on behalf of the Clinical Laboratory Industry. We received training on the issues on 9/10/01 and on the morning of 9/11/01. About 70 of us from around the USA had breakfast and final instructions for our visits to the various Senator and Representatives offices.

Just as we were ready to leave the breakfast, one of the physicians in the group came into the room and announced that the World Trade buildings had just been hit by airplanes so the Congressional and Senator offices would probably be pre-occupied with what was going on in New York City. The attorney I was with and I boarded a taxi to visit Congressman Portman's office. We had just arrived in Congressman Portman's office and began our conversation when a security officer interrupted our conversation to inform us that the Pentagon had just been hit by an incoming airplane and everyone was to be evacuated because they now knew that another plane was out over Pennsylvania somewhere and it was coming in to crash into the Capitol building. Needless to say that ended our conversation and any plans to visit congressmen and senators.

Security herded us out of the building, I believe it was the Rayburn building, onto the streets where we were to walk about 5 blocks away. No one knew exactly what was going on, no TV or radio communications. The traffic was at a stand still except for emergency vehicles and there were sirens everywhere and soon there were National Guards on every street corner.

My attorney friend, Michael McCarty, and I waited for maybe 2 to 3 hours on the streets. He had a cell phone but the phones were pretty much jammed. Mike was familiar with D.C. and suggested we walk to his office in Georgetown, about a 5 mile walk. He suggested we walk along the Potomac river bike path because it was at a lower level and if a plane came in to the Capitol building, that would be higher ground. As we walked for maybe two hours, Mike was able to get through on his cell phone so I could let my wife Sharon (who was teaching at Xenia Cox elementary School) know I was safe and I remember Mike saying to me “The world that we live in will never be the same after today.” How true that statement has turned out to be.

When we returned to Mike's office, I was able to get a room at the hotel in Georgetown where I had stayed the night before. Then watching TV in my room was able to get all the news about what was going on, including flight 93 that had crashed in Pennsylvania. I tried to get a rental car. There were non available, so I settled down to watch the events unfold on TV like everyone else. The next day, a friend of mine from Chicago (also stranded in D.C.) called me and said he was staying with a relative who had a computer and he was able (through their web site) to get a rental car through Enterprise. If I would meet him in one hour at the Enterprise rental car place, I could ride with him back and he would drop me off in Xenia on his way to Chicago. By this time taxis were back in service, so I grabbed all my belongings, got a taxi and headed to the rental car place to meet my friend. It was about 1:00 PM on 9/12/01 that we headed out of D.C. for Xenia, Ohio. We arrived in Xenia about 10 PM that night. My friend stayed at our house in Xenia that night. At about 12 AM midnight the phone rang. It was Enterprise car rental. They had remembered that my friend was staying overnight with me in Xenia and they had another lady from Chicago who had caught a ride as far as Springfield, Ohio. They were calling my friend to see if he might stop by Springfield to pick up this lady and take her the rest of the way to Chicago. Of course he was glad to help out in this way.

I remember my attorney friend Mike McCarty saying to me as we walked along the Potomac River, “John you seem so calm. How can you be so calm?” My reply was, well if anything happens to me I know where I am going. Jesus is waiting and will welcome me home. That was very reassuring to me in that time of trouble.

This is my story.

Thanks for the opportunity.

John W. Sherer, MT
Chair, American Medical Technologists
Federal Government Affairs Committee
NSCC Graduates Recently Receive Honors

Two Northwest State Community College graduates were honored recently by the American Medical Technologists as 2011 students of the year. Toni Wright was recognized as outstanding phlebotomy student and Tina Scott was recognized as the outstanding medical assisting student.

The awards were presented at the organization’s national convention. Each graduate received a plaque and cash prize. NSCC was also recognized with two plaques for excellence in education.
National Convention

Ohio President Lynette Thomson, MT
Silver Service Award – Janet Niese, MT
Distinguished Achievement Award – Jamie Horn, RMA, RPT

Piller Award –
Sheryl Scott, RMA

Ohio Delegation 2011
Janet Niese, MT; Lynette Thomson, MT;
Marilyn Johnson-Gilliam, RMA; Jamie Horn,
RMA, RPT; Larry Espers, MT; John Sherer, MT

Fall Seminar Speakers

David Hesson, President Lynette Thomson, MT

John Sherer, MT, President Lynette Thomson, MT

Rick Gebhart, DO, President Lynette Thomson, MT

Barb Kranz and Konnor, President Lynette Thomson, MT

Christopher Williams, RMA, AHI, President Lynette Thomson, MT

Patty Kroeger, RMA, RPT, RN, President Lynette Thomson, MT
Blood is a remarkable substance, carrying oxygen throughout the body, removing wastes, fighting infection, clotting in the event of a wound and much more. The problem with blood is that there isn’t always as much as you need, and it’s not always where you need it.

Human blood is made up of several components, including red cells (they carry oxygen), white cells (part of the body’s infection defense system), and platelets, which help control bleeding. Red cells in your body have a lifespan of 120 days, but when you donate blood, they can be stored by refrigeration for a maximum of 42 days (or frozen for up to 10 years). Platelets are stored at room temperature but must be used within five days.

For decades, researchers have been trying to come up with substitutes for human blood. Driven by practical considerations, they’re now focusing on developing drugs that can duplicate one of blood’s capabilities, rather than act as a complete substitute.

Dr. Ross Herron, chief medical officer of biomedical services for the Red Cross in Southern California, says most research has attempted to replicate human blood’s capacity for oxygen transportation.

Research into drugs that would carry oxygen through the body has taken two paths. Some researchers concentrate on perfluorocarbons, chemically and biologically inert substances with a strong affinity for gases. Most have a longer shelf life than blood and can be stored at room temperature, but more likely for success are products based on actual hemoglobin molecules, Herron says.

“If you just put the naked hemoglobin molecule inside the human body, it will carry oxygen, but it can also trigger things like high blood pressure and kidney failure,” he says. “The challenge is to take the hemoglobin molecule and keep it from causing negative side effects.”

Northfield Labs has developed PolyHeme, which takes hemoglobin molecules and links them into longer strands, preventing kidney problems. PolyHeme is being pursued as an emergency treatment in areas or under circumstances where whole blood is unavailable – the site of a natural disaster, for example, or in combat. Bernard says the body typically metabolizes PolyHeme within 24 hours, making it unsuitable as a long-term therapy. But the drug seems effective at buying time to allow the system to recover, and for critically-injured patients to be transported to medical facilities.

Other avenues are also being pursued. But Bernard says that for the foreseeable future, nothing can replace human blood in all its various roles. That’s why all healthy donors should participate as often as possible.

“I know there are times when it’s inconvenient or when we’d rather be doing something else,” Herron says. “I know we have problems, especially at holiday time, when there’s so much else going on. But the need for blood never takes a holiday.”

Lance Frazer is a California freelance writer, specializing in science, health, nature and environmental issues.
San Antonio’s famed River Walk winds about six miles through the city’s central core, one block below street level. The River Walk is lined with lush landscapes, outdoor art, charming resting spots and a variety of shops and restaurants. San Antonio’s Spanish colonial missions – including the Alamo – are some of the country’s oldest. The History Channel named the Alamo “One of America’s Top 10 Historic Sites.” San Antonio is also the home of SeaWorld San Antonio, the world’s largest marine park.

Hyatt Regency Hotel San Antonio

FEATURES:
- Located on and in the heart of the River Walk, surrounded by unique shops and restaurants
- Across from the historic Alamo
- Eight miles from the San Antonio International Airport
- Rooftop heated pool and Jacuzzi overlooking downtown San Antonio skyline
- Reduced parking rate in hotel garage for AMT attendees
- Complimentary Fitness Center access for AMT attendees
- Complimentary wireless Internet service in guestrooms for AMT attendees
- Guestrooms have coffee makers, irons and ironing boards, hair dryers

Hyatt Regency San Antonio
123 Losoya St., San Antonio, TX 78205
Phone 210/222-1234
Website: www.sanantonioregency.hyatt.com

AMT Convention room rate: $119.00 plus 16.75% taxes (rate valid from July 4 to July 17, 2012)
Calendar of Events

March 17, 2012
Board Meeting
Findley, Ohio
Country Inn and Suites

April 21, 2012
Spring Meeting
Miami-Jacobs College
77-Rockside Rd.
Independence, Ohio

July 9-14, 2012
AMT National Convention
San Antonio, Texas

August 18, 2012
Board Meeting
Findlay, Ohio
Country Inn and Suites

October
Fall Meeting
Middletown, Ohio