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Editorial opinions in articles printed in The New Texan are those of the author, and are not the official policy of the society.
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Home Office
American Medical Technologists
10700 W. Higgins Rd., Rosemont, IL 60018
847-823-5169
1-800-ASK-1AMT
(1-800-275-1268)
www.americanmedtech.org

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PRESIDENT
Norma “Taffy” Durfee, MT
P.O. Box 432 • Iola, Texas 77861
Work (979) 776-2571
ndurfee@mail.st-joseph.org

VICE-PRESIDENT/EDITOR
Kim Meshell, CAHI, COLT, RMA, RPT
P.O. Box 152023 • Lufkin, Texas 75915
Home (936) 831-3729
Work (936) 633-5459
Cell (936) 465-2222
kim869@hotmail.com

SECRETARY
Katrina Fryar, MT
9338 FM 2549 • Bryan, Texas 77808
Cell (979) 777-7030
ag3kat@yahoo.com

CHAIRMAN OF THE BOARD
Michelle Jenkins, MT
1100 Carrington Court • Irving, Texas 75060
Home (972) 986-5133
Work (972) 518-6293
dimitrim@netzero.net

MT BOARD MEMBER
David Finch, MT
1901 FM 2088 • Gilmer, Texas 75644
Home (903) 762-2419
Cell (903) 841-1884

CONVENTION COORDINATOR
Vernell Boyd, MT
36119 B FM 149 • Pinehurst, Texas 77362
(281) 259-2548
Cell (713) 826-3772
mamadowser@aol.com

TREASURER
Jean Palmer, CAHI, RMA
260 Willow Springs Drive • Coppell, Texas 75019
Home (972) 462-7826
Work (469) 499-5440
jeangonshpn@hotmail.com

HISTORIAN/HALL OF FAME
Vernell Boyd, MT
36119 B FM 149
Pinehurst, Texas 77362
(281) 259-2548
Cell (713) 826-3772
mamadowser@aol.com

ASSISTANT EDITOR
Miranda Lankford
490 Joe Bailey Road
Apple Springs, Texas 75926
936-465-8984

EMPLOYMENT CHAIR
Pat Westbrook, MT
14330 Hollypark Drive
Houston, Texas 77015
Home (713) 453-2075
Work (713) 330-3000
pwest1@hal-pc.org

CONTINUING EDUCATION CHAIR
T.J. Weatherly, MT
158 Roucourt Loop
College Station, TX 77845
Cell (979) 255-9301
tjw80@yahoo.com

LEGALIZATIVE CHAIR
Glenda Stephens, MLT
350 High Crest Drive
Point Blank, TX 77365
936-581-4672 or
106 Mineola Ct.
Lakeway, TX 78734
936-581-4672

AWARDS/MEMBERSHIP
Norma “Taffy” Durfee, MT
P.O. Box 432
Iola, Texas 77861
Work (979) 776-2571
ndurfee@mail.st-joseph.org

Committee Chairs

PROCTOR CHAIR
Jean Palmer, CAHI, RMA
260 Willow Springs Drive
Coppell, Texas 75019
Home (972) 462-7826
Work (469) 499-5440
jeangonshpn@hotmail.com

AUDIT
David Finch, MT
1901 FM 2088
Gilmer, Texas 75644
Home (903) 762-2419
Cell (903) 841-1884

Spring 2013 / TxSSAMT THE NEW TEXAN
Happy New YearGreetings:
I can't believe it is 2013.

We have some new faces as board members and committee chairmen for this year. The results for the next 2 year term are as follows:

Chairman of the Board-Michelle Jenkins, MT
President-Taffy K. Durfee, MT
Vice-President-Kim Meshell, AHI
Secretary-Katrina Fryar, MT
Treasurer-Jean Palmer-CAHI, RMA

We welcome David Finch as a new board member. Our editor is Kim Meshell and assistant editor is Miranda Lankford. Glenda Stephens is our legislative chair and T. J. Weatherly is the chair for continuing education. For job information, we have Pat Westbrook and the convention chairman and historian is Vernell Boyd. We are so lucky to have these people.

The next state conference will be held in Houston, Texas on March 15th and 16th. Pat Westbrook and Vernell Boyd will be hosting. They are asking for donations of pet items. Bring a picture of your pet and enter it in the pet contest to win a prize. The next national meeting will be held in Pittsburg, Pennsylvania on July 8th thru July 12th. It will be held at the Omni Hotel and Resorts and the price is $119. per night. I hope to see you at both of these conferences. If anyone is interested in hosting a convention, please let someone on the board know.

For continuing education credits, don’t forget to fill out the free CEU article questions in the journal and send them in. They are offered free of charge. We are moving to printing two journals a year, instead of the usual three, but Kim has added an extra CEU article to each journal.

Again, I would love to see more people involved and attending the conventions to receive CEU credits and

While preparing my 2013 yearly summary for the Executive Councillor, I realized again what a great group of medical personnel I have the honor to represent. All of you in Central District have had a great year overall. There were a few small bumps in the road, but were rectified. I am happy to announce that every state in Central District achieved honor status. It will be nice if at least one representative from each state be present in Pittsburg to come forward as their certificates are presented.

Speaking of Pittsburg, the dates for our National Conference are July 8th thru the 12th. This will be the first year we will be trying the shortened length of Conference. In doing this it will be more economical and allow for more personnel to attend. Watch for your notices coming out soon. I am writing this message before our Spring Councillors meeting, so I don’t have all the dates for each modality’s week to celebrate. Watch the various journals and when your week comes around take pride in it. Request that your department acknowledge your profession. I do know that the site for the 2014 National Conference will be in Chicago. Start making plans to attend. To the states that are participating in the Magnolia meeting, we will be in Gatlinburg, Tennessee in 2014. This meeting will probably be taking place in the fall of that year.

We all survived the Mayan calendar debacle so let’s celebrate with a great 2013. May all of you be blessed this year. I will be seeing many of you soon, if I can be of help to anyone in anyway, just let me know. The Spring Councillor’s meeting has not occurred yet, so when I return I will update Central District on any information coming from that meeting via email blast.

Respectfully submitted,

Randy Swopes MT(AMT)
Central District Councillor

continued on next page
Hello Texans! Hope everyone had a blessed holiday and that yall are staying warm in this crazy weather we are having. We have lots of exciting things coming up in the spring. We will have the spring meeting in Houston, Texas. Some great speakers will be sharing information on how to care for your pets. This will be very interesting since we have not had that before. I am looking forward to attending.

So if you would like to be a delegate, make sure you come to the Houston meeting so you can be added to the list.

In this journal you will find some great articles with three CE’s to complete. There are lots of fun facts and different ideas to share with everyone.

Don’t forget that if there is a specific article you would like to see, just send me an email and I will try to get one in there about it. Also, if you would like to write one, just let me know and I will gladly print it in the journal.

I hope everyone has a happy Spring and I look forward to seeing yall at the upcoming meetings.

Kimberly

Presiden’s Message continued

learn what a wonderful organization we have. The state conferences are always a great learning experience and we have fun doing so. The wine and cheese socials are free for not only the members, but their families. We enjoy seeing our fellow members at these gatherings. Hope to see you soon.

Taffy K. Durfee, MT

In 2003, Drs James Marks and Lynne Wilcox began developing a plan to realize their vision of creating a scholarly journal that would strengthen the links connecting public health research, practice, and policy with regard to chronic diseases. Their vision resulted in the publication the following year of Preventing Chronic Disease: Public Health Research, Practice, and Policy (PCD). As we start our 10th year of publication, we can reflect on what has been accomplished and what might be on the horizon. In the accompanying editorial, Dr Wilcox describes the importance of the journal’s focus on chronic disease in 2004 and highlights some of the early milestones in the journal’s development (1). One of the core drivers for starting PCD was the recognition that the field of public health would benefit from an open access forum for sharing successes and lessons learned in order to increase the quality, relevance, and effectiveness of our efforts and to improve their efficiency. The journal’s focus on chronic conditions and its commitment to providing a forum for sharing best practices and innovations is just as important today as it was a decade ago, and will increasingly be so in the future.

PCD has grown and changed with advances in technology and public health science to meet the changing demands of the field. In 2004, the journal was among the first to be published only in electronic format. The landscape of e-publishing has dramatically changed since then. In a world of increasing demand and constricting resources, there is an increasing push to use these resources effectively and efficiently. Since its inception, the journal has evolved to meet these challenges. PCD will continue to build on its solid foundation and expand its efforts by increasing its quality, relevance, impact, and efficiency.

The changes and developments at the journal in 2012 demonstrate our continued commitment to the field by incorporating the best of science, practice, policy, and publishing technology in our publication processes and content. Some of these innovations are more visible to the reader than others; however, all affect our ability to be of service to the field. First, we have increased our efficiency by redesigning our production workflow, incorporating new software that facilitates document formatting on the journal’s Web pages. Second, accompanying this change in production schedules, we can now make PCD articles available as soon as they are produced, without holding them to be bundled into an issue. These 2 changes have dramatically reduced the amount of time from acceptance to publication, a metric important to authors who want to see their work published more quickly and to the field to speed the process of translating research and experience into practice.

In addition to these publishing innovations, we have implemented technological innovations to increase our reach, access, and efficiency of distribution. PCD content is now available on multiple technology platforms through the development of the Centers for Disease Control and Prevention’s iPad application and the PCD-specific iPad application, both of which are available through the iTunes store under the Medical category (https://itunes.apple.com/us/app/preventing-chronic-disease/id560556547?mt=8). Additionally, the PCD-specific application is available for the iPhone. Journal content is also available through the CDC Content Syndication service, allowing our content to be easily placed on external websites (http://www.cdc.gov/pcd/subscriptions/syndication.htm). These advancements increase the reach of PCD, as do the increased distribution of summaries and content to media outlets, Facebook, and Twitter, and the continued promotion of the RSS feed; for example, our monthly Web views went from approximately 102,000 to 160,000 from January to June of 2012.

The recognition and stature of PCD have increased steadily since the first issue in 2004. The journal’s commitment to excellence in content and delivery is evidenced by the recognition of a growing number of ranking organizations and indexing services. Ratings of PCD’s impact, according to SCImago Journal Rank indicators (2), document a continual increase in our ranking from 2004 through 2010, the most recent year with complete data available. PCD is now indexed by a number of services including PubMed, PubMed Central, Web of Science, EBSCOhost, PsycINFO, and DOAJ (Directory of Open Access Journals), with full
2 teaspoons canola oil
6 whole wheat flour tortillas
2 teaspoons sugar
1/2 teaspoon ground cinnamon
1 1/2 cups finely chopped peeled ripe avocado
1 cup finely chopped strawberries
2 tablespoons minced fresh cilantro
1 teaspoon minced seeded jalapeno pepper
2 teaspoons fresh lime juice
3/8 teaspoon salt

Preheat oven 350

To prepare chips, brush oil evenly over one side of each tortilla. Combine sugar and cinnamon, sprinkle evenly over oil-coated sides of tortilla. Cut each tortilla into 12 wedges; arrange wedges in a single layer on two baking sheets. Bake 350 for 10 minutes or until crisp.

Combine avocado and remaining ingredients; stir gently to combine. Serve with chips!
The implementation of electronic health records has been and still is a long and challenging process with much uncertainty. Rather than being done with the EHR journey, it is actually just beginning.

Practices are encountering greater-than-expected barriers to adopting an EHR system, but the adoption rate continues to rise. With the promise of meaningful use incentives, more healthcare systems and practices have been able to make the EHR transition relatively smoothly. However, a significant number have experienced implementation disappointments, failures, and skepticism. The primary focus in the health care industry as it embarks on the EHR journey is to improve protection and security of all EHR systems and enhance the quality of clinical outcomes with patient privacy the top priority.

Although the health care systems have been slow to implement electronic health care records, the financial incentives offered by the federal government over the next several years, is rapidly shifting EHR’s from an optional improvement to mandatory initiatives. Looking past the uncertainty surrounding many healthcare organizations future technological resources and capital requirement, has been a long, slow, and a challenging process. This is due to the enormous scope of compliance, which is being brought about by legislation, such as the Health Insurance Portability and Accountability Act (HIPAA). In addition, EHR data breaches are popping up in the news and skepticism is building as to whether or not the industry can handle the switch and justify the decision while keeping compliant.

A recent legislation further underlines the initiative for moving onto the electronic platform for storing medical records, known as the American Recovery and Reinvestment Act (ARRA). This legislation is aimed at creating more funding and a network of incentives.

The year 2014 is also significant from the perspective that from 2015 onwards, penalties are likely to be levied on entities dealing with patient healthcare data unable to upgrade themselves to electronic record technologies.

The federal government is offering incentives through 2016. It should be noted that the proposed penalty in 2015 is of 1% and this is likely to increase up to 5% in the forthcoming years. Most of the penalties will be levied in the form of reduced Medicare and Medicaid reimbursements. To engage appropriate funding, all entities applying for the EMR healthcare funding should understand and prove “meaningful use” of patient medical records and the use of “certified EHR” technologies. This essentially means that the EMR vendor chosen by a healthcare provider/clinic or its business associates should comply with regulations, such as the standards set by the Security Rule of HIPPA.

Overall, the healthcare industry provides a unique viewpoint to examine information technology implementations, barriers, and challenges that may stand in the way of rapid adoption of advanced health care technologies in a highly legislated environment.

If the financial and clinical benefits alone were sufficient justification for implementing these advanced health information technologies, then adoption would be higher and healthcare would be further ahead in reducing costs and improving quality. But for a number of reasons, even demonstrating tangible benefits is not enough to propel adoption. Barriers and challenges stand in the way of more rapid adoption of advanced health care technologies.

Some of the barriers and challenges are as follows:

- Breaking the negative cycle
- Lack of information about the true costs, benefits, and experience
- High costs vs. competing needs
- Cultural change
- Legal and regulatory barriers
- Required infrastructure
- Standards

Other technical barriers and issues in establishing a network that needs to be addressed when looking past the uncertainty are the following:

- System interoperability
- User-friendly access
- Communication initiatives with hardware and software that limit HER
- Functionality
Skepticism and indecision surrounding many healthcare organizations’ serves to emphasize the need for higher level of efficiency within the management of IT processes, especially; as it relates to the success of technology implementation projects.

The idea that successful IT implementation projects can be hindered by factors beyond those that are technology-based; it is not a new concept within project management education and research initiatives. Organizational factors do affect the success of information systems implementations, but the measure of success “must be individualized to the organization and to the various system users.” Fortunately, most non-technical factors can be controlled, or at least mitigated within the project process if they are proactively recognized, properly understood, and ultimately expected.

Having providers lead the initiative must accomplish the following uncertainty.

- Physician and clinician input ensure that EHR workflows will be designed to meet their needs.
- Physician leadership, which gives the whole organization confidence that the EHR is being designed from a physician point of view.
- Involving providers at every point in the decision process helps them to better tolerate difficulties along the way while keeping the goal of improved patient care in mind.

Industry studies have consistently demonstrated that higher quality care translates into lower costs. With electronic health records, healthcare organizations can improve the quality of patient care while operating cost-effectively and with better margins. The lesson, benefit, and uncertainty go far beyond expenses and returns. EHR initiatives should be viewed as central to the clinical mission; to consistently deliver the best care across the healthcare system continuum.

Emergency Care Research Institute (ECRI) warns the potential to improve care comes with potential for harm, reported in FierceHealth IT Newsletter, November 6, 2012 by Susan D. Hall. Three of the 10 top health hazards cited in a report from the ECRI deal with errors in information management.

Patient/data mismatches in EHRs and other health IT systems, an issue on which the Bipartisan Policy Center issued a call to action in June 2012.

Interoperability failures with medical devices and health IT systems.

Caregiver distractions from smartphones and other mobile devices.

“While many health IT implementations offer great promise for improving patient care, it must be recognized that these complex technologies also can create new paths to failure.” ECRI report states that healthcare facilities should pay particular attention to health IT when prioritizing their safety initiatives for 2013.

ECRI urges organizations to plan for problems in patient/data matching while still in the planning phase of health IT projects and, to take a patient-centric focus rather than a location-centric focus when equipment moves from patient to patient. Also, ECRI urges consideration of all possible scenarios for instance; a device that continues to store information during a network outage could send information to the wrong patient’s record once back online if it has been moved during the outage. Physicians and institutions are urged to maintain an inventory of the interfaced devices and systems and identify and assess risks associated with them.

Of the potential harm from caregivers’ distraction by smartphones and other devices, “The potential to make mistakes or miss information is not the only concern. Caregivers who are focusing on a device’s screen, rather than looking at the patient, may miss clues about the patient’s condition. Focusing on the device rather than the patient can lead patients to question the quality of their care.”

Patient care and expectations are changing. Uncertainty and worry that technology detracts from physicians’ bedside manner. Some medical schools are implementing courses geared specifically toward helping doctors integrate technology into their workflow without it hurting the doctor-patient relationship. With the rapid increase in the number of Health Information Exchanges (HIE) being set up, there will be a greater need for a convenient way to share medical records. Currently, electronic health record systems are being developed and supplied by a number of separate companies. While this creates competition for business opportunities between these companies, the downfall is that each company has its own system, which does not allow for communication between them. Without compatibility between systems, electronic health records cannot transfer among different sites within the same health care system, which is crucial.

Facing the hurdles and the uncertainty requires not only technological protection, but the need for health care organization compliance programs. With the advancement of technology growing there are new viruses and more skilled hackers every day. Compliance programs that train personnel about patient privacy, data security, guidelines and sanction violations will be essential in maintaining security in current EHR systems, taking steps to prevent future threats, not yet known.
The primary way to bridge the gaps and ensure certainty in EHRs is by using a combination of information communications technology and knowledge management to capture, code, and disseminate health information in the form of electronic health record systems that enhance care, not simply replace paper.

In order to ensure the smoothest transition to EHRs and its uncertainties, the transition from implementation to the final phase should be given the same planning, attention, and detail as was given to all previous phases of the project, continuing to embrace the uncertainty. Everyone from the project manager, to the implementation team, and the stakeholders must engage in project objectives and goals to a successful final result. Getting, the right system, the right training, and, the right human factors can effectively break the cycle of uncertainty and replace it with the cycle of optimism, confidence, contribution, and success.

There are many more questions on the forefront of electronic health records as to the uncertainties with texting and voice recognition. What role will they play on browsing and editing? Will there be a secure platform for physician’s texting? And, is it HIPAA secure?

*There will always be uncertainties, but there is always one certainty, “the journey.”*
1. The federal government offers incentives through and up to 2014?
   a) True  
   b) False

2. Those institutions unable to upgrade to electronic health records are likely to receive, which of the following?
   a) A pass  
   b) Incentives  
   c) Penalties  
   d) Sanctions

3. Electronic health records have been slow to implement, which organization offered financial incentives over the next several years for the adoption of electronic health records?
   a) Insurance providers  
   b) Health care institutions  
   c) Federal government  
   d) None of the above

4. All vendors should comply with standards set by which of the following?
   a) Occupational Safety and Health Administration (OSHA)  
   b) College of American Pathologists (CAP)  
   c) American Association for Clinical Chemistry (AACC)  
   d) Health Insurance Portability and Accountability (HIPAA)

5. Information Technology (IT) implementation projects can be hindered by which of the following?
   a) Errors in management  
   b) Benefits that go beyond returns  
   c) Factors beyond those that are technology based  
   d) Standards

6. What does the acronym ECRI stand for?
   a) Electronic Data Interchange (EDI)  
   b) Electronic Communications Network (ECN)  
   c) Emergency Care Research Institute (ECRI)  
   d) Electronic Date Gathering and Retrieval (EDGR)

7. Who urges Institutions to plan for problems in patient data matching while in planning stage?
   a) Emergency Care Research Institute (ECRI)  
   b) American Hospital Association (AHA)  
   c) American Medical Association (AMA)  
   d) American Society of Clinical Pathologists (ASCP)

8. Some potential issues that can interfere in the delivery of care are one of the following?
   a) Caregivers’ Distraction by Electronic devices  
   b) Communication between health Information Exchanges  
   c) Programs in-ability to communicate with each other  
   d) All of the above

9. Compliance programs that train all personal in patient privacy, data security, guidelines, and sanctions violations will be essential in maintaining security in EHR systems.
   a) True  
   b) False

10. To insure a smooth transition with any EHR system who should be included in the final phase?
    a) Project manager  
    b) Implementation team  
    c) Stakeholders  
    d) All of the above

References:
Spring 2013 / TxSSaMT

Texas State Society American Medical Technologists
2013 Spring Conference

Houston, Texas * March 15-16, 2013

Holiday Inn
1522 John F. Kennedy Blvd.
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Registration Fees: (cash or check)
Advance: Members $75.00
Non-Members $85.00
Military/Students $20.00
At the Door - Add $10.00
$10 from each registration will be donated to
The South Texas Aussie Rescue, Houston area.
Lucinda Howard, Director
Patti Hitt, Adoption Coordinator

Contacts:
Vernell Boyd, MT
36119B Fm149
Pinehurst, TX 77362
mamadowser@aol.com
281-259-2548

Pat Westbrook, MT
14330 Hollypark Drive
Houston, TX 77015
pwest@hal-pc.org
713-453-2075

OVERVIEW
Program will provide 14 hours Continuing
Education with a variety of speakers covering
many subjects:
* Hematology Case Studies - Yvonne Spade,
  MT
* History and Future of AMT - Chris Damon,
  AMT Executive Director
* 911 Instructions - Cody Loving, Ed. Director
* CLMA Scope of Practice - Barbara Ware,
  MT, Past AMT President
* Celiac IBS and IBD - T.J. Weatherly, MT
* Laboratory 101 or who's driving the bus?
  - David Finch, MT
* Bone Marrow Aspirations-The Importance
  of Preparations - Craig Childs, Pathologist
* One Health-Bacterial Zoonotic Diseases
  Review - Sara Lawhon, PhD, DVM, Asst.
  Professor Texas A & M
* Hormonal Symphony - Dr. Ashok Tripathy
* Animal Communication - Laura Halfin
* and others

LARGE GIFT DRAWING:
All attendees will receive a
ticket for a drawing to win an
AMAZON KINDLE FIRE 2nd
Gen., plus an additional
ticket for pre-registration
prior to March 1, for the
drawing.
Have you ever wondered when you are out in the store and see a child acting up if they just need a good old fashion spanking or is there something wrong with them? A study was done in 2009 to see how many children have been diagnosed with Attention deficit Hyperactivity disorder. (ADHD)

The study shows at least 8.6 percent of the American children have been diagnosed with it. Attention deficit hyperactivity disorder is a behavioral disorder that affects both genders but is more prominent in males. A study performed by the CDC found that approximately 4.4 million children diagnosed with ADHD half of these children are treated with prescribed meds, however a number of families that fear the side effects look for an alternative method to controlling the behavior of that child.

The chemicals in the brain affected by ADHD are called neurotransmitters. The children often have a short attention span, very hyper, inability to learn certain things since their brain is going nonstop. The treatment is a stimulant known as psychostimulants. The drugs will boost the balance of chemicals in the brain. The most common drugs are Ritalin, Adderall, Dexedrine, and Vyvanse. Other drugs may include antidepressants due to the fact that the child is unable to learn they will often get depressed. The side effects may include: insomnia, increased pulse rate, high blood pressure, weight loss, muscle spasms.

According to CDC, the child may need psychosocial treatments which will educate the child and family on the difficulties that are associated with ADHD but also let the teachers know too.

So the next time you are out and about in the store and see a child acting up, ask yourself do they need a spanking or could it be something more to the situation.

www.nih.gov/health-topics/ADHD

ANIMAL PICTURE CONTEST
Bring a 5x7 picture of your animal for judging in one of the following categories:
1. Largest
2. Smallest
3. Cutest
4. Best Dressed

List age, height, weight, breed, or any other information about the animal. Winners will be selected by attendees. First place will receive a Reading by Animal Communicator Laura Halfin. Second place will receive a prize.

REMINDER: FAMOUS TEXAS AUCTION and WINE AND CHEESE SOCIAL on Friday night. Bring your donation and your check book!

All Member-First-Time-Attendees will receive a TSSAMT State Society Pin.

NOTICE: TxSSAMT Business Meeting will be held on FRIDAY at 12:15 and will include lunch.

COME JOIN US FOR A FUN AND EDUCATIONAL TIME!
The ancient Chinese laid out the foundation for holistic and natural healing. Drug manufacturers dominate the care for everything from headaches to foot pains.

Herbal remedies and acupuncture are the treatments most commonly used. Some of the other practices include moxibustion, cupping, massage, mind-body therapy, dietary therapy, Chi energy. Acupressure is a healing method said to be older than acupuncture, the process of placing tiny needles into pressure points into the skin. Acupressure works by restoring the flow of energy in the body and stimulates the body’s natural healing tendencies leading to physical, mental and emotional well-being. Putting pressure on these points trigger the release of endorphins and other chemicals. Endorphins are known for relieving pain, released endorphins block pain and allow blood flow to the affected area. Muscles then relax and healing is allowed.

Over 5,000 years ago, without machines or drugs of any kind, the Chinese discovered an energy that flowed throughout the human body. Disturbances in this flow of energy causes abnormal pattern in cell growth and cellular organization. In pressure points they discovered that there are copper deposits. These copper deposits work much like an electrical circuit board moving energy along. Since there were no journals to fall back on, they viewed these as nerve passage ways. These pathways connect the organs and tissues within the body. The Chinese believe that everything in the body is connected by energy pathways.

Nearly all forms Oriental medicine which are used in the West today, include acupuncture. Legend has it that it was developed when Chinese physicians observed effects of puncture wounds in Chinese warriors. The oldest known text dates back to 282 A.D. Today it is practiced in all 50 states by over 9,000 practitioners. (Medical-Dictionary)

To test the reliability in this day and time, muscle testing is used. Acupuncture pushes tiny needles into these points and causes both physical and psychological relief. The World Health Organization actually recommends acupuncture as an effective treatment for over forty medical problems, including allergies, respiratory conditions, gastrointestinal disorders, gynecological problems, nervous conditions, and disorders of the eyes, nose, and throat along with childhood illnesses. Acupuncture has been used in treatment of alcoholism and substance abuse. It is an effective and low cost treatment for headaches and chronic pain associated with problems like back injury and arthritis. It also helps with chemotherapy and surgery.

Nearly all forms Oriental medicine which are used in the West today, include acupuncture.

Another fundamental concept is Chi which is the fundamental life of energy of the universe. It is invisible and is found in the environment in air, water, food and sunlight. In the body, it is the invisible force that creates and animates life. We are all born with so much amount of Chi, and we get acquired with it through the foods we eat and the air we
breathe. The level and quality of a person’s Chi depends on the state of physical, mental and emotional balance. Chi travels through the body along channels called meridians. (Medical-Dictionary)

The meridians in which Chi flows is strongly influenced by the various types of environmental energy, in particular the weather conditions. When certain climatic conditions become extreme, specific internal organs are affected. The energy of cold, for example, attacks the meridian associated with the kidneys, so extreme cold can cause kidney malfunction. The energy of strong wind or cold weather has a negative influence on life force energy in the body, keeping Chi from flowing smoothly in the meridian lines. This sometimes causes the body to ache and results in pain that seems to have no apparent cause, and can bring on other symptoms such as a fever, headache, and chills (Acupuncture newsletter 2013).

**It is a well-known fact that when suffering from grief, your body is vulnerable to various diseases because your immune system is compromised.**

Sudden shifts in emotions can trigger a chain-reaction of energy imbalance throughout the body. These reactions are just as strong as those caused by extreme climatic conditions. It is a well-known fact that when suffering from grief, your body is vulnerable to various diseases because your immune system is compromised. It is also believed that when you fear something you can actually trigger it to become a permanent damage. Fits of anger can reflect liver problems, but a person who is angry constantly can damage their liver. This is why the Chinese will tell you to meditate to help relieve the anger and put your body back into its normal shift. Just like Chi, energy moves similar to how electricity moves through a computer, along the circuit. This energy can be manipulated to release blockages and increase health through meditation, acupuncture, and moxibustion therapy. Moxibustion and acupuncture are effective in treating breathing problems, pains in chest and back as well as disturbed Chi circulation caused by an imbalance in the meridian lines. These Traditional Chinese medicine modalities can be helpful for many other conditions that are caused by weather or emotions.

Jaseng Center for Alternative Medicine is one of the largest oriental hospitals specializing in non-surgical treatment.

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**Questions**

1. The Chinese discovered an energy that flowed throughout the body over ____ years ago.

2. ____ deposits work much like ____ circuit board moving energy along.

3. The oldest known text dates back to ____ A.D.

4. It is practiced by over ____ practitioners.

5. ____ remedies and ____ are the treatments most commonly used.

6. ____ is the fundamental life of energy of the universe.

7. The ____ in which ____ flows is strongly influenced by the various types of ____ energy.

8. Chi travels through the body along channels called ____.

9. ____ has been the treatment of ____ and ____ ____.

10. T/F When suffering from grief, your body is more vulnerable to various diseases?

---

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Transfusion Medicine
A variety of complications and adverse events - infectious and non-infectious - can be encountered as the result of transfused blood components. While infectious transfusions (which run the risk of contaminating patients with diseases like HIV) have decreased significantly, non-infectious transfusion reactions have become the most common complications of transfusions, ranging from categorized transfusion reactions to lesser known complications.\(^1\)

The signs and symptoms can be common across a variety of adverse events, making it difficult to discriminate clinically between impending severe reactions and minor reactions. Transfusion of incompatible blood has the greatest potential for severe adverse events and health complications, including death. Fortunately, due to advances in transfusion medicine (TM) practices - improved blood testing, donor screening and the advent of automated systems - the blood transfused to patients is safer today than it’s ever been. However, awareness of the types of reactions that occur, their symptoms and education about ways to alleviate the potential for error can help avoid these reactions and further decrease associated fatalities.

Understanding Transfusion Reactions
Non-infectious transfusion reaction severity can vary from minor to serious, with reactions typically presenting adverse signs or symptoms during or within 24 hours of a blood transfusion.\(^2\) When they occur, transfusion reactions require immediate recognition, laboratory investigation and clinical management. Because they may present themselves in complex clinical situations, the diagnosis requires distinguishing between a reaction to the transfused blood product and a coincidental complication of the underlying illness being treated with the transfusion.\(^2\)

Some of the more common, often serious, immediate transfusion reactions are classified as follows:\(^2-4\)
- Transfusion-related acute lung injury (TRALI): Acute lung injury (ALI) that occurs during or within six hours of a completed transfusion, often due to the presence of antibodies in the donor plasma or the production of inflammatory mediators during storage of cellular blood components

| **Acute hemolytic reactions:** Interaction of transfused red blood cells with pre-formed antibodies in recipient, often due to human error such as mislabeled pre-transfusion specimen, the transfusion of properly labeled blood to the incorrect patient, laboratory testing error or clerical errors |
| **Transfusion associated sepsis:** Bacterial contamination of transfused blood or components that enter during collection or processing |

Frequency of Transfusion Fatalities
While reduced dramatically in recent years, transfusion reactions and fatalities do occur and when this happens, laboratories are required to report them directly to regulatory agencies. From Oct. 1, 2010, through Sept. 30, 2011, the FDA received a total of 79 fatality reports. Of these, 69 were determined to be transfusion recipient fatalities and 10 were deemed post-donation fatalities.\(^5\) Of the 69 transfusion recipient fatality reports, the FDA concluded:
- 43% were transfusion-related
- 41% were cases in which transfusion could not be ruled out as the cause of the fatality
- 16% were unrelated to the transfusion\(^5\)

According to the FDA, TRALI was the leading cause of reported transfusion fatalities in recent years (43%), followed by acute hemolytic transfusion reactions (23%). Both of these reactions typically occur due to human error. Complications of transfusion-associated circulatory overload (TACO), microbial infection and anaphylactic reactions each accounted for a smaller number of the reported fatalities.\(^5\)

The number of transfusion-related fatalities reported to regulatory agencies remains small in comparison to the...
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Critical Control Points

The establishment of critical control points along the bloodline from donor to patient is essential to the practice of safe blood transfusion - delivering the right blood to the right patient at the right time for the right reasons. The process starts with the evaluation of a patient’s need for blood products and an accurate sample collection from the correct patients, followed by pre-transfusion testing, blood product selection and issuance, and the administration of the blood product(s). The process is not complete until the patient is re-evaluated to ensure an appropriate outcome of the blood transfusion.

Assessing blood products at critical junctions in the transfusion process - from testing to labeling to storing and retrieving and transporting components - is necessary to manage the possibility of human error along the way. The process begins with testing the safety of donor blood and transitions to the responsibility of the TM laboratory to ensure appropriately labeled blood was received. When pre-transfusion testing begins, it is critical that the process steps have the lowest error potential as possible. Recipient blood must be evaluated effectively with appropriate testing procedures prior to the transfusion occurring. At the point of care, healthcare professionals must be educated and aware of patient identity and symptoms of reactions and must constantly monitor patients to be assured that reactions are not occurring.

Using Automation Technology, Education

Human error is the most common cause of transfusion reactions and related mortality. While pre-transfusion testing is only one part of the overall procedure, new technologies, including column agglutination (CAT) and automated platforms, and even barcoding procedures, have been created in recent years to significantly improve safety and efficiencies. Today’s primary pre-transfusion testing methods include:
- Traditional test tube methods
- Large-well titration plate (tiles) methods
- Manual CAT for ABO/D and antibody screening
- Automation using RBC agglutination for ABO/D in micro plate based technology and solid-phase RBC adherence for antibody screening (Galileo, Galileo ECHO and Galileo NEO - Immucor)
- Automation using CAT (ID-GelStation-DiaMed or ORTHO ProVue®, Ortho Clinical Diagnostics; and ORTHO AutoVue® Innova, Ortho Clinical Diagnostics)

Despite the well-documented benefits of automation, the majority of blood donor centers and transfusion services
around the world continue to use manual methods for routine ABO/D blood group determinations and unexpected antibody screening tests (G&S). Based on supporting evidence, it seems reasonable to suggest that most of the G&S and other ancillary testing human errors identified could be eliminated with pre-transfusion test automation.

A study conducted by Ortho Clinical Diagnostics provides quantitative evidence of how automation could transform pre-transfusion testing processes by dramatically reducing error potentials and thereby improve the safety of blood transfusion. Evaluating the common testing methods above and leveraging failure modes and effects analysis (FMEA) to compare error potentials, the group concluded that automation significantly reduces defect opportunities in pre-transfusion testing and could dramatically improve blood transfusion safety.

Finally, ongoing education is important to bring understanding and adoption of improved techniques to blood bank professionals. In today’s world, increased time demands and reduced resources for ongoing training make it difficult for blood bankers to update their knowledge and skills.

Transfusion Medicine: The Goal
The critical goal for blood bank professionals is to reduce pre-transfusion testing errors to zero to contribute to the overall safety of blood transfusions. Small human errors can take place anywhere along the journey from vein-to-vein, and technology innovations to manage risk continue to advance to make transfusions safer. While some transfusion medicine factors will remain beyond our control, the vast majority can be understood with issues management procedures in place. Implementing systems that reduce preventable errors is the best way to manage that risk and ultimately protect patients.

1. ____ and ____ that occur during or within six hours of a completed transfusion are due to presence of antibodies in the donor plasma or production of inflammatory mediators during storage of cellular blood components.

2. ____ ____ ____ Interactions of transfused red blood cells with preformed antibodies in recipient.

3. T/F Bacterial contamination of transfused blood enters during the emptying stage.

4. T/F According to CDC, TRALI was the leading cause of reported transfusion fatalities in recent years.

5. T/F Accessioning blood products at critical junctions in the transfusion process is not necessary to manage the possibility of human error.

6. ____ ____ is the most common cause of transfusion reactions and related mortality.

7. T/F The signs and symptoms can be common and make it difficult to discriminate clinically between severe and minor reactions.

8. Today’s primary pre-transfusion testing includes: ____ , ____ , ____ and ____ .

9. A study conducted by ____ ____ ____ provides quantitative evidence of how automation could transform pre-transfusion testing processes by reducing error.

10. T/F The critical goal for blood bank professionals is to increase pre-transfusion testing errors to zero to contribute to overall safety of blood transfusion.

According to a Lancaster University researcher shows that sleeping on a difficult problem helps you come up with solutions faster than wracking your brain while awake. Turns out, as you sleep, your brain churns over ideas, and accesses key information you’ve forgotten, helping you come up with the most creative plan of attack! So if you have had trouble coming up with a solution to a problem you have, just think about it before you go to bed and hopefully your brain will ponder on it and find a fix for it when you wake up.

Speaking of sleeping did you know that dreams can provide insight into your daily life and problems by helping you see situations differently and sending you messages subconsciously. If you can’t remember your dreams, increase your eating with more vitamin B6 foods such as hummus, tuna, salmon, cereal and bananas. The vitamin B6 will help your brain churn out more dreams and remember them more clearly by converting amino acids into serotonin, which ups alertness during the stage of sleep when dreams are more intense. A study was done in Perceptual and Motor Skills and is proven to be a fact.

Try Kefir, a tangy drinkable yogurt instead if you are not keen on Latte’s. Harvard scientist found that dieters enjoying three servings daily lost up to 81% more belly fat than those who only cut calories and skipped the drink. Kefir has less-diet busting sugar and more protein, which helps you feel fuller longer. Kefir is loaded with 10 different strands of beneficial bacteria, which optimize the intestines ability to break down foods and use them for energy instead of storing them for fat.

So if you need a quick boost to increase your metabolism without feeling guilty go grab a latte or have some kefir yogurt... Yummy without the guilt!!!
1 - Great looking group of Texas members
2 - Kim Meshall and Michelle Jenkins
3 - Jean Palmer and Dr. Shahbaz Fazaldin
4 - Nicole Brown
5 - Members having fun at the auction
6 - Barbara Martens giving a lecture
7 - Auction items waiting to be bought
8 - Mike James and Michelle Jenkins
9 - Barbara Martens, Jean Palmer and Dr. Shahbaz Fazaldin
10 - The ladies at the auction enjoying themselves
11 - 1st time attendees - Awesome looking group!
12 - Tammy Whitson and a friend with the donated items.
13 - Taffy Durfee - Lovely as ever!
14 - Sybil - What a beautiful lady she is!
15 - Mikes James auctioning off an item
16 - Glenda Stephens - Looking good!
Pre-Registration Form

(All attendees will have a Large Gift Ticket — All pre-registrations by March 1 will receive an extra drawing ticket)

Name: ________________________________________________________________________________________

Check One:  □ MT  □ MLT  □ RMA  □ RDA  □ RPT  □ CLC  □ CAHI  □ COLT

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Editor: Kim Meshell, AHI, COLT, RMA
P.O. Box 152023 • Lufkin, Texas 75915
Home: (936) 831-3615 • Work: (936) 633-5459
Cell: (936) 465-2222 • kim8569@hotmail.com

Assistant Editor: Miranda Lankford
490 Joe Bailey Road • Apple Springs, Texas 75926
936-465-8984

Graphic Designer: Rebekah Petty

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**Houston exudes a cosmopolitan and down-home vibe**

The style-savvy residents of the country’s fourth-largest city and third-largest county (Harris) know that there’s no place quite like Houston.

With more than 2.2 million residents, the city attracts visitors and transplants with a wonderful mix of world-class arts, booming business, pro sports and award-winning cuisine.

As the rest of the country discovers what locals have known all along, Houston is finally enjoying the recognition it deserves. Just last year, the city landed on several “best of” lists, including the Travel + Leisure roundup of America’s Favorite Cities and the Hotwire.com index of most affordable U.S. vacation destinations.

See for yourself, here in Houston, where much of daily life happens outdoors, thanks to mild, year-round temperatures. Take time to explore the eclectic, culture-filled neighborhoods, gallery spaces and attractions, which offer diverse flavors that can only be found here.

Take the food, for example. Countless cutting-edge chefs have made a home in Houston, where diners eat out more than residents of any other city. Here, you’ll find James Beard Award winners and internationally renowned chefs serving up innovative cuisine that frequently catches the attention of foodies in Bon Appetit, Food & Wine and Saveur.

But the stylish dining scene is only a slice of Houston’s epicurean offerings—a fact that the city’s culinary masterminds intend to prove with the Houston Culinary Tours. Each of the intimate, 16-person, chef-led tours aim at showing the underbelly of the city’s food scene—one taco truck and ethnic market at a time.

Venture Downtown during your stay and discover a thriving professional arts scene, with professional resident companies in ballet, opera, symphony and theater; only four other U.S. cities can say the same. And the nearby Museum District stakes its claim as the country’s fourth largest, with 18 cultural powerhouses set within blocks of one another.

We have our own version of Central Park, too, offering nearly 1,500 acres of green space in the heart of the city. Just inside “the loop,” Memorial Park is home to a public golf course, swimming pool, tennis courts, trails and more. Downtown, Discovery Green park is outfitted with WiFi, a farmers market, dog runs, fine dining and ice-skating during the winter—just one more of the 650-plus urban green spaces filling the city.

Not surprisingly, businesses also recognize the allure of Houston’s offerings. Twenty-five companies on the Fortune 500 list call the Energy Capital of the World home. Aeronautic research is unsurpassed at NASA headquarters—the facility responsible for putting the first man on the moon—and Texas Medical Center remains the largest in the world with 47 highly lauded research and treatment institutions.

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