

Diary of the "mad" med-lab techs

Bureaucrats: Gotta love 'em

For whatever motivating factor, corporations are working hard to produce newer, more effective antimicrobial agents to combat the ever-evolving, resistance-savvy microorganisms that we have created by hitting them with newer, more effective antimicrobials. (Catch 22?) Give them some credit; the work is expensive and takes a long time to produce the fruit.

Part of the long process to validate the efficiency of a new agent is to perform clinical trials. One of the trials involved testing this new agent against a wide range of bacteria isolated from individual laboratories throughout the country. Bacteria from various institutions develop unique patterns of resistance due to formularies established by their pharmacies and local prescribing practices of their providers. So, testing a cross-section of these institution-specific isolates is important.

These corporations provide all the equipment, media, and documenting supplies to laboratories that have agreed to participate in their studies. In exchange, they award an honorarium to the lab for each isolate tested. It takes a lot of effort to incorporate this task into the already heavy workload of the microbiology bench techs. But the incentive is good if those efforts are rewarded.

But leave it to our bureaucrats to screw that up.

Over the years, I generated upwards of \$14,000 a year in revenue from these clinical trials. The money was sent to the "general fund." Might as well have put wings on the checks and opened up a window.

Suggesting that the monies could be earmarked for specific laboratory continuing education or to purchase new laboratory equipment were ignored. In their defense, the Powers-That-Be argued that it would not be fair to allow the laboratory to keep the honorarium and use it specifically for the laboratory because other departments such as nursing did not have the opportunity to generate their own funds. What?!

I was actually told that \$14,000 was really just a "drop in the bucket" in the general sense of the whole institution — which, of course, it is. But would not it have given us lab folk an incentive to go the extra mile if we, due to our efforts, could purchase a new piece of equipment or send some of our techs to a regional or national convention?

The unhappy outcome: When I retired, the tech replacing me flatly refused to do these studies for the reason I just described.

Can you blame her?

—Colleen K. Gannon, MT(AMT) HEW
the "Nancy Grace" for labs

Bureaucrats: Don't ask, don't tell

If you are in a position to run studies, you need to negotiate with your own "bureaucrats" before you get too excited. In this age of cost-cutting and decreasing revenue, however, you may get lucky; someone might let you keep (most of) the "honorarium." If necessary, get your administrator or director involved — especially if he thinks he might get his name added to the publication.

In Germany, even as late as the middle 1970s, at the U.S. Army Hospital in Berlin everything was paid for in Deutsche marks. At the same time, we at the U.S. Army Hospital in Stuttgart were in the middle of an intensive "Buy American" campaign, which meant that blood bank and hematology red cell controls were either cooked or frozen, depending on the season when we received them. We finally got around this lunacy by my ordering American supplies and shipping them to Berlin, and the Berlin lab officer ordering "German" red cells (actually controls from the States that came priority commercial air) for me, shipped to Stuttgart. Sometimes, an end-run is the only way to make the system work.

In 1974, I was lab manager at the Fort Carson Army Hospital, where we set up a new FDA-licensed blood-donor center. We pulled plasma off most of our packed red blood cells (a fairly new concept at the time), which had literally been going down the drain — but the Army had no other (legal) way to dispose of the plasma. On the other hand, the lab at the Air Force Academy Hospital at the other end of Colorado Springs had a contract with a civilian company for all of the plasma the Air Force could send. The civilian company would then enter a small credit into a "scientific products" account the Air Force could use for anything less than about \$5,000. So, we started sending the civilian company our gallons of plasma, and the money built up in a hurry.

We thought this was a win-win situation until I had a Fibrometer shipped in overnight (who wants to do a bunch of tilt-tubes if you don't have to?). The Army hospital supply officer wanted to know where the Fibrometer had come from (he had no paperwork for request, approval, budgeting, and so on). Eventually, the new Fibrometer was inventoried as "Found on Post," or FOP, — Army-supply legalese for "don't ask, don't tell." Twelve months later, the Army had a new regulation allowing us to enter into an agreement such as the Air Force had already had for years. □

—Chuck Millstein, MBA, MT(ASCP), CLDir(NCA)