

# 'Staff love the change': moving to MLS and why it matters

September 2022—*Never a better time than now to switch from the medical technologist job title to medical laboratory scientist. So says John Waugh of Henry Ford Health System, where the job title was formally changed. "Because our people are scientists," he explains.*

*Waugh and other Compass Group members met online Aug. 2 with CAP TODAY publisher Bob McGonnagle, where they talked about the job title and testing for monkeypox.*

*The Compass Group is an organization of not-for-profit IDN system laboratory leaders who collaborate to identify and share best practices and strategies. Here's what they shared last month.*

## **Some governors are putting out alerts on monkeypox for their states. Jim Crawford, tell us about monkeypox in New York City.**

*James Crawford, MD, PhD, professor and chair, Department of Pathology and Laboratory Medicine, and senior VP, laboratory services, Northwell Health, New York: Monkeypox is alive and well in New York City. Governor Kathy Hochul declared a state disaster emergency on July 29. We have the susceptible populations. Northwell and Labcorp had set up a send-out test arrangement, and we have completed validation for in-house PCR testing.*



Dr. Crawford

When I asked Stefan Juretschko [PhD, D(ABMM), Northwell senior director of infectious disease diagnostics] about positive samples, he said there is no problem getting them. Stefan also let me know that with what will hopefully be a defensible monkeypox vaccination program in New York City, we will offer monkeypox testing of indicated pustular lesions to people who come in for monkeypox vaccination. So, sooner than one might have thought, a new pandemic test is coming around.

*Sterling Bennett, MD, MS, senior medical director, pathology and laboratory medicine, Intermountain Healthcare, Salt Lake City: Jim, what are you doing to alleviate concerns among your laboratory staff about handling specimens from individuals with monkeypox?*

*Dr. Crawford (Northwell):* I have not heard doubts about universal precautions for monkeypox. Northwell was the first major health system to offer voluntary SARS-CoV-2 antibody testing to its health care personnel, and 46,000 out of 71,000 employees volunteered to have serology testing from April to June in 2020. Tylis Chang, MD, is coauthor of the investigation, which demonstrated that zip code by zip code, front-line health care workers at Northwell had lower positivity rates for COVID than their fellow residents, as did first responders [Moscola J, et al. *JAMA*. 2020;324(9):893–895]. So we demonstrated, to assure a worried workforce, that PPE works. I would hope that continues to be true for monkeypox.

## **Johan Otter from Scripps, what is your perspective on monkeypox in California?**

*Johan Otter, DPT, assistant VP, Scripps Health, San Diego:* Most of the cases are in Los Angeles and San Francisco. We are sending out to ARUP now. As a commercial reference lab, they wanted to have two orders for every two swabs we send, but there's plenty of viral material on every swab. We put them in one tube and send them off.

I haven't heard about any safety issues from staff who collect specimens. We're using standard precautions.

**I'd like to direct your attention to a memo Henry Ford sent out this week. It says that medical laboratory scientist is now the most frequently used job title in the pathology and laboratory medicine product line, and Henry Ford Health has formally changed the job title of medical technologist to medical laboratory scientist. A similar change was made to create the titles of senior medical laboratory scientist and leader-senior medical laboratory scientist. This was done, the memo says, to modernize and align titles with universities and accrediting agencies. Over the past decade, it reads, universities have generally dropped medical technology in favor of courses of study in medical laboratory sciences, clinical diagnostic sciences, and biomedical laboratory diagnostics. Furthermore, Henry Ford says it hopes to reopen a clinical internship rotation as a school of medical laboratory sciences.**

**John Waugh, how did this change in title come about?**

*John Waugh, MS, MT(ASCP), system VP, pathology and laboratory medicine, Henry Ford Health System, Detroit:* When I first came to Henry Ford, the staff who worked in our laboratories were called laboratory technologists, regardless of whether they worked in the clinical laboratory or research areas. But the degree that people get out of school is in medical technology, so why don't we call them medical technologists? We made that change more than 20 years ago, yet they were still being referred to as lab techs. Are they technicians or technologists? Do you have to go to school for that? So there was a lot of in-house teaching with our groups. Over the past couple of years, I've had my nose in restarting our school of medical laboratory sciences, because it went on the budget cutting-room floor a number of years back.



Waugh

There's never been a better time than now to make a change because our people are scientists. My primary motive was to get a title that would do justice to the preparation and work they do every day. I thought it would give due recognition to our people, and they could be referred to by a title that more adequately represents their academic standards. I also hope it will help us with recruitment and retention.

The staff love the change. It's been formalized for about a month and a half now.

**Greg Sossaman, what's your reaction to this news from John and Henry Ford?**

*Greg Sossaman, MD, system chairman and service line leader, pathology and laboratory medicine, Ochsner Health, New Orleans:* John's announcement is perfectly in line with the types of efforts going on nationally and with what we all would like to see in our own places as far as recognizing laboratory staff, who are often under-recognized. I applaud his effort and I'd like to see it replicated by all of us if possible.

**Sam Terese, how about you?**

*Sam Terese, president and CEO, Alverno Laboratories, Indiana and Illinois:* We made the title change to medical laboratory scientist a couple months ago. It fits with what they do as professionals in our laboratory, and it made sense to make it our standard in terms of what we search and hire for.

**Joe Baker, what's your reaction to the retitling of medical technologists and what's happening with monkeypox?**

*Joseph Baker, VP of laboratory, Baylor Scott & White Health, Dallas:* Regarding monkeypox, we have gone live with our in-house tests in our central Texas region at our Temple Medical Center, and they're doing most of the testing in that region. We have clinic locations within our central Texas region that are sending directly to the county health departments or the state. In north Texas we are using our primary reference laboratory for the majority of

testing, but we also have some facilities and clinics that are sending to the county and state as well. With all these testing locations, it has created LIS challenges because we're not fully aligned on our IS applications. We are seeing cases in the Austin and Dallas areas.

We changed our job title to medical laboratory scientist about three years ago, except for staff who are uncertified; their title is medical technologist. We continue to partner with our human resources department and compensation to relook at the naming of our uncertified position and will be recommending that it is changed to medical lab scientist as well.

### **Steve Carroll, what's going on in South Carolina?**

*Steven Carroll, MD, PhD, chair, Department of Pathology and Laboratory Medicine, Medical University of South Carolina:* There have been 21 cases of monkeypox in the state as of today. We've had two cases at MUSC. We're still relatively unaffected.

South Carolina Department of Health and Environmental Control is acting as our gatekeeper, and getting those specimens out through them is cumbersome. We are working on moving this in-house. Julie Hirschhorn [PhD, director of molecular pathology] is collecting the positive and negative controls she needs for that, and we're getting the reagents in.

For several years now we have been referring to medical laboratory scientists as clinical laboratory scientists. It's a title our people seem to have taken to quite well. They're proud of being considered clinical laboratory scientists.

### **Wendy Kleckler from ACL, what's going on in the Chicago area?**

*Wendy Kleckler, VP of Business Development, ACL Laboratories, West Allis, Wis.:* We are in the process now, even though we integrated with Advocate

Aurora in 2018, of merging job descriptions. It's a great time to leverage this conversation with HR and my colleagues to see what we can do about changing the titles.

We have more monkeypox cases in Illinois and the Chicagoland area than we do in Wisconsin. We, too, are sending all of our testing to ARUP, so we have it built in our Epic system as an orderable test code, and all of our assays are interfaced with ARUP.

### **Milton Datta and Lauren Anthony, tell us what's going on at Allina in Minneapolis.**

*Milton Datta, MD, chair of pathology, Abbott Northwestern Hospital, Allina Health, Minneapolis:* We are happy here because we hired two pathologists, who started yesterday.



Kleckler

We did a Gemba Walk yesterday where we looked at our supply chain, including our warehouse supplies, equipment, temperature-controlled storage, and so on, and identified where things come in, where potential areas are for loss, what we have stockpiled from the pandemic, and what we should be concerned about. We stockpiled a lot of material and we want to continue to use it as we move forward.

We're looking at optimizing the supply chain and trying to find the perfect compromise between just-in-time delivery and feeling like we have enough of a stockpile in case something occurs. For example, if monkeypox gets a lot worse, will we be ready for that?

### **Lauren, tell us about monkeypox.**

*Lauren Anthony, MD, system laboratory medical director, Allina Health, Minneapolis:* We have 38 confirmed cases of monkeypox in Minnesota so far, and today's the first day we started sending our specimens to Labcorp, which is our primary referral lab. The state had an epidemiologist on call to manage all the cases and collections, but now that's no longer necessary.

Our organization is focused on the vaccination supply and how to deploy it and what the clinical and infection control protocols are around that.

**What do you think about the medical laboratory scientist, clinical laboratory scientist title?**

*Dr. Anthony (Allina):* We've always used it here. It's how our positions are posted; MLS is our main term.

**Milt, how easy or hard was it to hire the two new pathologists?**

*Dr. Datta (Allina):* It's about finding fit. The Twin Cities are a great place to be if you're interested in outdoor activities. I think people look in the upper Midwest area and ask, where do I want to be? And they see Minneapolis and get excited. We've also been successful recruiting from Rochester.

You look around you and leverage what you have, and I learned that from my wife. She's the program director for the fellowship training program in hematology, medical oncology, and transplantation at the University of Minnesota, and she had to put together a program to show off what the Twin Cities has to recruit people. It helped me realize how valuable it is as a resource when we use it for recruiting.

That said, the group is looking at whether we want to use other sources to try to find staff. We've recruited in-house organically so far. But do we need to use headhunters? Do we need to find other things?

**Clark Day, what is your labor situation now at IU?**

*Clark Day, VP of system laboratory services, Indiana University Health:* We have hiring challenges, especially at the medical technologist level. It goes up to our chair of the Department of Pathology, an open position we're actively interviewing for. There's a lot of competition across the nation for that most senior level.

We are rolling out a market adjustment for all roles across the lab. More than 51 percent of our team members will be affected, including medical technologists, and we hope that helps us attract and retain. IU Health tries to pay at 50 percent of market. We hope it fixes the problem or at least alleviates it. It seems to be well received.

**Your thoughts on the medical laboratory scientist title? And your state's monkeypox situation?**

*Clark Day (IU Health):* We have our own clinical laboratory science program. The new class in our fall program will be called medical laboratory scientists. That's another good source of hire for us, although it's not many people a year.



Day

We are surrounded by monkeypox in Indiana. It's growing here but still fewer than 60 cases. We send to ARUP, and our PhD microbiology leader and virologist helped ARUP develop its tests. We will be launching ours later this month. We were initially tasked with being an overflow for the state department of health and its testing, but we will have our own capability later this month for IU Health and our outreach customers.

**Sam Terese, can you comment on the use of digital pathology to connect a network as a solution for the dilemma of the shortage of pathologists and subspecialty pathologists?**

*Sam Terese (Alverno):* We are scanning the vast majority of our slide casework, and that's how we distribute cases

across the system. It does make things easier in terms of doing consults within the groups, not having specialties at every hospital, but we still remain true to the notion of having a local pathologist presence at most of our facilities. From that perspective, it's doing everything we hoped it would do, and we're now into the second, very early phase of launching our initial efforts in the AI world; we have a partnership with Ibex. We have three focus groups, starting with prospective prostate screening, then breast and GI. For us, as a large network of hospitals, it solves many problems of not having to move glass around the system and it opens the doors to those consults and easier communication. □