

In Focus

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This is the inaugural issue of
In Focus, a quarterly newsletter
sponsored by Sunquest.

The mission of In Focus is to
provide its readers with timely,
informative, and provocative
ideas from everyday practitio-
ners and thought leaders like
yourselves on topics affecting
the healthcare industry today
and in the future.

**Watch for our next issue
coming in February 2009!**

EFFECTIVE DIAGNOSTIC DECISIONS:

The Five Rights of Lab Testing

In 1998, the Institute of Medicine created an immediate and wide-spread sense of urgency in health-care and related industries when it published "To Err is Human", which attributed at least 44,000 and up to 98,000 deaths per year related to medical errors. This was followed with a 2006 report¹ stating that up to 1.5 million people may be injured each year by medication errors. It is no wonder that the phrase "five rights of medication administration" is widely recognized in healthcare.



Our care providers are taught to verify these "five rights" to help ensure that the right *medication* is given to the right *patient*, in the right *dosage*, via the right *route*, at the right *time*.

At Sunquest, we believe that headlines such as "*Woman sues over lab test that prompted abortion*"² and "*Lab error deaths may now total five*"³ should provoke care providers to enact and consistently apply a new set of five rights: the *Five Rights of Laboratory Testing*, ensuring that the *right patient* has the *right test* performed at the *right time*, for the *right indicators*, ultimately leading to the *right diagnosis*.

Ensuring that the *right test* is performed on the *right patient* at the *right time* is at the heart of your laboratory's processes. It starts with processing order request information from the enterprise or outreach ordering system. Positive patient identification procedures must occur during specimen collection. Samples need to be tracked throughout the laboratory workflow to ensure none are lost. Lab staff must be alerted to impending overdue

collections and procedures. And results must be delivered to the care providers.

Delivering the right results to the right person at the right time—whether that person is a nurse, physician, or physician's assistant, and the place is the EMR, physical chart, or an inquiry screen—will enable timely diagnostic decisions.

This effectively sets up the *right indicators* for care providers to act upon when ordering follow-up and confirmatory testing.

And finally—the *right diagnosis*. Care providers want useful, actionable information that provides clear direction for therapeutic decisions. Patients want the information necessary to make the most informed decision about their healthcare in order to weigh the risks of treatment failure, complications, and even mortality.

With nearly 70% of diagnostic decisions relying on laboratory data, there is no argument that the laboratory, the people who work there, and the technologies they use, all play a vital role in each patient's diagnosis, treatment, and prognosis.

As patients and care providers, we should not only think about these *Five Rights of Laboratory Testing*, but also demand that laboratories and the technologies and solutions they utilize adhere to the principals of performing the right test on the right patient, at the right time, for the right indicators, ultimately leading to the right diagnosis. ■

¹ Institute of Medicine, "Preventing Medication Errors: Quality Chasm Series", July 20, 2006

² New York Times, Sept. 30, 1998, <http://query.nytimes.com/gst/fullpage.html>

³ Philadelphia Inquirer, Aug. 3, 2001.

RICHARD ATKIN

“MESSAGE FROM THE PRESIDENT”



Richard Atkin, President & CEO

It's been almost exactly one year since the launch of the new Sunquest. During this time, we reached several important milestones and recognized strong growth and success as a company. But our biggest and most exciting accomplishment has been in bringing a stronger overall focus to our company mission and the realization of our new business strategy. I'd like to share some insights with you into why we see the diagnostic

segment of the healthcare industry as such a fascinating place to be.

More than ever before, the laboratory is a strategic asset for integrating vital data into the enterprise. Lab data influences up to 70% of diagnostic decisions, helps organizations meet pay-for-performance and Joint Commission quality measures, and is leading the charge into personalized and predictive medicine. Effective solutions with strong core competencies will improve workflow practices and business processes, ensuring both patient safety and physician satisfaction.

As healthcare leaders, I know that you understand and appreciate your laboratory's importance, just as we do. The diagnostic laboratory professionals who produce the data, the pathologists who provide consultative services to your care providers, and the managers who analyze and act upon the business intelligence are all key components to the success of your healthcare organization.

That's why we believe that the systems supporting diagnostic professionals are too important to leave to anybody but the experts. At Sunquest, we take great pride in our recognized industry expertise, continually enhanced by our collaborative approach to working with customers and thought leaders at progressive organizations. The result is information solutions which prove every day that technology can streamline operations, integrate laboratory data into the healthcare record, reduce medical errors, and increase your patients' and physicians' satisfaction.

MORE THAN EVER BEFORE, THE LABORATORY IS A STRATEGIC ASSET FOR INTEGRATING VITAL DATA INTO THE ENTERPRISE.

But that's not enough. The era of predictive medicine is upon us. This new and exciting diagnostic discipline is being built on the backbone of molecular and digital technologies, merging the core concepts of pathology and radiology.

Sunquest is actively leveraging our experience in these areas, and combining this with our commitment to be a driving force in the future of diagnostic information technology. We will achieve our vision through technology development, strong industry alliances, and taking advantage of investment opportunities. In this exciting era, Sunquest is well positioned to drive and shape the information solutions that will help fulfill the promise of predictive, personalized medicine. ■

AUTOMATED SPECIMEN COLLECTION MANAGEMENT:

Improving Patient Safety through Barcode Point-of-Care Systems



GASTON MEMORIAL HOSPITAL (GMH)

GMH began using Sunquest Collection Manager™ in its Lab in June 2007 and in the Emergency Department in February 2008.

GMH personnel using Collection Manager include 80 nurses and 25 phlebotomists. In total, GMH Lab and ED collect approximately 30,000 specimens per month.

Collection Manager Benefits & Measured Results:

- Zero patient/specimen ID errors since implementation while using device.
- Increased productivity—reduced/eliminated travel time by at least 60%.
- Reduced result turnaround time to ED by 10 minutes between week 2 and week 3 of going live.
- Reduced chance of HIPAA concern by eliminating paper collection list.

INTERVIEW:

A Busy Emergency Department Eliminates Labeling Errors

GASTON MEMORIAL HOSPITAL (GMH) in Gastonia, North Carolina began using Sunquest Collection Manager in its Lab in June 2007 and in its Emergency Department in February 2008. In total, GMH Lab and ED collect approximately 30,000 specimens per month.

Our interview is with Kathleen Besson, RN, BSN, MBA, NEA, BC. Ms. Besson is the Director of Emergency Services at Gaston Memorial Hospital.

Approximately how many patient identification or labeling errors did the ED experience per month?

KB: We averaged 5 errors per month before automating. After implementing Sunquest's Collection Manager, we've had zero errors while using the devices. A couple instances of mislabeling have occurred when the Collection Manager was not used for the specimen collection.

Describe what it was like for your nursing staff to be trained on the devices, and what advice do you have for hospitals implementing automated processes in nursing?

KB: It presented a change management opportunity. It took planning, a lot of time, a commitment to providing support, reassurance and attention to detail to follow up on the questions and concerns of staff. Advice: Have an assigned clinical champion who understands the importance of this to patient safety who leads the charge. Ensure accountability and a "no looking back" position. It cannot be an option to "waive" the use of Collection Manager. The only way staff gain confidence and efficiency with the new process is with practice. It cannot be an option to go back to the old system when it gets busy or things are stressful. Finally, the planning and implementation must be a collaborative effort with the nursing unit and the lab.

What was the effect of the Collection Manager implementation on the workflow of your nursing staff?

KB: The workflow of the nursing staff was standardized when CM was implemented. Standardization is a good thing when it comes to something that has as big an effect on patient safety as specimen collection. One important thing to think about in order to minimize workflow interruptions is to plan for enough equipment, have it in close proximity to the staff, with plenty of charged batteries ready to go. The units need to be available when the nurses need them. Enough batteries need to be ready and charging. Rotation needs to be well thought out and compliance monitored.



Were there any time savings from implementing the system?

KB: We did experience a measurable, significant time savings resulting with Collection Manager. Prior to implementing this tool, we averaged 5 labeling errors/ month. The "recovery" time after a mislabeled specimen (investigate, correct if possible, remediate, discipline, communicate, close) is about 2 hours per "minor" incident and can be as high as 12-14 hours for the rare serious event. Persons involved include the staff member collecting the specimen, patient, physician, lab tech, lab supervisor, department manager/director, risk manager, quality manager as well as potentially other staff if the incident resulted in additional care or patient harm. Now that we are at zero errors, we are saving valuable human resources.

At first, the RN's who did not use it as often perceived that they were a little slower in their collections, but we have not been able to measure any difference.

What are the physician reactions to the new system?

KB: Physician's reactions are based on staff reactions. Initially, when the staff felt this was slowing them down, the physicians tried to forgo the system when it was busy and go back to previous practice. We did not accept that suggestion, and as staff continued to increase their confidence and speed, and were able to appreciate the security the system brought to providers and patients, the resistance disappeared.

What are your patient and staff reactions to the tool?

KB: The patients are impressed with the technology, especially when initial staff education includes Key Words to use when introducing the technology to the patient and family: "We are committed to your safety and this device ensures that the correct tests your physician ordered are run on the specimen we are collecting from you."

Our staff is very proud of the work they do now when collecting specimens. Our specimen collection errors have decreased significantly and we are providing safer care to our patients and making decisions on more accurate lab results. ■

“The Dark Report’s” Robert Michel on Patient Safety



Sunquest is pleased to feature the first in a three-part exclusive interview series with Robert L. Michel, Editor-in-Chief of The Dark Report and President of The Dark Intelligence Group, Inc.

Robert is an industry renowned commentator, consultant, author, editor, speaker, and entrepreneur.

He is also a leading expert on the management of clinical laboratories

and anatomic pathology group practices.

The topic for this interview segment is the laboratory’s role in patient safety. Future segments will discuss how laboratory outreach affects the entire hospital organization, and how the diagnostic laboratories are preparing to lead their organizations into the era of molecular diagnostics and predictive medicine.

How do you view the role of the hospital laboratory as it relates to executive concerns about patient safety, workflow productivity, and revenue growth and profitability?

RM: The big message for hospital administration is that the clinical laboratory is the most under appreciated and under utilized strategic asset in their ancillary service arsenal. Studies have indicated that lab test data plays a role of some form in 70% of diagnostic decisions, and lab services average about 5% of the typical hospital budget. Clearly, there is an opportunity to better leverage laboratory services to meet the goal of improved patient safety within the institution, to reinforce workflow processes, and to generate better clinical outcomes.

Closely related to maximizing this potential, for those hospitals looking for additional sources of revenue and sources of revenue that can be continuously increased over time, the hospital laboratory outreach program has historically demonstrated its ability to deliver sustained growth and increases in profitability, while at the same time creating useful bridges to the physicians who can refer patients to the hospital’s inpatient and outpatient services.

Another aspect of profitability that must have hospitals’ attention is pay for performance. With hospitals operating on narrow margins and reimbursements tied to quality measures, removing error from processes is not only the right thing to do for our patients, increasingly there are financial implications to consider.

How important is the laboratory and related IT solutions in the mission to improve or achieve high levels of patient safety?

RM: There are three main dimensions to the lab’s role in contributing to patient safety.

The first dimension is the ability to make diagnostic lab test results available to clinicians in near-real time, so that treatment decisions can be expedited with the maximum availability of relevant data. This infers that laboratory test data must be integrated into the hospital or health systems informatics platform or informatics structure, so that via wireless and other means, clinicians can instantly access both the latest test results and the cumulative patient laboratory test history as they make decisions that affect patient care.

The second dimension that touches on patient safety is the role that laboratory test results have in helping physicians and pharmacies determine the right therapeutic drugs and whether or not the patient is going to either benefit from or possibly have a negative reaction to those therapeutic drugs. So, the integration of laboratory test data into some of the clinical services, in particular pharmacy, can contribute greatly to raising patient safety and improving patient outcomes.

The third dimension of the laboratory’s importance and impact on patient safety centers on the fact that a very large percentage of the patient population and patient data comes into contact with laboratory professionals and laboratory information systems through specimen collection and point-of-care testing (POCT). Here is where the results and information are automatically captured and added to the laboratory information database. Because of this, it should be a key objective of hospitals and health systems to involve the laboratory in such activities as positive patient ID and securing the collection and transmission of specimens and data, as well as the collection of POCT results. It is vitally important to make sure the right results are attributed to the right patient, reported at the right collection time, and accurately added to the right patient file, all of which will ultimately facilitate the right diagnosis and treatment. *(Continued on page 5)*

David M. Post, VP Strategic Programs

Our first year of operation as a private company has significantly exceeded our goals in terms of new customers, new products, and revenue growth. It has been a success by any measure. The addition of my role, VP of Strategic Programs, to our executive management team is designed to ensure our company will build upon that success going forward.

Our global strategy is now complete and we are beginning to execute towards this vision. We are exploring several new and exciting business relationships that will enable us to realize our vision of both international and domestic growth through patient safety, physician and patient affinity outside of the four walls of the lab, and predictive medicine. In the coming months, the market will begin to see the effects and results of our efforts in building these relationships.

Additionally, as part of our efforts, we will continue to invest in cutting-edge technology in the areas of digital pathology, molecular diagnostics, and genetic testing. We intend to



shape the look and feel of the information technology that will drive the future of diagnostic medicine. A major portion of my responsibilities will be to ensure that our growth paths and business initiatives, whether organic or inorganic, are harmoniously planned, executed, and completed.

I'm very excited to be part of the Sunquest team. In Sunquest, I see an organization that is not satisfied with merely being a dominant player in the existing laboratory information systems marketplace. Sunquest has focused its talent, drive, and commitment to become a visionary in the clinical diagnostic software space, both within and beyond the traditional laboratory. I look forward to bringing my experience in information technology and healthcare to bear in order to help drive the company to new levels of success.

David's career includes positions in emerging markets, medical management, business development, and product marketing. He received his B.S. in Management Information Systems from Seton Hall University, and an MBA from Duke University. ■

"THE DARK REPORT'S" ROBERT MICHEL ON PATIENT SAFETY (Continued from page 4)

Since the Institute of Medicine report on errors was released, much has been written about medication administration and the need for barcodes. Given that at least one study documents as many as 1 in 400 units of blood products are administered to unintended recipients, do you see changes coming in the practices of blood administration?

RM: Absolutely. As a matter of fact, CMS has already stated that mis-transfusion of blood products is one of eight "never" events—situations for which, if they occur, the organization will not receive reimbursements for the care that is required as a result. This should lead to organizations closely examining their existing processes, and closing any gaps where errors could occur.

An example for this is a well known health system network in the upper mid-western region of the U.S. In recent years, a close examination of their errors related to blood transfusion processes led to an improvement project that resulted in a different protocol for how blood products are distributed and administered.

The lab and nursing departments worked closely together using LEAN/Six Sigma techniques to review all of the standard work practices that affected blood products

through processes touching the laboratory professions, nursing, and other clinicians interacting with patients.

This project eventually triggered a replacement of the existing patient identification system that was deployed across a number of hospitals. One problem that was contributing to patient identification errors was not a high technology piece, but involved the physical bar code bands worn by patients for identification at this health system. At the time, the bar code bands were made from paper and were easily smudged. Because of this, the staff would often remove the arm bands from the patient and put them on the hospital bed rails.

Analysis as part of the Lean/Six Sigma project identified that the root cause of some of the errors was because the patient had become separated from their wrist band. This had gone on for a decade, until the day when someone declared that they wanted to have a goal of preventing blood transfusion and blood product errors.

The takeaway patient safety lesson here is that any system—no matter how well ingrained in an organization's culture—needs to be examined and any 'loopholes' closed.

For more information on The Dark Intelligence Group, its newsletters, events, and free daily news briefings, visit: www.darkdaily.com or call: 512-264-7103. ■

SOLUTION FOCUS:

Patient Safety Extended to Transfusion Medicine and Blood Product Administration Practices



The following statistics, published by the American Association of Blood Banks (AABB) in a paper on their website¹ are compiled from a number of U.S. and international studies:

- 1 in 400 units is mistakenly transfused to unintended recipients.
- Risk of an adverse event due to mistransfusion is 10 times higher than the risk of infectious disease transmission.
- 1 in 200 blood bank patient samples are mislabeled.

The paper also declares:

- The actual numbers of serious errors and “near misses” may be under-reported.
- The level of reported incidents has not decreased in decades.

To reduce errors in a complex process that is often practiced under stressful conditions, healthcare organizations need to develop safe transfusion practices by implementing a “closed loop” blood administration system. Such a system encompasses order entry, product fulfillment, product dispensing, and blood administration. Adherence to the principles of the Five Rights of Laboratory Testing is not negotiable if healthcare organizations are intent on ensuring the success of this system.

Sunquest can help healthcare professionals in their quest for safer transfusion practices, starting with accurate order entry processing using industry-standard communication protocols to computerized physician order entry systems. Following order accuracy, Sunquest’s *Collection Manager* eliminates identification and labeling errors at hospitals across the country.

Product fulfillment is made safer when barcode technology is used throughout the laboratory testing, and built-in alerts notify the technologist of potentially harmful situations. During blood product dispensing, the laboratory and nursing staffs are jointly responsible for ensuring that the product leaving transfusion services is intended for the patient, and has undergone all the necessary testing and checks. *Sunquest Laboratory*[™] and *Sunquest Blood Bank* are designed to help laboratories create workflow excellence with technologies that promote safe practices. Using built-in artificial intelligence, quality checks can be defined to fit your laboratory’s medical practices.

According to the AABB, “the most common cause of an ABO incompatible transfusion or an acute fatal reaction is from an error made during the bedside clerical check”¹. During the critical product administration phase, *Sunquest Transfusion Manager*^{™2} will ensure that the right product is being administered to the right patient—the same patient whose sample was initially properly identified by bar-coded wrist-band. This closes the loop in the administration process.

Developing a closed loop blood administration process, adhering to the Five Rights of Lab Testing, and using a laboratory information system that is designed to promote safe and effective practices—that’s how healthcare facilities become safer and more effective. ■

¹ Discussion Paper for the 2nd National Summit on Patient Safety Research, “Infrastructure for Effective Transfusion Practices: Reducing Mis-Transfusion”, www.aabb.org

² Investigational device. Limited by Federal law to investigational use. Not for sale pending 510(k) clearance.

AUTOMATED SPECIMEN COLLECTION MANAGEMENT:

Improving Patient Safety through Barcode Point-of-Care Systems

St. Cloud Hospital
CENTRACARE Health System

ST. CLOUD HOSPITAL OF CENTRAL MINNESOTA (SCH)

St. Cloud Hospital started using Sunquest Laboratory in 1997 and went live with Sunquest Collection Manager[™] in November 2007.

SCH has 60 phlebotomists using Collection Manager with about 15 people on the system at any given time. Approximately 20,000-25,000 blood specimens are collected per month.

Collection Manager Benefits & Measured Results:

- Patients identified with essentially 100% accuracy.
- Collection Manager recognized with Patient Safety Award in the hospital, selected by a panel of nursing staff.
- Stat information is transmitted directly to the handheld across wireless network, real-time updates saves phlebotomist travel time and improves result turnaround.
- Specimen collection errors reduced to virtually zero, down from 12-15 per quarter.

A Florida hospital's POC solution

By Louise Townsend

Recognized as one of the best hospitals in the country by *U.S. News & World Report*, Florida Hospital (FH), an 880-bed acute care hospital in Orlando, is part of one of the largest hospital systems in the country and cares for almost one million patients every year. The hospital's laboratory staff — equal to 38 full-time phlebotomists — draws and collects approximately 15,000 blood specimens per month, which represents about 50% of all blood collected in the hospital setting.

The specimen-collection process includes numerous steps for patient identification; specimen collection, labeling, and transport; and data entry. These steps also include actions and processes by which human involvement could lead to potential errors. FH needed a solution that would automate its specimen collections and, in the process, improve patient safety and increase workflow efficiency.

"Basically, our goal was to try to be more efficient and reduce steps where the possibility of an error could occur," says Patrick O'Sullivan, MS, MT(ASCP)SBB, FH administrative laboratory director. Because much of the time spent in the specimen-collection process involves getting phlebotomists to the patients and transporting patient specimens to the lab, FH engaged in a LEAN analysis and identified tremendous waste in getting both the phlebotomist and the specimens where they needed to go. Specimen labels were printed in the lab, which required significant travel time between the lab and patients as new specimen orders came in. In cases where generic labels were used from the floor, the lab would have to spend even more time examining the specimen before printing the right label and moving that label on to the testing areas.

Implementing its SCMS

The FH laboratory went live with its specimen-collection management solution (SCMS) in 2004. Before finally selecting its SCMS, FH looked at several products on the market that were good but primarily focused on providing a batch process for printing labels. One factor that determined FH's final product selection was the chosen SCMS' real-time notifications for new orders and the product's full integration with the laboratory information system (LIS) in use at the hospital. The implementation of the SCMS was quick and straightforward. Except for the hand-held devices and the printers, no additional system hardware or servers were required. Once the SCMS software was easily installed onto the hand-helds, it was instantly recognized by the LIS, and the solution was ready to go using the existing wireless network infrastructure in the hospital.

"The training was not complex, though it can be challenging to train a large number of staff members," says O'Sullivan. "The solution changed the existing workflow. We had to work through new processes in which the phlebotomists were deployed on the floor and no longer came back and forth to the laboratory.

"We made a mistake in trying to phase in the implementation in the lab," he admits. "We would definitely recommend going live with the new process all at once because it changes the workflow so much that you cannot keep going back and forth between manual and automated methods, which creates a ton of inefficiencies. Once all the laboratory collections were moved to the bedside-collection management system, then we were able to obtain efficiencies."

Benefits of specimen-collection automation

Before implementing its SCMS, FH's LEAN analysis showed that 50% to 60% of phlebotomists' time was spent on non-value-added use, mostly just walking from place to place, waiting for elevators, and other fairly non-productive activity. Now, phlebotomists grab their hand-held devices and supplies, and go right onto the floor to start collecting specimens from patients.

"We have definitely noticed an increased level of patient confidence when we are at the bedside, wandng them with a bar-code reader," says O'Sullivan. "Patients are concerned about safety. By our reading their bar-coded armbands and producing their labels right at the bedside, they know their samples are getting correctly labeled."

The FH lab's goal was to have STAT samples done within 120 minutes after they are ordered. Before its SCMS, fewer than 60% of the STAT samples were done within this time frame. Since the implementation, over 76% of the STAT samples are done within the time limit. Now, specimen data gathered at the patient bedside is immediately received by its LIS, not only saving lab staff from having to enter data back in the lab but also saving them time and eliminating the prospect of human error. Collector information as well as the collection time is recorded immediately.

Since implementing SCMS in 2004, the FH lab has experienced less than one patient-identification error per year. This is a distinct difference in comparison to other areas in the hospital not currently using the collection-management system. "We brought one nurse-collected unit up in June 2008 and, so far, we have reduced collection errors to zero in that unit," notes O'Sullivan. "We now use less staff, from 42 FTEs to 38 FTEs, and we are busier now than before, getting more done with less staff," he points out. "Our goal is to be at 10 minutes per collection, and we currently average between 10 and 15 minutes per collection, depending on the time of day and other factors."

User reaction to the SCMS has been positive after some initial reluctance for lab personnel to change their workflow. Some phlebotomists did not have in-depth computer skills or familiarity with hand-held devices, so the LIS team stripped out unnecessary functions and created "hot keys" on the devices to make some functions easier. Bar codes were added to phlebotomists' name badges so they would not have to wand in their user access codes at each collection.

"Our phlebotomy staff members have all learned the system, and we have improved our patient-safety standards," says O'Sullivan. After four years of point-of-care specimen-collection, he and the lab staff recommend deploying an SCMS all at once; evaluating and changing the entire workflow process along with the deployment since the new workflow will be very different; and avoiding products that cannot be integrated with the existing lab system(s).

"Overall, our experience with our specimen-collection management solution has been very good. It has met our expectations for productivity increases and significantly exceeded our expectations for improving patient safety," concludes O'Sullivan. □

Louise Townsend is a freelance writer based in Florida. The laboratory at the Florida Hospital at Orlando uses Sunquest's Laboratory Information System and its Collection Manager solutions.

Sunquest is Proud to Support these Upcoming Events

2008 TRADESHOWS AND SPECIAL EVENTS:

APIII, October 19-23, Pittsburgh, PA
www.APIII.upmc.edu

Northern CA and Sierra Chapters CLMA, October 18, Murphys, CA

Northeast Laboratory Conference, October 22-24, Portland, ME
www.northeastlaboratoryconference.org

Central New York CLMA/AACC, October 29-30, Verona, NY
www.cnyclma.com

2008 Pathology VISIONS, October 26-28, San Diego, CA
www.pathologyvisions.com

COMING IN 2009:

Arab Health, January 26-29, Dubai, UAE
www.arabhealthonline.com

Molecular Summit, February 10-11, Philadelphia, PA
www.molecular-summit.com

Lab InfoTech, March 16-18, Las Vegas, NV
www.labinfotech.com

HIMSS '09, April 4-8, Chicago, IL
www.himssconference.org

Executive War College, April 28-29, New Orleans, LA
www.executivewarcollege.com

CLMA ThinkLab '09, May 2-5, Tampa, FL
www.clma.org/ThinkLab

The unSUMMIT, May 6-8, Tampa, FL
www.unsummit.com

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