

LAB Dept MEETING – Huddles

Date of Meeting: 2/13/2018

Attendees: Jocelyn Ybarra, Teresita Strickland, Mark Gomez, Melanie Magee, Myrna Ocab, Roderick Galvey, Tammy Rantung, Neil Lim, Elliot Faure, Marietes Gonzalez, Janet Gerges, Juanita Fernandez, Marissa Calilung, Marie Rutledge, Theda Bryant

Topic	Details	Action Item, responsible person, date due, or informational only
KUDOS SAFETY TIP	<ul style="list-style-type: none"> • Thank you, Michelle for being the UBT rep for phlebotomists the past 2 years. Great job! • Thank you, Janet, Juanita and everyone else who contributed to make Nancy's retirement lunch a success. 	Informational
	<ul style="list-style-type: none"> • Please write your name on all orders submitted to Theda. She needs to be able to communicate in case there are some questions about the order submitted. • TORT request workflow. Reminder: when you put in a TORT request and schedule is already finalized on those dates, e-mail all managers that you put in a request/requests. This has been always the lab workflow. Please comply consistently. • Disaster Drill- 2/14/18 @ 0800. Please know your role when this is announced. This is the time to review our disaster manual. • 2017 PSP performance results and awards posted. • 2017 THIP SCAL Dashboard attached 	ALL STAFF
	<ul style="list-style-type: none"> • DXC600 Auto serum index was turned on due to a regional study. Analyzer automatically checks for hemolysis, icterous and lipemia. DIL1 needs to be loaded for this to work. Continue to manually check specimen integrity before loading specimen. • UPS (Powervar, etc). 2018 daily PM logs and other missing initials for both 2017 and 2018- fill in missed ones. 	CLS
	<ul style="list-style-type: none"> • Lactic acid reflex orders. Attaching Technical Bulletin again regarding this. When this is ordered, another lactic acid is automatically ordered as Timing critical if initial lactic acid is =>2.0 mmol/L. This is not a duplicate, do not cancel. Draw this on a timely manner. 	Phlebotomist

	<ul style="list-style-type: none"> • HZ- Hazardous waste disposal added to phlebotomy schedule assignment. Mark, Tessa and Marissa are the only ones who can perform this task for now. Hazardous waste in Hematology and Gram stain will be checked and disposed on days that HZ is on the schedule. This is changing the previous discussion that this will be done on Mondays. • Deceased patient sign on floors now available. 	
UBT	<ul style="list-style-type: none"> • Melanie Magee is the new UBT representative for phlebotomists. Congratulations! She will be shadowing Michelle for the next UBT meetings until she can finish the required UBT rep classes. 	

This concludes the Minutes of the 2/13/18 Lab Staff Meeting.

Prepared by: Theda Bryant Date: 2/14/18

Technical Bulletin

SCPMG Laboratory System – Laboratory Operations Committee

IMPROVE SEPSIS CARE WITH NEW REFLEX ORDER FOR LACTIC ACID REPEAT COLLECTIONS

Starting June 21, 2017, a new reflex order for lactic acid will be available on the KPHC sepsis protocol order sets and inpatient preference lists, "LACTIC ACID W REFLEX TO REPEAT [83605R]".

In this reflex order, any initial lactic acid result of 2.0 mmol/L or greater will automatically create a second lactic acid order to be collected 3 hours after the initial result. It is expected this new order will improve collection of second lactic acid samples for sepsis protocols, when appropriate. The existing single order for lactic acid will remain available for ordering.

The new reflex order for lactic acid has been approved by SCPMG Laboratory Operations Committee to be added to the regional Laboratory Reflex Testing Policy.

	EXISTING ORDERABLE	NEW ORDERABLE
KPHC TEST NAME [KPHC ORDER CODE]	LACTIC ACID, BLOOD [83605C]	LACTIC ACID W REFLEX TO REPEAT [83605R]
DETAILS	Single order for lactic acid without reflex	Reflex order where an elevated initial lactic acid of ≥ 2 mmol/L will reflex to a second lactic acid collection 3 hours after the initial result.
RMS PROC CODE	8360500	8360503
LRR NAME [LRR CODE]	Same result component as KPHC 83605R – results will trend together. LACTATE, SER/PLAS [1812]	Same result component as KPHC 83605C – results will trend together. LACTATE, SER/PLAS [1812]

QUESTIONS?

Client Service Center, 1-888-4LAB NFO, or tie line 8-397-7077

Technical Bulletin

SCPMG Laboratory System – Regional Reference Laboratories

NEW HEALTHCONNECT ORDERABLES

The SCPMG Regional Reference Laboratory System is pleased to announce that effective December 20th, 2017 two new respiratory pathogen panel orders will be available in HealthConnect to replace the current ones. Both new panels will be performed at the Chino Hills and North Hollywood locations.

Sample requirement, methodology, stability and turnaround time will remain the same.

TEST INFORMATION

	NEW ORDERABLE	EXISTING ORDERABLE
KPHC Order Display Name	RESPIRATORY PATHOGEN PANEL (15 VIRUSES, 2 BACTERIA), MULTIPLEX PCR	RESPIRATORY PATHOGEN PANEL (17 VIRUSES, 3 BACTERIA), MULTIPLEX PCR
KPHC Procedure Code	252429	242326
KRMS Procedure Description	RESP PANEL PCR	RESP PANEL PCR
KRMS Code	8779820	8779820
Cerner Orderable Name	Respiratory Pathogen Panel	RESPIRATORY PANEL PCR
Cerner Label	RespPnl	RESPPCR
	NEW ORDERABLE	EXISTING ORDERABLE
KPHC Order Display Name	IMMUNOCOMPROMISED RESPIRATORY PANEL (15 VIRUSES, 2 BACTERIA), MULTIPLEX PCR	IMMUNOCOMPROMISED RESPIRATORY PANEL (17 VIRUSES, 3 BACTERIA), MULTIPLEX PCR
KPHC Procedure Code	252430	245636
KRMS Procedure Description	RESP PNL PCR - IMMUNOCOMP	RESP PNL PCR - IMMUNOCOMP
KRMS Code	8779825	8779825
Cerner Orderable Name	Respiratory Pathogen Panel Immunocomp	Respiratory panel Immunocomp PCR
Cerner Label	RespPnl IC	RspPnl IC

QUESTIONS?

Client Service Center, 1-888-4LAB NFO, or tie line 8-397-7077

Jonathan Craig Gullett, MD, Physician Director, Microbiology, 909-703-6033, or tie line 263

Ken Van Horn, PhD, D(ABMM), Technical Director, Microbiology, 909-703-6062, or tie line 263

Technical Bulletin

SCPMG Laboratory System – Regional Reference Laboratories

REFERENCE RANGE CHANGE FOR SCREENING HEMOGLOBIN A1C

Effective Wednesday, December 27, 2017, the reference range for HEMOGLOBIN A1C, SCREENING OR PREDIABETIC MONITORING [83036H] will change from 4.8-5.6% A1c to <5.7% A1c. This will reduce the number of results being flagged as abnormal for clinical insignificant reasons.

This change has been endorsed by the Regional Diabetes Champions and Regional Chiefs of Endocrinology.

TESTING INFORMATION

KPHC Name [Code]	Previous Reference Range	New Reference Range
HEMOGLOBIN A1C, SCREENING OR PREDIABETIC MONITORING [83036H]	4.8-5.6% A1c	<5.7% A1c

QUESTIONS?

- Client Service Center: 1-888-4LAB NFO, or tie line 8-397-7077
- Darryl E. Palmer-Toy, MD, PhD, Physician Director, SCPMG Regional Reference Core Laboratories: 818-503-7028, tie-line 397

2017 TOTAL HEALTH INCENTIVE PLAN SOUTHERN CALIFORNIA



HEALTH SCREENINGS GATE (As of June 30, 2017)

REGIONAL GOAL

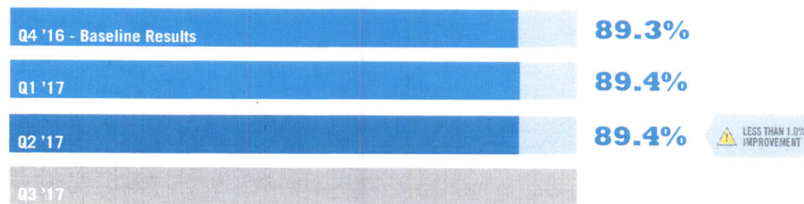
CURRENT BONUS STATUS

Your region can earn a bonus for all eligible employees by increasing the number of eligible employees who are up to date on six health screenings* (BMI; blood pressure; smoking; and breast, cervical and colorectal cancer).

Remember to stay up to date on your screenings and help your region achieve its screenings goal.

Need to demonstrate
1.0% improvement
or more to
receive payout

QUARTERLY PROGRESS (Average screening rate across six measures**)



* Achievement of the Health Screenings Gate will be determined by comparing average regional screening rates measured as of December 31, 2016 (Baseline) to the regional screening rates measured as of December 31, 2017. It takes six months or more to receive data about health screening rates.

** Difference scores are calculated using actual raw data and payouts are determined by the non-rounded results. Please note we display rounded numbers for readability.



HEALTH IMPROVEMENT GOALS (Region must meet Health Screenings Gate to qualify)

REGIONAL COLLECTIVE MEASURE

METRICS

CURRENT BONUS STATUS



Mean BMI
(Body Mass Index)

29.1 = Baseline (Q4 2016)
29.1 = Current (Q2 2017)
0.0 = Difference

On track for \$100 payout
if Health Screenings
Gate is achieved

Eligible employees can earn a bonus if your region collectively maintains or improves its mean (average) BMI* across the eligible employee population.

REGIONAL COLLECTIVE MEASURE

METRICS

CURRENT BONUS STATUS



Blood Pressure
(% in Healthy Range:
BP < 140/90)

93.2% = Baseline (Q4 2016)
93.2% = Current (Q2 2017)
Less than 1.0% = Difference**

Need to demonstrate 1.0%
improvement or more to
receive payout

Eligible employees can earn a bonus if your region shows a collective improvement of at least 1 percentage point* in the number of eligible employees with a healthy blood pressure (BP < 140/90).

REGIONAL COLLECTIVE MEASURE

METRICS

CURRENT BONUS STATUS



Smoking
(% Nonsmokers)

95.9% = Baseline (Q4 2016)
96.1% = Current (Q2 2017)
Less than 1.0% = Difference**

Need to demonstrate 1.0%
improvement or more to
receive payout

Eligible employees can earn a bonus if your region shows a collective improvement of at least 1 percentage point* in the number of eligible employees not smoking.

* Achievement of each Health Improvement Goal will be determined by comparing regional results measured as of December 31, 2016 (Baseline) to the regional results measured as of December 31, 2017. It takes six months or more to receive data about the Health Improvement Goals.

** Difference scores are calculated using actual raw data and payouts were determined by the non-rounded results. Please note we display rounded numbers for readability.



Learn more at: kp.org/totalhealthincentive

**2017 PSP and VPP Performance Results and Awards
SCPMG**

Medical Center Service Area	Performance Results	Financial Modifier	Overall Results with Financial Modifier	PSP Awards*
WEST LA	84.09%	150.00%	126.14%	\$2,867.67
LAMC	77.56%	150.00%	116.34%	\$2,644.87
ORANGE COUNTY	80.60%	150.00%	120.90%	\$2,748.54
SAN DIEGO	70.95%	150.00%	106.43%	\$2,419.58
RIVERSIDE	65.82%	150.00%	98.73%	\$2,244.53
MORENO VALLEY	74.49%	150.00%	111.74%	\$2,540.30
SAN BERNARDINO	57.28%	150.00%	85.92%	\$1,953.31
SOUTH BAY	84.75%	150.00%	127.13%	\$2,890.17
DOWNEY	85.80%	150.00%	128.70%	\$2,925.87
BALDWIN PARK	84.24%	150.00%	126.36%	\$2,872.67
WOODLAND HILLS	82.35%	150.00%	123.53%	\$2,808.33
PANORAMA CITY	82.40%	150.00%	123.60%	\$2,809.92
KERN COUNTY	83.98%	150.00%	125.97%	\$2,863.80
ANTELOPE VALLEY	86.67%	150.00%	130.01%	\$2,955.65
**REGIONAL ADMIN	78.64%	150.00%	117.96%	N/A
***REGIONAL OPS	73.30%	150.00%	109.95%	\$2,499.60

LMP participants affected by the 2017 attendance goal may have a positive or negative adjustment to the PSP award amount and could receive more or less than what is listed here based on their individual attendance performance.

PSP awards are prorated for employees with less than 1800 compensated hours in the plan year.

** Regional Admin refers to all other Regional Offices non-represented employees.

***Regional Operations refer to regional departments established jointly with the unions. They use the same PSP goals and are measured separately.

Moreno Valley



Ambulatory - SCPMG Final 2017

- Maximum target achieved
- ◐ Minimum target achieved
- Target not achieved



		YEAR-TO-DATE	GOALS
Affordability			
Affordability Projects (20%)	Performance Year-to-Date	84.9%	●
	Minimum Target: 50% Maximum Target: 75%		
	2016 Year-End (Baseline): 79.8%		
Attendance			
Last Minute Sick (15%)	Performance Year-to-Date	3.00	●
	Minimum Target: 4 days Maximum Target: 3 days		
	2016 Year-End (Baseline): 3.01		
Non-protected Absences Reduction (5%)	Performance Year-to-Date	10.19	◐
	Minimum Target: 11 days Maximum Target: 8 days		
	2016 Year-End (Baseline): 9.41		
Ambulatory Quality			
Influenza Immunization (4%)	Performance Year-to-Date	40.9% / 46.5%	◐
	Minimum Target: 45.0% Maximum Target: 51.0%		
	2016 Year-End (Baseline): 39.2%		
Readmission O/E Ratio (2%)	November 2016 - October 2017	.81	○
	Minimum Target: ≤ 0.80 Maximum Target: ≤ 0.78		
	2016 Year-End (Baseline): .75		
ANY appointment completed within 7 days (2%)	November 2016 - October 2017	74.0%	●
	Minimum Target: 60% Maximum Target: 70%		
	2016 Year-End (Baseline): 63.8%		
Colorectal Cancer Screening (4%)	Performance Year-to-Date	81.9%	○
	Minimum Target: 82.0% Maximum Target: 83.0%		
	2016 Year-End (Baseline): 81.7%		
Successful Opportunities Rate (SOR) or Screening Rate			
Breast Cancer Screening (4%)	Performance Year-to-Date	36.7% / 87.6%	◐
	SOR: Minimum Target: 36.0% Maximum Target: 43.0% Screening Rate 90% (no min.)		
	2016 Year-End (Baseline): 36.9% 87.5%		
Diabetic HbA1c Testing (4%) (ages 18-75)	Performance Year-to-Date	63.8% / 69.6% / 71.4%	●
	SOR: Minimum Target: 60.0% Maximum Target: 66.0% Screening Rate 77% (no min.)		
	Control Rate: 67% (no minimum)		
	2016 Year-End (Baseline): 64.7% 95.1%		
Outpatient Care Experience			
Receptionist Helpful (10%)	Performance Year-to-Date	88.2%	◐
	Minimum Target: 88.2% Maximum Target: 89.5%		
	2016 Year-End (Baseline): 88.0%		
Nurse/Assistant Showed Care and Concern (10%)	Performance Year-to-Date	85.3%	◐
	Minimum Target: 85% Maximum Target: 86%		
	2016 Year-End (Baseline): 84.9%		
Workplace Safety			
Task Standardization (10%)	Performance Year-to-Date	89.5%	●
	Target: 80% (no minimum)		
	2016 Year-End Score (Baseline): 100%		
People Pulse Index (10%)	Performance Year-to-Date	96.5%	●
	Target: 80% (no minimum)		
	2016 Year-End Score (Baseline): 97.8%		

2017 PSP Goals for AMBULATORY CARE STAFF (SCPMG)

LABOR MANAGEMENT PARTNERSHIP

WHAT IS PSP/VPP? PSP/VPP provides a cash award which supplements regular pay in recognition of the contributions made by the program's participants when the annual performance goals established by the Southern California Regional LMP Council are met or exceeded and the SCAL operating budget is exceeded.

WHO IS ELIGIBLE? Qualifying LMP union employees are eligible for a full or partial payout. (New employees must complete the 90-day probation period.)

HOW DOES IT WORK? Payouts are based on the Southern California region's overall financial performance when we exceed our operating budget and each medical center area's/regional offices' attainment of its goals. Individual payouts will be based on the medical center area or site at which the employee is located for the last pay period of 2017.

Consult your local subject matter expert for details on the goals.

Focus Area

Affordability - 20%

Measured: Calendar Year 2017
Updated: Quarterly
Final data available: January 2018

Goal

UPDATED! Increase the percentage of unit-based teams* that successfully create and complete a project with hard or soft dollar savings or improved revenue capture. Projects must demonstrate three consecutive months of sustainability and should be reviewed by Finance. (20% of payout)

Minimum= 50% of teams
Maximum= 75% of teams

*A unit-based team is the natural workgroup of the department (all staff, not just the meeting attendees).

Part 1: Reduce Last Minute Sick by Medical Center Area / Regional Offices (15% of payout)

Reduce employee use of last minute sick days by medical center area/regional offices and individual employee.

Minimum=4 days or fewer | Maximum=3 days or fewer

Individual incentive: Employees are eligible for a payout based on their personal performance even if the facility does not meet the target. Employees who reach the maximum target could receive a higher payout than those who make the minimum target. If the facility reaches the maximum target, the employees could get a higher payout up to double the maximum. Employees who have exceeded four last minute sick days will NOT receive a payout.

Part 2: Reduce Non-Protected Absences by Medical Center Area / Regional Offices (5% of payout)

Reduce employee use of non-protected absences (short- and long-term sick, unexcused absence, and leaves of absence) by site.

Minimum=11 days or fewer | Maximum=8 days or fewer

Individual payout incentive: If the site achieves the minimum target for non-protected absences (11 days) and the individual employee has NOT exceeded 11 days of non-protected absences, the employee could receive the payout. Employees who have exceeded 11 days will NOT receive a payout.

Attendance - 20%

Measured: Payroll Year 2017
(Dec. 19, 2016 - Dec. 17, 2017)
Updated: Monthly
Final data available: January 2018

Ambulatory Quality - 20%

Influenza Immunization

Measured: August 1, 2016 - June 30, 2017

Readmission O/E Rate

Any Appointment Completed within 5 days

Measured: November 2016 - October 2017

Colorectal Cancer Screening

Measured: October (M10) 2017

SOR or Screening Rate:

Breast Cancer/Diabetes Blood Sugar

Measured: Nov 2016 - Oct 2017

Updated: Monthly

SOR Updated: Bi-monthly

Final data available: January 2018

*Targets may change based on year-end performance.

Clinical goals support KP's preventive care effort by vaccinating members for illnesses and assisting them with getting appropriate screenings, following up, and coordinating patient care.

Part 1: Increase Rate of Influenza Immunization (4% of payout)

Increase rate of influenza immunization for patients six months and older (≥ 6 months)

Minimum target=45.0% | Maximum target=51.0%

UPDATED! Part 2: Readmission O/E (Observed vs Expected) Rate (2% of payout)

Reduce the rate at which patients are readmitted after discharge and increase follow up appointment scheduling.

Minimum target=0.80 | Maximum target=0.78

Part 3: ANY appointment completed within 5 days (All KFH discharges, high LACE, medicine) (2% of payout)

Minimum target=60% | Maximum target=70%

Part 4: Colorectal Cancer Screening (ages 50-75) (4% of payout)

Increase colorectal cancer screening to support early detection

Minimum=82.0% | Maximum=83.0%

Part 5: Breast Cancer: Successful Opportunities Rate (SOR) or Screening Rate (4% of payout)

Supports early detection of breast cancer by increasing our success at reaching patients overdue for screening.

SOR: Minimum=36.0% | Maximum=43.0% / Screening Rate: 90.0% (no minimum)

UPDATED! Part 6: Diabetes Blood Sugar Testing (18-75): Successful Opportunities Rate (SOR) or Screening Rate (2 tests/year) or Diabetes Blood Sugar Control (4% of payout)

Reduces complications of diabetes by increasing our success at reaching patients overdue for screening.

SOR Minimum=60.0% | Maximum=66.0% / Screening Rate: 77.0% (no min.) / Control Rate: 67% (no min.)

Outpatient Care Experience - 20%

Measured: Calendar Year 2017

Updated: Monthly

Final data available: January 2018

*Targets may change based on year-end performance.

KP wants to ensure that our frontline staff interacts with our members in a way that is helpful and makes them feel cared for. The Outpatient Care Experience goal is based on the Ambulatory Satisfaction Questionnaire (ASQ), a patient care experience survey, in two categories—Receptionist Helpful and Nurse/Assistant Showed Care and Concern. The ultimate goal is to reach the California 90th percentile on the publicly reported survey.

UPDATED! Part 1: Receptionist Helpful (10% of payout)

Minimum=88.2% | Maximum=89.5%

UPDATED! Part 2: Nurse/Assistant Showed Care and Concern (10% of payout)

Minimum=85.0% | Maximum=86.0%

The scope of the goal for all entities is the January 2017 UBT baseline list for the medical center area/regional operations.

Part 1: Task Standardization (10% of payout)

80% of all unit-based teams* in each medical center area/regional operations must create and complete a Task Standardization Project by November 30, 2017.

- UBT to develop complete list of all high risk tasks using the "task inventory" form and assign a "risk score" for each task. Project selection to be based on the highest risk score.
- These performance improvement methodologies are required for selected task projects: process map, tests of change, standardized task list. All three are required to complete the task standardization project.
- UBTs are to submit the task inventory form, process map, and standardized task list to the Regional Task Standardization SharePoint site by November 30, 2017.

Part 2: Workplace Safety Index from People Pulse (10% of payout)

Every UBT will review their 2016 WPSI results from People Pulse to develop and implement an action plan to improve psychological safety in the UBT using the composite of questions that create the index.

Target: 80% of all the UBTs by medical center area/regional operations to document results/learnings of the action plan in the UBT Tracker by November 30, 2017. All entities are included in this target.

Suggested timeline to hit target:

- WPSI presented and discussed in UBT by March 31, 2017.
- Action plan developed by May 1, 2017.
- Plan implemented by August 1, 2017.

*A unit-based team (UBT) is the natural workgroup of the department (all staff, not just the meeting group).

Workplace Safety - 20%

Task Standardization

Measured: January 1 - November 30, 2017

Updated: Quarterly

Final data available: January 2018

People Pulse Index

Presented/Discussed: March 1, 2017

Action Plan Developed: May 1, 2017

Plan implemented: August 1, 2017

Documented: November 30, 2017

Supported by Kaiser Program Office
Organizational Research, SCAL WPS Leads:
labor and management

Sign for Deceased Patient Room



Technical Bulletin

SCPMG Laboratory System – Regional Reference Laboratories

Total Complement (CAE) – Change In Container Requirements

Effective 03/05/2018, the Allergy lab at the SCPMG Regional Reference Laboratory will require for an additional red top to be drawn for CAE testing. This will be a total of 2 tubes (GLD6+RD7). Please ensure staff handling preparation of the samples, aspirate and dispense serum from the correct tubes. Even though both samples are serum, a validation study is being conducted to ensure the gel from the GLD6 tube is not activating complement and falsely elevating results.

QUESTIONS?

Client Service Center, 1-888-4LAB NFO, or tie line 8-397-7077

Bruce J. Goldberg, M.D., Ph.D.

Physician director, S.C.P.M.G. Regional Allergy-Immunology Lab

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