



Quest Diagnostics Nichols Chantilly
At
Shady Grove Adventist Hospital and
Washington Adventist Hospital

BLOOD BANK STAFF MEETING

MINUTES

(03/04/2014)

PRESENT: 3.4.2014 @ 0640-0730 (SGAH) STEPHANIE CODINA, MARY-DALE ABELLANO, EMIEL DUARTE, DIPTI PATEL, MONA PATEL, SHAKIMAH RODNEY, NAMRATA SHRESTHA
 3.5.2014 @ 0645-0720 (WAH) STEPHANIE CODINA, MARIA MORRIS, TSEGAYE NEGASH
 3.5.2014 @ 1740-1830 (WAH) STEPHANIE CODINA, TARA APPELBAUM, HABIBA LAKO
 3.6.2014 @ 1510-1555 (SGAH) STEPHANIE CODINA, SARAH DELINGER, GABRIEL NJIKA

DISTRIBUTION: BLOOD BANK STAFF MEMBERS

MEETING COMMENCED

Item	Discussion	Action	Follow-up
Minutes QC	<p>Please pay attention to QC and ensure you are filling in ALL blanks of the form correctly. Also, please make sure that QC is NOT BEING MISSED. Things to look out for....</p> <ol style="list-style-type: none"> 1. Fill in the date of QC and initials at the top of the form. 2. Indicate whether the visual inspection of reagents was satisfactory or unsatisfactory. 3. Write expiration dates in MM/DD/YY format even when they are written differently on the bottle. 4. The shift that performs centrifuge QC is responsible for monthly centrifuge QC. 5. We must perform QC even when equipment is down. For example, the CSW cell washer was out of service. P2 incubator QC and daily reagent QC for manual capture were not done even though we have a manual wash procedure. 	None	None
Safety	<p>We have been told that CAP is focusing on safety this year. Please ensure you are always following safety standards:</p> <ul style="list-style-type: none"> • Wear your labcoat and gloves • Open specimens behind a shield • Keep items off the floor • Etc. 	None	None
Goalsharing/ Raises	<p>You will be able to see the amount of your goalsharing and merit increases via ESS on March 5. Goalsharing will be paid on March 7. Raises will take effect in April.</p>	None	None

Item	Discussion	Action	Follow-up
CAP Surveys	<p>We had a situation in which 2 different techs tested the antibody screen on the last J survey twice. In both situations, the techs performed the antibody screen by manual capture then by LISS tube methodology. All four screens were negative. When asked why this happened, both techs stated they knew we are not allowed to double test CAP surveys. However, they did not trust the capture results given the problems we are having.</p> <p>We ARE allowed to double-test the CAP survey if we double-test patient results. I realize we have been seeing false positive results with the RS-3 strips and we have been double-testing POSITIVE screens. However, we are not double-testing screens for patients who test negative. For this reason, this is a MAJOR violation for which CMS can actually fine us or shut down our lab. As the Medical Director, Dr. Cacciabeve was concerned about this practice. We consulted with our quality department, the quality department in Baltimore, NQA, and the Quest Medical Legal team to resolve.</p> <p>All staff members will receive training on CAP survey handling in the near future. All staff members must understand the rules that apply to CAP surveys. The rules that tend to confuse blood bank staff members the most have to do with the testing. HOWEVER, THIS INFORMATION IS NOT CONFUSING IF THE TESTING TECH READS THE CAP SURVEY INSTRUCTIONS PER PROCEDURE.</p> <ol style="list-style-type: none"> 1. We treat the CAP survey sample like a patient sample EXCEPT when the CAP survey instructions state something different. For example, we do not perform crossmatch testing for units if the recipient has an antibody and the unit is positive for the corresponding antigen. We DO perform crossmatch testing on these units for the CAP survey, because the instructions tell us to. 2. The JAT survey must be performed on the Echo. Normally, we antigen type the patient and unit when the patient has an antibody. The JAT survey instructions tell us the samples they provide cannot be antigen typed. Therefore, we should not antigen type. 3. We perform antibody identification for the J and JAT surveys. We have a second tech review all patient antibody panels, so we need a second tech to review all CAP antibody panels. <p>TAKE HOME MESSAGE: NEVER, EVER DOUBLE TEST A CAP SURVEY SAMPLE UNLESS YOU WOULD DOUBLE TEST A PATIENT</p>	None	None
Refrigerator Charts	<p>We are having a problem at BOTH hospitals in which the temperature charts are not keeping time. I discussed this with technical service at Helmer. It appears that WE are not tightening the center paper cap enough. Per Helmer:</p> <p>“The paper on the chart rotates because the center paper cap tightens the paper against a plate on the motor called the cam. The cam is actually what rotates during normal operation. If the paper cap is not tightened fully, the cam will rotate independently of the paper and remain stationary due to the pressure being applied by the chart recorded stylus.....An easy way to verify whether the chart recorder paper is tight is to try rotating the chart paper after tightening the cap. The paper should move a little in each direction (clockwise and counterclockwise), but not more than 1-2mm.”</p> <p>Please verify the tightening when changing the temperature charts.</p>	None	None

Item	Discussion	Action	Follow-up
Adding Results	Reminder....If you ADD results/notes/etc. to a form that has already been completed, YOU MUST DATE your additions or changes with the date on which to made them.	None	None
AIDET	<p>Reminder that you MUST use the approve greeting when you answer the phone.</p> <p>For outside calls, state the name of the hospital.</p> <ul style="list-style-type: none"> • Shady Grove Adventist Hospital Blood Bank, this is Jane, how may I help you. • Washington Adventist Hospital Blood Bank, this is Dick, how may I help you. <p>For internal calls, you don't have to state the name of the hospital, but you do have to identify yourself and say, "May I help you?"</p> <p>This is an AIDET requirement.</p> <p>A = Acknowledge = you acknowledged the call when you picked up the phone.</p> <p>I = Introduce = you introduce yourself when you give your greeting</p> <p>D = Duration and E = Explanation = you complete these steps when you answer the caller's question(s)</p> <p>T = Thank = don't forget to thank the caller for calling and checking up on xyz.</p> <p>This is being audited and EVERY STAFF MEMBER should be consistently following these guidelines.</p> <p>If a customer asks you for directions, please WALK them to their destination. Don't simply point them in the right direction. If this makes you late for work, put your original start time in the WFC adjustment log with a comment that you were walking a customer to his/her destination.</p> <p>See the attached sheets outlining behavioral expectations.</p>	None	None
Issuing	<p>We are receiving complaints from people picking up blood, because staff members are holding the unit differently during readback. It seems like the pickup person likes when the unit is placed on the top of the drawer the best. However, PLEASE ASK THE PICKUP PERSON IF THEY CAN READ THE INFORMATION OK BEFORE BEGINNING.</p> <p>Also, please don't forget to document the visual inspection on the pickup form. Why? Sun quest pops up a billing screen at the end of the issue process. If you do not bill or exit from this screen, the entire issue process will void. Failing to issue a unit in the computer is an FDA-reportable error.</p> <p>That said, the FDA has said we do not have to report this error and can simply issue the unit in the LIS if we document all required elements using a secondary method AND our procedure says it is OK to do this. We added this to our procedure a few months ago.</p> <p>You must document the required elements: Unit number, date/time of issue, person issued to, and VISUAL INSPECTION. Most people do well with everything but the visual inspection. Please make a conscious effort to add this.</p>	None	None

Item	Discussion	Action	Follow-up
Books	<p>I ordered new reference books for both labs:</p> <ol style="list-style-type: none"> 1. Mollison's Blood Transfusion in Clinical Medicine 2. Human Blood Groups <p>These should replace our VERY OLD books with the same titles. The second one will be very helpful to people studying for the SBB exam.</p>	None	None
Attendance	Some of you have been straying a bit with attendance. This creates problems, because generally someone has to stay until the employee arrives. The attendance policy will be enforced equally for all staff members. Expect to meet with me if you are a person who has problems with attendance.	None	None
Ortho	Ortho specialists will be on site this week (Tuesday at SGAH and Wednesday at WAH) to review our workflow and prepare a proposal to bring in gel.	None	None
Fetal Cell Screens	SGAH staff: Please DO NOT FORGET to call WAH BB when a FSC is complete. WAH staff are still ordering the RhIG injections.	None	None
Modifiers	<p>When ordering tests using "Order Entry," DO NOT put anything in the "Community Medical Record Number" field. This is the field that links a patient with multiple medical record numbers (ie WAH, SGAH, ARHM, etc) to Cerner. When we type into this field, NOTHING will cross to Cerner. They recently had a problem and the root cause was BB staff members typing the modifier into the wrong field.</p>	None	None

If you want to add a priority or indicate whether a sample is a nurse collect vs. lab collect, you add this in the modifier field.

Order Entry

TEST-49 SUNQUESTX,EGGPLA...
 Date of birth: 04/09/1947 (66Y) Sex: M
 Hospital ID: WAH

All Phys 1:
 All Phys 2:

Order Codes | Schedule Orders |

Order entry:

Order Code	Order Description	Modifier
RTYP	ABC Retype	

Enter the modifier here (S, SRN, ASAP, ARN, etc)

General Information:

Collect date	03/06/2014
Collect time	14:43
Receive date	03/06/2014
Receive time	14:48
Order physician	40658 ~ CACCIABEVE ...
Copy to phys 1	
Copy to phys 2	
Copy to phys 3	
Order comment	
Order account #	99999999
Phlebotomist code	850 ~ NURSING, TO CO...
Workload code	
Order location	TEST ~ TESTING
Community Med Rec	

DO NOT touch this

Accession:

Dept	Specimen Comment	Acc #
BB		

Review | Assi

Save | Clear | Reprint Labels | Reanalyze Results | Be

Item	Discussion	Action	Follow-up
Open Forum:	<ol style="list-style-type: none"> 1. Please don't forget to initial the lab label if you relabel a sample for automation. You should initial the label even if you do not do the history check. The initials indicate you verified the name and MRN information on the original and barcode label are the same. 2. If you put a sample on the Echo prior to performing the history check, please pull the sample off as soon as it is done pipetting and perform the history check. We are missing ABO retypes. 3. Please don't forget to date and initial reagents when you open a new bottle. 4. When you perform reagent receipt QC, please don't forget to change the red/yellow dot to a green dot. 	None	None
5S	Reviewed the 5S PPT presentation (attached).	None	None

**Meeting
 adjourned
 Next meeting
 week of April 7,
 2014**

Stephanie Codina
 Recorder

STAFF DIFFERENTIATION TOOL


STAFF

SENSE (Service Excellence)

Description	High Performance/ Exceeding Standards and Performance
<p>Anticipates the needs of others before the moment of contact to advance a thriving culture of service excellence and unity.</p> <p>To demonstrate Service Excellence I will:</p> <p><i>Standards of Behavior</i></p> <p>S1: Provide exceptional care and to exceed the expectations of customers, patients and co-workers. I will not say, "That is not my job".</p> <p>S2: Offer assistance to escort a patient, guest, or family member when they appear to need direction, or find someone who can. I will meet the customer's needs as quickly as possible.</p> <p>S3: Adopt and promote AIDET in all customer interactions.</p> <p>S4: Extend a friendly greeting to everyone.</p> <p>S5: Take ownership and be responsible for the outcomes influencing the experience of each customer by paying attention to personal details.</p> <p>S6: Be committed to my own personal and professional development by seeking new knowledge and skills to enhance my performance. I will take pride in the organization and my impact on the patient experience.</p>	<ul style="list-style-type: none"> • Anticipates patients/family and customer needs without being asked • Continuously Improves and helps others discover more effective communication practices • Approaches visitors before being asked maintaining eye contact • Demonstrates a proactive way in assisting any and all patients/family or guests with a specific need or request • Uses 10/5 rule when encountering all patients, customers and staff. Makes eye contact at 10 feet, offers a greeting at 5 feet • Notices patients/customers who appear lost and escorts them to their destination • Holds team members accountable and is perceived as a "mentor" • Engages in welcoming and greeting every individual, every time (effortless and natural) • Senses patients anxiety by reading body language • Communicates important tasks or deadlines effectively and thoroughly; transparent hand-offs • Embraces new opportunities and change • Demonstrates excitement towards learning and continuing education; has parallel work ethics and goals <p><i>Middle Performance: Achieving On Target with Standards and Performance</i></p> <ul style="list-style-type: none"> • Responds to patient call lights - not always with a sense of urgency • Addresses patient and family needs when requested • Starts to walk the customer/guest to their destination and completes with "pointing in the right direction" • Provides assistance when asked, connects with other departments for help • Not consistent 100% of the time in utilizing AIDET communication tactics • Starts off the day passionate in using AIDET; needs coaching to stay strong and consistent • Gives the "head nod" of greeting rather than a verbal • Pleasant demeanor and conducts the basic aspects of assisting customer needs • Does what is expected of them • Completes education requirements as required <p>Low Performance: Not Achieving Standards and Performance</p> <ul style="list-style-type: none"> • Ignores patient call lights and makes excuses of being "busy" with other work • Takes no notice of patient/family or customer needs; discounts simple requests and neglects follow through • Makes the patient/family or guest "wait" • Doesn't make any eye contact and demonstrates annoyed body language • Acts rushed in every patient encounter - disregards the value of AIDET in every encounter • Lacks sincerity in their voice when using AIDET • Zero eye contact - looks down when walking • Does not read body language; ignores any observation and minimizes situations • Treats patients like a number; does not listen or engage with the patient • Does not read body language; ignores any observation and minimizes situations • Does not embrace change in work environment; shows resistance • Negligent in completing any educational opportunities/requirements; no interest in seeking additional education



HELP (Teamwork)

Description	High Performance: Exceeding Standards and Performance
<p>Develop a cooperative relationship among co-workers and departments to produce positive patient outcomes at every point of the patient experience.</p> <p>To demonstrate Teamwork I will:</p>	<ul style="list-style-type: none"> • Does not gossip; Diffuses gossip and counteracts with positive comments or contributions • Accentuates the positive of team members and co-workers • Anticipates the needs of their co-workers • Offers assistance proactively and seeks solidarity • Would never say "it's not my job" when confronted with an opportunity to help out • Collaborative, takes note and thorough in completing work • Coaches with facts and is seen as a role model • Appreciates the value of recognition; always intentional about displaying specific appreciation where due • Values diversity and recognizes people's strengths • Respects other people's expertise and objectively considers feedback from others
<p>Standards of Behavior</p> <p>H1: Acknowledge and appreciate each team member's contributions with my words and actions. I do not gossip or talk negatively about others.</p> <p>H2: Look for and act upon opportunities to help others and set an example of cooperation expected in the workplace.</p> <p>H3: Actively seek solutions to problems, enlisting help when necessary rather than blaming or making excuses.</p> <p>H4: Coach in private and comment in public</p> <p>H5: Be a loyal team member by treating everyone as a professional recognizing that we all have areas of expertise. I will not belittle people's work.</p>	<p>Middle Performance: Achieving On Target with Standards and Performance</p> <ul style="list-style-type: none"> • Expresses general appreciation towards co-workers, but may not always use specific names or examples • Will encourage staff to deter away from gossip and negative communications; does not participate in gossip • Works collaboratively with others; task oriented • Does the right thing; conscious of their "own" performance • Seeks solutions and helps others when necessary • Identifies the problem and hands off the issue appropriately; does not always participate in the solution • Understands the value of being a mentor for the team and intentionally recognizes colleagues • Comments in generalizations; coaches both privately and openly • Effective in group settings and respectful of subject matter experts
	<p>Low Performance: Not Achieving Standards and Performance</p> <ul style="list-style-type: none"> • Gossips, complains and stirs the pot • Spreads negativity of processes and people; identifies a problem and ignores it • Spending more time "thinking" of ways not to do things (their idea of being solution oriented) • Grumbles if they have to help out i.e. sighing, grinnaces, "loud" body language • Sees a problem and ignores it; does not communicate • Does not seek out others for assistance; the first to blame others for not helping, says, "it's not my fault" or "this happens all the time" • Engages in bickering and blames others; sees the coaching opportunity to cover themselves • Tunnel Vision; and communicates in an aggressive tone • Routinely belittles other people's work • Talks down to other people's expertise

ACKNOWLEDGE (Empathy)

Description

Convey understanding and sensitivity to our patients and co-workers.

To demonstrate Empathy I will:

Standards of Behavior

- A1: Acknowledge and anticipate the needs of others by asking, "Is there anything else I can do for you? I have the time", I will not allow anyone to feel ignored.
- A2: Take time to listen without judgment and understand what patients, families and co-workers are experiencing.
- A3: Recognize that any illness or even routine testing is stressful for the patient and their family. I will strive to relieve stress and not add to it.
- A4: Apologize for delays, waits, inconveniences, or mistakes. I will provide an explanation where possible and offer immediate updates when changes occur

High Performance: Exceeding Standards and Performance

- Manages patient perceptions and takes detailed note of body language to guide communication with patients, family and customers
- Acknowledges, listens and apologizes when a perceived error has been made in any patient scenario
- Takes time to address all needs and follows through to completion
- Listens objectively and intently; seeks facts and manages patient perceptions with a solutions mindset
- Acknowledges patient anxiety and answers all their questions
- Would spend time needed to relieve patients stress regardless of other responsibilities; or ask for help where needed
- Consistently follows through in providing updates when changes occur
- Emphasizes with patients frustration and informs/explains for delays

Middle Performance: Meeting Or Target with Standards and Performance

- Utilizes every mode of communication in explaining or managing patient perception
- Pays attention to the "time"; is considerate of customer's schedule
- Seeks out information and will ask key questions to patient needs
- Acknowledges the issues; finds out who is responsible and delegates appropriately
- Answers basic questions and informs them of the care plan in a generalized format
- Tone of voice and body language is professional; empathy may not come through
- Explains and answers questions; apologizes where appropriate
- Remains calm with system glitches, communicates to patients and customers with clarity

Low Performance: Not Achieving Standards and Performance

- Appears selective in assisting patients/families (high maintenance v. low maintenance)
- Little sense of urgency or compassion
- Finds ways to blame processes, "we are short staffed", "we don't know where the doctor is" etc.
- More task focused than "needs" focused; provides generalizations in every situation to evade responsibility
- Rushes the family and acts mechanical and communicates in a prescribed tone
- Does not seek out patient or family member in communicating delays; waits to be approached
- Appears annoyed and frustrated with system breakdowns; creates anxiety for the customers



RESPECT (Courtesy)

Description	High Performance: Exceeding Standards and Performance
<p>Accept the cultural, spiritual and intellectual diversity of patients and co-workers by displaying inclusive actions and attitudes that encourage strong personal connections.</p> <p>To demonstrate Courtesy I will:</p>	<ul style="list-style-type: none"> • Finds a common interest or goal with the patient; uses this information to engage and make a connection with patient, family or guest • Becomes familiar and chooses to understand patients cultural background to apply appropriate communication style and level of care choices • Doesn't hold public conversations casually about patient information; safeguards records • Uses key words at appropriate times to maintain the comfort of the patient, family member or guest • Respects and maintains confidentiality at all times • Always sensitive to patient privacy; explains to them why they are asking certain questions or conducting certain matters as it relates to their care • Recognizes the value of internal customers and demonstrates safety and courtesy in every interaction • Is a role model for stewardship performance; replenishes supplies and thinks ahead • Leads by example in maintaining a professional and neat appearance
<p>Standards of Behavior</p> <p>R1: Be sensitive to the diversity of cultures, traditions, ideas, beliefs and accepting of these differences by using a courteous tone of voice and body language that conveys interest and attentiveness.</p> <p>R2: Respect our clients' right to privacy and dignity by creating and maintaining a secure environment during each communication and public interaction.</p> <p>R3: Hold in confidence all private communication, information and interactions between co-workers, patients and leaders.</p> <p>R4: Ensure all equipment and supplies are customer ready while practicing safety as a courtesy to my team members, patients, myself and all others.</p> <p>R5: Keep my working environment well maintained, clean, and uncluttered. I will be responsible in utilizing my time and resources by returning all equipment clean and ready for the next person.</p> <p>R6: Maintain a professional appearance that reflects respect for our customers and the organization</p>	<p>Middle Performance: Achieving Target with Standards and Performance</p> <ul style="list-style-type: none"> • Anticipates the customer needs if they are familiar with the specific culture/tradition etc. • Watches body language of the patient to elicit better understanding of patients perception • Communicates with key words for privacy and safety which makes a connection for the customer • Professional and respectful of confidential information shared • Seeks out policies to ensure confidentiality standards are met • Ensures room safety after every patient and reports faulty equipment • Verifies necessary requirements and equipment needs for successful case • Maintains area cleanliness - the basics • Takes measures to organize what is re-used and makes arrangements for donations • Dresses nicely and follows policies - meets basic requirements for uniforms <p>Low Performance: Not Achieving Standards and Performance</p> <ul style="list-style-type: none"> • Reacts impulsively when a patient is frustrated or upset • Does not seek out understanding from patient/family; treats everyone the same • Conducts personal conversations in the open or in front of patients, family and staff members • Noisy, inattentive and zero eye contact • Unreliable; not concerned about meeting expectation and discloses private information openly • Accesses patients records unnecessarily • Would not make any effort to check on what equipment is needed; does not know how to prioritize • Typically complains when something is not there and expects someone else to fix it • Has a complete disregard for finance and exceeds in purchasing supplies • Presents a disorganized appearance and is messy



EXPLAIN (Communication)

Description

Demonstrate strong interpersonal skills in every aspect of daily work activities to project a positive image as a representative of the organization. Be committed to listening attentively to both verbal and nonverbal messages.

To demonstrate Communication I will:

Standard of Behavior

- E1: Deliver messages to customers and co-workers with courtesy, clarity and care.
- E2: Explain information to all customers and co-workers with patience avoiding technical or professional jargon. I will speak in a caring tone and use language that is easily understood.
- E3: Observe customers and visitors with special needs and have those needs addressed by the appropriate department (i.e. translators, interpreters, sensory-impaired assistance).
- E4: Acknowledge and respond to e-mail, voicemail, telephone, and other forms of communication in a professional, pleasant and timely manner.
- E5: Support verbal instruction with written or educational materials where appropriate to patients, customers and co-workers.

High Performance: Exceeding Standards and Performance

- Pays attention to detail in the conversation and listens by repeating the message back for clarity and consistency
- Continuously uses body language that communicates caring and understanding
- Focused on the patient's learning needs; includes family as appropriate
- Takes the time to explain the equipment and procedure to the patient i.e. what it does, how it will be used and what to expect; includes the family during the explanation process and reassures the family they will be informed
- Guarantees appropriate communication needs are incorporated into patient's plan of care i.e. interpreter services, sensory and visual impairment etc.
- Informs physician in advance if they know customer's needs: transparency in care is demonstrated as imperative
- Makes every individual conversation important
- Identifies him/herself on the telephone and states, "how may I help you"
- Researches and creates written materials to empower patients, customers and co-workers with information needed to make any important decisions or to simply educate
- Always prepared with documentation necessary to guide, inspire or teach; never withholds information

Middle Performance: Achieving a Target with Standards and Performance

- Professional in communication, tone and body language manages a service friendly attitude
- Explain why certain information is being used during patient care and what is being verified i.e. identification, insurance, etc.
- Tends to use hard copy materials as method of communication rather than verbal i.e. pamphlets, emails, voicemail etc.
- Will answer questions; tends to deflect answers to reading materials, rather than taking the time to explain
- Perceives customer and visitor needs; tends where applicable
- Will help close the gap if communication for patient/visitor is not met by initial point of contact
- Acknowledge all forms of communication and senses elements of concerns to assist
- Professional and helpful to easy inquiries; seeks out assistance with specific requests that may take more time than normal
- Considers the learning curve of the recipient; uses the information to teach or guide

Low Performance: Not Achieving Standards and Performance

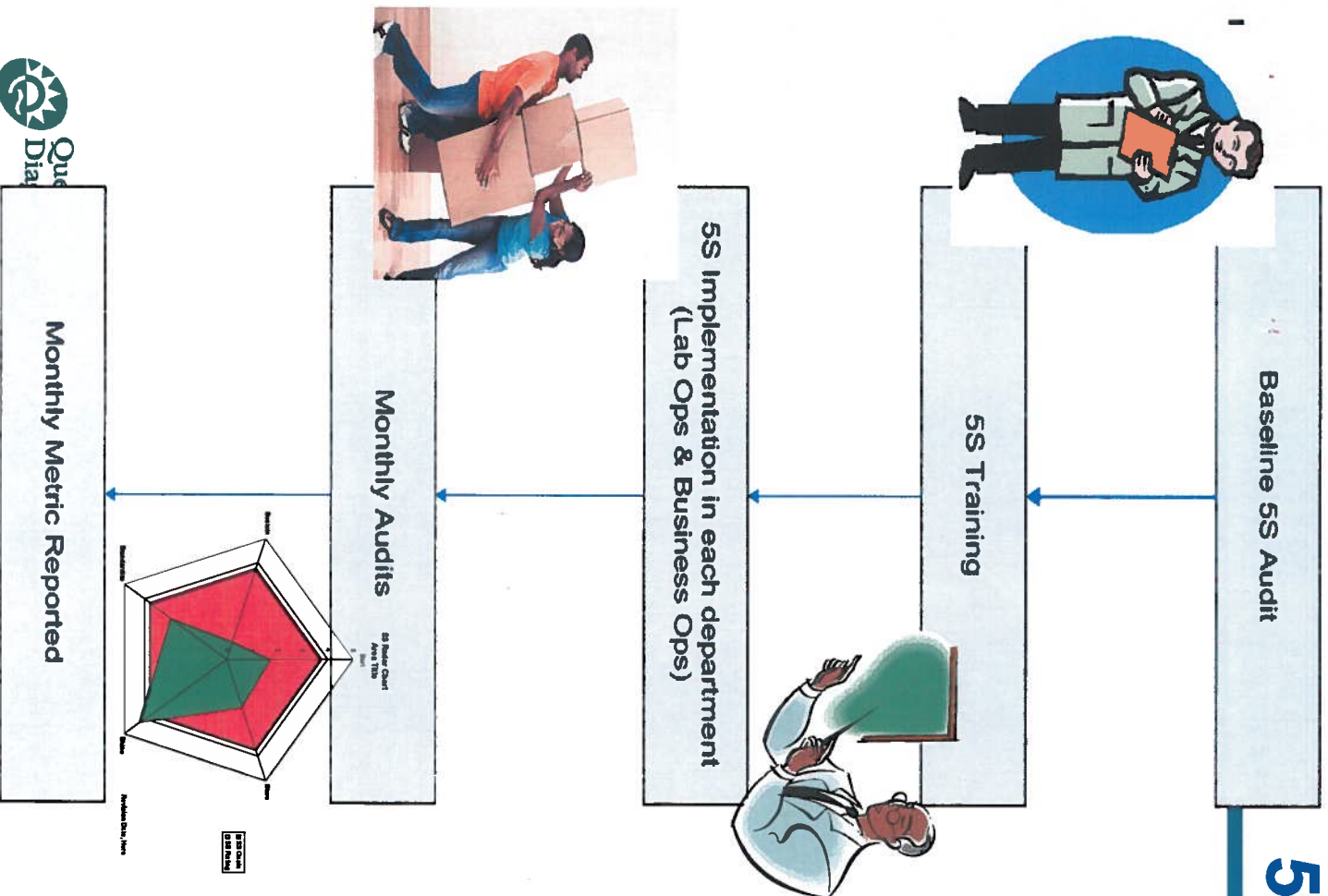
- Projects lack of caring or engagement - tone of voice may be perceived as harsh or abrasive
- Speaks when spoken to; appears rushed and lacks attention to detail
- Does not portray a friendly or caring approach in communication style
- Does not seek understanding or clarify from the other party i.e. patient, customer, co-worker
- Ignores obvious needs of patient's/visitors. Hopes that someone else will "deal with it"
- Body language conveys, "I do not have the time for you" or lacks empathy
- May be perceived as rude or that they are ignoring the communication(s) because they take too long
- Does not answer the phone with name or department, only answers with a "Hello"
- Portrays frustration in preparation and complains "what a waste of time"
- Overemphasizes one or the other (verbal/written) instruction, does not seek out appropriate balance



Facilities Cleanliness Metric

- Metric is company-wide, all regions, with standardized format
- Cleanliness of the BU will be measured for technical laboratory areas, as well as, non-technical business areas (billing, HR, IT, etc)
- Goal is to improve the appearance, safety, organization, and efficiency of the BU
- Metric will be a Radar Chart of 5S Audit Scores performed on a monthly basis
- Auditors and process owners have been identified
- Process owners will be responsible for making sure the 5S is implemented, audits are performed, and improvements are made/sustained
- Auditors will be responsible for performing monthly assessments

5S Implementation Process



- Identified a group of 6 to perform all baseline audits (3 technical & 3 non technical)
- Meeting scheduled for Thursday, May 23, 2013
- Audits to be done week of May 27th
- Department QA coordinator to observe baseline audit
- Training to be led by Black Belt group
- Date of training - June 17 – 2 to 4 pm
- QA coordinators, process owners and/or delegates must attend training (~2 hours)
- Will include short ppt, video, exercise, how-to electronically document results
- Process owners/delegates are responsible for scheduling 5S and making improvements
- SC#, or order #, for standard supplies will be provided (eg. tape, red tags)
- Black Belts are available, as resources, but will not conduct the 5S
- Monthly audits will be performed by the QA coordinator or assigned auditor
- Auditor will post electronic results on shared drive and radar chart on safety board/message board
- Auditor will provide audit results to process owner along with any required action items
- Process owner will make sure any required tasks are completed before the next scheduled audit
- Final audits analyzed by business ops/Black Belt
- Each department should improve by >10%
- Average BU final score provided for scorecard

Lean Six Sigma

5S

- What is 5S ??
- Identifying & Reducing Waste
- Implementation & Benefits of 5S
- 5S Examples - Before / After Photos
- Challenges
- 5S Project Deliverables
- 5S Exercise
- 5S Documentation
- Q & A

5S: What is it??

What is it??

- 5S is a workplace organization method, first associated with Toyota (Toyota Production System model), that uses a list of five Japanese words: seiri, seiton, seiso, seiketsu, and shitsuke to eliminate waste.
- 5S is a systematic way to improve your workplace and processes.
- The focus of 5S is to create and maintain a clean, well organized, high performance workplace through employee involvement.
- It enables anyone to distinguish between normal and abnormal conditions at a glance and ensures that problems are not covered up. (uses visual controls)
- 5S is the foundation for continuous improvement and promotes defect reduction, cost reduction & a safe work environment.

Goal:

- A self-explaining, self-ordering, self-regulating, and self-improving workplace where what is supposed to happen does happen on time, every time, day or night.

5S Definitions

Japanese Term	English Equivalent	Meaning in Japanese Context
Seiri	Tidiness (Sort)	Throw away all rubbish and unrelated materials in the workplace
Seiton	Orderliness (Set in Order)	Set everything in proper place for quick retrieval and storage
Seiso	Cleanliness (Shine)	Clean the workplace; everyone should be a janitor
Seiketsu	Standardization	Standardize the way of maintaining cleanliness
Shitsuke	Discipline (Sustain)	Practice 'Five S' daily - make it a way of life; this also means 'commitment'

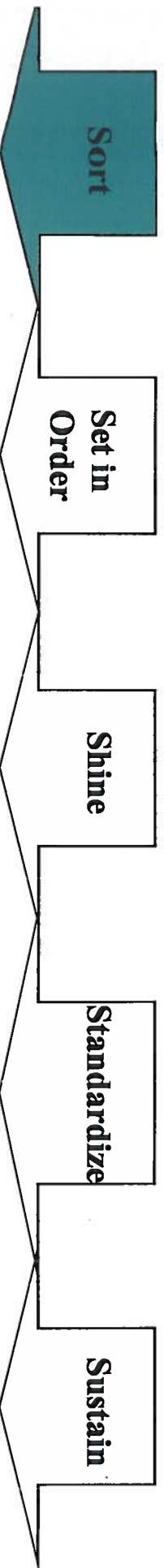
Develop a 5S plan and reap the benefits

↓ **Waste** = ↑ **Value**

Seven Types of Waste:

- Defects
- Overproduction
- Waiting
- Transport
- Extra processing
- Inventory
- Motion

Implementation & Benefits of 5S



Sort (seiri): “When in doubt throw it out”

- **Sort necessary from unnecessary items**
 - Remove all unneeded items such as racks, tools, equipment, and excess inventory
 - Red tag method
 - Attach red tags to unneeded items and remove them to a red tag area
 - Evaluate and properly dispose of items in the red tag area

Sort - Benefits

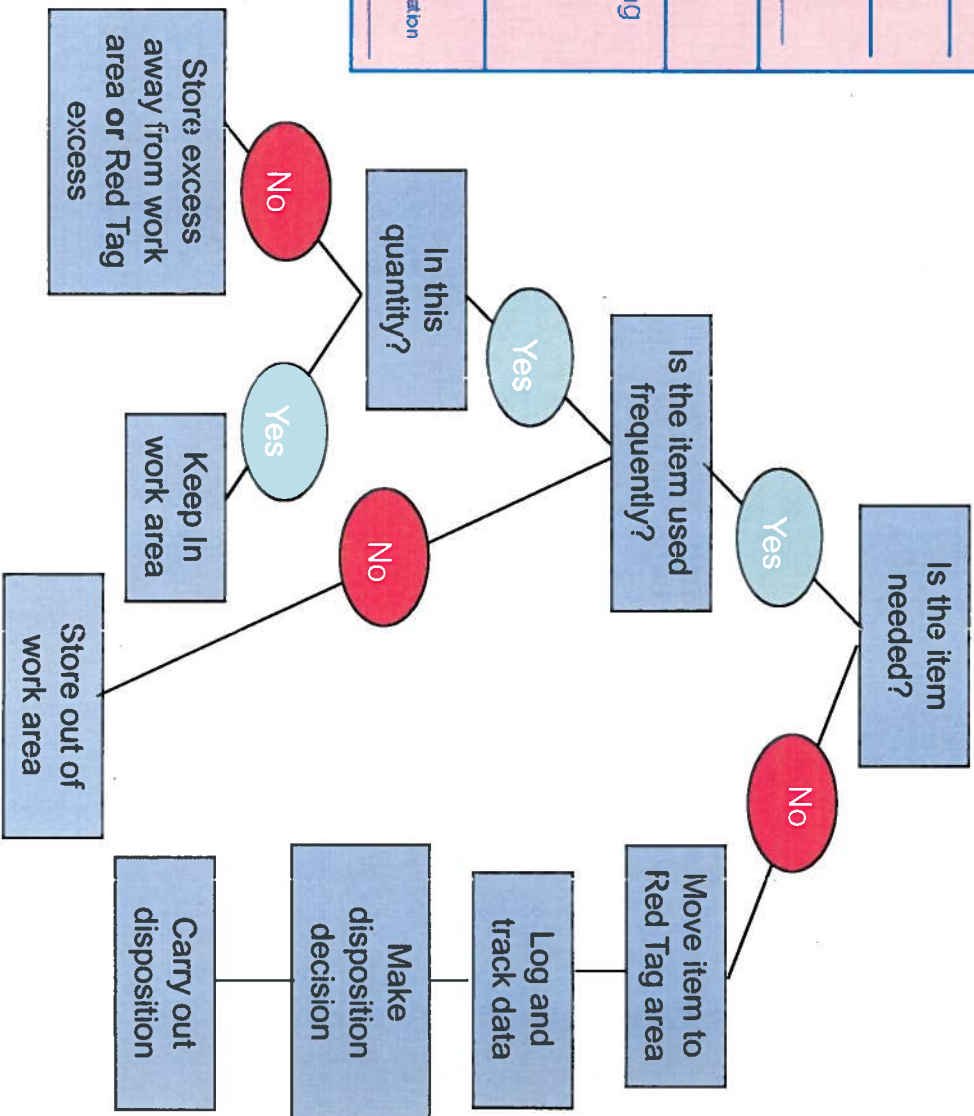
- Work area becomes less crowded & easier to work in.
- Eliminate the time needed to find things, less searching
- Reduction of part selection errors
- Process flows are improved
- Reduced maintenance costs – Unneeded equipment is removed
- Communication between employees is improved by removing unneeded cabinets and racks that act as walls and obstruct communication.

Red Tag Example

Red Tag

Category – () Equipment () Supplies () Furniture				
Location Found				
Item name:				
Quantity:	Value:			
	Per item	Total		
Reason for being tagged:			Date Red Tag applied:	
Name of division and/or person responsible for item				
<input type="checkbox"/> D	<input type="checkbox"/> F	<input type="checkbox"/> H	<input type="checkbox"/> R	<input type="checkbox"/> M
Dispose of item	Frozen – Keep as too expensive to dispose/move presently	Hold for evaluation _____ days	Repair or recycle	Move to proper location _____

Red Tag Decision Process



****** Red tags can be ordered from "The 5S Store". Several options are available at <http://www.the5sstore.com/5sredtagpacks.html>

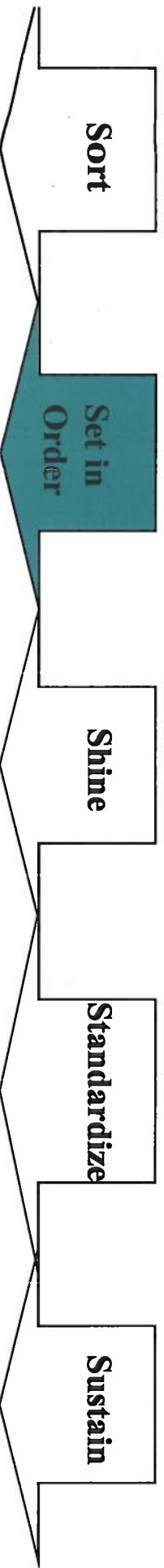
'Sorting' Activity Steps

- ☑ Establish criteria and explain the handling of items
 - ☹️ i.e. Things used every day, every week, ever year, never,.....
- ☑ Assign zones to people
- ☑ Conduct a 'red-tag' event
- ☑ Identify not-needed items from what is needed
- ☑ Move identified not-needed items to holding area
- ☑ Conduct a 'white elephant' sale
- ☑ Conduct an initial cleaning

Coordinate with Facilities to discard large trash items or request cleaning of floors.
Coordinate with the Asset Manager to discard any item with an "asset tag".
Contact IT before disposing any computer related items.
Coordinate with the Warehouse to return excess stock.

Focus on doing and attaining results

Implementation & Benefits of 5S



Set in Order (seiton) : “A place for everything and everything in its place”

- **Arrange items so that they can be found quickly by anyone**
 - Everything that is movable should have a designated place to be when it is not in use
 - Arrange things so they are easy to find, easy to use and easy to put away
 - Most frequently used items should be close-at-hand and obtainable with minimum body motion
 - Items should always be in the same place so time is not wasted searching for them
 - Construct a spaghetti diagram (See *Lean Life Spaghetti Mapping*)
 - Draw a 5S map showing the best location for tools, equipment, and materials based on frequency of use.
 - Current State & Future State (workplace arrangement for everything - tools, equipment, trash cans, etc.)

Set in Order - Benefits

- The proper amount of space is designated to store items
- Reduce the time needed to find things, less searching
- Everything is in its place and not on the floor – Improved safety
- Elimination of excess motion
- Increased space / capacity

5-S Taping Legend

	GREEN - Incoming Work:	Specimens Awaiting Testing
	RED - Outgoing Work:	Specimens Completed Testing
	ORANGE – Materials:	Consumable Supplies
	YELLOW - Information:	Terminals, Printers, and other Data Devices
	BLUE – Work In Process:	Workspace Used to Conduct Testing
	BLACK – Records:	PHI Waste and Iron Mountain Records
	GREEN/BLACK STRIPE:	Aisle Pathways
	YELLOW/BLACK STRIPE:	Safety Clearance (Eye Wash, Fire Ext., Et.
	GREEN/WHITE CHECKR:	Recyclable Waste Storage
	RED/WHITE CHECKR:	Biohazard Waste Storage
	YELLOW/BLACK CHECKR:	Radioactive Waste Storage
	PURPLE – Chemical Waste:	Solvent and Corrosive Waste Storage
	BLACK/WHITE CHECKR:	Municipal Waste Storage

Labeling Standards Black Print with Size 4 Font on White Tape (1/4 inch EZ Tape for P-Touch Label

Tape Vendors

Vendor	Style Number	Width (Inches)	Length (Feet)	Stock Clerk ID	Color
Emedco	FTAP10-GN	1"	180 feet	166947	Green
Emedco	FTAP10-RD	1"	180 feet	166948	Red
Emedco	FTAP10-OR	1"	180 feet	166949	Orange
Emedco	VLTP10-YL	1"	180 feet	166950	Yellow
Emedco	VLTP10-BL	1"	180 feet	166951	Blue
Seton	M5269	2"	108 feet	166937	Black
Tape Brothers	NASSTGNBK2X36	2"	54 feet	BME order (P-Card)	Green/Black Stripe
Seton	M4705	2"	54 feet	166939	Yellow/Black Stripe
Seton	M6355	2"	54 feet	166940	Green/White Check
Seton	M6356	2"	54 feet	166941	Red/White Check
Seton	M6353	2"	54 feet	166943	Yellow/Black Check
Seton	M5269	2"	108 feet	166945	Purple
Seton	M6357	2"	54 feet	166946	Black/White Check
Seton	89624	3"	(Case/24 rolls) Total 3,960 feet	167008	Clear Sealing Tape

Steps To Set in Order'

- ☑ Identify key equipment and supplies.
- ☑ Determine location for every item.
- ☑ Outline locations of equipment, supplies, common areas, and safety zones.
- ☑ Develop shadow boards.
- ☑ Label needed items.
- ☑ Determine required quantities.
- ☑ Document workplace layout, equipment, safety zones, and supplies.

Work team involvement is crucial to success

Implementation & Benefits of 5S



Shine (seiso): “A clean systematic organization results in increased safety and efficiency”

□ Create a spotless workplace

- We've removed all the unnecessary items and organized what is left, now we want to make sure what is left is CLEAN and stays in good working condition.
- Conduct a major cleanup and then incorporate a 5-minute shine into the work routine everyday.
- Maintain housekeeping checklists so activities that have to get done are assigned: who, when and how often.

Shine - Benefits

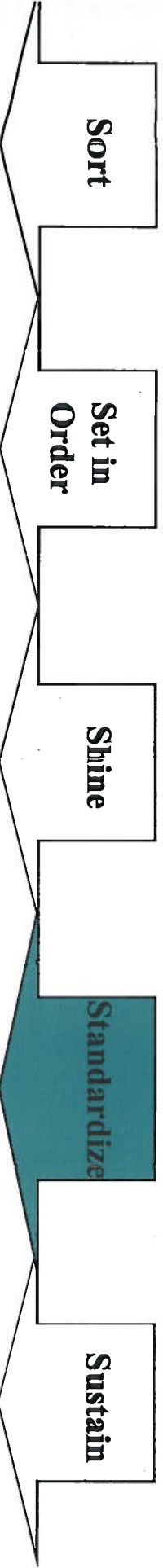
- Maintenance – Equipment that is kept clean and is maintained breaks down less often and is more efficient.
- Defects are easy to see
- Improved efficiency
- Cleaner safer work environment
- Increase morale

'Shining' Steps

- ☑ Identify key points to check to ensure proper performance
- ☑ Determine acceptable performance
- ☑ Determine corresponding visual indicators and controls
- ☑ Mark equipment and controls
- ☑ Establish 'who and when' cleaning plan
- ☑ Conduct daily cleaning and inspections

Progress towards prevention over detection

Implementation & Benefits of 5S



Standardize (seiketsu): “Do the right things the right way, every time”

- ❑ **Maintain & continuously improve the previous improvements**
 - Without standardization you will accomplish only 3s, not 5s, and things will go back to the way they were
 - Incorporate sorting, storage, and shining activities into daily routines
 - Use aids to control what happens and when it happens
 - Checklists and job cycle charts
 - Have a plan – a 5s control plan

Standardize - Benefits

- Increased Equipment life
- Clean environment
- Increased visibility of nonconformance's
- Consistent Delivery
- Improved Quality
- Training of new employees is easier

Example of Job Cycle Chart

Day Shift

Week Ending:

ITEMS	MON	TUE	WED	THUR	FRI	SAT	SUN	Comments
Verify that no items are left on shelf above heater								
Verify that all supplies/equipment/tools are in the right place on the shelves								
Verify that all supplies/equipment/tools are in the right place on the bench tops								
Verify that sort bins are clean								
Verify that HANA instruments are stocked with all supplies for incoming shift								
Verify TARO racks are sitting neatly on conveyer belt shelves Max 30, Min 10 No racks have fallen behind conveyer								
Verify all benches, shelves and drawers have enough supplies for only one shift								
Verify that no items are left on top of barcode printer towers								
Verify that no personal items are hanging on, or taped to workstations								
Verify that no items are labeled with employees' names on workstations								
Verify that only lab coats are placed in lab coat drawers assigned								
Verify drawers contain the same items that are on the label								
Verify lower shelves have only supplies designated for that shelf (For first bench should only have a total of 4 grey bins)								
Verify that there are no items on floor except carts, footrests and trash cans								
Verify JIRO table and area is clean								
Verify there are only 2 red bins and 2 blue bins on bottom shelf of JIRO table								
Verify trash cans are cleared if 3/4 full or higher								

Additional Notes:

Name	Print	Initials
Back-up		
Supervisor		



Steps To 'Standardization'

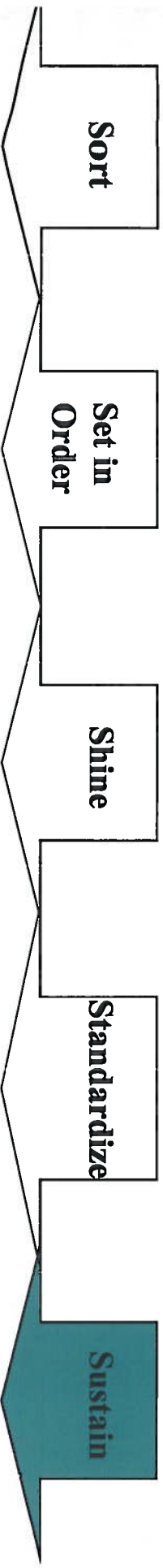
- ☑ Document present work area agreements and routine checks
- ☑ Establish and document standardized methods across similar work areas
- ☑ Document new standard methods



HANA Work Area
Agreement

Attacking process and methods variation

Implementation & Benefits of 5S



- ❑ **Ensure the systematic organization, visual placement & cleanliness are maintained.**
 - Follow the rules you set
 - Involve workers in every aspect of the 5s process including checklists and job charts
 - Practice and repeat until it becomes a way of life
 - Continuously improve through regular assessments (audits)
 - Fully train existing and new employees on 5s and your expectation

Sustain - Benefits

- Higher employee pride and ownership
- Work place is maintained in an organized fashion without clutter
- Detailed tasks are documented to make the process more efficient
- Customer appeal / boosts professional image
- Saves time, money on over orders & reduces out of stocks

Steps For 'Sustaining'

- ☑ Determine 5-S level of achievement
- ☑ Perform routine checks, including point photography
- ☑ Analyze results of routine checks
- ☑ Measure progress and plan for continuous improvement

Sustaining 5-S through habit

Current State

55 – Circle the numbers in order from 1-60

You have 60 Seconds

60 55 50 45 40 35 30 25 20 15 10 5

Time's Up

13 49 37 52 16 80 63 26
77 29 3 41 101 28 40 4 70
49 39 81 51 38 95 2 28 78
1 17 61 27 15 10 14 11 58 30
6 76 7 86 94 87 24 84 22 62
45 80 57 89 58 20 8 12 60
55 52 9 47 96 83 92 44
65 31 65 36 98 32 74 56
33 43 11 21 84 88 34 88 46
91

1. Sort

Get rid of what you do not need. Keep only what is needed.

(Remove higher numbers)

5S – Circle the numbers in order from 1-60

You have 60 Seconds

60 55 50 45 40 35 30 25 20 15 10 5

Time's Up

13

52

37

52

16

8

50

7

26

3

29

41

51

40

42

28

30

33

51

38

2

17

27

15

16

14

30

61

7

57

24

84

22

60

45

58

20

8

44

55

52

9

47

31

65

35

36

32

56

10

33

43

11

21

3

19

34

46

2. Set in Order

Put needed items in the proper place
(No sequential numbers in the same
quadrant)

3. Shine

Keep workplace neat and clean
(Clean up fonts)

5S -- Circle the numbers in order from 1-60
You have 60 Seconds

60 55 50 45 40 35 30 25 20 15 10 5

Time's Up

13	25	37	52	16	18	26		
29	3	41	5	40	42	50	4	
49	39	53	51	15	38	2	28	
1	17	27	6	14	54	30		
19	7	57	9	58	24	48	22	60
45	52	35	47	20	8	44		
55	31	59	23	36	32	10	56	
33	43	11	21	12	34	46		

4. Standardize

**Implement, train and maintain best practices
(Define a standard order)**

5S – Circle the numbers in order from 1-60

You have 60 Seconds

60 55 50 45 40 35 30 25 20 15 10 5

Time's Up

1	3	5	2	4	6
13	15	17	14	16	18
25	27	29	26	28	30
37	39	41	38	40	42
49	51	53	50	52	54
7	9	11	8	10	12
19	21	23	20	22	24
31	33	35	32	34	36
43	45	47	44	46	48
55	57	59	56	58	60

5S Control Plan Example

PLAN/DO	CHECK	Owner	Frequency	Corrective Actions
<p>Flowchart</p> <pre> graph TD A[Team conducts the initial 5S] --> B[Monthly audit is performed & documented each month] B --> C[Process Owner takes responsibility for any action items identified] C --> D{Did the zone score >2.5} D --> E[Post the Scores] D --> F[Complete the Task Allocation Form and forward to the teams] </pre>	<ol style="list-style-type: none"> 1) Was the monthly audit conducted 2) Is Visual Management tool present in the dept. 3) If a Task Allocation form was completed before the audit, check for the completion of the tasks 4) Review stations at the end of the shifts to ensure that 5S standards are maintained 5) Is the 5S scores posted in the dept before the 2nd Tues of each mont. 6) If the 5S score is posted, is it current. 	<p>Process Owner Process Owner Process Owner Process Owner Champion Champion</p>	<p>Monthly Monthly Monthly Daily Monthly Monthly</p>	<p>If out of control, check for special circumstances</p> <p>Review with Manager to determine any corrective action for specific drivers.</p>

Sustain

Each processing team signs off on a workstation Daily Control Checklist

Sort

The workstations are now organized and free of clutter and personal items.

Set In Order

All items and tools necessary for processing have a designated area on the workstation.

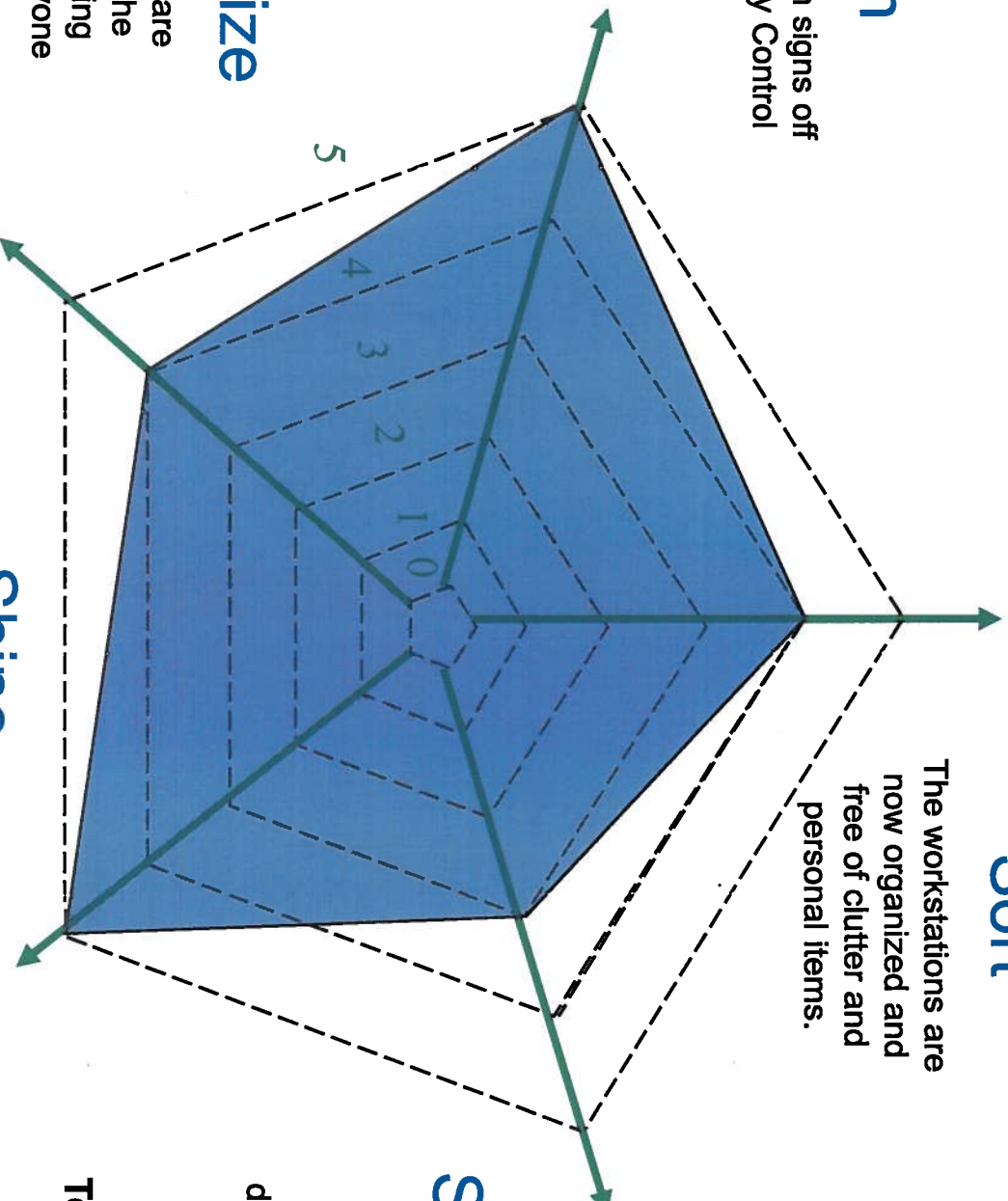
Standardize

All workstations are standardized. The procedure is being followed by everyone

Shine

All personal items have been removed from the workstations. Lab coats are secured beneath the benches at shift-end. Only footrests and trash cans beneath the workstations.

Total Score: 21



Before / After 5S Photos

Before:

Storage closet was cluttered. Supplies were falling off the shelves. Boxes were in the aisle.

Holiday decorations were stored with needed supplies.



After:

Open shelves were replaced with file cabinets which were stocked in an orderly manner and labeled



Before / After 5S Photos

Before:



After:

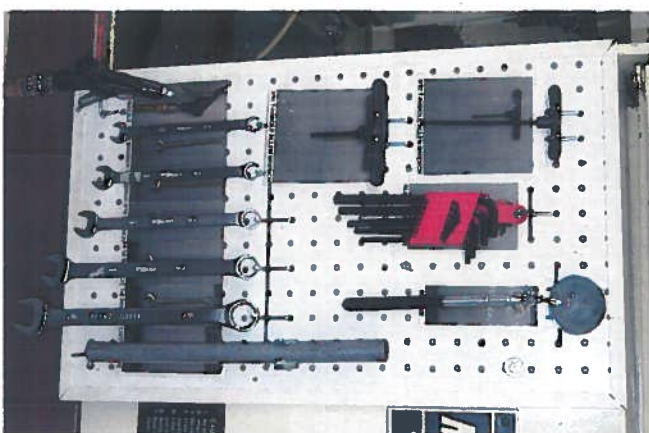
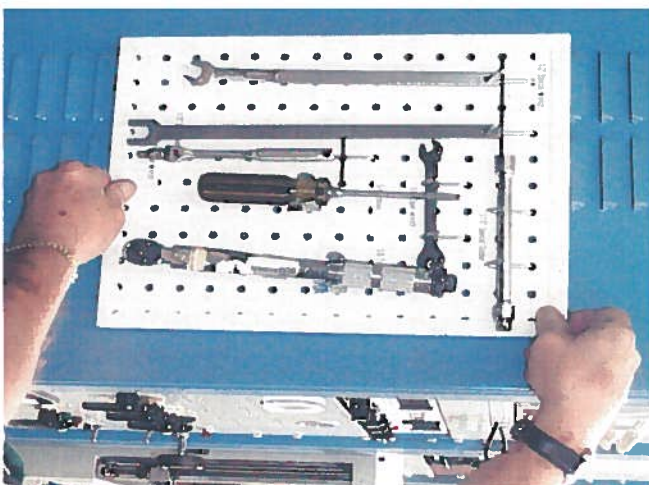


Before / After 5S Photos

Before:



After:



The 5S Circle → Never Ending

