GENERAL LABORATORY STAFF MEETING

MINUTES

May 2017

TIMES: 0700, 1330, 1500 CALL IN: 1-877-951-6301 PC 8064564

DISTRIBUTION: STAFF MEMBERS

Item	Discussion	RISES / Action	Follow-up
Combined Minutes			
*State Ground Rules!!	Respect each other; talk one at a time, everyone has the right to speak as long as they do so respectfully.	Respect	NA
2017 Lab General Staff Meeting	Staff Meetings follow the Hospital Agenda: The values are still R.I.S.E.S., but the individual definitions have been updated and more aligned with our mission statement.		Mgmt. Team and all staff
	 AHC Mission – We extend God's care through the ministry of physical, mental and spiritual healing. RISES Value of the month is "EXCELLENCE" Pillar of Excellence of the Month is "Growth" Department review of 6 Dashboard Measures of Success. Our metrics measure our success delivering our objective or "One Main Thing." Our "Main Thing", Core Purpose, Processes & Responsibilities – The Laboratories core mission is to provide accurate and timely results to aid clinicians in providing patients with "World Class" diagnostic services and care. 	In what ways can we demonstrate Excellence?	
Staffing Status & Budget	Supply costs are up to 110% and patients are running about 60%. We are trying to figure out why supply costs are up when all volumes are down. Micro and POC are up, but everything else is down. Could be over ordering. Rob's new boss is Sal Malangone. He is the Regional Hospital Director. He has given us 4 part time positions. We will put 2 on day shift and 2 on evening shift. This will be for both SGMC and WAH. WAH has filled their night position and has 2 part time positions to fill.	Documenting wastage could help.	All
Equipment	Vidas3 - Rec'd at SGMC, WAH's will be shipped soon. No budget for interface. Replacement equipment for the Iris is on hold.		

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	No new equipment will be purchased until the new contract is signed. Sysmex will go live at SGMC first. The LH1 and LH2 will be kept as back up initially. LHs will live until everyone is trained on the Sysmex and then they will be retired.		
Code "Lavender"	The hospitals' have an updated Hand Hygiene procedure. If you notice someone did not wash their hands you need to tell them "lavender." They should say "thank you". It was included in the procedure because people were complaining they did not want say anything to doctors, nurses, etc. In addition to washing your hands, you need to pump in and pump out of all patients rooms you enter. Auditors could be watching and think you did not wash your hands.		All
2017 PI Projects	These PI projects align with our core purpose or: One Main Thing. Everyone needs to understand what our projects are why they were selected and how we are doing. 1. Throughput – Morning Lab Results by 0800 2. Throughput – STAT & Timed Results 3. Timed Sample Collections 4. Samples w/o Orders 5. Mislabeled Samples 6. Patient Experience It is critical that we have staff buy-in for our projects. Please collect the requested data to ensure we can drive the required change to improve quality, patient safety, and work practices which in turn will make everyone's life better.	Patient Experience	All
PI Projects Status	We have defined projects (DMAIC) and they are currently in the "Improve" process. We are currently focusing on mislabeled specimens and specimens without orders. Some of the things that will be coming out to address these problems are: • Developing Hospital Policy • Updated Phlebotomy Procedure • Training for nurses We are going to require orders on all specimens including cultures. This will be discussed with Dr. Nick when he returns from vacation. Protocol orders and power plan specimens, i.e., sepsis protocol, are put in without orders. This will also be in the procedure. We would like to move to electronic bar code readers. Everyone must log ALL samples received without orders. When you receive them for Blood Bank, give them to Blood Bank after they are logged.	Excellence, Service	All

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Training /	Everyone should be working on their competencies, Empower	Excellence	All
Competencies	and MTS. You do not have to print the Empower certificates		
	unless you need them.		
This Month's	We need to listen and communicate with our patients and		All
R.I.S.E.S is Excellence	deliver what is expected, i.e., no errors and timely results.	Patient	All
K.1.5.E.5 IS EXCERENCE	Always utilize AIDET and the 5/10 rule (10 ft. make eye	Experience/Excellence	
	contact, 5 ft. say "Hello" and smile).	Experience, Excenence	
	Don't walk down the hall while talking on the phone.		
	Ask visitors if they need help and help them!		
	Clean up spills and pick up any trash.		
	Everyone is expected to know our Metrics and our		
	"One Main Thing" – accurate and timely results.		
This Month's PILLAR	The hospital has to have strong financials. They want to make private rooms for all patients. They want SGMC to be a	What are we doing to	
is "Growth"	one-stop shop for all of the patient's medical needs. We need	make us easier to do	
	to do all the Pillars and R.I.S.E.S to have growth.	business with?	
	Population Health Management is next month's Pillar. We		
	need to help people move thru the medical system easily. The		
	hospital is encouraging doctors to use our services. This will		
	also help Adventist growth.		
Progress to date	There will be a revised procedure on verbal results coming	Excellence, Service	All
110g1ess to date	out July 1, 2017. There will include training on NPI numbers.	Executive, service	7 111
	A "Critical Step" procedure will also be coming. It covers the		
	process for performing step-by-step, without any interruption.		
	There will be banners you will wear to show you are working		
	on a critical step. This will be a visual indicator to people to not interrupt you.		
	not merrupt you.		
Team Work and	Everyone needs to communicate their concerns. Please go to	Respect & Integrity	All
Communication	your supervisor. Many things we can help and some things		
	we cannot change. Everyone needs to work together as a		
	team.		
Our Doobbeard	Our dealthourd is a series of standardized growth showing and	Excellence	A 11
Our Dashboard	Our dashboard is a series of standardized graphs showing our metrics that are posted throughout the Lab, i.e., Samples	Excellence	All
	Resulted by 8:00 am, Healthstream – Overall Facility Rating		
	(i.e., parking, registration, assisting people as much as we		
	can).		
	The blue line on the graphs represents what we did.		
	• The purple line is "World Class".		
	• The green line is our "Target"		
	The arrow indicates which direction we want to move		
	the blue line		
	We are doing a good job of trying to get samples done within		
	the first half hour.		

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Quest "Everyday Excellence"	Quest wants to provide an easier, transparent and more personalized experience for its customers. Shield them from complexity. We all need to know what matters to our customers. We need to think about customer needs and policies, i.e. miscellaneous tests and verbal orders which can easily be misunderstood. There are 3 things that matter to our customers:	Respect, Integrity, Service, Stewardship Excellence	All
	 Timeliness Accuracy Physicians Results One of Quest's initiatives will be electronic check-in. This will make it easier for patients to check-in. They will also have a call center to help with patient requests.		
Open Forum	Congratulations to WAH! WAH's CAP Surveys turned out great. They will be celebrating with Pizza. The hospital has won an award for the collection of cardiac markers by the Maryland Hospital SafetyAssociation. SGMC – Currently, we do not have any tubes for blood cultures. We need to tell Ash to order the tubes and carriers. SGMC – Do we do plate aggregation? We do not. It needs to be performed immediately. Probably trauma centers are doing them. It would have to be approved and priced. Galactomannan and Methotrexate go to Chantilly via STAT Courier. They are too rare to do here. WAH – Nurses are sending specimens in the wrong tubes. We need to have a procedure and train the nurses. We cannot hold nurses to a standard when they do not know what it is. They need to access the Lab Directory of Services. It is very important to use the correct priority code. This needs to be addressed in DMAIC. We will ask Marie to put a pop up screen that reminds people to order Methotrexate STAT.	Excellence	All
	WAH – the phones are still not being answered. Techs need to answer phones.		All
Next Month's Rises "Stewardship"	Please review and be familiar with the Pillar and R.I.S.E.S. attached to these minutes.		
Pillar "Population Health Management"			

Facilitator: Rob SanLuis, Stephanie Codina



OUR "MAIN THING" – CORE PURPOSE, PROCESSES, & RESPONSIBILITIES

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Laboratory				
CORE IDEOLOGY				
Core Purpose (Why do we exist?)	The Laboratories core mission is to provide accurate and timely results to aid clinicians in providing patients with "World Class" diagnostic services and care.			
Core Processes (What are the core processes to fulfill the purpose that you exist for?)	Pre-Analytic: Specimen collection, handling, and processing Analytic: Specimen testing Post-Analytic: Result communication (Verbal, Electronic, Paper)			
Core Roles & Responsibilities (What roles are critical to carry out your core processes? What are their responsibilities?)	Pre-Analytic: Phlebotomists and Processors Analytic: Technical Staff Members Post-Analytic: Phlebotomists, Processors, and Technical Staff Members			
ENVISIONED FUTURE				
Dashboard Measures of Success (Current or Future Dashboard Goals)	Pre-Analytic: Mislabeled Samples Pre-Analytic: STAT & Timed Samples Collected On-Time Pre-Analytic: Sample Received w/o Orders Pre-Analytic & Analytic: Morning Labs Resulted by 0730 Analytic: STAT & ASAP Result Availability Patient Experience – 50 th Percentile (Overall Facility)			
5 Year Strategic/ Visionary Goal (What do you hope to accomplish and be known for?)	The laboratory will provide "World Class" diagnostic testing and services to our clinicians to achieve unparalleled in timeliness, accuracy, and efficiency.			