

Quest Diagnostics at Shady Grove & Washington Adventist Hospitals

LABORATORY MEETING

MINUTES

SEPTEMBER 11 AND 25, 2018 AT 0715, 1330, AND 1515

DISTRIBUTION: LABORATORY STAFF MEMBERS

MEETING COMMENCED: CALL IN: 1-877-951-6301 PC 8064564

Item	Discussion	Action	Follow- up
Introductions	New staff introduced themselves to the group	None	None
Quiz	Staff were given a written quiz to test their knowledge on the AHC mission, vision, values, etc. All staff are expected to commit this information to memory.	Learn and understand the materials.	All Staff
RISES Values	Respect Integrity Service Excellence Stewardship	Staff must know and be able to recite the RISES values	None
Pillars	 People Quality and Safety Patient Experience Finance Growth Population Health Management 	Staff must know and be able to recite the pillars.	None
AHC Mission	We extend God's care through the ministry of physical, mental, and spiritual healing. Why are you here? At Adventist HealthCare, we come together every day around a single purpose to extend God's care. This shared mission drives us forward as an organization and enables us to fulfill the promise to our patients and their families that we will do our best, every day, to provide the highest-quality, compassionate care in keeping with our values and foundation in faith.	Staff must know and be able to recite the mission.	None
AHC Vision	To be the regional leader in each of the six Pillars of Excellence by 2022.	Staff must know and be able to recite the vision.	None
Baldridge Site Visit	The Baldridge site visit is taking place September 24, 25, 26.	Ensure you are ready for this visit and know the required materials.	All Staff
DMAIC Highlight	This month's template highlighted a DMAIC that was performed on unit 4C. They had low patient experience scores. When they looked at "why" they felt that nurses	None	None

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	 were not connecting with the patients. The root causes for this include: Nurses multitasking Body language that makes nursing staff appear rushed. (lack of eye contact, sighing, moving quickly, multitasking). Nurses not delegating tasks appropriately. Nursing not utilizing tools such as hourly rounding. improve, they implemented a "commit to sit" campaign. Nursing staff will sit and make eye contact with the patients. This worked, and they are consistently hitting 100% patient satisfactions scores. we can use this information when we are with the patient. Our phlebotomists must be present with the patient when they are drawing blood. Do not think about the other places you need to be or the stats waiting. Get to the level of the patient and make eye contact. 		
Employee Engagement Survey	We are currently in the window for the annual employee engagement survey. We ask that all employees take the survey before the September 28 deadline. You can access the survey from the Quest intranet homepage. All results are confidential and only aggregate data is released.	Take the survey	All staff
Blueprint for Wellness	Quest offers an incredible program to all PT and FT employees and their spouses. You can have a health screening and a battery of labwork done for free. Results will be sent to you, so you can take the results to your doctor to discuss. Participation in the program can get you up to \$1040 (\$1560 if both you and your spouse participate) off your 2019 health insurance prices. Access to the program is available on the Quest intranet homepage. New participants will need a registration key which is Quest2018. Employee will use their employee ID to sign up. Spouses will use the employee ID with an "S" at the end. For example, if your employee ID is 11111, your spouse will sign up using 111115.	Sign up for BFW if interested	All staff
Annual TB Testing	All staff should have received a requisition to have their annual TB test collected from their supervisor. You should have received a TB questionnaire if you have historically tested positive for TB. This is an annual requirement that must be completed by October 31. All staff must complete (including new staff who have already had a TB test this year).	Complete the TB requirement before November 1	All staff
Flu Shot	All staff must get the annual flu shot unless you have a documented medical or religious reason not to get the flu shot. There are flyers at both hospitals listing the dates and times when you can get the shot. Please provide documentation to your supervisor.	Obtain flu shot and provide documentation to your supervisor before the AHC deadline	All staff
Budget	August budget closed in the negative as a result of low workload and training. September has been extremely slow, so we all need to be mindful of unnecessary overtime and supply wastage.		

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Downtime	 We discussed the downtime event. Comments include: Not enough DI licenses to adequately enter specimens Floors were faxing requisitions and sending specimens later; this created issues Floors did not complete required information on the requisition forms (no location, extension, etc.). Lab did not know where to call to obtain information. Need to organize processing better. Need specific workflows for specimens without orders, sendouts, etc. Floors were sending results back to the lab when the patient was transferred somewhere else. Results should have been forwarded to the proper unit. Lab labels (for specimens ordered prior to downtime) do not have specimens. Not enough fax machines to fax results ED orders were getting mixed with routine/other orders 	Informational	Mgt team
Open Forum	 New MRSA PCR and Urine Sodium tests are showing on the phlebotomy collect labels, because providers are entering them with lab collect orders. Change processing procedure to have staff pull the nurse uncollected list at 3am vs 4:30am. The later time runs into am run. 	 Stephanie to ask Marie if we can move to a separate accession Stephanie to look at this 	

Our Mission: We extend God's care through the ministry of physical, mental and spiritual healing. Establish System Direction via Strategic Planning Process – Our Main Thing Determine Pillar of Excellence Measures of Success -Dashboard Graphs **Our Vision:** To be the regional leader of our six Pillars of Excellence by 2022 Monitor Progress - PDP Goals Quality **Patient** Pop. Health People **Finance** & Safety Experience Management Best Place Best Integrated Best Experience Best Long-Term **Best Coordination** Best Place to Receive Care in Receiving Care Financial Viability Delivery Network to Work Core Process Mapping Standardizing Capability & Reduction of Improve Incentive Growth in processes capacity planning Service within Earning: QBR, Clinical readmission supporting Recruit, Retain, 5 Workgroups Readmission, Service Lines rate to QBR **High Reliability** & Develop Staff MHAC target principles Improve Performance by using DMAIC Methodology - Dept PI Projects Align & Cascade Entity Initiatives to Drive Performance

Our Values: Respect • Integrity • Service • Excellence • Stewardship