

Quest Diagnostics at
Shady Grove & Washington Adventist Hospitals

LABORATORY MEETING

MINUTES

JUNE 11 AND 25, 2019 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
Mission	The AHC mission is to extend God's care through the ministry of physical, mental, and spiritual healing.	Be able to recite the mission	All Staff
RISES Values	<p>Respect Integrity Service Excellence Stewardship</p> <p>The value this month is "STEWARDSHIP." Stewardship means we take ownership to efficiently and effectively extend God's care.</p> <p>Stewardship is being resourceful with how we use our time and resources. We believe that we truly live out our organization's mission when we efficiently and effectively use the resources we have been given.</p> <p>What are some ways you can exercise being resourceful in your work and in your department?</p> <ul style="list-style-type: none"> • Communicate to make sure everyone is on the same page. • Use supplies and reagents appropriately; do not waste. • Use reagents and supplies with the shortest expiration first. • Leave work on time and do not accrue unnecessary overtime. • Know your policies and procedures. • Refer to policies, procedure, MIQ, and other resources when you have questions. Do not guess. • Do things right the first time (no rework). 	Staff must know and be able to recite the RISES values	All staff
Pillars	<ol style="list-style-type: none"> 1. People 2. Quality and Safety 3. Patient Experience 4. Finance 5. Growth 6. Population Health Management <p>The POPULATION HEALTH MANAGEMENT pillar focuses on coordinating care across the network.</p>	Staff must know and be able to recite the pillars.	All Staff

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	<p>Staff can make an impact by:</p> <ol style="list-style-type: none"> 1. Learning about AHC services and referring patients. 2. Familiarizing yourself with community resources and connecting patients. 3. Being attentive to patient's needs to ensure they are safely transition to the next site of care. 		
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.	All Staff
Metrics	<p>All staff must be able to interpret the metrics graphs.</p> <ol style="list-style-type: none"> 1. The first thing you should look at is the arrow. 2. What does the direction (up or down) of the arrow mean? The arrow points in the direction in which we want the data to move. For example, <ol style="list-style-type: none"> a. We want 100% of morning run specimens received by 7am. 100% is the highest this metric can go, so the arrow points up. b. We want zero mislabeled specimens. Zero is the smallest number we can have, so the arrow points down. 3. The color of the arrow is important: <ol style="list-style-type: none"> a. Green means we are hitting our target. b. Yellow means we are within 5% of hitting our target. c. Red means we are not hitting the target. d. Purple means we are hitting the world class target. 4. The two horizontal lines on the graphs are our goals. <ol style="list-style-type: none"> a. The green line is our target (what we are trying to achieve). b. The purple line is the world class target (where the best of the best are). This is our ultimate goal. <p>Our current metrics:</p> <ol style="list-style-type: none"> 1. AM run received by 7am. <ol style="list-style-type: none"> a. WAH = 95% b. SGMC = 83% <p>Current initiative to improve is to ensure phlebotomists send samples to the lab after every 4th patient.</p> <p>If you draw the samples but don't send them to the lab, processing cannot receive and technical staff cannot test.</p> <p>If you hold samples until you have a full tube, that backs up processing and causes long periods of not work followed by a rush of specimens and delays.</p> 2. STAT and timed troponins collected within 30 minutes of intended time. <ol style="list-style-type: none"> a. WAH 71% b. SGMC 65% <p>Current initiatives are to work with nursing to list the timed troponin draws on the communication board in the patient's room and work around them when taking the patient for non-time-sensitive procedures such as bathing.</p> 	All staff must be able to interpret metrics. Please work on improving metrics and identifying barriers in your own areas.	All Staff

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	<p>Phlebotomy staff must also use the troponin logs to document when a troponin is late and why, so we can track and trend the data to determine other root causes.</p> <ol style="list-style-type: none"> 3. Troponins resulted within 30 minutes of receipt. <ol style="list-style-type: none"> a. SGMC at 93% b. WAH at 88% 4. Gram stain on blood culture metric is not up to date. Information to follow. 5. Mislabeled specimens <ol style="list-style-type: none"> a. SGMC at 4 b. WAH at 1 <p>This is a HOSPITAL metric and not a LAB metric. Most mislabels are from nursing.</p> 6. Patient experience is not available. AHC switched from HealthStream to Press Ganey. The number of surveys is very low right now and is not statistically significant. On July 1 they will be moving to a paper survey, so they expect numbers to go up. 		
Everyday Excellence	<p>What is your reaction to the idea that everything you do every day matters? That every interaction, no matter how small, plays a key role in how we are perceived by our customers?</p> <p>Consumers spread the word about their experiences, often in great detail about our attention or inattention to quality, accuracy, efficiency, ease of use, and how we treat them. It all matters! This is why the work that we do and pass on to co-workers counts in determining the experience our customers and patients ultimately have with us.</p>		
	<p>We look at "voice of the customer" data to help guide us and determine what we are doing well and what needs improvement. We obtain voice of the customer data from many sources:</p> <ol style="list-style-type: none"> 1. RL reports 2. Phone calls/emails 3. Metrics (are we meeting our expected goals) 4. Committees <p>When interacting with customers, use "tell me more" to obtain additional information about their concerns.</p> <ol style="list-style-type: none"> 1. Bring more of who you are to the interactions. Focus on the customer you are speaking with. Do not focus on your work, what you are doing later, how busy you are, etc. 2. Pick up on the small things that matter to others. Listen to the customer and ask questions to help identify their needs. 3. Explain the "why" behind your requests. When we ask the patient to state and spell his/her name during venipuncture, we should be telling the patient that is how we ensure we are labeling the specimens correctly and the process if for his/her safety. 4. Explain the how behind your solutions. Tell the patient how the things you do or plan to do will affect them. What result can they expect? 5. Propose change. Always propose changes that can improve our operations. 		

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	All staff are empowered to do things to improve patient care and the patient experience.		
Sunquest Upgrade	<p>At SGMC, we discussed the downtime that occurred this week for the Sunquest upgrade. Overall, staff felt the downtime went well. Some expressed concern that Chemistry orders did not cross from DI to the instrument effectively, so not all testing was performed.</p> <p>Very minor issues in processing:</p> <ol style="list-style-type: none"> 1. Many departments wrote cultures on the general lab requisition. When they did this, they did not list the source. We did not know the source during recovery. 2. When departments put both microbiology and regular lab on a single form, processing copied the form. During recovery, one person enters lab and another micro. We did not know which were duplicates and which needed to be ordered. 	We will update for the next downtime.	All Staff
Troponin bags	Beginning July 1, the SGMC ED will be piloting a process of sending troponins in a purple bag. ED currently sends their specimens in an orange or red bag. The purple bags should be given receiving priority over the ED bags.	Prioritize receipt of specimens in purple bags before the ED red/orange bags.	All Staff
Competencies	Reminder that the competency period ends this week. All staff must complete MTS assignments before Friday. All competencies must be turned in ASAP.	Complete all open assignments before the end of June.	All staff

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

Monitor Progress – PDP Goals

Dashboard Graphics

Our Vision:

To be the regional leader of our six Pillars of Excellence by 2022



Core Process Mapping

Improve Performance by using DMAIC Methodology – Dept PI Projects

Align & Cascade Entity Initiatives to Drive Performance

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