

Quest Diagnostics at Shady Grove & White Oak Medical Centers

LABORATORY MEETING

MINUTES

NOVEMBER 12 AND 26, 2019 AT 0715, 1330, AND 1515

DISTRIBUTION: LABORATORY STAFF MEMBERS

MEETING COMMENCED: 862-294-2601, PASSCODE 245 758 261

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	Respect Integrity Service Excellence Stewardship The value this month is "SERVICE." Service means we care for our patients, their families, and each other with compassion. Service is more than just doing our job. It's about taking ownership in how we serve others and doing small, special acts to make things just a little bit easier for our patients, their families, and each other. Most people choose a profession in health care because it involves caring for others and they have a heart for caring. What is one thing you can do today that will stretch your heart a bit wider? Smile Greet Can-Do Attitude Help Each Other Communicate Be Proactive Show Empathy	Staff must know and be able to recite the RISES values	All staff
Pillars	 People Quality and Safety Patient Experience Finance Growth 	Staff must know and be able to recite the pillars.	All Staff
	6. Population Health Management The GROWTH pillar focuses on generating \$1B revenue annually. Bridging the Gap: G = greet everyone by name		

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Item	A = anticipate needs and expectations P = prepare them for what's next There are 4 areas of bridging the GAP: 1. Safety a. Use plain language i. Use familiar words ii. Ask questions iii. Share useful information b. Put others at ease i. Comfort others by building trust with them c. Self care i. Pay attention to our wellbeing ii. Look out for our team members 2. Presentation a. Personalize the presentation i. Actively listen b. Always use the 10-5 rule i. Make eye contact at 10 feet ii. Give a greeting at 5 feet c. AIDET i. Acknowledge others iii. Introduce ourselves iii. Duration of the encounter iv. Explain what's next v. Thank every time d. Show pride in yourself and your environment i. Dress and act professionally 3. Coordination a. Build the bridge i. Guide them to the next step ii. Provide warm hand-offs b. Communicate and connect i. Listen to understand ii. Be courteous	Action	Follow- up
	iii. Be courteous iiii. Communicate often and welcome constructive feedback c. Close the loop i. Follow up and follow through ii. Do what we said we are going to do 4. Empathy a. Stop and sit i. Show we are present and engaged by sitting with others b. Look using eye contact i. We look others in the eye when we talk to them c. Learn about them i. Be curious about people ii. Ask questions iii. Listen without judgement		
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	 We reviewed the current metrics with staff Phlebotomy staff must send AM run labs to the lab after every 4th patient. No excuses. Phlebotomy should be pulling the ED pending each time the pending is pulled. We need to communicate with ED when they have timed samples coming due. Technical staff need to better focus on prioritizing gram 	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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	stains when a blood culture bottle flags as positive.		
Annual Requirements	Flu shots due November 15 at 2pm. Compliance training in Empower due November 29. Competencies, MTS, and Empower should be complete.	Complete mandatory assignments	All Staff
PIC and MID lines	Several phlebotomy staff members have mentioned that nursing staff is not drawing out of PIC/MID lines when patients request. Currently, there is a State of Maryland initiative to reduce central line infections. As part of this, nurses are not allowed to draw out of lines unless a physician writes an order instructing them to do so. In addition, if the patient is getting TPN by PIC/MIDline, the line has to run for up to 2 hours after the TPN is stopped before blood can be drawn. If a nurse tells us he/she cannot draw from a line, he/she is telling the truth. We must draw these patients venously.	Informational	All Staff
Neonatal Bilirubin Orders	 We will start performing after-hours bilirubin draws at SGMC and WOMC. The SGMC OPL is open M-S. All neonatal bilirubin draws can go there during regular business hours. The WAH OPL is open M-F. All neonatal bilirubin draws can to there during regular business hours. When the OPLs are closed (Sundays, holidays, WAH on Saturdays), Bilirubin draws must be scheduled 1 day in advance Draws will take place between 9a-12p Patients will be registered in L&D at SGMC and in ED at WOMC Registrar will call the L&D phlebotomist to come get the patient and bring them to the drawing area (OPL at SGMC and lactation room at WOMC) Phlebotomist will draw patient and have patient wait in main hospital lobby until results are returned Phlebotomist will communicate with processing that the bilirubin sample should be received stat Processing will communicate with technical staff h. Technical staff will run and note when results come off the instrument		

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Extra Specimens	The "Extra Specimen" orders are intended for times when the lab receives specimens without corresponding orders. If you receive a specimen AND the patient has orders, we must call and tell the unit if they sent the incorrect specimen. Example: ABH recently switched to using aliquot tubes for urines. They were ordering urine drug screens and sending samples in the urine marble tube. We were ordering "Extra urine preservative tubes" instead of calling to tell them they were sending the incorrect sample type. This caused a number of issues for them, since the urine drug screens are court ordered. Bridge the gap to coordinate patient care.	Awareness	All Staff
Peak and Trough Drug	Certain drugs cause harm to patients if they are not dosed	Awareness	All Staff
Levels	correctly. Things like patient weight, metabolism, and renal function play a part on drug levels. For some drugs, pharmacy will order peak and trough drug levels. • Trough levels are drawn 30-60 minutes before the next dose is given. The trough level will tell you the "lowest" amount of drug that is remaining in the patient system. • Peak levels are drawn at designated times after the drug is given. Peak levels tell you the highest level of drug in the patient system. • Peak and trough levels are used together to create an ideal range (ie drug level) for a particular patient. Timing for peak and trough levels is critical. Phlebotomy staff must communicate with the nurse to ensure the peak and trough specimens are drawn at the correct time.	Awareness	All Stall
New Tests	We will be bringing the following tests in house at the beginning of 2020 • Methodone and BUP (for opiates) • Biofire PCR for bacterial ID • Amikacin	Awareness	All Staff
Goal Sharing and Raises	 Quest adjusted the goal sharing for the first time in history. This will allow us a better chance to obtain goal sharing checks. Two things will impact the amount of our goal sharing this year: We opened WOMC which had a huge impact on our budget through purchasing equipment and supplies and staffing. We only had about 50% of staff take the employee engagement survey. Quest expects 90% of staff to complete the survey. Engaged employees give their opinions. Raises—Quest will allow raises to employees in the 4th quartile (ie top of the pay range) this year. 	Awareness	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 -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** Experience & Safety Management Best Place Best Experience **Best Coordination** Best Place Best Long-Term Best Integrated to Receive Care in Receiving Care Financial Viability Delivery Network Across the Network to Work Core Process Mapping Standardizing Capability & Improve Incentive Growth in Reduction of processes apacity planning Clinical Service within Earning: QBR, 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