How to Elevate and Sustain the Profile of the Laboratory

May 18th, 2023
GoToWebinar Housekeeping

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How to Elevate and Sustain the Profile of the Laboratory

Ihab Abumuhor, MSHCA, MSCS, MLS(ASCP)SBB
Torrance Memorial Medical Center

Ali Brown, MD, FASCP
ASCP
Elevate and Sustain the Profile of the Lab?

Ihab Abumuhor, MSHCA, MSCS, MLS(ASCP)SBB
Torrance Memorial Medical Center
Who are we?

- 512-bed, nonprofit Medical Center located in Torrance, CA
  - # 1 Hospital in the South Bay
  - # 5 in Los Angeles
  - # 11 in California
- Affiliated with Cedars-Sinai Health System
- 90,000 ED visits annually
- Department of Pathology and Clinical Lab
  - Approximately 200 employees (5 Pathologists, 8 Managers )
  - 12 million tests Annually
  - 8 outreach draw stations
  - Blood Donor Facility
  - First Leading Lab in the Nation
  - Six-Sigma VP Certification
  - Accredited by JC and AABB
Agenda

• Value of the lab
• Strategic Planning
• 4 Pillars of the Leading Lab
  • Promoting Lab Visibility
  • Elevating Quality Outcomes
  • Cultivating Trusted Leadership
  • Professional Development
How does your lab bring Value

• What is value?
• How do you determine the value of your clinical lab?
• Define your lab goal and value.
• Define the Value of your Lab
  • Value to the health-system
  • Value to operations
  • Value to the patient
  • Value to interdisciplinary departments or population health
  • Value of your lab in terms of quality
• Where do you start
Define Lab goal and value
Our Goal

Provide innovative, high quality timely and most effective clinical laboratory services

Add services and Collaborate with other services to drive additional hospital and patient value through outreach expansion and clinical test menu
Value of YOUR Lab

Value to System
- $MM revenue¹
  - 10% all TMMC revenues
  - Top 3 revenue centers
- $costs¹
  - 6.7% all TMMC costs
  - 9:1 Gross Revenue : Cost
- 20-30% Margin²
- 250k patient draws
- 100k outreach visits

Value to Operations
- 24/7 Operation
- 11.5 MM tests annually
- 1.7 MM orders
- 1.2 MM samples
- 100 K Patients
  - 4.5 MM Chemistry
  - 5.5 MM Hematology/COAG/UA
  - 305 k POC

Value to Patients
- ~80% of EMR based on lab results²
- ~70% of clinical decisions based on lab tests²
- 13k units transfused
- 80k outreach visits
- 90K ER Visits

Source: ¹ - CMS Cost reporting (data sent by TMMC to CMS as part of governmental reporting)
² - The Dark Intelligence Group June 8, 2018 “Hospital Lab Outreach Still Effective Revenue Strategy”
Other Value of YOUR Lab

Value to System
- Support other hospital designation
- Wellness program
- Health Fairs
- Employee drug screening
- Consults

Value to Operations
- Lab testing and reduction on LOS
- Containing cost while providing quality testing
- Strengthening test utilization

Value to Patients
- Improved quality-of-life Outcomes
- Emerging health issues (Population Health)
- Trends in Chronic conditions
Where Do I start?

Create a strategic Plan?
Are you costing or making your system revenue?

- The start of a strategy is to know your financial, clinical, and operational role in the system
  - Did you know that labs are typically 6-12% of all hospital billings?
  - Does your leadership know that labs operate at margin that *improves* total system margins?

- If these things are true, does your strategy help improve revenue or just cut costs (which limits revenue!)?
Why have a strategic plan??

A roadmap

• Provides direction and goals.

• Defines priorities: What we do and what we won’t do.

• Guides day-to-day decisions, including where we invest resources (time, people, $$).

• Framework for evaluating progress and changing approaches.
Define Pillars for the Future and Align with the Organizational Values/Goals

1. **Promoting Lab Visibility**: Outlay a plan for communications to promote visibility of the laboratory and gain stakeholder buy-in and interest in the laboratory.

2. **People and Culture**: Be the best place to work in pathology and laboratory medicine and cultivate diverse life-long learners.

3. **Quality**: Strengthen the quality program throughout the department and enhance patient safety.

4. **Financials**: Ensure that our overall financial performance continues to keep pace with the operating and capital requirements needed to advance our Divisional and Departmental mission and values.

5. **Innovation**: Accelerate Innovation and implement the best cutting-edge technologies throughout the laboratory.

6. **Education**: Educate the next generation of Laboratory leaders, supervisors, managers, and healthcare professionals (Medical Lab Scientists, Phlebotomists, Histology techs, cytology staff, Lab technicians).

7. **Growth**: Increase clinical volume, operational expansion and geographic outreach.

8. **Accreditation & Certification**: Strengthen laboratory operational processes to reach accreditation or certification standards to support recognition of laboratory quality.
Goal 3: Value added Care/Financials

- Identify, pursue early adoption of lean/value-added process improvements throughout the lab
- Implement a high value stream committee to identify potential process improvement and cost savings.
- Review all contracts and agreements and find any potential cost savings.
- Transition to new vendors, if applicable
- Collaborate on process improvement projects outside throughout the Medical Center.
- Reduce Blood Utilization and identify a supplemental blood supplier
- Increase blood collection in-house
- Use outreach services to create new revenue from new clinical clients
4 Pillars of Leading Lab Designation?

The designation supports laboratories that demonstrate excellence in four key areas:

- Elevating quality outcomes
- Cultivating trusted leadership
- Supporting professional development
- Promoting laboratory visibility
Promoting Lab Visibility

Internally

Externally
Lab visibility-
Internal

- **Attend all applicable Committees and present to:**
  - Emergency Department
  - Transfusion Committee
  - Infection Prevention
  - Pharmacy/Antibiotic Stewardship
  - FLU/COVID Surge Planning Committee
  - Blood Utilization Committee
  - Directors’ Meeting

- **What do I Present?**
  - Applicable metrics (TAT, AM draws, COVID/FLU, ...)
  - Test Utilization
  - Blood Utilization
  - Pre-analytical KPIs
  - Ordering practices
  - Changes in test menu: New Tests/Obsolete tests
  - New Technologies
  - Change in reference ranges
  - Accreditation results
Other ideas

- Develop Strong relationships with IT and marketing departments
- Internal Hospital Newsletter
  - lab improvements
  - New Certifications
  - New Technologies
  - Very Important updates (New Tests, changes in methodologies)
- Rounding with other managers, directors outside the Lab
- Communications with Medical Staff
- Communication with the Nursing Education
- Screen Savers for certain updates
Lab Visibility - Internal

- Create Videos
  - Blood Donations
  - Appropriate specimen collection and Labeling
  - Process in the Lab (Following a unit from collection to Transfusion)
  - New Automation
    - Leadership and staff Spotlights
- Rounding with other directors, managers and executives
- Lab week (invite other department leaders and senior executives, IT, marketing, nursing education, nursing leadership, ED leadership)
- Ribbon cutting ceremonies for Go Live
  - Invite senior leadership
External Lab Visibility

- Coordination with Marketing Dept
- Lab Newsletter (Internal External)
- Hospital Community Publications
- External Recognition
  - Leading Lab
  - Other Certifications
- Health Fairs
  - Promoting Blood Donations
  - Point of Care testing (Cholesterol)
- Promoting Laboratory Careers
  - High Schools-Career days
  - Career fairs
  - Present at high schools and Colleges (Distribute Lab Newsletter and Lab Magazines)
  - YMCA
- Provide lab tours to HS and College Students
- Partner with other outside organizations (American Red Cross, churches, American heart association)
External Visibility

With the help of Marketing improve lab visibility using the following platforms:
• Instagram
• LinkedIn
• Youtube Videos
• Facebook
• Hospital Website
• News Channel
• Local Newspaper
• Case studies
• Publications

Work with Vendors and Marketing Department to showcase the Lab

Presenting at conferences, Publications, poster presentations

for organizations without a marketing department the following outside resources can be used:
Lab Newsletter

MESSAGE FROM OUR LEADERSHIP:

For the Department of Pathology and Clinical Laboratory at Terruma Memorial Medical Center, 2020-2021 was a year of unprecedented activity, reorganization, and growth. With the introduction of new technology, new testing methods, and implementation of important patient safety, resource allocation, and enhanced value measures, we have continued to provide outstanding services to Terruma Memorial physicians and patients throughout the pandemic.

Our department, which is accredited by the Joint Commission, offers numerous outreach consultation services for both inpatient and clinical pathology through multiple divisions, including:

- Division of Transfusion Medicine (Blood Bank and Blood Donor Center)
- Division of Microbiology, which includes Molecular Microbiology
- Division of Clinical Laboratory (Chemistry, Hematology, Urinalysis, Coagulation, Drug Screening)
- Division of Value of Care Testing
- Division of Hoistology (Histochemistry and Anatomical Pathology)
- Department of Laboratory Support Services, which includes our inpatient and outpatient phlebotomy teams, Client Services, and Outreach.

2020 highlighted the dedication and efforts of our multiple laboratory divisions. The Core Laboratory and Microbiology divisions were at the heart of these efforts, with multiple tests introduced specifically in response to COVID-19, including serology and rapid molecular testing. Throughout the pandemic, we were able to maintain full laboratory operations while adhering to COVID-19 safety protocols.

Our goals for the remainder of 2021 and beyond include expanding outreach by providing new tests and services, expanding individual microbiology and anatomic and clinical pathology, while maintaining systems that improve customer service, quality of care delivery, and patient safety.

Through this newsletter, our hope is to keep you appraised of changes and improvements relevant to your clinical practice, so you can provide the most up-to-date information to your patients.

 Succursally, 
Elaine Almazan, MT(MLA) 
Director, Laboratory 
John Kangas, MD 
Chief, Laboratory 
Michael Browning, Lab Manager 
Benedict Bank and Donor Center

TESTING MENU UPDATE

Our testing menu has changed as a result of our new technology as well as other improvements and innovations.

NEW TESTS
Some of our new tests include:
- Ferritin
- FSH, LH, Progesterone, and Progestosterone (Hormone Level Testing)
- Free T3
- H. Pylori (Stool)

DISCONTINUED TESTS

Tricyclic (TCAs): TCAs are being dropped by companies and are no longer available on our new Abbott. There have been significant issues with coverage of the tests for all drugs in the family as well as cross-reactivity.
- CA15.3

COMING IN
February/March 2022

The following tests, which are currently sent out for analysis, will be brought in house:

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<th>ANALYTE</th>
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<td>C3</td>
<td>Ceruloplasmin</td>
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<td>C4</td>
<td>Haptoglobin</td>
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<td>IgA</td>
<td>Total T4</td>
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<td>IgG</td>
<td>Total T3</td>
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<td>M1</td>
<td>DHEA-S</td>
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<td>Anti-CP</td>
<td>SHBG</td>
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<td>Anti-TPO</td>
<td>Testosterone, Total</td>
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<td>Beta 2</td>
<td>microglobulin</td>
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LEADING LABORATORY

SIX SIGMA VP CERTIFICATION

Terruma Memorial received the Six Sigma Lab Certification on Oct. 25. Terruma Memorial is the 85th hospital in the world to receive this certification, which is awarded to hospitals who have adopted policies and procedures that result in optimal Sigma-metric performance, which translates to less than 4 defects per million. In a Laboratory context, this would equate to 3.4 failed QC results per million QC runs. Six Sigma can help us better evaluate the analytical quality of lab results, as well as the equipment and products used to produce them.

LEADERSHIP LABORATORY

Terruma Memorial Medical Center is the first in the nation to receive Leading Laboratories recognition from the American Society for Clinical Pathology (ASCP) and the Joint Commission. The two year designation serves as proof of Terruma Memorial’s commitment to laboratory excellence and to help improve patient outcomes.

Terruma Memorial underwent rigorous assessment processes to receive the recognition, including a review of its outcomes, indicators, metrics, and evidence. Additionally, it had to demonstrate excellence in four key areas: achieving quality outcomes, supporting professional development, cultivating shared leadership and promoting laboratory visibility.

BLOOD BANK AND DONOR CENTER

MAINTAINS SUPPLY

LAB DRAW STATIONS

OPEN DRAW STATIONS

TORRANCE
Hospital Newsletter/Very Important Update/Ribbon Cutting Ceremony

Technology UPDATE

Torrance Memorial laboratory team poses with the new Axinity technology. Photo/Torrance Memorial Medical Center

national observance months

January is National Blood Drive Month

PEACE  Give the Gift of Life  DONATE

Torrance Memorial is in critical need of blood donations due to a nationwide blood shortage.

To schedule an appointment to give blood please call 1-800-B4-CITY or
The Blood Donor Center is located at Torrance Memorial Medical Center
Outpatient Center, 4th Floor – 3337 Medical Center Drive, Torrance, CA 90505
Monday - Friday: 8 AM - 4 PM
Tuesday to Friday: 8 AM - 7 PM

Free T-shirts to all participants while supplies last!

Click the link below to read more about this generous group of South Bay residents who have given enough blood to be called "super donors."

Super Blood Donors

VERY IMPORTANT UPDATE
Lab: D-Dimer HS - Effective 2/28
Community Publication and Involvement
How to achieve Quality?

- Develop a Quality structure
  - Quality Steering Committee
  - Quality Assurance Committee
  - Process Improvement Committee
- Build a robust Quality Plan/Quality System
  - Annual Quality Report
- Develop Meaningful Quality Metrics
- Implement Meaningful Dashboards
- Department Process improvement Goals (PIC) (Review Quarterly)
- Implement Meaningful Test Utilization dashboards
Value of your Lab in terms of quality

- Accreditation
- Quality Metrics and Outcomes
  - Lab Analytics Dashboards
  - Cost of poor quality
  - Blood Utilization
  - Morning AM Labs (% resulted by 8 AM/9AM)
  - Impact of TAT on LOS
  - Positive Cultures
  - Non-conforming events (Lab Vs. Nursing)
  - Test Utilization (underutilization and overutilization)
  - Anatomic Pathology Metrics
  - Patient wait times
  - Customer satisfaction reports
  - Blood Culture contamination rates
  - Pre-analytic errors report and recollection cost
Sample Metrics. Are you sharing your data?
Sample Metrics—use to justify staffing
### Scheduled QA Meetings

- **Daily Huddles**
- **Weekly QA Review (CAP Survey Results, Validation Plans, New Tests, ...)**
- **Weekly Quality Steering Committee (Operations and Quality)**
- **Quarterly QA Meetings (Divisional Quality Metrics)**
- **Monthly Operations**
<table>
<thead>
<tr>
<th>MEASURE</th>
<th>OPERATIONAL DATA DEFINITION</th>
<th>CURRENT GOAL</th>
<th>REPORTING FREQUENCY</th>
<th>OWNER</th>
<th>TEAM LEADER(S)/ PRESENTER</th>
<th>DATA SOURCE / CONTACT</th>
<th>REPORTED TO</th>
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<tbody>
<tr>
<td>Develop CP/AP Goals</td>
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**Quality and Regulatory**

<table>
<thead>
<tr>
<th>Areas for improvement using Outreach Survey to assess customer and Physician Feedback</th>
<th>Identify areas for improvement using the survey, physician and customer feedback</th>
<th>Gather information from Feedback related to laboratory as opportunities for improvement. Identify and execute Performance Improvement (PI) projects.</th>
<th>As needed</th>
<th>Dr. John Kunesh Ihab Abumuhor</th>
<th>Dr. John Kunesh Ihab Abumuhor Angie Watters</th>
<th>Survey</th>
<th>CP PIC MSPI MEC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Transmit Microbiology and Pathology patient results to Patient Portal</td>
<td>Transmit patient results to the Portal to comply with the CARES ACT.</td>
<td>Implement by June 30, 2022</td>
<td>As needed</td>
<td>Dr. John Kunesh Ihab Abumuhor Veronica Urbano Shiva Eskandari</td>
<td>Dr. John Kunesh Ihab Abumuhor Veronica Urbano Shiva Eskandari</td>
<td>Veronica Urbano</td>
<td>Dr. John Kunesh</td>
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<tr>
<td>RCA for SAE: Report Root Cause Analysis (RCA) for SAE* (Significant Adverse Event) &amp; Nonconforming Events (NCE)</td>
<td>Report Root Cause Analysis (RCA) for SAE* (Significant Adverse Event) &amp; NCE is high risk Nonconforming Events (NCE)</td>
<td>Each laboratory section to report at least 3 RCA per year for SAE - All lab sections to track number (#) of high risk NCEs and report improvement projects at QA meeting.</td>
<td>As Needed</td>
<td>Dr. John Kunesh Ihab Abumuhor</td>
<td>Dr. John Kunesh Ihab Abumuhor</td>
<td>CP/AP PIC Laboratory Quality Assurance Committee</td>
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<tr>
<td>Voice of the Customer - Voice of the Customers (VoC) (Rounding by MDs)</td>
<td>Conduct rounding with clinicians and identify opportunities for improvement. Each section to report 1-2 VoC sessions per year</td>
<td>As needed</td>
<td></td>
<td>Dr. John Kunesh Ihab Abumuhor</td>
<td>Dr. John Kunesh Ihab Abumuhor</td>
<td>CP/AP PIC LAB QA Committee MSPI MEC</td>
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# Agenda for the QA Meeting

## Laboratory

### Quality Assurance Working Committee Meeting

**Date/Time:** July 22, 2021/2:30 PM

<table>
<thead>
<tr>
<th>Attendees</th>
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<tbody>
<tr>
<td>Dr. Kuresh</td>
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<td>Dr. Bhasin</td>
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<td>Dr. Blakey</td>
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<td>Dr. Baetge</td>
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### Agenda Items

<table>
<thead>
<tr>
<th>Agenda Item</th>
<th>Presenter</th>
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<tbody>
<tr>
<td>I. Organization – Staffing: change in organizational structure, New Staff</td>
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<tr>
<td>II. Personnel Training &amp; Competency: Any issues with training and competency</td>
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<tr>
<td>III. Equipment: Issues with equipment, validation</td>
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<tr>
<td>IV. Purchasing &amp; Inventory: Issues with supplies/agents, issues with vendors/suppliers</td>
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</table>
| VI. Information Management:  
  - Harmonics EHR: New product codes, issues, new test codes, servers, interface issues etc.  
  - Center: any issues, new codes, validation etc. |  |
| VII. Nonconforming events – Summary of Preanalytical, Analytical, Post-analytical events  
  1. Specimen Mislabeled/Wrong blood in tube  
  2. RLE/Incidents reports  
  3. Biological Product Deviation Reports: blood bank  
  4. Other Reports: High Risk  
  5. Sentinel Events, Near Misses: Clinical Complaints |  |
| VIII. Assessments  
  1. Proficiency testing  
  2. Audits  
  3. Quality Metrics |  |
| IX. Process Improvement / Projects / Updates  
  1. JC preparation  
  2. ABBOTT  
  3. Other Projects |  |
| X. Customer Service  
  1. Service Complaints – |  |
| XI. Facilities and Safety  
  1. Employee incidents or accidents, Patient incidents or accidents  
  2. Safety Audits, Other safety issues  
  3. Facility issues (space, remodeling, unplanned outages, etc.) |  |
| XII. Documents & Records – |  |
Quality Corner-Each Division
PDCA and/or A3-completed for each process Improvement

Project Name: O.R. Pathology Specimen Labeling
Date: 09/16/2020

Problem Statement (Gap):
Based on data collected from our Patient Safety Experience Reporting system, from 01/2019-06/2019, pathology specimens were sent in specimen labeling cases in which staff noted, and it affected patient care.

Current State:
1. Lack of communication between surgeons and nurses.
2. Lack of communication between nurses and surgical technologists.
3. Surgical technologists note a different process when labeling specimens.
4. Unable to understand writing on requisitions.

Targets (SMART):
1. Decrease in labeling pathology specimens to 0% by January 2022.

Root Cause Analysis: Five why’s
1. Surgical technologists placed specimens in incorrect containers.
2. Staff failed to understand writing on requisitions.
3. Surgical technologists were trained differently.
4. No standard specimen collection for surgical techs (SOP)

Reflection:

What went well:

What could be improved:

Project Team:
- Denis Albaladejo
- Lysabetti Vivas
- Jacqueline Montemayor
- Ali Al-Shawa
Facilitator: Margarita De Jesus & Veronica Urban

Plan Countermeasures:

- Review and confirm specimen procedures and processes into one policy.
- Lab, Margarita

Do:

<table>
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<tr>
<th>Action Items</th>
<th>Who</th>
<th>When</th>
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<tbody>
<tr>
<td>Review and confirm specimen procedures and processes into one policy</td>
<td>Lab</td>
<td>09/16/2022</td>
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<tr>
<td>Update new O.R. specimen policy and procedure to UH</td>
<td>O.R. Management</td>
<td>09/16/2022</td>
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<tr>
<td>Update new O.R. specimen policy and procedures to NICU</td>
<td>Margarita &amp; Lab</td>
<td>October 2022</td>
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Dashboards:

- DSS Safety Experience Reporting System (SERS)

Act: Sustain the Results and Next Steps:

1. Hold team discussion on monthly meetings at 11/12/2022.
2. Share monthly data and monthly staff meeting and by Surgery Committee Meetings.
3. Monitor monthly & report to lab administrators.
4. Review and assess monthly policy as needed.
**Internal Audits /Audit schedule**

- Each Division must complete a set of monthly/Quarterly internal audits
- Some audits are focused audits based on certain findings

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<thead>
<tr>
<th>Audit Title</th>
<th>Established Threshold</th>
<th>Jul 22</th>
<th>Aug 22</th>
<th>Sept 22</th>
<th>Oct 22</th>
<th>Nov 22</th>
<th>Dec 22</th>
<th>Jan 23</th>
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<th>Mar 23</th>
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<th>May 23</th>
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<td>Transfusion Medicine</td>
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<td>Blood Administration System Audit</td>
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<td>Traceability Audit for Products Collected Outside TMCC</td>
<td>90%</td>
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<td>Traceability Audit for Products Collected at TMCC</td>
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<td>Reference Lab Monitoring Audit (Annual)</td>
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<td>Blood Supplier Monitoring Audit (Annual)</td>
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<td>Critical Supply / Materials Vendor Monitoring (Annual)</td>
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<td>Monthly Safety Audit</td>
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<td>Outreach and Inpatient Phlebotomy</td>
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</tr>
<tr>
<td>Monthly Phlebotomy Audit-Direct Observation</td>
<td>90%</td>
<td>X</td>
<td>X</td>
<td>X</td>
<td>X</td>
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</tbody>
</table>
Automated Non-conforming Events Dashboards

Events entered in an electronic database called RL6

- Lab Specimens
- Pathology
- Blood Bank
- Other Divisions (Micro, Core Lab, Outreach)

Used for reporting internal and external errors or incidents

Trended and shared in Staff and QA meetings
Six Sigma Certification

Torrance Memorial Medical Center Urine assays performance Alinity 3 (04 assays)

Verified Assays at Torrance Memorial

- Six Sigma: 77
- Five Sigma: 27
- Four Sigma: 18
Supporting Professional Development

- **Manager Certification Program** - required for all new managers
- **Lean Certification Program** - required for all managers
- Promotion Ladder (CLS I, II, III, CLS QA, CLS Lead, Manager...)
- Certification Support (SBB, POC,...)
- Education support (MS, conferences, continuing education,...)
- Mentoring Program
- Succession Planning Program
- Rounding
Cultivating Trusted Leadership

- Implement or improve employee recognition
- Improve communication
- Foster a motivating work climate
- Implement team building exercise
- Rewarded positive behavior by promoting staff who exceeded expectations
- Offered Spot bonuses and gift certificates to reward positive behaviors
- Continue to build trust among staff and place team goals ahead of individual goals.
Employee Recognition

SPOT BONUS AWARD

I nominate ________ for recognition under the Medical Center’s Employee Spot Bonus Award Program for the following reasons:

I would like to recommend ________ for the Spot Bonus Award for his/her consistent outstanding service to the Division, her co-workers and patients of the Medical Center.

Nominee’s Signature

SPOT BONUS AWARD CRITERIA
Employee has demonstrated extraordinary work effort, initiative, creativity or dedication on a project or in an activity that furthers departmental/organizational objectives.
Employee has contributed ideas for improvement of work methods or processes resulting in substantive cost savings, better service or improved quality of patient care/work outcomes.
Employee has modeled TMMC values and vision goals by showing unusual service orientation, empathetic care, collaborative teamwork, responsiveness to customer needs, or creative problem-solving.

Approval: _______________ Date: __________ Amount: $ __________

LAB EXEMPLAR NOMINATION FORM

A lab exemplar is an individual or a team whose behavior and contribution best exemplify the mission, and professionalism of Torrance Memorial Medical Center.

Nominated by: ___________________________ Title: _______________________ Date: __________

Individual or Team Nominee: _______________________________________________________

Division(s): ________________________________________________________________

Manager: ___________________________ Date: __________

Director: ___________________________ Date: __________

Approval Signature(s):

From me to you!

Thank You!

Recognizes and honors

For: (check all that apply)

☐ Going the extra mile to help when it’s busy
☐ Helping solve a difficult problem
☐ Always having a positive attitude
☐ Taking on a special project
☐ Providing a great solution

Department of Pathology & Clinical Laboratory
Torrance Memorial Medical Center

Nominee

Nominee

Nominee
Lab Recognition
ASCP & The Joint Commission

Patient-focused

CQI with proven metrics

Elevating patient outcomes

Role of laboratory in healthcare

Crisis/emerging situations
What is a Leading Laboratory?

More than just a status to earn, Leading Laboratories is the only program of its kind that provides detailed proof of quality laboratories’ commitment to building teams who excel in enhancing patient care.

Leading Laboratories follow a clearly defined roadmap to demonstrate their commitment to four key components:

- **ELEVATING QUALITY OUTCOMES**
- **SUPPORTING PROFESSIONAL DEVELOPMENT**
- **PROMOTING LABORATORY VISIBILITY**
- **CULTIVATING TRUSTED LEADERSHIP**
Core benefits

Build stronger, more resilient laboratory teams, facilitating and highlighting development of team members.

Garner respect within pathology and laboratory medicine community.

Elevate medical laboratories within larger clinical care team and organizations, health care systems.

Expand awareness of medical laboratories vital role among patients and public.
Laboratory visibility and recognition

- Patients
- Physicians/care providers
- Leaders/administrators
- Multidisciplinary teams
- New grads, new colleagues
- Future students
- C-Suite
- Accreditation bodies
- Government
- Industry
- Payers
Leading Laboratories model

QUALITY OUTCOMES

PROFESSIONAL DEVELOPMENT

TRUSTED LEADERSHIP

LABORATORY VISIBILITY
Reviewer Comments

- “There are so many best practices included in this application.”
- “This organization has a tremendous opportunity to advance laboratory culture and quality through sharing these best practices.”
- “Excellent implementation of laboratory patient portal to access test results, as well as laboratory newsletter that is available to providers and patients alike.”
Reviewer Comments

• “Excellent and inspiring applicant.”
• “Clearly committed to professional development through a wide variety of programs from formal education, to internship program for MLS, to mentorship, to formal education.”
• “I love how this highlights actions taken during COVID pandemic, turning it into an opportunity.”
Questions?
To learn more about The Leading Laboratories Recognition Program or The Joint Commission’s Laboratory Accreditation Program

Visit us: www.leadinglaboratories.org

Visit us: www.jointcommission.org/lab

Questions ? Email us: qualitylabs@jointcommission.org
Thank you!