Moving Beyond Lean

New Ways to Improve Communication between the ED and Lab to Achieve Improved Patient Outcomes and Reduced Costs”

May 2015
Why is Communication with the ED Important?

In today's world of medicine, payment is based on patient satisfaction and patient outcomes. It doesn't matter if you are “one of the Clinics”, or “St. Elsewhere Hospital”. You WILL be treated by CMS the same!

- 40% to 60% of the ED patient have some form of Lab service.
- The Laboratory can provide the patient contact through a Phlebotomist.
- Or the Laboratory can receive the sample with no patient contact.
- Or the Laboratory service can be Point of Care Testing.
- How can the Lab take control of something they may have no control in?
Question! (Poll of Participants)

- *Who works for the Laboratory (raise your hand or stand up).*
- *Who works for Nursing?*
- *Who works specifically in or for the ED?*
Answers

• Why didn’t all of the Laboratory people (who work in a setting where there is an ED) raise their hand?

• Why don’t you consider yourself an employee or better yet a team member of the ED?

• “It Takes A Village..”

• You are all part of the village.

• Most hospitals deal in silos instead of integrated systems.

• Efficiency dictates integrated systems.
Approaching the Problem

Seek

Share

Solve

Sustain
# Seek Element Charter

<table>
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<tr>
<th>Element</th>
<th>Charter</th>
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<tbody>
<tr>
<td>Establish Goals</td>
<td>• Observe and analyze current communications, touch points &amp; data flow for your department and the ED</td>
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<tr>
<td></td>
<td>• Activities that are important to the ED</td>
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<td></td>
<td>• Issues that ED is causing within the Lab</td>
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<td></td>
<td>• Solving the problems for both with full disclosure</td>
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<tr>
<td>Scope</td>
<td>• Start: Order</td>
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<td>• Finish: Result delivery</td>
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Improved Communication Requires…

• Full understanding of the work and the workflow

• So how do you get to understand the workflow?
  ✓ Have someone tell you how they do it.. Or...
  ✓ Go to the Gemba (Japanese term for where the work is done).
  ✓ The best way is to watch what is being done
  ✓ Ask questions of the workers in terms of what they are doing, why they are doing it, and how might it be done better.

• Most of the time you do your job without questioning “is there a better way?”. 
The Better Way

- To discover a better way all of the ancillary services for an ED need to come and understand the services they are providing to the patient.

✓ Lab needs to understand what tests are being ordered and why? This includes what the results are going to be used for

➤ Creatinine is not just to determine if the Kidney’s are healthy but to determine if they can tolerate radio opaque dyes. Really has nothing to do with kidney health as much as it does preventing harm.

➤ PT, PTT may be related to drugs that a patient is taking and to diagnosis the risk of bleeding during a procedure or in conjunction with other medications.

✓ Radiology likewise needs to assess their position in the grand scheme and play a similar role.
Solve
How Can Lab, Radiology, Rx, and ED Work Together?

• Team approach is a good approach

• If all members meet beforehand and discuss how they stumble over each other, then walk the workflow to actually see it happening they can determine ways to prevent it.

✓ Example: Lab is looking for a patient in the ED that needs lab work but they can’t find the patient because they are in Radiology for a chest x-ray, and will later need a CT, but the lab work is for the Creatinine needed to clear the patient for the CT.

✓ A Radiology tech suggested that Lab be notified first, obtain the sample before they do the chest x-ray; when done with the x-ray the Creatinine would be back allowing them to proceed with the dye for the CT.
Working Together (Cont.)

• **Total time for the three procedures 90 minutes.**

• **But.. Done in the most efficient order and drawing the blood takes 5 minutes, followed by 15 minutes for the chest x-ray and a 5 minute wait for the lab results, followed by dye and CT of 45 minutes.**

• **So instead of 90 minutes you have it all done in 65 minutes with an overall efficiency of 25 minutes, or enough time to draw 5 patients or do ½ of a CT or 1.5 x-rays.**
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<th>Activity</th>
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<tr>
<td>Best Practice and Benchmarks</td>
<td>• What has been established as best practice in <em>their</em> setting</td>
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<td></td>
<td>• What does best practice look like?</td>
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<td></td>
<td>• What data can you share with them about their practices?</td>
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<td></td>
<td>• How can you help to improve their situation?</td>
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<td>Teamwork</td>
<td>• Acceptance of differences</td>
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<td></td>
<td>• Working together to solve the problem</td>
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So What’s the Big Deal?

- If you save time for all of those procedures you now have sped as many as 7 patients through the ED.
- Otherwise they would still be in the waiting room!
- If you keep 7 patients from leaving without being seen you have added about $3,500 to your bottom line, and if 20% (conservative number) are admitted to the hospital then the number jumps to over $10,000 just for a few hours in the ED!

✓ What is not included in that is the revenue that might be achieved from ancillary services, or visitor services from cafeteria, snack bar, parking services etc.
How Does Improved Communications Improve Patient Outcomes?

• How many Nurses do you know that love to do point of care testing?

✓ Do you really think they dream about coming to work and sticking fingers to catch a drop of blood and put it in a cartridge and wait for the numbers to pop up and then type it into the HER?

✓ Oh lets not forget the quality control that they had to do, or the quarterly proficiency testing... Nurses just LOVE to do all of this!

✓ Absolutely NOT! They hate it! But why?

• Don’t lab techs love statistics? Don’t they love to trouble shoot machines? Plot dots on wall charts? Enter data into computers?

• What do Nurses like?
Nurses Like To…

- *Take care of patients.*
- *Talk to patients and their family.*
- *Make them feel better, give them hope!*
- *Complain that the #@%& lab didn’t get the results back quickly so they can treat their patient.*

- *So what’s that got to do with communication?*
  - ✓ *Everything!*
  - ✓ *Lab needs to let the nurse know what’s going on with the Lab tests.*
  - ✓ *Keep them posted when there is an issue.*
What Systems Drive Communication?

- Quotes from Leveraging Lean In Healthcare:
  
  ✓ The world works through systems but we aren’t trained to understand or manage them.
  
  ✓ System structure determines managerial behavior and organization performance
  
  ✓ Most of us make decision in a vacuum we only look at our piece of the system (our department's needs).
  
  ✓ To change, we must change the system not the symptoms.
  
  ✓ Small events trigger large reactions creating chaos.
  
  ✓ Todays problems were most likely yesterdays solutions.
  
  ✓ Small changes in the system can yield great changes in behavior.
Lab to Nurse Communication

- Lab calls and says the “specimen is clotted you have to recollect another one...”

- Nurse hears “we screwed up the sample so you need to do the work all over again”, and “no I don’t care that the patient is waiting for the results for the CT lab or the Cardiac Cath Lab”.

  ✓ The nurse knows that the sample was free flowing when they sent it to the lab and it was not like a “jelly” clot..

  ✓ “I’ll bet the lab lost it, or dropped it and broke it” (forget the fact that the tubes are now plastic!).

  ✓ This is what is really going on in the nurses head.
What Should Communication Be?

• Why wait until there is an issue? Why not show the nurses what micro-clots look like, and explain what causes them and how to avoid them.

✓ And NO, telling them to use a straight needle to draw the sample isn’t going to work because they use “sharp things on the end of plastic tubing” (IV Catheters) to access a vein.

✓ Butterflies are the best alternatives for nurses not straight needles (this lesson in particular took me many many years to learn).

• Be proactive. Ask to attend their meetings, speak to them, don’t preach to them; ask them how the lab could help them.
### Sustain

#### Element: Establish Activities
- How will you show sustenance?
- How do you communicate results of audits to staff?
- How will you handle continuing education?
- What is acceptable behavior?

#### Scope
- Start: Order arrival
- Finish: Result delivery
What Are the Financials Related to ED Issues?

• A simple spread sheet can be used to keep track of what the costs are and the frequency of the occurrence.

• Typically the occurrences are recorded in either an electronic system or a reportable event log.

• Establish the costs associated with labor, materials, patient dissatisfaction, Hospital Acquired Infections, etc.

• Build a spreadsheet that includes the cost effects on Radiology, Food Services, Laboratory, Respiratory, Materials Management, Engineering, etc.

✓ You will be surprised what all can be included when you get to the root cause.
Tools to Use for Costing

- Excel Spreadsheet for capturing and for tracking.
- Pie charts, Line and Bar charts, Gant charts.
- Swim lanes for segregating activities.
- Fishbone Diagrams, Venn Diagrams.
- Accountants, CFO, Department Managers, Risk Managers, HR Directors.
Tools to Use for Continued Communication

• **New letters from the lab, but targeted to nursing.**
  - Language, content, appearance (graphics) should be focused on what a nurse would want to see.

• **Information, flyers, brochures, on-line education programs.**

• **IN PERSON VISITS ESPECIALLY TO THEIR MEETINGS!**
  - If they have huddle meetings try to attend one a week.

• **Consider an award for improved performance**
  - Set a goal for Hemolysis reduction, or label placement, etc.
  - Make it fun and rewarding!
First things first…

• Great staff and teamwork.
• Consistent processing & practices.
• Eliminate potential risks throughout the Emergency Department & the Laboratory. Narrow the gap between current and best in class.
• Establish continuous improvement goals & Activities.
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