The Case of the Belated Lab Test

Project Packet #4

After interviewing Dave, the night phlebotomist, Lotta individually briefed the other team members on what she and Tom had discovered. Now, it’s time for the next team meeting. In case you’ve forgotten, the players are:

Lotta Paper, Assistant Administrator: Team Leader
Tom Trotter, Transport Supervisor: Quality Advisor
Beth Harrast, Floor Secretary: 3A
Harry Hiteck, Day Supervisor: Lab
Sam Drawit, Day Phlebotomist
Steve Spinner, Evening Lab Tech
Cathy Filer, HIM Supervisor
New Member: Dave, Night Phlebotomist

Lotta: Thanks for coming. And thanks for being on time. This is the only meeting I get to go to that starts on time!

Beth: It’s the only meeting I go to where people actually get something done!

Lotta: I wish every meeting had a set of rules like ours. Our only agenda item for today is to see if we can come up with some potential solutions for our turnaround time problem. Our analysis suggested that there was something different about night draws and I passed on to you the information Tom and I got from Dave. We’re pleased to have Dave with us now as a member of our team.

Tom: I think the team is ready to do some brainstorming now on possible solutions.
Sam: Good: but, maybe you should go over the brainstorming technique for us. It's been a while.

Dave: I've never done brainstorming. How does it work?

Tom: There are three simple steps. First, everyone on the team takes a few minutes to silently think about their own ideas and write them down on a sheet of paper. The question is this – what are all the possible solutions to reduce the turnaround time for doing the draws on nights?

Harry: Why should we confine it to nights? I'm not sure that just fixing the night process will get us to our improvement target.

Steve: Why not stick with the question about nights for openers? Then, when we evaluate the ideas, we can look for ones that would help overall.

Tom: Good point. Everyone OK with that?

Everyone: (nods all around the table)

Tom: After we've written down our ideas, we do the round robin. Each person gets to offer one of their ideas in turn. Remember – no criticism or discussion of ideas during the round robin. Finally, when we have all the ideas listed, we can discuss and evaluate them. Now, let's be creative and unconstrained. Ready to go?

Everyone: (more nods)

Assume some time has gone by for silent generation.....


Lotta: Time to collect our ideas. Dave, we'll start with you. What's the first item on your list?

The scribe would be responsible for writing all of the ideas on a flip chart...........

Dave: (impatiently) Like I said when we met the other day, we need to hire an additional phlebotomist!! Then we could pick up the urgents just list STATs.

Lotta: (encouragingly) Thanks Dave. Sam, how about one from you?

Sam: Well, I think we should collect the urgent specimens on nights the same way we do the STATs – make an individual trip to the unit right after getting the call. But, maybe we have to do it without adding people. Administration has been very reluctant to hire more staff lately.

Dave: (angrily) Look, I walk over ten miles on each shift as it is now! I simply do not have time to run up to the floor every time they have another test. I just barely have time to draw all the STATs as it is. Do I look like “The Flash”?

Tom: Let's not judge the ideas yet. Hold back on the editorial comment. We'll have plenty of time for evaluation later.
Lotta: Cathy, it’s your turn.

Cathy: I think we need to add the Order Entry function to the EHR system so that orders and results can be entered into the system. And then the requests will pop up on the screen. Nobody will have to pick up requests, or make sure that written results get delivered. They can be seen on any monitor.

Beth: My turn? Well, the phlebotomy team on days makes routine sweeps through the hospital, stopping to do the draws in each unit. The entire sweep takes less than an hour. Maybe we could do the same thing at night. I’ll bet that regular sweeps would even reduce the number of STAT tests. They seem to have increased lately.

Sam: but, the night phlebotomist would still have to make trips back to the lab immediately for STATs, then again at the end of each hourly sweep.

Lotta: Steve, you’ve been quiet. What ideas have you come up with?

Steve: Well, the last hospital I I worked at had a pneumatic tube system that ran between the Lab and all the patient floors. Maybe we could get the Quality Council to put one in here. The specimen goes into a special container, then pphhhfftt – right down to the Lab.

Lotta: Who draws the blood?

Steve: The nurses do it.

Dave: Boy, I can hear them now.

Harry: I don’t know – sounds expensive to me. We couldn’t get the new Coulter Counter we needed into the budget last year. What makes you think Administration would approve a tube system? Besides, those systems are always breaking down.

Sam: we could get some quotes, couldn’t we? I think they have one over at Illusion Valley, maybe we could get some info from them.

Tom: OK, we’re evaluating again. Let’s get back on track. Any other ideas?

Beth: I was thinking about Dave running up and down the halls at night. Maybe we could use the paging system to dispatch the phlebotomist at night. Then Dave wouldn’t have to go back to the lab only to find out there’s been a STAT request on some other unit.

Cathy: Well, that’s what the order system in the EHR can be used for too. Dave could just check the system before he leaves each unit, to see if there are other requests for patients on that unit.

Harry: I like that idea, but, again, we’d have to figure out the cost.
Cathy: There really wouldn’t be a cost – it is already part of the software, we just aren’t using it. It would just be a matter of writing up the procedures and training everyone how to use it.

--------CURTAIN DOWN--------------

The alternatives mentioned in the scenario are:

1. Hire an additional phlebotomist for nights
2. Make immediate trips for all STATs and urgents
3. Make immediate trips for all STATs and urgents, using the paging system for dispatch
4. Make immediate trips for all STATs and urgents, using the EHR order entry system for alerts
5. Make routine sweeps to each patient unit
6. Install a pneumatic tube system

The next step for the team is to select a solution from among the alternatives. They may want to get some more information about costs, availability, expenses, etc. The impact on improving the current situation, patient care and customer satisfaction should always be considered. Other criteria may include cost, ease of implementation, reliability, impact on morale, time to implement, etc.

Here is what the team did next:

Lotta obtained some more information about the proposed alternatives. The next step for your team is to consider the alternatives and pick the one that you feel is “best”. That means you’d better take a few minutes to decide what “best” means. A decision matrix could be used to sort everything out.

Following are 2 memo’s that were sent regarding this PI project.
MEMORANDUM

TO: Lotta Paper, Assistant Administrator
FROM: Dan Tight, Finance Manager
DATE: February 10, 2010
SUBJECT: Preliminary Cost Benefit Analysis

The incremental average annual cost for each alternative you identified follows.

Alt 1 – Hire additional phlebotomist $25,000
Alt 2 – Immediate Pickup, no added FTE 0
Alt 3 – Utilize Order Entry 0 This is a time cost rather than a monetary cost.
Alt 4 – Hourly sweeps, no added FTE 0
Alt 5 – Tube System $(20,000) (see note)

Note: the tube system savings is based on the following:

   $5000 a year for ongoing maintenance

   ($25,000)/year – 1 less FTE (phlebotomist)

This assumes no added nursing staff required.
MEMORANDUM

TO: Dan Tight, Finance Manager
FROM: Fred Fixer, Facilities Manager
DATE: February 12, 2010
SUBJECT: Projected Tube System Costs

I have checked on the various costs associated with the installation of a pneumatic tube system to link the various patient units with the lab. After checking references and bid information, I feel confident that we could have a system in place with a capital expenditure of $300,000. The vendor, SUIT, Inc. has an excellent reputation and also has the best bid for the system. These types of pneumatic tube systems are generally considered to have a serviceable life of 15 years.
CONCLUSIONS:

The Performance Improvement team decided on putting the Order Entry system into use, and to purchase the pneumatic tube system. After 30 days of construction and installation and training, the new process has been in place for the past two months and the team made sure that a data collection scheme was in place. The following graph shows the results of the new process.

Final Assignment:

1. Summarize what this graphs shows.

2. Has the team met its objective? In looking at the graph, what more could be done?

3. Use the information in this packet and this final graph to write a two to three paragraph summary of this project.

Submit your work to the Unit 9 Final Project Dropbox.