
June 14, 2011

Welcome

Your Host: Karen Riba
- Handout is available by clicking on the handout icon in the upper right hand corner of your screen
- For technical difficulties please e-mail kchandler@paml.com
- For questions you have during the presentation use the “Q & A” link at the top of your screen. Questions will be answered at the end of the presentation
- Press F5 on your keyboard to view the presentation in full screen mode

Speaker Information

Kari Kostelecky
- Kari is the Quality Assurance Manager at PAML overseeing pre and post analytical Quality. She has a bachelor’s degree from Eastern Washington University, and has over 13 years of combined Quality Assurance Management experience in the Laboratory and Manufacturing industries.

Learning Objectives

• Identify key indicators and discuss how to select the ones that are right for your laboratory
• Review a sample dashboard template and discuss key features.
• Discuss client surveys - when to use them, who to survey and best practices for implementation.
• Analyze process improvement - differentiating between a quick fix and a deeper dive.

What are Key Indicators?

Key Indicators, help an organization define and measure progress toward organizational goals.
# Quality Assurance - What, Why and How You Measure It

## How do you choose what to monitor?
- **Regulatory Requirements**
  - Lost specimens
  - Proficiency testing
- **Past Performance**
  - Patient care issues
  - Client issues
  - Internal issues
- **New Processes or Services**

## Key Features of an Indicator
- Completeness
- Timeliness
- Controllability
- Cost
- Importance

## Internal Audience for Your Reports
- **All employees**
  - Survey scores
  - Improved TAT
  - Patient wait times
- **Lab staff**
  - Delays to specific tests
  - Department goals
- **Specific employees**
  - Financial performance

## External Audience for Your Reports
- **Public**
  - Published publicly
- **Customers**
  - Clients
  - Patients
  - Reference Labs
  - Insurance Companies
  - Accreditation Organizations

* Remember: Public + Customer = Competitor

## Reporting Methods
Choose the right reporting method for your audience;
- **Dashboards**
- **Graphs**
- **Reports**
  - Special reports
  - Yearly report
  - Board reports

## Important Elements of Dashboards
- Outline of the method of reporting
- Group indicators
- Name of the what is being tracked
- Location (department, region, facility)
- Goal/Target
- Timeframe of the report
- Other
  - Actual number
  - Link to graph or actual data
Can you collect all of your data internally?
If not.... take a survey

- Post
  - Hallway
  - Website
- Publish
  - E-mail
  - Intranet
- Hang in a public location

- External Customers
  - Clients
  - Patients
- Internal Customers
  - Departments
  - Employees

Surveys

Can you collect all of your data internally?
If not.... take a survey

Share the Data

- Post
  - Hallway
  - Website
- Publish
  - E-mail
  - Intranet
- Hang in a public location

Who should you survey?

- External Customers
  - Clients
  - Patients
- Internal Customers
  - Departments
  - Employees

Surveys

Can you collect all of your data internally?
If not.... take a survey

Share the Data

- Post
  - Hallway
  - Website
- Publish
  - E-mail
  - Intranet
- Hang in a public location

Who should you survey?

- External Customers
  - Clients
  - Patients
- Internal Customers
  - Departments
  - Employees

Surveys

Can you collect all of your data internally?
If not.... take a survey

Share the Data

- Post
  - Hallway
  - Website
- Publish
  - E-mail
  - Intranet
- Hang in a public location

Who should you survey?

- External Customers
  - Clients
  - Patients
- Internal Customers
  - Departments
  - Employees

Surveys

Can you collect all of your data internally?
If not.... take a survey

Share the Data

- Post
  - Hallway
  - Website
- Publish
  - E-mail
  - Intranet
- Hang in a public location

Who should you survey?

- External Customers
  - Clients
  - Patients
- Internal Customers
  - Departments
  - Employees

Surveys

Can you collect all of your data internally?
If not.... take a survey

Share the Data

- Post
  - Hallway
  - Website
- Publish
  - E-mail
  - Intranet
- Hang in a public location

Who should you survey?

- External Customers
  - Clients
  - Patients
- Internal Customers
  - Departments
  - Employees

Surveys

Can you collect all of your data internally?
If not.... take a survey

Share the Data

- Post
  - Hallway
  - Website
- Publish
  - E-mail
  - Intranet
- Hang in a public location

Who should you survey?
How often should you survey?

Survey Process

Who will conduct your survey?
- Internal employee
- Outside firm

Conducting Your Survey

- In person
  - Verbal
  - Hand delivered
- Mail after service
  - To home
  - Included with bill
- Written response
- Online response

Surveys

- Incentive for taking the survey
  - Legal constraints
  - Value of the incentive
- What to do with the results
  - Public or internal only
  - Report to the stakeholders
  - Look for improvement opportunities

Process Improvements

Data has been collected, monitored and reported..... Now what?

Process Improvement

- How to determine when the numbers call for Process Improvement activity to take place
- Quick Fix or a Deep Dive?
- Who should be included in the Process Improvement?
  - Customers
  - Suppliers
  - Employees
  - Decision makers
- Monitoring results

Process Improvement

How to determine when the numbers call for Process Improvement activity to take place . . . . .

Process Improvement

• Quick Fix or a Deep Dive?
• What’s the difference?
• How do you choose your method of Process Improvement?

Process Improvement

Who should be included in the Process Improvement?
• Customers
• Suppliers
• Employees
• Decision makers

Process Improvement

• Determine how you will monitor results
• Follow up to your improvements

ISO 15189

• Intended as an accreditation standard
• 30 countries participated in the development over many years
• Currently being required in many countries including Canada, Europe and Asia for laboratories
• Many laboratories in the United States are becoming accredited

ISO 15189

Divided into two parts;
• Management Requirements
  – Quality Management System
• Technical Requirements
  – Pre-Examination
  – Examination
    • Quality control
    • Proficiency testing
    • Traceability/Measurement uncertainty
  – Post Examination
  * Examination= Analytical
### Why ISO 15189

- Go above the minimum requirements
- Assure Continual Improvement
- Meet international requirements for accepting specimens from outside the USA

### Summary

- Key Indicators
- Surveys
- Process Improvements
- ISO 15189

### Questions

Kari Kostelecky,
Quality Assurance Manager, PAML,
kkostelecky@paml.com

### Resource

- P.A.C.E. credit may be obtained by submitting your completed evaluation form. You will find the form by clicking on the “handouts” icon in the upper right hand corner of your screen
- CE credit may be obtained by downloading the “Certificate of Completion” under the “handouts” icon
- PAML employees will be able to receive one hour of continuing education credit by submitting your attendance through CE Manager.

### Thank-you for Attending

- This webinar has been recorded and will be available by June 16th, on www.paml.com, under the Hospital Tab/Hospital Portal/Webinars heading
- We will be leaving the meeting open for 15 minutes to allow you to download the evaluation and handouts
- Our next webinar is planned for September 13th