



Atrium Health

**Leveraging Lean to Become Best-In-Class Lab Performer:
How We Built a New Core Lab While Integrating Lab
Operations and Helping Staff Embrace a New Culture**

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Carolinas HealthCare System Laboratory Scope of Services

CHS laboratory network provides testing services to acute care facilities (metro), Physician Practices both CHS and Non CHS (outreach), and free standing Emergency Departments.

Testing locations

- 12 Acute Care Hospitals
- 6 Free Standing ED Laboratories

Phlebotomy Services

- 19 Patient Services Centers (Locations for outpatient blood draws)
- 16 physician practices
- 21 skilled nursing facilities

Reference Laboratory Testing

- 2,978 providers located in 938 medical practices

Laboratory Departments

- 1) Hematology
- 2) Chemistry/Toxicology
- 3) Microbiology
- 4) Histology/Cytology
- 5) Blood Bank
- 6) Cytogenetics
- 7) Molecular Diagnostics
- 8) HLA Transplant
- 9) Coagulation

Background (2012)

The success of CHS overall and the Laboratory Outreach program have resulted in significant volume growth, which has created numerous operational challenges.

- CMC laboratory currently serves as an acute care lab and as the core lab for CHS Metro hospitals.
- The department has experienced 50% growth over the past five years.
- The volume of routine tests from physician offices has reached a level where the acute care needs of the CMC campus are being adversely affected.
- Growth has also resulted in testing being spread across five locations, presenting challenges to quality and efficiency.
- Lab functions at CMC and CMC-Mercy are rapidly outgrowing their facilities.

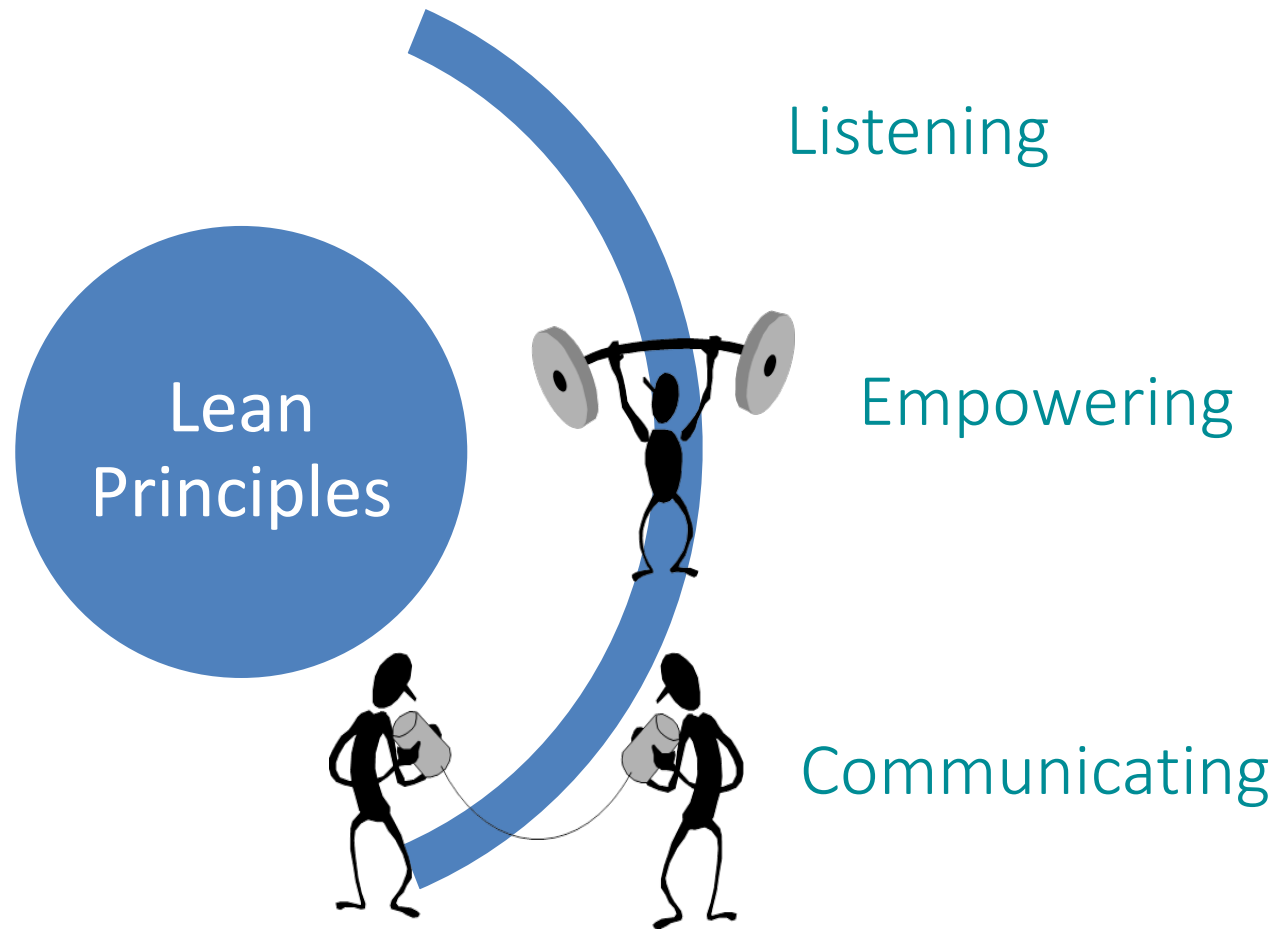
Cost of Benchmark Core Labs

	Tests (millions)	Capital Investment (millions)	Capital \$/Test	Difference
CHS	3.0	\$17	\$5.7	---
System A	3.5	\$29	\$8.3	46%
System B	3.8	\$44	\$11.6	104%
System C	1.8	\$75	\$42.0	637%

Core Lab's Theory



Design Process



3P Process Utilized

What is 3P?

People, Preparation, Process

3P is an event to develop and define a Lean equipment and supply chain logistics system before the start of implementation

Design/Planning Phase: Process Matrix Molecular

Process Matrix			KEY		C		SP		B	
			Technical Area		Processes					
					Rawlins BOCOP®	Male				
					CoPath Accutest	Male				
					Room Temp Storage	Male				
					-80 Storage	Male				
					Extension	Male				
					2nd -80 storage	Male				
					Testing	Male				
					Analyte	Male				
					DNA -80 Storage	Male				
					Blood Disposal	Male				
					CoPath Result	Male				
					SQ Result	Male				
					JWL Signout	Male				
					EHL Review	Male				
					Cell Sorting	Male				
					RT Storage	Male				
					-80 storage PPT	Male				
					2nd review	Male				
					Send to cytotech	Male				
					Send to Pathologist	Male				
					Receive	Immuno				
					Centrifuge	Immuno				
					Order and or register	Immuno				
					Alliquot	Immuno				
					Log in logbook	Immuno				
					Order in Copath	Immuno				
					Extract DNA	Immuno				
					Gel Set-Up	Immuno				
					Test of Flow Cytometer	Immuno				
					Thawing Cytos	Immuno				
					Testing (Tissue Typing)	Immuno				
					Alpha Inhiber	Immuno				
					Manual Set-Up	Immuno				
					Store in Fridge/Freezer	Immuno				
					Manual Wash	Immuno				
					Result	Immuno				
					Fac and cell with results	Immuno				
					Freeze Sample	Immuno				
					Accession Medgle	Cyto				
					Process	Cyto				
					Culture	Cyto				
					Harvest	Cyto				
					Slides	Cyto				
					Slide treat	Cyto				
					Hybrid	Cyto				
					Post wash	Cyto				
					Analyse	Cyto				
					Digital Image	Cyto				
					Karyotyping	Cyto				
					Result entry Medgle	Cyto				
					Interpretation/result	Cyto				
					Scanning	Cyto				
					Specimen storage	Cyto				
					Culture Storage	Cyto				
					Slide storage	Cyto				
					Disposal	Cyto				
					Process Receive	Micro				
					Filtration	Micro				
					Plate Non Hood	Micro				
					Prep Bandit?	Micro				
					Cyto Centrifuge (mycology room)	Micro				
					Incubate	Micro				
					Hood Aliquot (Incubated)	Micro				
					Hood Aliquot (Mycology room)	Micro				
					Hood Aliquot (T1 room)	Micro				
					Stone Room Temp	Micro				
					Stone Refrigerator	Micro				
					Non Hood Plating	Micro				
					Anaerobic testing	Micro				
					PCR Bench Process + Amplify	Micro				
					Hood plate and gram stain	Micro				
					Wasp	Micro				
					Test Bench and Report	Micro				
					Scan Micro Setup Time (M87)	Micro				
					Special Micro test for positive test	Micro				
					Incubate ambient air	Micro				
					6-7% CO2 Incubator	Micro				
					Read Day 1	Micro				
					Isolate and Reinoculate	Micro				
					Back test	Micro				
					Ther Result	Micro				
					Gram Stain	Micro				
					Auto ID Micro scan ID and/pr susceptibility	Micro				
					Manual ID and/or susceptibility	Micro				
					Pasting hood	Micro				
					Read Day 2 and day 3 and.....	Micro				
					Report	Micro				
					MHA/TP	Micro				
					Disposal of plates	Micro				
					Storage of specimen Refrigerator 7 days	Micro				
					Disposal of specimen.	Micro				
					24 hour storage of what?	Micro				
					EPSPCR Positive storage 7 days	Micro				
					Freezer storage of Stock	Micro				
					Room Temp Storage 7 days	Micro				
					Negative Pressure Room	Micro				
					Refrigerator Storage 36 deg	Micro				
					Hood (Concentration, Prep, Inoculate)	Micro				
					Centrifuge	Micro				
					Incubate 36 deg	Micro				
					Incubate 30 deg	Micro				
					Might Read	Micro				
					Manual Read (immediates)	Micro				
					Bench	Micro				
					Send to state public health lause	Micro				
					Slide Heater	Micro				
					Gayco Blender	Micro				
					Store Simla 2 days 36 deg Incubator and autoclave	Micro				
					Disposal	Micro				
					Freeze Stock	Micro				
					Send out	Micro				
					Incubate ambient air	Micro				
					6-7% CO2 Incubator	Micro				
					Read day 1	Micro				
					Read day 2	Micro				
					Manual ID	Micro				
					Report	Micro				

Molecular/Microbiology

Objective

Identify opportunities to share common resources in the Lab in order to improve quality and improve patient care

Potential shared resources For Micro, Molecular, Cytogenetics and Immunology Specimen Families

Pre Analytical

- Pre-Amplification
- Isolation
- -80 deg storage
- RT storage

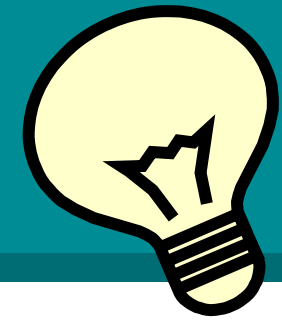
Analytical

- Dark Room
- Nitrogen
- CO2
- Benches
- QC
- 2-8 Deg Storage
- Amplification
- PCR Setup

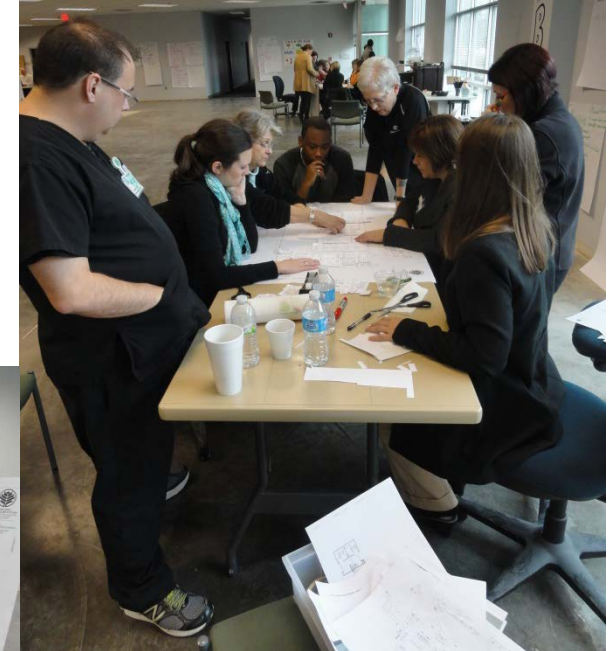
Post Analytical

- Waste
- RT Storage
- -80 Deg Storage
- Post Amplification

Molecular	Frozen Virology
Molecular	Molecular Oncology
Molecular	HPV Virology
Molecular	Genetics
Molecular	RT Virology/Histo
Cytogenetics	FISH
Cytogenetics	Conventional Karyotyping
Immunology	Flow Cytometry
Immunology	Tissue Typing
Immunology	Donor Typing
Microbiology	Urine
Microbiology	Serology
Microbiology	MRSA
Microbiology	Blood
Microbiology	Blood
Microbiology	Aerobic (Hood Samples)
Microbiology	Anaerobic
Microbiology	Strep BBS
Microbiology	Stool Kit
Microbiology	Stool Culture
Microbiology	TB
Microbiology	Mycology
Microbiology	Virology
Microbiology	Water Testing



Ideas in Motion!



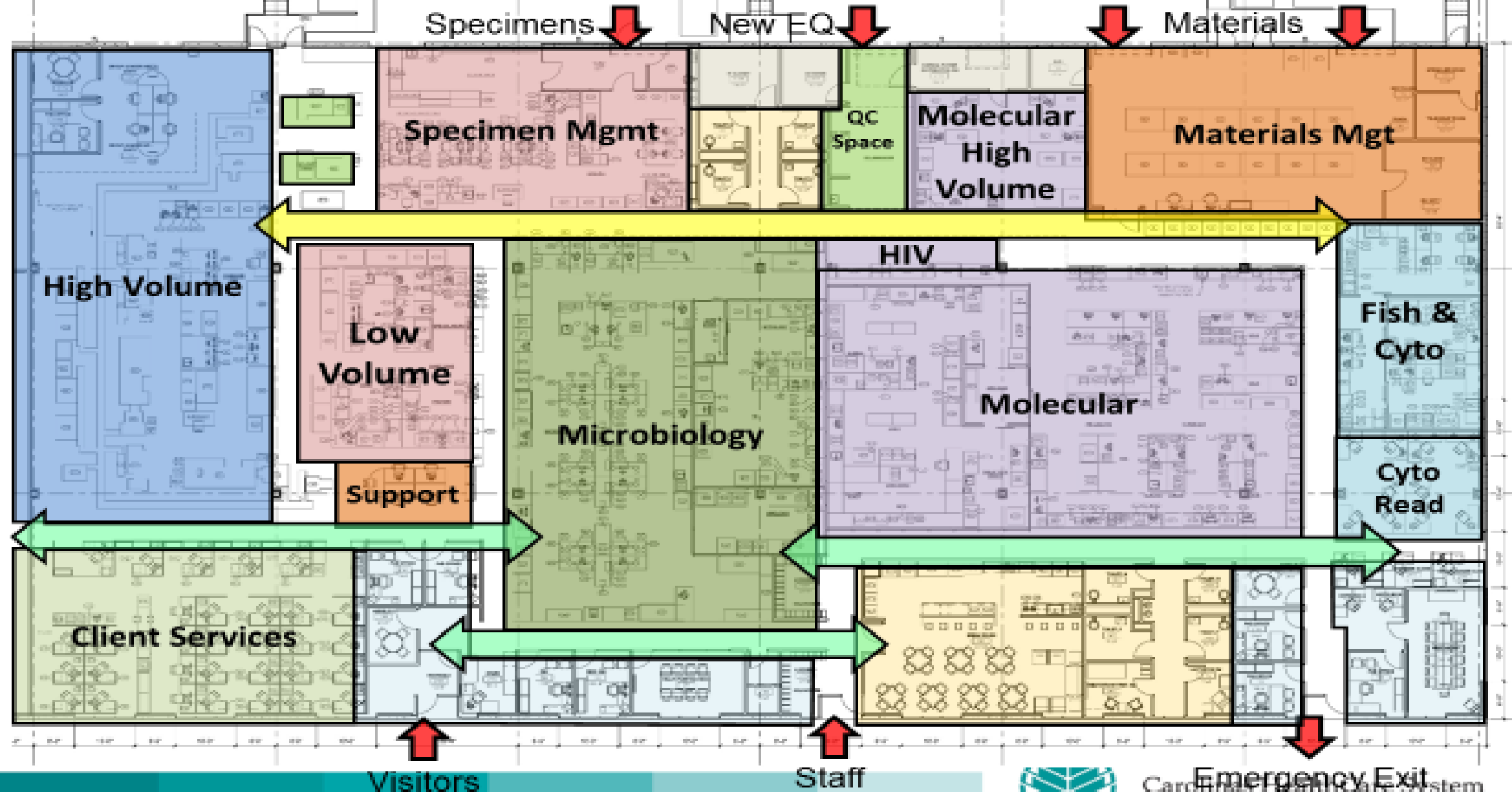
Finally Making Sure the Space is Right!



2013 Core Lab 3P Schedule

- 6/17 – 6/21 Molecular, Cytogenetics, Immunology
- 7/15 – 7/18 Receiving
- 7/29 – 8/2 Chem/Heme high volume
- 8/12 -8/16 Chem/Heme low volume, Serology, Blood Bank
- 9/9 – 9/13 Microbiology
- 10/14 – 10/18 Employee spaces, Leader areas
- 10/28 – 11/1 Waste Stream, Materials Management, Storage
- 11/11 – 11/15 Client Services, Logistics, Sales, Marketing
- 12/2 – 12/6 Core Lab Master Layout

Master Layout Schematic Design



Specimen Flow Distances

Flow	Before (feet)	After (feet)	% Improved
High Vol Chem / Heme	1189	210	82%
Low Vol Chem / Heme	1081	265	75%
Micro - Urine	1619	260	84%
Micro - Gram Stain	1008	205	80%
Molecular - CF	2652	327	88%
Immunology – PRA	2338	293	87%
Cytogenetics – Bone Marrow	2800	339	88%

Recap of All 3P Events

9 Events

176 Days

39 Departments

103 Lab Teammates

138 CHS Teammates

1,976 Years of Experience

5,692 Hours of Design Time

Great Design!



Atrium Health

Lean Management Structure

October 2018

Our Concept for Core Lab

- Maximize quality, service, efficiency
- Maximize flow – specimens; materials; people; information; waste
- Eliminate Defects – specimens; orders; accurate results; on-time results
- To develop a culture of continuous Improvement

Our Challenge for Core Lab

- Implementing a management system to sustain continuous improvement
- Overcome current operational practice and thinking
- Leaders and teammates adopting the new way of thinking
- Building trust to facilitate open communication about opportunities to improve

Addressing the Challenge

- Our leadership model is derived from the approach used by Toyota Production Systems piloted in a clinical setting elsewhere
 - Directors
 - Group Leaders
 - Team Leaders
- Our model relies on team leadership to drive change
- The Team Leader plays a key role in our day-to-day operations
- The Group Leader supports the Team Leader

Our Operating System Elements

- People
 - Teammate Development
 - Standard Work
 - Team Structure
 - Staffing to Model
 - Leader Standard Work
 - Cross Training
- Process
 - Huddle
 - Andon
 - Visual Controls
- System
 - Problem Solving
 - Schedule
 - Audits
 - Point-of-Use Materials

Our Leadership Principles

- **Patients first, always**
- **Value is defined by the patient**
- Maintain **continuous flow** – level out the workload to the extent practical
- **Use visual controls** so that problems are easily seen
- Ensure **quality is right the first time** by stopping to fix problems
- **Go and see** yourself to thoroughly understand the situation
- **Implement technology judiciously**; automating a poor process is unlikely to result in improvement
- **Develop exceptional people** and teams through a relentless **focus on daily improvement**

Teammate Role

- Follow standard work without exception
- Pull the Andon immediately if unable to perform standard work
- Continuously identify ways to **improve processes**
- Participate actively in daily huddle
- Ensure safety and quality
- Daily upkeep of work area

Team Leader Role

- **Minimize process stops by solving problems**
- **Own, train, and develop standard work**
- **Audit standard work and processes daily for deviation from standard**
- **Lead real-time practical problem solving**
- Focus on safety through 5s and visual control audits
- **Own the training and development of teammates**
- Cover gaps for call ins, project time, personal needs, any unexpected team member absence
- **Develop staff skills in standard work and problem solving**
- Maintain 5s – Workplace organization
- Ensure shift-to-shift communication
- Understands the pulse of the team

Group Leader Role

- Performs basic administrative functions, including budget preparation and human resources duties such as hiring, performing evaluations and corrective action
- **Lead daily huddles**
- **Minimize process stops by solving issues**
- Ensure standard work audits are completed daily. Audit one process each week
- **Lead advanced practical problem solving to include A3**
- Focus on safety through 5s Gemba walks with team leaders
- **Develop staff skills in standard work and problem solving**
- Communicates to staff shift-to-shift about important process specific safety/quality issues

Benefits of Our Structure

- Provides for **daily** coaching and mentoring of teammates by Team Leaders
- **Daily** confirmation that standardized work is being followed
- Enhances teammate development and training – **all shifts**
- **Develops trust** and results in high performing teams
- Provides a high level of support for teammates
- Improves problem solving – teammates participate in **real-time problem solving**
- **Drives** the cultural and organizational requirement to sustain Continuous Improvement

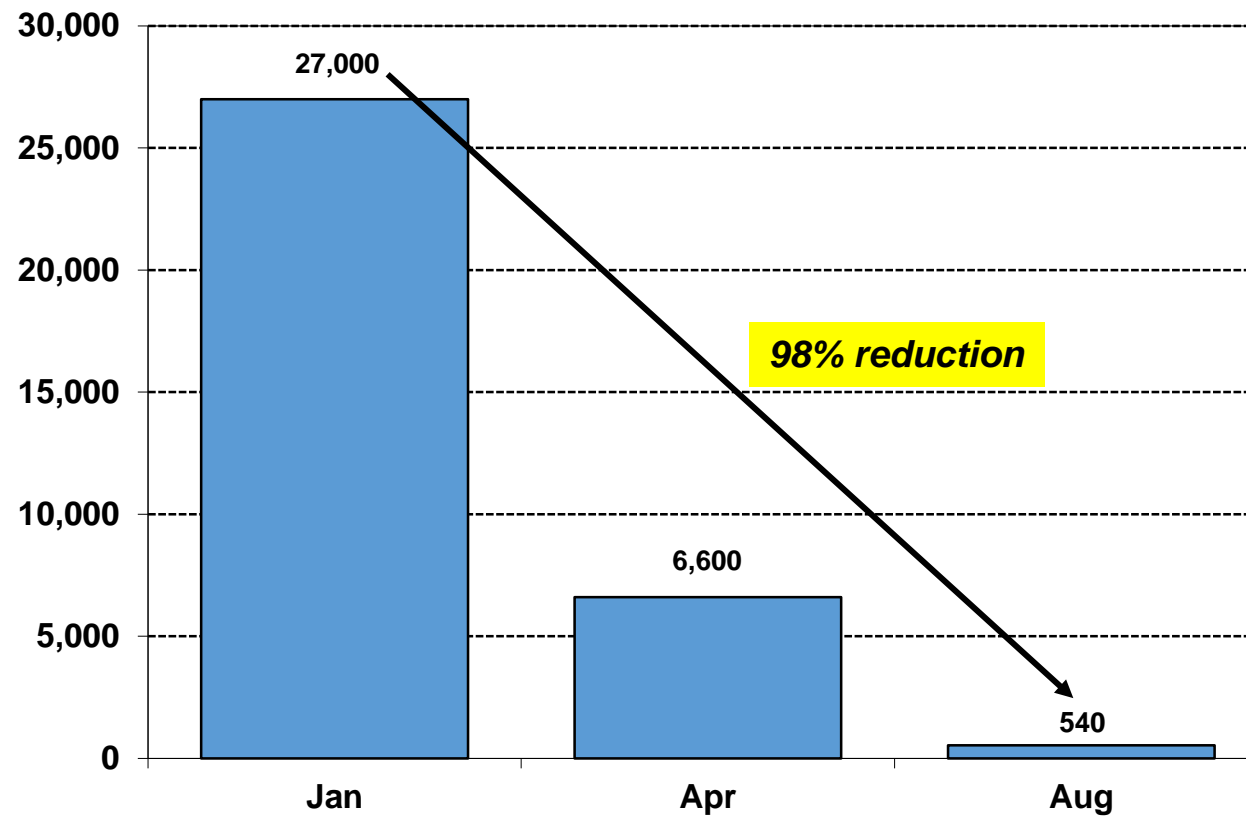


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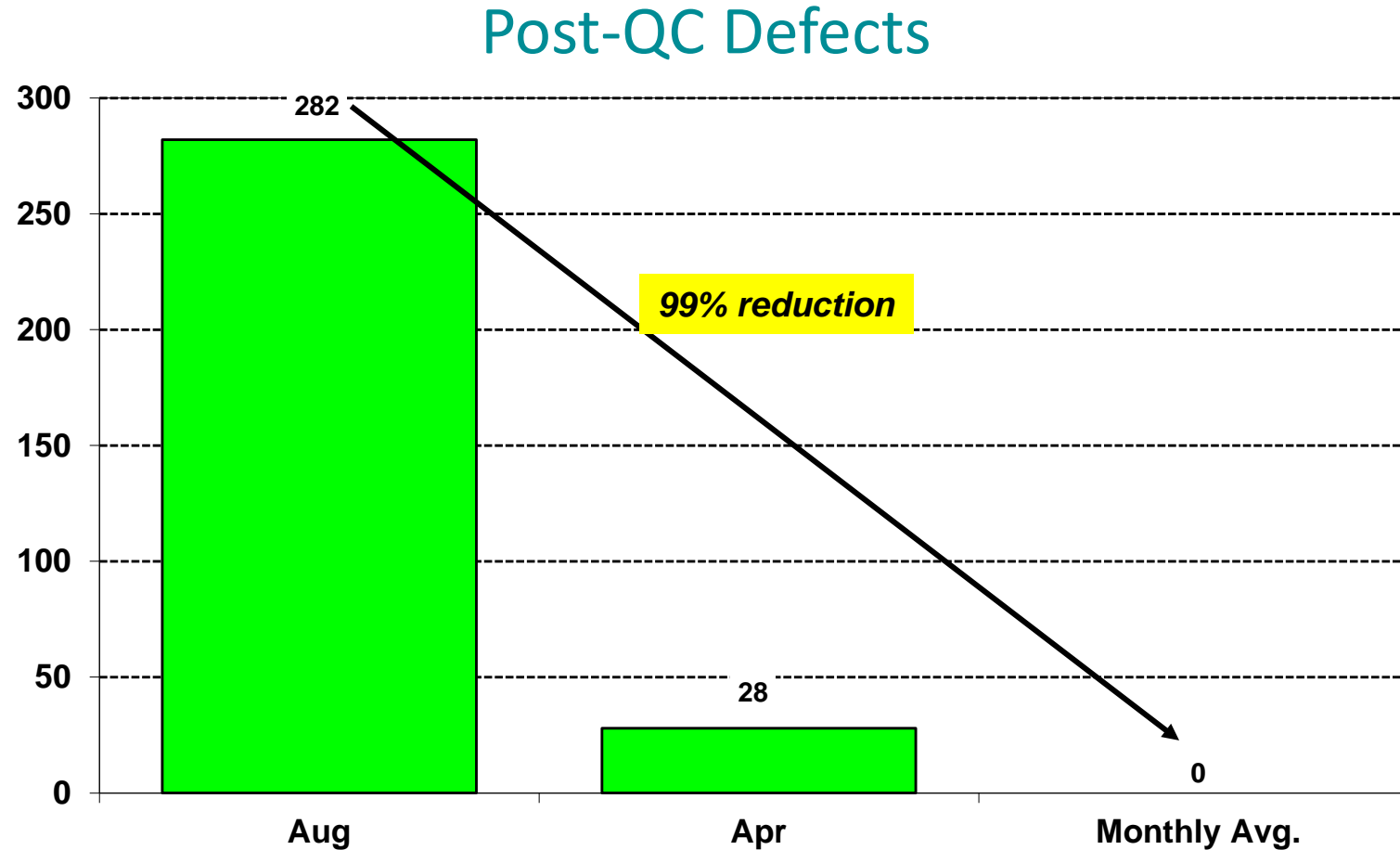
Highlights of Outcomes

Some Outcomes of Our Structure

Pre-analytic Defects
2015 - 2018



Specimen Management Defect Reductions



Turnaround Time Improvements

	Jan. 2015	Jul. 2017	Reduction (days)	Improvement
<i>Microbiology - Collect to Result (days)</i>				
Urine cultures	1.76	1.40	(0.36)	20.5%
Blood cultures	4.60	2.40	(2.20)	47.8%
Fluid cultures	5.79	3.90	(1.89)	32.6%
Spinal fluid cultures	5.74	1.50	(4.24)	73.9%

Visual Management



Using visual management to ensure specimens route where they need to go timely and to ensure the right specimens are placed in the appropriate storage conditions.

Quality & Sustainment

Process audits are done weekly each shift to ensure that we continue to follow the standard work or SOP and to identify gaps in process and correct to ensure better quality.

For each defect that occurs, we perform a 5-Why problem-solving to try to solve the root cause of what caused the issue.

Standard Process Audit

Department or Area Audited: Specimen Management

Month and Year of Audit: March 2016

Specific Process Audited: non-IDX/IDX Order Entry

Person Audited: TB SD NC NC

Auditor Initials: TP TP ER ER

Date of Audit: 3/21 3/21 3/22 3/22

3/28 3/30

	O	X	---
	Std	Non-Std	N/A
Are the standard work charts visible?	O	O	O
Are the standard work charts up to date?	O	O	O
Is the process staffed properly per procedure?	O	O	O
Is the proper sequence of work being followed?	O	X	X
Are the walk or flow patterns being followed?	O	O	O
Are the cycle times being hit for each process step?	O	O	O
Is the overall cycle time being achieved?	O	O	O
Are all items in their proper marked-off location?	O	O	O
Are all targets and goals updated and posted?	O	O	O
Is management auditing the standard work process?	O	O	O

Note: Whenever an "X" is placed in a box, the corrective action should be taken before the end of the shift by the leader.

Audit Procedure

1. Check one job per day per team
2. Check different person on the job each week
3. Check person for 5 straight cycles
4. If person checked is following Std Work place an "O" in the designated block
5. If person audited is NOT following Std Work, place an "X" in the box & list the cause in the comments section

Comments:

3/21 ~ Did not see teammate recommended highlighting name to ensure pt info checked; also reviewed proper highlighting technique to prevent missed tests

3/22 ~ Teammate did not enter "chartmap" comment

3/30 ~ Surgequest froze & affected cycle time for one cycle. Other two cycles were fine

Realtime Problem Solving

Purpose of 5 Why's: On February 10th, Lisa ordered 2 wrong microbiology tests over a target of 0

Problem Statement: 2 wrong tests

Actual Baseline: 2 wrong tests

Target or Goal: 0 wrong tests

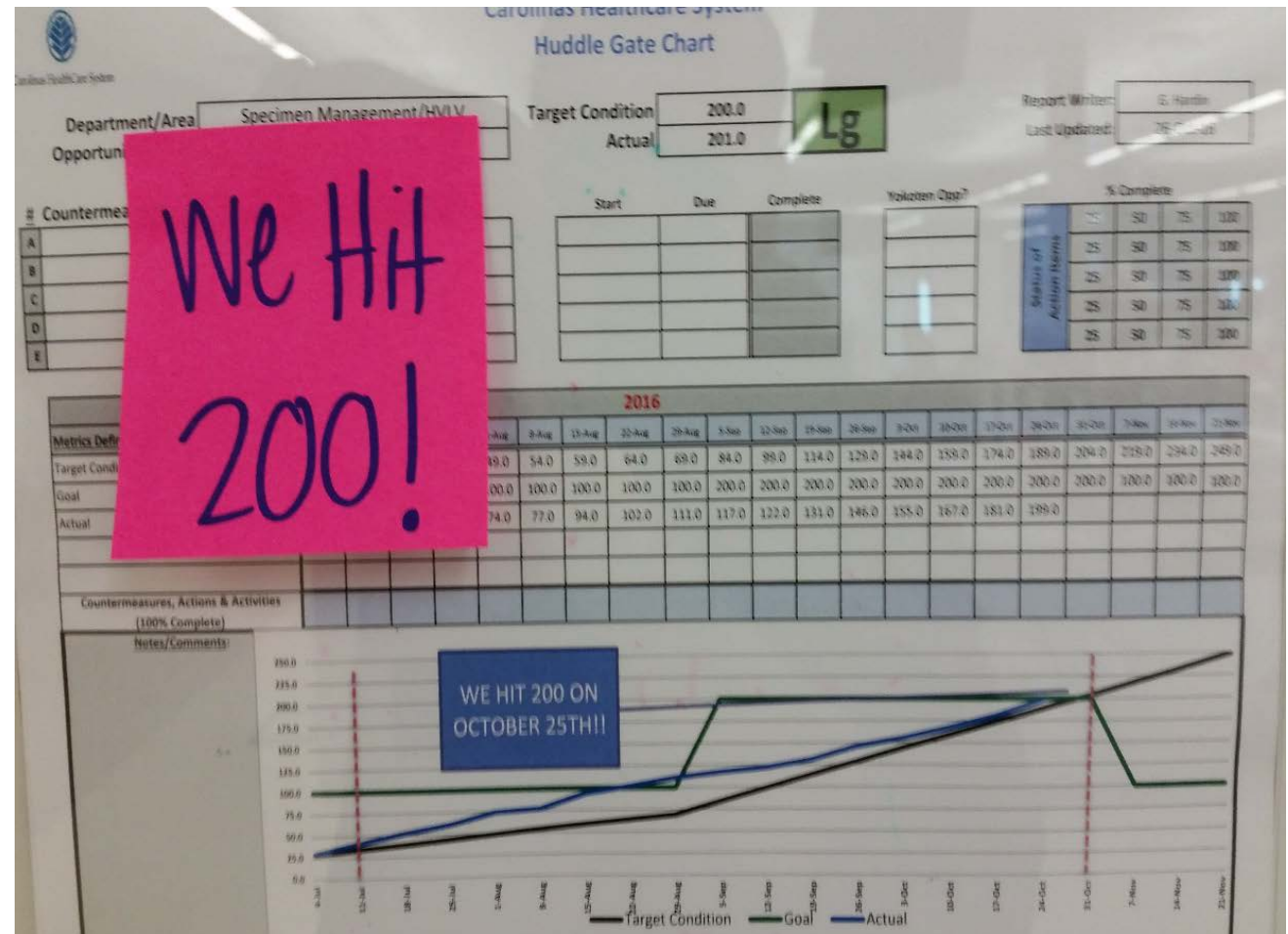
Background: Request for Stool Cx & Crypto/Giardia screen, Teammate ordered C.diff and OVPA 2.

5 Why's	Direct Cause 1:	Direct Cause 2:	Direct Cause 3:
Why-1	Teammate thought she ordered correct tests	Did not type the correct test codes	Teammate did not use resources avail. (Andon, magnifier, Job Aide, etc.)
Why-2	Numbers (charge codes) on reg. typed those	Tests checked are small (Two tests in one box)	
Why-3	Team Leader asked teammate to look closer	Micro section on new reg. has more tests than old reg.	
Why-4			
Why-5			
Root Cause:	SEE Direct Cause 2	Micro section on new reg. not visually user friendly.	
Countermeasure: (what, who and when)		Utilize Micro Job Aide (much larger copy).	Pull Andon & use magnifier consistently
Test:			
Communication plan:	Make sure all teammates are aware of and using Micro Job Aide.		

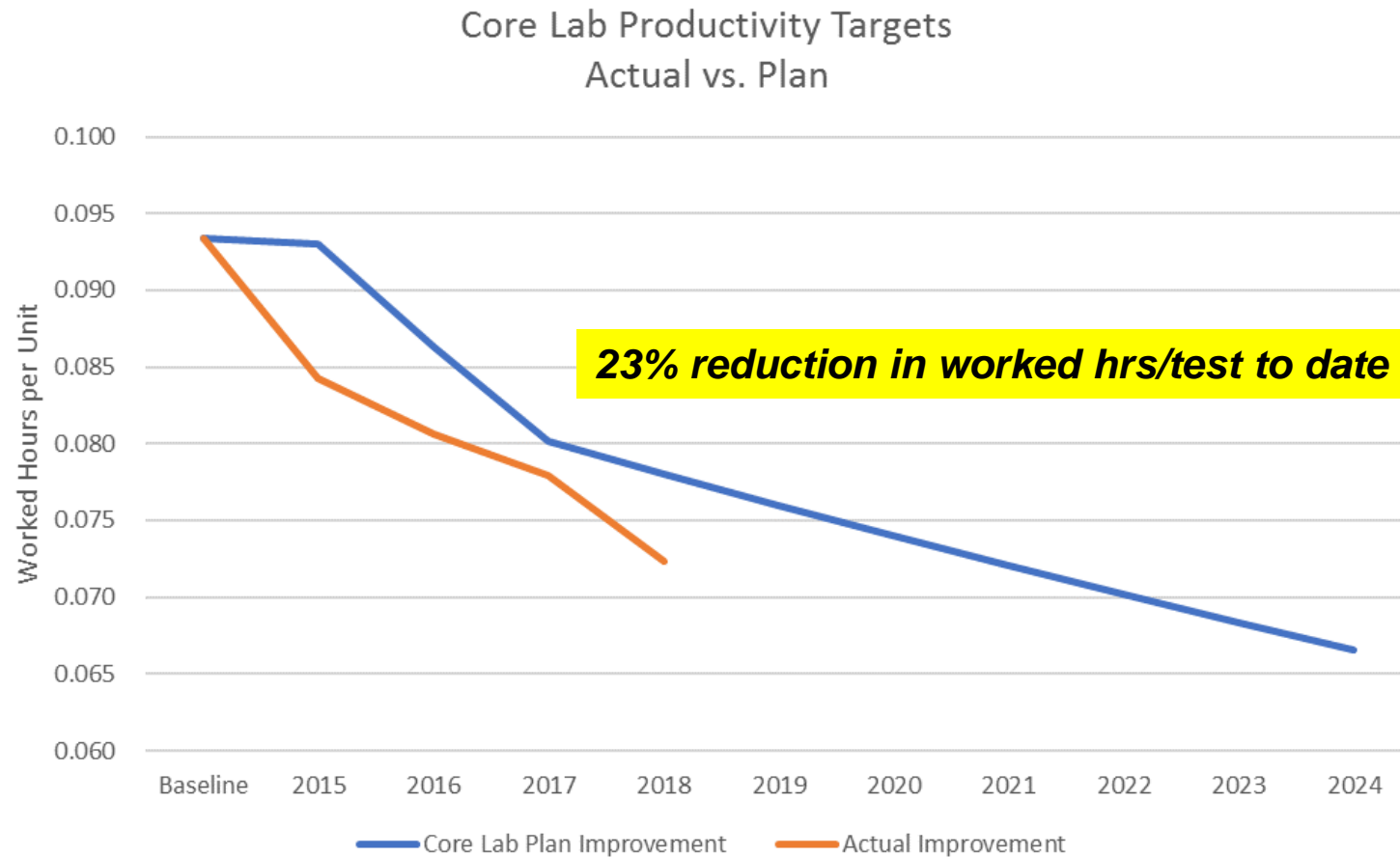
Category: Huddle

Continuous Improvement

Teammates in specimen management and high/low volume Chemistry and Hematology have accomplished over 200 continuous improvement activities in a 4 month period! The activities have improved safety, quality, delivery and cost for our patients and physicians! Additionally, they have built more cohesive, engaged teams.



Productivity Gains



Summary

- A system of continuous improvement is important
- Our Continuous Improvement structure is the foundation for our on-going success
- Leadership provides the day-to-day structure and focus
- Team Leaders are key to our success
- Teammate's continual engagement in the improvement process is essential

Questions



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