Promised TAT as a Key Performance Indicator: All the Secrets and Successes of Making it Work

Stephanie Moravec, MPH
September 19, 2013
Why are we here...

- Objectives
  - Demonstrate how published turn-around-time (PTAT) is a reflection of the internal and external customer voice.
  - Share best practices of PTAT data management and customizing the metric to fit you and your customers’ needs.
  - Explore the process of translating a static metric to a dynamic action plan/continuous improvement opportunity
Why are we here...

- Take Aways
  - Insights into choosing a goal and metric based on the voice of the customer.
  - Methods to utilize standard work in managing published turn-around-time (PTAT) metrics.
  - The importance of recognizing why tests miss their PTAT, how to track this data, and ways to make data actionable.
  - A mechanism to identify and ask for help in addressing road blocks to achieving PTAT goals.
  - Real lessons learned regarding the challenges and successes around the implementation of percent made PTAT as a Key Performance Indicator (KPI).
BloodCenter of Wisconsin, Inc.

**Mission:**
BloodCenter of Wisconsin advances patient care by delivering life-saving solutions grounded in unparalleled medical and scientific expertise.

**Vision:**
Together we will become the blood center without equal, discovering new ways to save more lives.

**Values:**
- **Excellence** – To strive to be the best
- **Integrity** – To bring honesty and responsibility to all we do
- **Learning** – Dedication to acquire and share new knowledge and skills
- **Respect** – To affirm each person’s dignity and worth
- **Innovation** – To create new knowledge and solutions
- **Service** – To anticipate and exceed customer expectations
Multifaceted Care

• **Blood Services**
  - BloodCenter provides a safe and stable blood supply for hospitals. We also provide testing and consultation services that help transform a unit of blood into a life-saving gift.

• **Diagnostic Laboratories**
  - Provides specialized testing and expert consultation for hospitals and physicians so they can diagnose blood disorders, diagnose genetic disorders, and match transplant patients with donors.

• **Medical Sciences Institute**
  - Dedicated to advancing adult and pediatric non-malignant hematology and transfusion medicine through patient care, clinical research, and education of physicians.

• **Blood Research Institute**
  - A premier center for the investigation of blood-related diseases and conditions like sickle cell disease and hemophilia. For more than 65 years, the Blood Research Institute (BRI) has advanced scientific breakthroughs that have helped patients suffering from heart disease, stroke, cancer, immune system disorders, blood diseases.

• **Organ and Tissue Donation**
  - BloodCenter assists life-saving transplantation services, provides education to enhance the lives of patients and offers guidance and comfort to donor families.
Diagnostic Laboratories

• Use innovative tests and unparalleled expertise to help physicians deliver better care to the patient.

• Comprised of multiple areas of expertise
  • Hematology Lab
  • Histocompatibility Lab
  • Immunohematology Reference Lab
  • Molecular Diagnostics Lab
  • Molecular Oncology Lab
  • Platelet Immunohematology Lab
  • Transfusion Services (located in Children’s Hospital of Wisconsin)

• Product Development Lab
• Applied Research Lab
One day Alice came to a fork in the road and saw a Cheshire Cat in a tree.

“Which road do I take?” she asked.

“Where do you want to go?” was his response.

“I don’t know,” Alice answered.

“Then,” said the cat, “it doesn’t matter.”

Excerpt from *The Adventures of Alice in Wonderland*

If you don’t know where you are going, any road will get you there.

~Lewis Carroll
Contents

Prologue...
Chapter 1............2008
Chapter 2............2009
Chapter 3............2010
Chapter 4............2011
Chapter 5............2012
Chapter 6............2013
Epilogue...

Establish the Voice of the Customer
Take Action
Monitor Progress toward your Goal
Find your foundation…

Everything we do starts and ends with patient care:
Establish the Voice of the Customer

- Define your customer
- Choose a tool to capture the voice of your customer. The tool should:
  - Capture the wants and needs of your customer
  - Assess the gap between your services and your customers’ requirements
  - Be easily accessible to the customer

http://www.b2bmarketing.net/
Taking Action on What You’ve Heard and Learned

• Use the results of your assessment tool to create a goal
• Your Goal should:
  • Bridge the gap between the service you’re currently providing and the needs of your customer
  • Be supported from the executive to the staff level
  • Be S.M.A.R.T.
S.M.A.R.T.

<table>
<thead>
<tr>
<th>Your goal should be...</th>
<th>Or in other words...</th>
</tr>
</thead>
<tbody>
<tr>
<td>S Specific</td>
<td>Goal should be clear and precise, not fuzzy and vague</td>
</tr>
<tr>
<td>M Measurable</td>
<td>Goal should be tangible enough that it can be measured simply and with appropriate frequency without significant effort</td>
</tr>
<tr>
<td>A Attainable</td>
<td>Set realistic goals. They shouldn’t be so big that they seem impossible</td>
</tr>
<tr>
<td>R Relevant</td>
<td>Set goals that challenge you but fit within the “bigger picture” of your Lab and DL and BCW</td>
</tr>
<tr>
<td>T Timely</td>
<td>Make your goals fit into a manageable time frame.</td>
</tr>
</tbody>
</table>

Approach goals with a “From _____ to _____ by ______” mentality.
Monitor your progress toward your goal

• Select a metric
  • Easy to manage
  • Quick to retrieve

• Display the metric
  • Reviewed frequently
  • Owned on the bench level

• Establish process to support progress toward the goal
  • Celebrate successes
  • Celebrate and learn from failures

http://www.nrepp.samhsa.gov/Courses/ProgramEvaluation/NREPP_0406_0070.html
Contents

Prologue...

Chapter 1...........2008
Chapter 2...........2009
Chapter 3...........2010
Chapter 4...........2011
Chapter 5...........2012
Chapter 6...........2013
Epilogue...

Voice of the Customer
TAT Metric
Diagnostic Labs’ Customer Feedback (VOC)

- **VOC:** 14% of customers said their TAT expectations were not met; Quick TAT is critical because it is needed to deliver timely and well-informed care to patients.

- **Established Baseline:** In Q4 of 2008, the Diagnostic Labs:
  - Met 83.4% of their published TAT
  - Had an overall average TAT of 4.2 days

- **Identified Need:** Focus on and improve on TAT

- **Resulting Goal:** Improve DL average TAT for results by 25%, from 4.20 days to 3.15 days by 12/31/2009.

- **Metric:** Average TAT in days
Contents

Prologue...

Chapter 1.............2008

Chapter 2.............2009

Chapter 3.............2010

Chapter 4.............2011

Chapter 5.............2012

Chapter 6.............2013

Epilogue...

Strategy Deployment
Capturing, Maintaining, and Displaying the Data
Driving Progress
January 2009 – Changing the Approach

- Launched Strategy Deployment
  - Uses key strategic initiatives to establish growth
  - Enforces a monthly review of performance
  - Tracks this performance using Key Performance Indicators (KPIs)

- Impact on TAT: Tracked as % Made PTAT instead of average TAT
January 2009 – Capturing the Data

- LIS System (Cerner) Report
  - Testing Lab
  - Test Name
  - Client
  - Patient Name and/or Accession Number
  - Contributor System (interface, manual, etc)
  - Order Date
  - Receipt Date
  - Completed Date
April 2009 – Managing the Data

“Pushing the button”

TAT Analysis

- Order Items Excluded from TAT Report
- Organizations Excluded from TAT Report
- Import Utilities
- Database Limitations
- Back
June 2009 - Reason Codes

- Lab staff began to enter pre-determined reason codes *for each test that missed* into the DL TAT Access Database
- Pareto the reason codes overall or by lab
Pareto Chart of Reason Codes Jan to Aug 2013
2009 - Displaying the Metric

• Monthly summary
• Strategy Deployment presentation
  • Overall Monthly Line Chart
  • Individual monthly breakdown
  • Individual 3 month rolling average
2009 – Driving the Progress

Rewarding the Positive

• Individually celebrated labs that made monthly goal in SD

• Individually awarded “Trophy” to lab with best 3 month rolling-average RA

Enforcing Accountability

• Individually put labs that did not meet goal into Countermeasure
2009 - Driving the Progress

**Benefits**
- Fostered “healthy” competition between labs
- Drove the message of TAT at the staff level
- Helped get staff engaged in process improvements

**Drawbacks**
- One or two labs tended to win the bowl every month
- Didn’t consider the support teams helping to make the process improvements
- Monthly award intervals penalized the labs with long term solutions
- Enforced silos
2009 % Made PTAT Line Chart
Contents

Prologue...
Chapter 1..........2008
Chapter 2..........2009
Chapter 3..........2010
Chapter 4..........2011
Chapter 5..........2012
Chapter 6..........2013
Epilogue...

Adjusting the Goal
2010 – Adjusting the Goal

2010 DL % Made PTAT by Month

Month | Percent Made PTAT
--- | ---
Jan-10 | 85.30%
Feb-10 | 94.00%
Mar-10 | 94.50%
Apr-10 | 92.70%
May-10 | 94.70%
Jun-10 | 94.00%
Jul-10 | 94.20%
Aug-10 | 94.40%
Sep-10 | 96.70%
Oct-10 | 95.30%
Nov-10 | 96.20%
Dec-10 | 98.00%

Actual
Goal
Contents

Prologue...
Chapter 1............2008
Chapter 2............2009
Chapter 3............2010

Chapter

4...............2011

Chapter 5............2012
Chapter 6............2013

Epilogue...

Adjusting the Goal
2011 – Adjusting the Goal

2011 DL % Made PTAT by Month

- January 2011: 95.80%
- February 2011: 95.80%
- March 2011: 96.30%
- April 2011: 96.70%
- May 2011: 95.80%
- June 2011: 95.80%
- July 2011: 95.50%
- August 2011: 94.60%
- September 2011: 95.40%
- October 2011: 96.60%
- November 2011: 96.00%
- December 2011: 96.10%

- Actual
- Goal
January 2012 – Adjusting the Goal

- Incremental increase in PTAT goal each quarter
- Ended the Trophy award
Weekly Pulse...

<table>
<thead>
<tr>
<th>DL</th>
<th>HEM</th>
<th>HLA-Overall</th>
<th>HLA-SBT</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>2073</td>
<td>668</td>
<td>479</td>
</tr>
<tr>
<td>TAT</td>
<td>2.8</td>
<td>3.2</td>
<td>3.9</td>
</tr>
<tr>
<td>% Made</td>
<td>98.1%</td>
<td>98.4%</td>
<td>97.5%</td>
</tr>
<tr>
<td>% Exceed</td>
<td>1.9%</td>
<td>1.6%</td>
<td>2.5%</td>
</tr>
<tr>
<td># Made</td>
<td>2033</td>
<td>657</td>
<td>467</td>
</tr>
<tr>
<td># Exceed</td>
<td>40</td>
<td>11</td>
<td>12</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>IRL</th>
<th>MDL</th>
<th>ONC</th>
<th>PNIL</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>34</td>
<td>100</td>
<td>92</td>
</tr>
<tr>
<td>TAT</td>
<td>1.5</td>
<td>2.9</td>
<td>5.7</td>
</tr>
<tr>
<td>% Made</td>
<td>94.1%</td>
<td>100.0%</td>
<td>100.0%</td>
</tr>
<tr>
<td>% Exceed</td>
<td>5.9%</td>
<td>0.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td># Made</td>
<td>32</td>
<td>100</td>
<td>92</td>
</tr>
<tr>
<td># Exceed</td>
<td>2</td>
<td>0</td>
<td>15</td>
</tr>
</tbody>
</table>

**CCR**

<table>
<thead>
<tr>
<th>N</th>
<th>Avg TAT</th>
<th>%Made</th>
<th>%Exceed</th>
<th>#Made</th>
<th># Exceed</th>
</tr>
</thead>
<tbody>
<tr>
<td>45</td>
<td>6.1</td>
<td>95.6%</td>
<td>4.4%</td>
<td>43</td>
<td>2</td>
</tr>
</tbody>
</table>

CCR data is already included in the individual and overall lab totals. This box breaks out the CCR data to give a snapshot of its impact on the overall DL total.
July 2012 – Monthly Report

- Overall made PTAT p-chart
- Individual and overall laboratory dashboard
- Individual lab p-chart
- One section for each lab highlighting “top 3” tests
  - Bar chart
  - Histogram
  - Analysis
### Streamline the Calculations

#### DL

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>N</strong></td>
<td>=SUM(F3,I3,F11,L11,C11,I11)</td>
</tr>
<tr>
<td><strong>TAT</strong></td>
<td>=AVERAGE('Clean Data'!G:G)</td>
</tr>
<tr>
<td>% Made</td>
<td>=1-C6</td>
</tr>
<tr>
<td>% Exceed</td>
<td>=C8/C3</td>
</tr>
<tr>
<td># Made</td>
<td>=SUM(F7,I7,F15,L15,C15,I15)</td>
</tr>
<tr>
<td># Exceed</td>
<td>=SUM(F8,I8,F16,L16,C16,I16)</td>
</tr>
</tbody>
</table>

#### IRL

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>N</strong></td>
<td>=COUNTIF('Clean Data'!A:A, &quot;IRL&quot;)</td>
</tr>
<tr>
<td><strong>TAT</strong></td>
<td>=AVERAGEIFS('Clean Data'!G:G, 'Clean Data'!A:A, &quot;IRL&quot;)</td>
</tr>
<tr>
<td>% Made</td>
<td>=1-C14</td>
</tr>
<tr>
<td>% Exceed</td>
<td>=C16/C11</td>
</tr>
<tr>
<td># Made</td>
<td>=C11-C16</td>
</tr>
<tr>
<td># Exceed</td>
<td>=COUNTIFS('Clean Data'!$A:$A, &quot;IRL&quot;, 'Clean Data'!$H:$H, &quot;exceed tat&quot;)</td>
</tr>
</tbody>
</table>
## Test Specific Formulas

<table>
<thead>
<tr>
<th>HEM</th>
<th>VWF Multimers</th>
<th>VWF Antigen</th>
<th>VWF Ristocetin</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>N</td>
<td>N</td>
</tr>
<tr>
<td></td>
<td>Avg TAT</td>
<td>Avg TAT</td>
<td>Avg TAT</td>
</tr>
<tr>
<td></td>
<td>%Made</td>
<td>%Made</td>
<td>%Made</td>
</tr>
<tr>
<td></td>
<td>%Exceed</td>
<td>%Exceed</td>
<td>%Exceed</td>
</tr>
<tr>
<td></td>
<td>#Made</td>
<td>#Made</td>
<td>#Made</td>
</tr>
<tr>
<td></td>
<td># Exceed</td>
<td># Exceed</td>
<td># Exceed</td>
</tr>
<tr>
<td></td>
<td>Av Exceed</td>
<td>Av Exceed</td>
<td>Av Exceed</td>
</tr>
</tbody>
</table>

### VWF Multimers

- **N** = `COUNTIFS('Monthly Data'!$B:$B,"\"wf multimer\"",'Monthly Data'!$A:$A,"Hem")`
- **%Made** = `(C7/C3)*100`
- **%Exceed** = `100-C5`
- **# Made** = `C3-C8`
December 2012 – Planning for 2013

- Revisited the KPI Goal
  - How S.M.A.R.T is it?
  - Unified approach to tracking and countermeasuring
- Introduction of the “Alignment Diagram”
- Conducted our first Operational Retreat
- Built a new Support Analyst Team
  - Centralized data analysis
  - Comprehensive approach

<table>
<thead>
<tr>
<th>% Made PTAT</th>
<th>Budget</th>
<th>Actual</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>96%</td>
<td>97.4%</td>
</tr>
<tr>
<td></td>
<td>96%</td>
<td>94.9%</td>
</tr>
<tr>
<td></td>
<td>96%</td>
<td>97.1%</td>
</tr>
<tr>
<td></td>
<td>96%</td>
<td>97.6%</td>
</tr>
<tr>
<td></td>
<td>96%</td>
<td>97.2%</td>
</tr>
<tr>
<td></td>
<td>96%</td>
<td>96.6%</td>
</tr>
<tr>
<td></td>
<td>96%</td>
<td>96.4%</td>
</tr>
<tr>
<td></td>
<td>96%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>96%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>96%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>96%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>96%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>96%</td>
<td>96.7%</td>
</tr>
</tbody>
</table>
Alignment Diagram

INSERT IMAGE OF ALIGNMENT DIAGRAM
CONTENTS

Prologue...
Chapter 1............2008
Chapter 2............2009
Chapter 3............2010
Chapter 4............2011
Chapter 5............2012
Chapter 6............2013
Epilogue...

Monthly Reports
SD Presentation
Reason Code Guide
January 2013 - Monthly Reports

- Overall Made PTAT p-Chart
- Individual and overall laboratory dashboard
- Analysis
- Overall reason code table
- Individual lab p-Charts
- Individual lab reason codes
Tests performed with unequal sample sizes
DL % Made PTAT 3 Mo RA

DL % Made PTAT by Lab 3 Mo RA (April 2013 - June 2013)

<table>
<thead>
<tr>
<th>Lab</th>
<th>Percent Made</th>
</tr>
</thead>
<tbody>
<tr>
<td>DL</td>
<td>97.1%</td>
</tr>
<tr>
<td>HEM</td>
<td>97.1%</td>
</tr>
<tr>
<td>HLA</td>
<td>97.8%</td>
</tr>
<tr>
<td>IRL</td>
<td>94.6%</td>
</tr>
<tr>
<td>MDL</td>
<td>97.8%</td>
</tr>
<tr>
<td>PNIL</td>
<td>96.3%</td>
</tr>
<tr>
<td>ONC</td>
<td>99.3%</td>
</tr>
</tbody>
</table>
Calculation Updates

- **HLA Flow Cytometric Crossmatch and QLS Override**
  - Turned on to accommodate FRD data request
  - Not historically included and currently deleted from the data set

- **Meeting with RC users on July 8th**
  - New RC to be added
  - Will start to see in July’s data
April 2013 - Reason Code Guide

- Input from user group
- Consolidated codes that were similar
- Assigned a definition for consistency in coding
- Revisit the guide quarterly

<table>
<thead>
<tr>
<th>Reason Code</th>
<th>Reason</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Assay Failure</td>
<td>Entire assay failure due to controls, calibrator, or technical error (i.e. QC failure).</td>
</tr>
<tr>
<td>2</td>
<td>Equipment/Instrument Failure</td>
<td>Test completion delayed due to equipment or instrument failure.</td>
</tr>
<tr>
<td>5</td>
<td>Order Entry Error</td>
<td>Test was ordered incorrectly by BCW or client.</td>
</tr>
<tr>
<td>6</td>
<td>Supply/Supplier Problem</td>
<td>Test held because of a supplier or supply problem such as backordered reagents, bad lot number, or bad batch of kits.</td>
</tr>
<tr>
<td>7</td>
<td>Process Inefficiency</td>
<td>Testing is delayed due to a problem in or deviation from the process, such as misplaced paperwork or samples or delayed “send out” testing (“send out” testing refers to reference labs outside of BCW).</td>
</tr>
<tr>
<td>8</td>
<td>Staffing</td>
<td>Not enough staff to complete testing due to PTO, illness, or extended leave.</td>
</tr>
<tr>
<td>9</td>
<td>Repeat to Confirm</td>
<td>Repeating a sample or samples based on a defined set of rules or by director request.</td>
</tr>
<tr>
<td>10</td>
<td>Waiting on Customer for Missing Info</td>
<td>Client provided an incomplete requisition and testing must be delayed until required information is gathered.</td>
</tr>
<tr>
<td>11</td>
<td>Reflex/Additional Testing Required</td>
<td>Additional testing on a sample or samples that involves a change in method or reagent compared to the original run.</td>
</tr>
<tr>
<td>15</td>
<td>Weekend</td>
<td>Testing is delayed because staff is not scheduled on weekend or assay is not run on weekend.</td>
</tr>
<tr>
<td>16</td>
<td>QLS Override</td>
<td>IGNORE</td>
</tr>
<tr>
<td>17</td>
<td>Waiting for Director Review</td>
<td>Problem or routine case that is waiting on director review and/or signature before it can be completed.</td>
</tr>
<tr>
<td>19</td>
<td>Assay Scheduling</td>
<td>Sample received on a day or at a time that it missed the scheduled start of an assay.</td>
</tr>
<tr>
<td>20</td>
<td>Holiday</td>
<td>Sample(s) arrived on or around a BCW holiday.</td>
</tr>
<tr>
<td>21</td>
<td>Sample Problem</td>
<td>Sample that delays testing due to reasons related but not limited to insufficient amounts, incorrect sample type, and/or sample integrity.</td>
</tr>
<tr>
<td>22</td>
<td>Minimum Batch Size Not Met</td>
<td>Sample held for next test run because there were not enough samples to justify a run.</td>
</tr>
<tr>
<td>23</td>
<td>TAT Formula Error</td>
<td>Test that, in reality, did not miss the published TAT. Error was due to an incorrect TAT calculation involving Labtest or immediate order in the database. Applies primarily to HEM Interp and Comments.</td>
</tr>
<tr>
<td>25</td>
<td>Multiple Tests Per Encounter</td>
<td>Test or group of tests that is waiting on results from another part of the group. This test(s) cannot be reported until the other(s) is completed.</td>
</tr>
<tr>
<td>27</td>
<td>Waiting on results from another BCW Lab</td>
<td>PTAT is exceeded because reporting lab was waiting for results of testing performed by another BCW lab.</td>
</tr>
</tbody>
</table>
### April 2013 - Reason Codes in the SD Presentation

<table>
<thead>
<tr>
<th>Reason Code</th>
<th>HEM</th>
<th>HLA</th>
<th>IRL</th>
<th>MDL</th>
<th>ONC</th>
<th>PNIL</th>
<th>Grand Total</th>
<th>% of Codes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Process Inefficiency</td>
<td>24</td>
<td>8</td>
<td></td>
<td></td>
<td>12</td>
<td></td>
<td>44</td>
<td>15.4%</td>
</tr>
<tr>
<td>Multiple Tests Per Encounter</td>
<td>27</td>
<td>16</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>43</td>
<td>15.1%</td>
</tr>
<tr>
<td>Waiting for Director Review</td>
<td>26</td>
<td>5</td>
<td>3</td>
<td>4</td>
<td>4</td>
<td></td>
<td>42</td>
<td>14.7%</td>
</tr>
<tr>
<td>Reflex/Additional Testing Required</td>
<td>5</td>
<td>9</td>
<td></td>
<td>7</td>
<td>17</td>
<td></td>
<td>38</td>
<td>13.3%</td>
</tr>
<tr>
<td>Repeat to Confirm</td>
<td>27</td>
<td>3</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td></td>
<td>35</td>
<td>12.3%</td>
</tr>
<tr>
<td>Assay Failure</td>
<td></td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>26</td>
<td>27</td>
<td>9.5%</td>
</tr>
<tr>
<td>Assay Scheduling</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>22</td>
<td>24</td>
<td>8.4%</td>
</tr>
<tr>
<td>TAT Formula Error - Labtest</td>
<td>11</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td></td>
<td>12</td>
<td>4.2%</td>
</tr>
<tr>
<td>Sample Problem</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
<td>3</td>
<td></td>
<td>10</td>
<td>3.5%</td>
</tr>
<tr>
<td>Weekend</td>
<td>3</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
<td>8</td>
<td></td>
<td>2.8%</td>
</tr>
<tr>
<td>Supply/Supplier Problem</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td>1</td>
<td>0.4%</td>
</tr>
<tr>
<td>Waiting on Customer for Missing Info</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
<td>1</td>
<td></td>
<td>1</td>
<td>0.4%</td>
</tr>
<tr>
<td>QLS Override</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>0</td>
<td>0.0%</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>132</td>
<td>41</td>
<td>9</td>
<td>12</td>
<td>7</td>
<td>84</td>
<td>285</td>
<td></td>
</tr>
</tbody>
</table>
Contents

Prologue...
Chapter 1............2008
Chapter 2............2009
Chapter 3............2010
Chapter 4............2011
Chapter 5............2012
Chapter 6............2013
Epilogue...

2014 Planning and Beyond...
2014 Planning and Beyond…

- Better ways to capturing the customer voice real-time
- Adjusting the goal – dropping the PTAT
- 24/7 operations vs. an esoteric laboratory
- Alignment of Strategic and Operational Goals
The secret to making TAT work as a KPI...

1. Establish the voice of the Customer
   • Define your customer
   • Know where you are going
2. Set a goal
   • SMART
   • Supported from the top down and bottom up
3. Monitor progress toward the goal
   • Select a metric
   • Display the progress
   • Establish a process to support progress
What we think we did well

• Used our goal based on percent made PTAT to make a positive impact:
  • Increased customer satisfaction
  • Focused continuous improvement ideas
  • Gained FTE Efficiencies
What we think we could have done better

• Started goal planning sooner in the year
• Focused on alignment from the beginning
Contact information

Stephanie Moravec
Quality and Continuous Improvement Analyst
BloodCenter of Wisconsin, Inc.
Phone: 414.937.6383
Email: stephanie.moravec@bcw.edu
Website: www.bwc.edu
Helpful Sites

• **Needs Assessment Tools**: http://www.needsassessment.org/

• **Program Evaluations**: http://www.nrepp.samhsa.gov/Courses/ProgramEvaluation/NREPP_0401_0010.html

• **Tag Clouds**: http://tagcrowd.com/