

## Easy to Collect-Easy to Manage Metrics

**Sandra Hood MT(ASCP)SBB**  
**Certified 6 Sigma Black Belt**  
**Administrative Director**  
**Riverside Methodist Hospital**



## Why Do You Need Metrics?

- Know what is happening in your business
- Tell your story
- Identify problems quickly
- Assess impact of changes
- Data provides power and control
- Standard way of communicating



## Key Factors for all Metrics

- Easy to get
- **Accurate assessment of reality**
- Easy to interpret
- **Logical**
- Meaningful
- **Predictive**
- Something you will act upon



## Getting Started

- Start simple
- **You don't have to measure everything**
- Select a meaningful metric
- **Set realistic targets**
- Don't pick something that you are already good at
- **Watch for the "Lies of Data"**
- Function over format



## Important Business Monitors

- Cost per Test
- Volumes
- Productivity
- FTEs
- FTEs/billable
- Rejected claims (lost charges)
- Daily charges



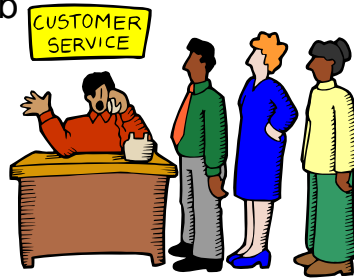
## Quality Monitors

- Proficiency Testing Failures
- Mislabeled Specimens
- Incident Reports
- Revised Reports
- Critical Value Calls
- Frozen Section TAT
- Blood Availability
- Stat TAT



## Customer Service Metrics

- Patient Satisfaction (Press Ganey)
- Physician Satisfaction
- Nursing Satisfaction with Lab
- Secret Shoppers
- Turn Around Times



## Employee Satisfaction Metrics

- Employee Surveys
- Turnover Rate
- Employee Recognition
- Meeting Attendance



# KCPs: Key Control Points

- Metrics that assess the current state of your business
- **Real-Time Data**
- Usually predictive of more long-term goals
- **Earlier identification of problems**
- Quicker recovery
- **Easy to update**



Laboratory Key Control Points (04-06-09)

				No Concern	Minor Concern	Concern			n/a	= not app
	Measure	Description	Frq	Target	UL Control Limits	Interim Goal	Current Metric	YTD	Comments	
SERVICE	Customer Service	# of P-G metrics ≥ 80th percentile (IP/ED)	W	80th percentile	0 ≥ 80th ▲ 60th-79th X < 60th	80th	90	86	Aver of 3 percentiles Current: OTD 04-04-09 YTD IP=80, ED=84.56	
	Patient Rounding	Hours of Patient Rounding By Management Team	M	4 hr/M	0 ≥ 3 ▲ 2 X < 2	4 hr/M			Not being performed	
QUALITY	ED TAT	Percent of tests meeting defined TAT	W	90%	0 ≥ 90 % ▲ 86-89 % X < 85 %	90%	92%	92%	March-09	
	Out by 7:30am	Percent of morning clinical lab work collected and resulted by 7:30am	M	90%	0 ≥ 90 % ▲ 86-89 % X < 85 %	75%	94%	93%	March-09	
	Slides out by 9:00am	Percent of AP slides completed for distribution by 9am	W	95%	0 ≥ 93% ▲ 90-92% X < 89%	80%	85%	84%	March-09	
WORKLIFE	Evaluations Completed On-Time	Percent of Staff Evaluations Completed w/ 30 Days From Anniversary Date	W	95%	0 ≥ 95 % ▲ 96-94 % X < 85 %	90%	27%	94%	MTD-March YTD thru Feb	
	Recognition	# of Power of 1, Notes, nominations	M	25	0 > 25 ▲ 15-24 X < 15	30	49	36	March-09	
	Lab Cleanliness	Survey staff regarding the cleanliness of the Lab	M	4	0 > 3 ▲ 2-3 X < 2	3	2.8	2.6	Survey in FY09	
FINANCIALS	Department Meeting Attendance	Number of Staff In Attendance at Department Meetings	M	60	0 ≥ 60 ▲ 45-59 X < 45	59	111	92	Mar-09	
	Staffing	Budgeted-Actual FTEs	PP	Budget (216)	0 ≤ 218 ▲ 218, 1--220 X > 220	0.0	216.4	218.2	PP17	
	Cost per test	Budgeted-Actual C/T	M	Budget	0 < 0% ▲ 0 to -1% X > 1%	0%	-5.9%	-0.5%	(-) = below budget or positive v Mar 09	
	Cost per test	MTD Variance between actual and budget	M	Budget	0 At budget ▲ \$0.01 above X > 0.02 above	At budget	B=\$5.41 A=\$5.09	N/A	Mar-09	
	Cost Per Test	YTD Variance between actual and budget	M	Budget	0 At budget ▲ \$0.01 above X > 0.02 above	At budget	N/A	B=\$5.46 A=\$5.43	Mar-09	
	Productivity	MRS report of productivity	PP	100%	0 ≥ 100% ▲ 98-99% X < 98%	100%	105%	102%	PP17	
	Cost Savings	Monthly Tally	M	\$250,000	0 > \$20,000/mo ▲ \$15,000-\$19000 X < \$15,000/mo	\$250,000	\$42,162	\$376,386	Mar-09	
Y	Lab Collect Mistakes	# of mislabeled specimens collected by Lab staff	M	0	0 0 ▲ 1 X > 2	0	0	2	Mar 09 No Transfusion Related	

## Predicting C-S Scores

- Weekly P-G Reports
- Patient Rounding

Measure	Description	Frq	Target	U/L Control Limits	Interim Goal	Current Metric	YTD
Customer Service	# of P-G metrics $\geq$ 80th percentile (IP/ED)	W	80th percentile	● $>80$ th ▲ 60th-79th X $<60$ th	80th	90	86
Patient Rounding	Hours of Patient Rounding By Management Team	M	4 hr/M	● $\geq 3$ ▲ 2 X $< 2$	4 hr/M	3	3

## Monitoring Quality

- ED TAT
- Out By 7:30am
- Slides out by 9am

Measure	Description	Frq	Target	U/L Control Limits	Interim Goal	Current Metric	YTD
ED TAT	Percent of tests meeting defined TAT	W	90%	● $\geq 90\%$ ▲ 86-89 % X $\leq 85\%$	90%	92%	92%
Out by 7:30am	Percent of morning clinical lab work collected and resulted by 7:30am	M	90%	● $\geq 90\%$ ▲ 86-89 % X $\leq 85\%$	75%	94%	93%
Slides out by 9:00am	Percent of AP slides completed for distribution by 9am	W	95%	● $\geq 93\%$ ▲ 90-92% X $<89\%$	80%	85%	84%

# Worklife Metrics

- Evaluations on Time
- Recognition
- Lab Cleanliness
- Department Meeting Attendance

Measure	Description	Frq	Target	U/L Control Limits	Interim Goal	Current Metric	YTD
Evaluations Completed On-Time	Percent of Staff Evaluations Completed +/- 30 Days From Anniversary Date	W	95%	● ≥ 95 % ▲ 86-94 % X <85 %	90%	27%	94%
Recognition	# of Power of 1, Notes, nominations	M	25	● > 25 ▲ 15-24 X < 15	30	49	36
Lab Cleanliness	Survey staff regarding the cleanliness of the Lab	M	4	● > 3 ▲ 2-3 X < 2	3	2.8	2.6
Department Meeting Attendance	Number of Staff In Attendance at Department Meetings	M	60	● ≥ 60 ▲ 45-59 X <45	59	111	92

# Staying on Track with Evaluations

Section	Cost Ctr	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	YTD Total
Admin	Due		2		1	1								4
	Complete		2		1	1								4
	% On Time		100%		100%	100%								100%
Core	Due	8	10	9	5	6	5	5	6	7	3	8	14	86
	Complete	8	10	9	5	5	5	5	6	7	3	8	14	85
	% On Time	100%	100%	100%	100%	83%	100%	100%	100%	100%	100%	100%	100%	98%
Micro	Due	5	3	5	2	3	2	3	3	1	3	3	10	43
	Complete	5	3	5	2	3	2	3	3	1	3	3	10	43
	% On Time	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%
Phlebo	Due	1	2	3	4	5	3	7	2	3	5	4	4	43
	Complete	1	2	2	4	4	2	6	2	3	4	4	3	37
	% On Time	100%	100%	67%	100%	80%	67%	86%	100%	100%	80%	100%	75%	86%
BB	Due	1		3	3	2	1			2		1	1	14
	Complete	1		3	3	2	1			2		1	1	14
	% On Time	100%		100%	100%	100%	100%			100%		100%	100%	100%
AP	Due	5	3		1	4		2	3	3	1	2	5	29
	Complete	3	2		1	4		2	3	2	1	1	5	24
	% On Time	60%	67%		100%	100%		100%	100%	67%	100%	50%	100%	83%
Spec	Due	1	2	4	2	3	1	1	1		2	2	1	20
	Complete	1	2	4	2	3	1	1	1		2	2	1	20
	% On Time	100%	100%	100%	100%	100%	100%	100%	100%		100%	100%	100%	100%
Cyto	Due	2	3	1							1	2	2	11
	Complete	2	3	1							1	2	2	11
	% On Time	100%	100%	100%							100%	100%	100%	100%
QTD	Due	23	25	25	18	24	12	18	15	16	15	22	37	250
Final	Complete	21	24	24	18	22	11	17	15	15	14	21	36	238
	% On Time	91%	96%	96%	100%	92%	92%	94%	100%	94%	93%	95%	97%	95%

# Monitoring Finances

- Cost per Test
- Staffing/Productivity

Measure	Description	Frq	Target	U/L Control Limits	Interim Goal	Current Metric	YTD
Staffing	Budgeted-Actual FTEs	PP	Budget (218)	● ≤218 ▲ 218.1-220 X >220	0.0	216.4	218.2
Cost per test	Budgeted-Actual C/T Budgeted C/T	M	Budget	● <0% ▲ 0 to -1% X ≥1%	0%	-5.9%	-0.5%
Cost per test	MTD Variance between actual and budget	M	Budget	● At budget ▲ \$0.01 above X >0.02 above	At budget	B=\$5.41 A=\$5.09	N/A
Cost Per Test	YTD Variance between actual and budget	M	Budget	● At budget ▲ \$0.01 above X >0.02 above	At budget	N/A	B=\$5.46 A=\$5.43
Productivity	MRS report of productivity	PP	100%	● ≥100% ▲ 98-99% X <98%	100%	105%	102%
Cost Savings	Monthly Tally	M	\$250,000	● >\$20,000/mo ▲ \$15,000-\$19000 X <\$15,000/mo	\$250,000	\$42,162	\$376,386

# Patient Safety Metrics

- Mislabels
- Sentinel Events
- Incident Reports

Measure	Description	Frq	Target	U/L Control Limits	Interim Goal	Current Metric	YTD
Lab Collect Mislabels	# of mislabeled specimens collected by Lab staff	M	0	● 0 ▲ 1 X >2	0	0	2
Floor Collect Mislabels	# of mislabeled specimens collected by non-Lab staff	M	0	● 0 ▲ 1-2 X >2	0	3	38
Sentinel Events	No sentinel events related to Lab error	M	0	● 0 ▲ 1-2 X >2	0	0	0



## How Are KCPs Used?

- **Weekly Manager Meeting**
  - Focus on areas of concern
  - Everyone is on the same page
  - No hidden agendas
  - Safe environment for support and learning
- **Share with Vice-President on monthly basis**



## I Don't Have Time For This!

**You don't have time not to!**

- What info on the KCPs don't you need to know?
- Setup is biggest task—Steal from others
- Weekly maintenance is <20 minutes
  - Update every time a new metric is available
  - Conditional formatting used for color coding
  - Keep clear documentation of status of metrics
  - Share responsibility for data collection



# Find a Way to Tell Your Story

## Scorecards/Dashboards

- Compilation of data
- Used to tell a more complete story
- Can be presented to a variety of audiences
  - Staff
  - Customers
  - Senior Leadership



### A One Page Picture of How the Department is Doing

CLINICAL QUALITY					CUSTOMER SERVICE					
Indicator	Target	Current Month	CYTD'09	CY'08	Indicator: Press Ganey	Target	Current Month Raw Score	Previous Month Raw Score	Latest Quarter Percentile	
Proficiency Testing	≥99.5%	97.6% (7/09)	98.8% (1/09-7/09)	99.3% (1/08-12/08)	RMH INPT Courtesy of person taking blood	80th	88.4 (7/09)	89.4 (6/09)	72P (Jan-Mar'09)	
<small>F.L.8 = 31/03; H.V.L.8 = 3/4; B.N.P.-A = 3/4; A = 25/02</small>					RMH ED Courtesy of blood technician	80th	90.6 (7/09)	90.0 (6/09)	66P (Jan-Mar'09)	
Indicator: Mislabelled Reported by Core/Select	Target	Current Month	Fiscal YTD'10	Rolling 12 Month	RMH ED for Comfort	80th	88.3 (7/09)	88.6 (6/09)	62P (Jan-Mar'09)	
MISLABELED: LAB COLLECT	0	0/1 (7/09)	0/1 (7/09)	3/3 (8/08-7/09)	RMH OUTPT Overall Rating: Site 1 & Site 5	80th	90.5/94.4 (7/09)	93.4/95.5 (6/09)	89P/90P (Jan-Mar'09)	
MISLABELED: Non-Lab COLLECT	0	1/1 (7/09)	1/1 (7/09)	52/17 (8/08-7/09)	Indicator	Target	Current Month	Fiscal YTD'10	Rolling 12 Month	
Indicator: Mislabelled Reported by AP	Target	Current Month	Fiscal YTD'10	Rolling 12 Month	ED TAT: Core Lab	≥90%	93.2% (7/09)	93.2% (7/09)	92.6% (8/08-7/09)	
MISLABELED: INPT/OP-OUTREACH	0	2 (7/09)	2 (7/09)	NA	ED TAT: ED Lab	≥90%	94.0% (7/09)	94.0% (7/09)	92.1% (7/09)	
Indicator: WBIT/Mislabelled Reported by RMH Transf Servs	Target	Current Month	Fiscal YTD'10	Rolling 12 Month	Critical Care TAT (4T,5T,6T,7T)	≥90%	90.2% (7/09)	90.2% (7/09)	90.3% (8/08-7/09)	
WBIT/MISLABELED: LAB COLLECT: INPT	0	0 (7/09)	0 (7/09)	1 (8/08-7/09)	*Out by 0730*: Inpatient	≥90%	93.4% (7/09)	93.4% (7/09)	93.3% (8/08-7/09)	
WBIT/MISLABELED: Non-Lab COLLECT: INPT	0	0 (7/09)	0 (7/09)	2 (8/08-7/09)						
QUALITY OF WORKLIFE					FINANCIAL					
Indicator: AOS - Employer of Choice	Year 2008	Year 2007								
RMH (Rolled up) T = 4.7	4.4	4.5								
Indicator	Target	Current Month	Fiscal Year'09	Rolling 12 Month	Indicator	Current Month Actual	FYTD'10 Actual	FYTD'10 Budget	YTD'10 Variance	FYTD'10 vs Adj. Expense Variance
Turnover %	≤5.83%	0.57% <sup>AA</sup> (6/09)	7.62% (7/08-6/09)	7.62% (7/08-6/09)	Cost/Test (w/o blood)	\$5.17 (7/09)	\$5.17 (7/09)	\$5.73	\$0.55	\$301,602
Absenteeism**	< 3% DAY/FTE	0.39% <sup>AA</sup> Days/FTE (6/09)	4.62 Days/FTE (7/08-6/09)	4.62 Days/FTE (7/08-6/09)	Blood cost per Adjusted Adm	\$55.51 (7/09)	\$55.51 (7/09)	\$57.83	\$2.32	\$15,057
**Source: OHIntranet					Equivalent to 7.73 FTE's					
AAIncludes RMH & Outreach										

## Standardization is the Key to Communication and Alignment

**SCORECARD: Referred & Special Testing: RMH CAMPUS**  
 Current Month: **MARCH 2009** (unless otherwise noted)  
 REV 4/15/09

CLINICAL QUALITY					CUSTOMER SERVICE				
Indicator	Target	Current Month	CYTD'09	CYTD'08	Indicator: TAT	Target	Current Month	Fiscal YTD'09	Rolling 12 Month
Proficiency Testing	≥99.5%	100% (3/09)	100% (1/09-3/09)	99.2% (1/08-1/09)	Hep B AG, Factor V Leiden, RPR, CD4	90%	99.9% (2/09)	99.8% (7/08-2/09)	99.9% (3/07-2/09)
Indicator	Target	Current Month	Previous Month	Fiscal YTD'09					
Changed Results	0	9 (3/09)	9 (2/09)	7.78 Avg/Mo (7/08-3/09)					

QUALITY OF WORKLIFE				FINANCIAL					
Indicator: AOS Specials	Target 2008	Actual 2008	Actual 2007	Indicator:	Current Month Actual	Current Month Budget	FY'09 Actual	FY'09 Budget	
Employer of Choice	4.8	4.6	4.5	Cost/TEST (non-labor)	\$12.08 (3/09)	\$12.28 (3/09)	\$12.13 (7/08-3/09)	\$12.45 (7/08-3/09)	
Indicator	Target	Current Month	FY '09	Rolling 12 Mo	Indicator:	Current Month Actual	Current Month Budget	FY'09 Actual	FY'09 Budget
Turnover	≤5.83%	0.0% (2/09)	0.0% (7/08-2/09)	0.0% (3/08-2/09)	Labor Cost	\$2.83 (3/09)	\$3.34 (3/09)	\$3.29 (7/08-3/09)	\$3.40 (7/08-3/09)
Absenteeism	≤3% DAVETTE	0.0 Days/FTE (2/09)	1.11 Days/FTE (7/08-2/09)	1.99 Days/FTE (3/08-2/09)					
**TO/Absenteeism updated thru 4/12/09**									

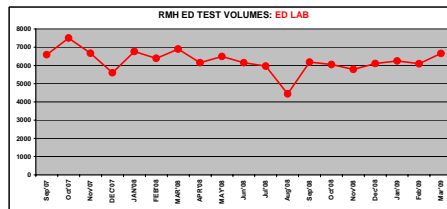
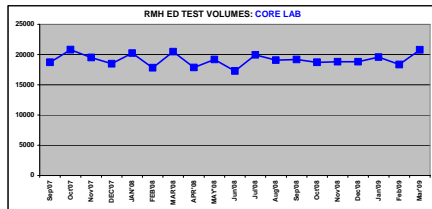
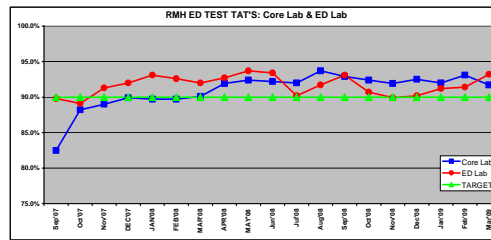
## Demonstrating Adherence to Service Metrics: ED Scorecard

**INTRA-LAB TAT (REC'D IN HLAB TO RESULTS)**  
 Data Collection Period: MAR 1 thru MAR 28 2009 (28 DAYS)

Core Lab	Total Volume	Total Met TAT	Target: 90%	Actual	Rolling 12 Mo	FY'09
CBC	3782	3479	≤30 Min	92.0%	91.9%	91.8%
PT INR	1323	1203	≤30 Min	90.9%	92.1%	92.3%
UA	1930	1695	≤30 Min	87.8%	91.1%	91.3%
Strep Screen	127	120	≤30 Min	94.5%	93.6%	93.8%
Chem 7	89	72	≤45 Min	80.9%	92.9%	92.9%
CMP	962	888	≤45 Min	92.3%	93.1%	93.1%
D-Dimer	286	274	≤45 Min	95.8%	96.7%	96.6%
Hitschi	3612	3376	≤45 Min	93.5%	93.2%	93.4%
EIT0	739	680	≤45 Min	92.0%	92.4%	92.2%
<b>Core Lab Total</b>	<b>12850</b>	<b>11787</b>		<b>91.7%</b>	<b>92.4%</b>	<b>92.4%</b>
ED LAB	Total Volume	Total Met TAT	Target: 90%	Actual	Rolling 12 Mo	FY'09
BHCG QUAL	616	590	≤15 Min	94.2%	94.0%	93.3%
Urine Dip	27	20	≤15 Min	74.1%	81.4%	81.2%
BNP	677	607	≤30 Min	89.7%	80.2%	79.8%
WB/Chem 7	2637	2548	≤30 Min	96.6%	94.8%	94.7%
Drugs of Abuse	381	313	≤45 Min	82.2%	90.0%	86.7%
HCG QUANT	111	104	≤45 Min	93.7%	86.6%	85.6%
Troponin	1736	1590	≤30 Min	91.6%	92.2%	91.6%
<b>ED LAB Total</b>	<b>6163</b>	<b>5762</b>		<b>93.2%</b>	<b>91.6%</b>	<b>91.3%</b>
<b>Core &amp; ED Combined</b>	<b>19035</b>	<b>17549</b>		<b>92.2%</b>	<b>92.2%</b>	<b>92.1%</b>

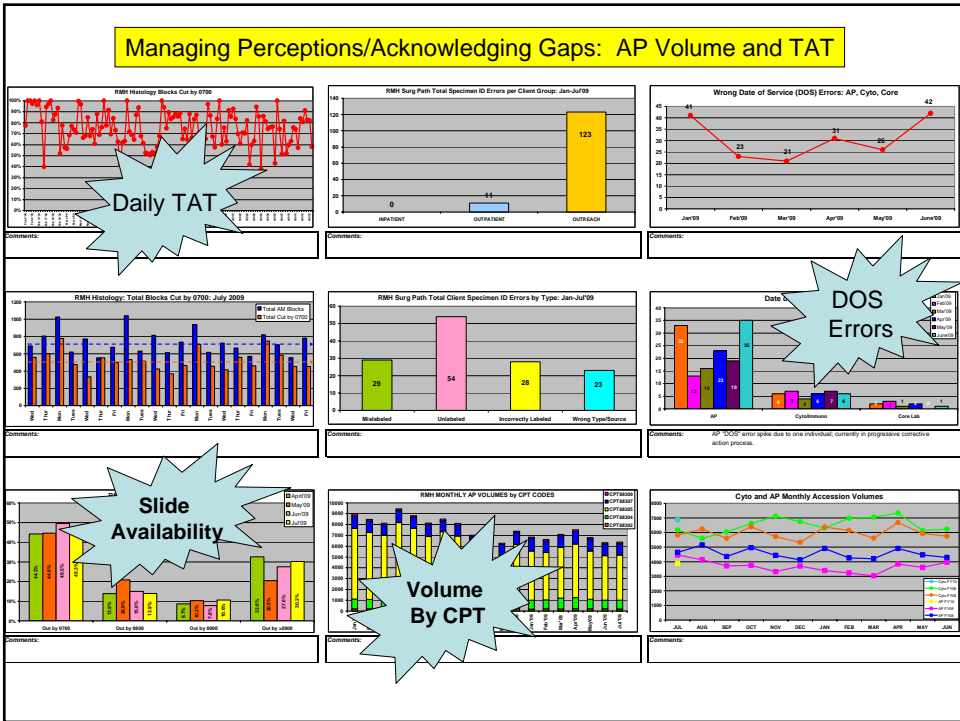
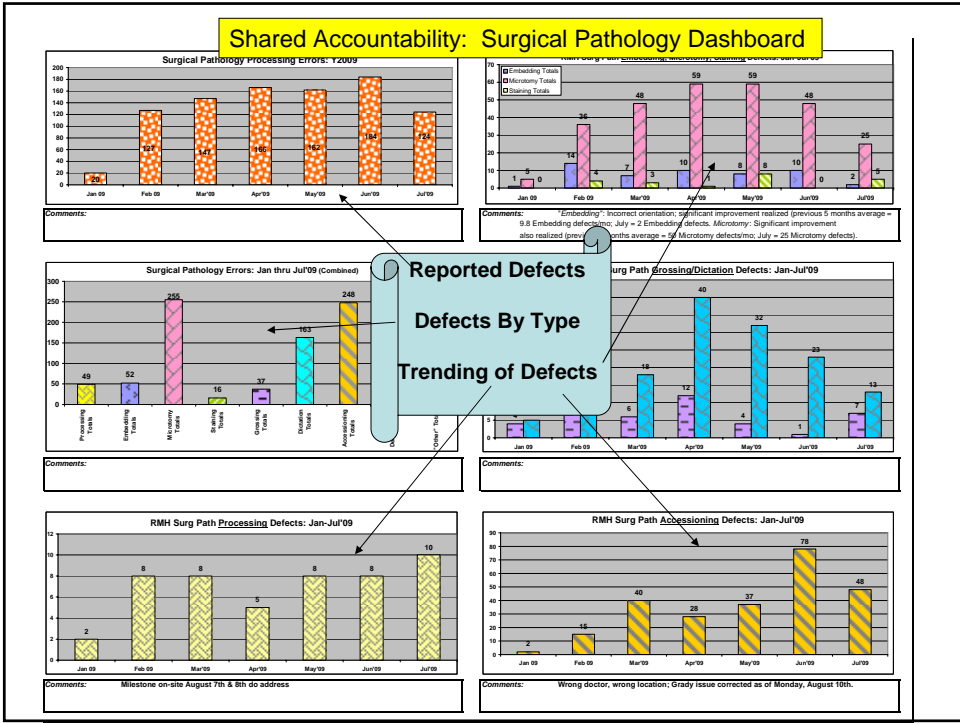
Updated: 4/6/09

**TAT PERFORMANCE TRENDS: Core Lab and ED LAB**  
 Data Collection Period: MAR 1 thru MAR 28 2009 (28 DAYS)

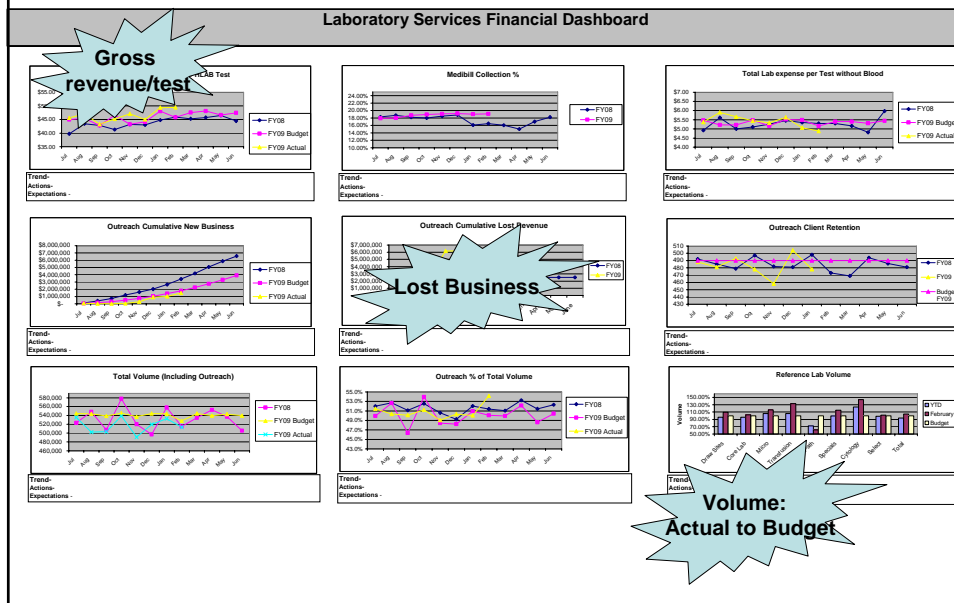


Mar 1-31 2009

Mar 1-31 2009



## Keeping Key Stakeholders Informed: Financial Dashboard



## In Summary



- Start Simple
- There is no right or wrong way
- Use data that is easily available
- Don't make it a project but rather a tool
- Collect data that tells your story and helps you manage
- Don't collect data that you can't or won't do anything about
- Choose something that people care about

# Questions?



Sandra Hood  
[shood@ohiohealth.com](mailto:shood@ohiohealth.com)  
614-566-5754