



Visual Management of Histology Workflow in Real Time and Day-By-Day



Lab Quality Confab 9/29/09
by
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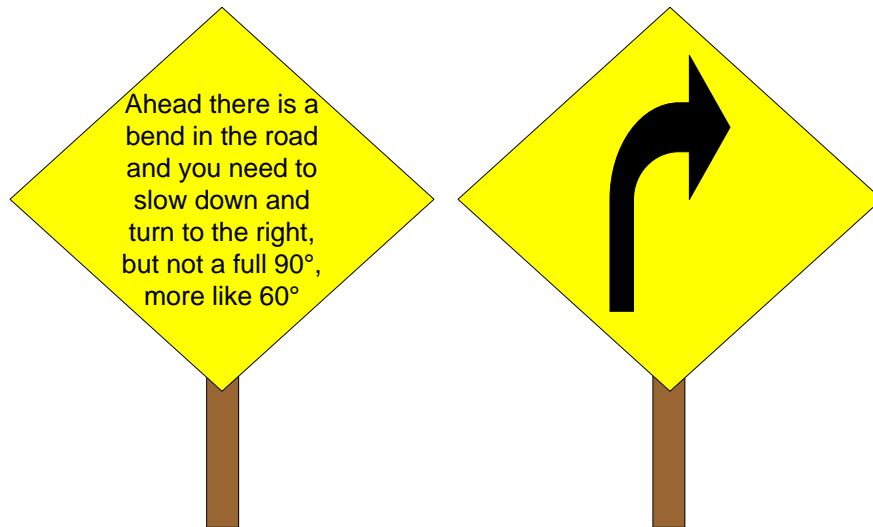
Credentials

Living up to Life

▪ Dr. Katja Lehmann, Manager Workflow Consulting

- 2001 – 2003 Quality Manager European Service Center Heppenheim, Germany
 - Quality control for European Demo and Service Center
 - Implemented SOP's and Process Handbooks
 - Implemented Complaint Management
- 2003 – 2005 Six Sigma Black Belt Leica North America
 - Implemented Six Sigma in SU North America
 - Designed and Executed Yellow Belt Program
- 2005 – 2009 Danaher Business System Leader Leica North America
 - Implemented DBS in SU North America
 - Executed 73 kaizen events
 - Coached DBS MBB's
 - Obtained MBB in RCCM and TFTI
 - Coached Policy Deployment for NAM Executive team
- 3/09 Manager Workflow Consulting, Leica Biosystems Division North America
 - Designed and Implemented LHCS Service
 - Executed 16 Customer events / 5 new lab designs





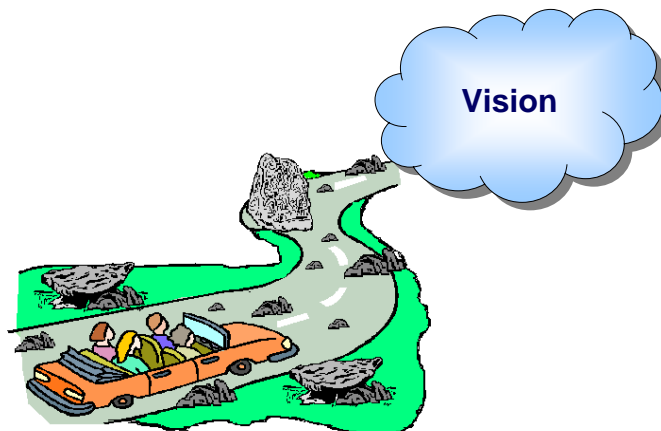
Key questions to ask yourself

- ? How do you know you are on plan?
- ? How do you know if you are satisfying our customers needs?
- ? How do you keep track of increasing workload?
- ? How do you know what the problems are?
- ? How do you know actions are being taken?
- ? How do you know who is accountable?

Purpose of Visual Management

- Drive Results Daily
- Drive Rootcause and Countermeasure in Real Time
- Drive Accountability
- Reduce fire fighting
- Abnormalities Visible
- Solve problems at the source
- Smoother communication among associates

How to get started?



TODAY

4 Pillars of Successful Visual Management

- ✓ Managing Key Metrics
- ✓ Visualization
- ✓ Problem Solving
- ✓ Leadership

Managing Key Metrics

Metrics should

- measure what is actionable
- measure what is meaningful
- measure to drive Improvement (Results!)

Examples

- Turn Around Time
- Defects / Re-Work
- % of Unstained Slides Used
- Instrument Up\Downtime
- Stock out of Inventory (Control Slides, Consumables, Reagents)
- Safety Incidents
- On Time Delivery (OTD)
- 5S Level

1. Step: Identify key metrics

- Know what are important goals for your organization -> Develop Laboratory Vision
- Analyze current process performance (Data Analysis, VSM, Process Mapping) to identify which steps in the process you will measure
- Identify Leading and Lagging Indicators for Daily and Weekly/Monthly Metrics

Tip

✓ LESS IS MORE

- » Don't measure metrics that you are not planning on improving

✓ If in doubt

- » Pick metrics that you are struggling with to limit the number

2. Step: Define JOP and Goals

- Gather Historical Data to identify Jump Off Point (JOP)
- Define goal (monthly / weekly / daily)

Tip

✓ Lack of historical data

- » Gather data manually for one to two month to define a first JOP
- » Adjust JOP and Goal once more data is available

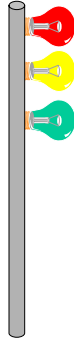
✓ Setting goals

- » Improve current performance by at least 20%
- » The more aggressive the goal the more likely your organization will be forced to improve and implement sustainable processes



"Now!... That should clear up a few things around here!"

Visualization



Weekly/Monthly Metrics

- Display in central location
- Update weekly/monthly
- Include historic data (Run-chart, Histogram, etc.)

Daily Management

- Display in central location
- Discuss Daily with Employees (Daily Huddle)

Hour-by-Hour Status

- Display at Point of Activity
- Check hourly

Weekly/Monthly Metrics

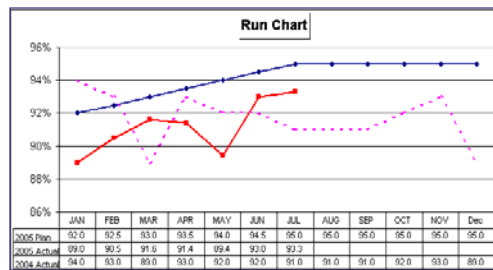
Example: "Bowling Chart"

| KPI Bowler | | | | | | | | | | | |
|------------|---|----------|----------|---------------|-----|-----|-----|-----|-----|-----|-----|
| KPI | Target to Improve | 2009 JOP | 2009 YTD | Plan / Actual | JAN | FEB | MAR | APR | MAY | JUN | JUL |
| TAT | Decrease TAT from 3 days to 1 day by May 2009 | 3 days | | Plan | 3 | 2.5 | 2 | 1.5 | 1 | 1 | 1 |
| | | | | Act | 3.1 | 2.8 | 2.3 | 1.5 | 1 | 1 | |
| 5S | Achieve 5S level by June 2009 | 0S | | Plan | 0 | 3 | 4 | 4 | 4 | 5 | 5 |
| | | | | Act | 0 | 3 | 3 | 3 | 4 | 4 | 5 |

- "Ample function" shows hit or miss in 3 seconds
- All metrics at the same chart

Weekly/Monthly Metrics

Example: Run Chart / Histogram



- "Goal line" shows hit or miss
- One chart per metric

Daily Management

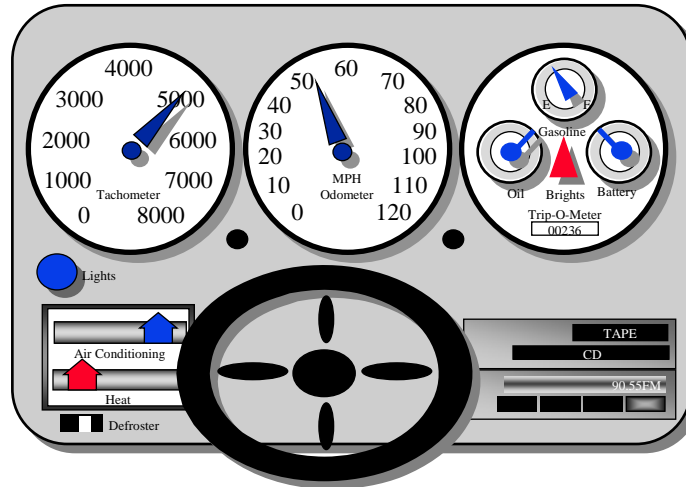
- Display in central location
- Display Elements
 - Daily Measures
 - Problem Solving Data
 - Action Plans Countermeasures
- Discuss Daily with Employees (daily Huddle)
 - Meet with supervisor, employees, pathologists
 - “Hand-off” between shifts in person

Daily Huddle Example

Topics

- Today's workload
- Today's priorities
- Assign people to special tasks
- Re-Assign employees if somebody is out
- Difficulties occurred yesterday
- Include Rewards if applicable
- Include “fun part” e.g. motivational daily quote

Dashboard out of LIS System



Example Manager's Dashboard

- Allows for real-time tracking of cases in process
- Daily QA monitoring for Turnaround Time
- Real time monitoring of Pathologist Case Status
- Track cases by Histotechnologist, Cytotechnologist or stage in processing.

Example Manager's Dashboard

The screenshot displays the 'Unassigned Cases' section of the Manager's Dashboard. It features a table with columns for Case #, Report Type, Priority, Patient Name, Age, Sex, TAT, Activity, High, # Spec, Source Code, and Source Description. The table lists several cases, including CDM-09-58 through CDM-09-73, with details on patient names (e.g., CINDY TEST, LINDSAY TE...), ages, and activities (e.g., Processing, No 1).

| Case # | Report Type | Priority | Patient Name | Age | Sex | TAT | Activity | High | # Spec | Source Code | Source Description |
|-----------|-------------|----------|-----------------|-----|--------|-----|------------|------|--------|-------------|--------------------|
| CDM-09-58 | Routine | | CINDY TEST | 56 | Female | | Processing | No | 1 | DCEP | CERVICAL/EN... |
| CDM-09-59 | Routine | | LINDSAY TE... | 26 | Female | | Processing | No | 1 | DVUTP | VULVAR TERN... |
| CDM-09-60 | Routine | | LYNETTE TE... | 59 | Female | | Processing | No | 1 | DCP | CERVICAL PAP |
| CDM-09-61 | Routine | | LYNNE LIL TE... | 59 | Female | | Processing | No | 1 | RVFP | VAGINAL IERN... |
| CDM-09-62 | Routine | | AMY TEST | 23 | Female | | Processing | No | 1 | DCEP | CERVICAL/EN... |
| CDM-09-64 | Routine | | AMANDA TEST | 20 | Female | | Processing | No | 1 | RPAP | ROUTINE PAP |
| CDM-09-67 | Routine | | CINDY TEST | 56 | Female | | Processing | No | 1 | DCIP | CERVICAL/EN... |
| CDM-09-68 | Routine | | ROBERTA B... | 22 | Female | | Processing | No | 1 | RPAP | ROUTINE PAP |
| CDM-09-70 | Routine | | CHRISTINE T... | 45 | Female | | Processing | No | 1 | RPAP | ROUTINE PAP |
| CDM-09-73 | Routine | | DORIS SMITH | 65 | Female | | Processing | No | 1 | RCTP | CERVICAL TH... |

Example Manager's Dashboard

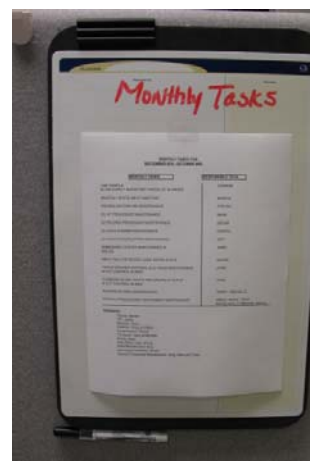
The screenshot displays the 'Cases assigned to HISTOTECH_MODEL' section of the Manager's Dashboard. It features a table with columns for Case #, Report Type, Priority, Patient Name, Age, Sex, TAT, and Activity. The table lists several cases, including FCM-09-52 through FCM-09-77, with details on patient names (e.g., TABITHA TEST, CHRISTINE T...), ages, and activities (e.g., Processing, No 4, Sign Out).

| Case # | Report Type | Priority | Patient Name | Age | Sex | TAT | Activity |
|-----------|-------------|----------|----------------|-----|--------|-----|--------------|
| FCM-09-52 | Routine | | TABITHA TEST | 20 | Female | | Processing |
| FCM-09-53 | Routine | | CHRISTINE T... | 45 | Female | | Processing |
| FCM-09-55 | Routine | | SCC TEST | 24 | Female | | Processing |
| FCM-09-60 | Routine | | DENNIS TEST | 66 | Male | | Processing |
| FCM-09-65 | Routine | | CINDY TEST | 56 | Female | | Processing |
| FCM-09-67 | Routine | | BILLY TEST | 10 | Female | | Processing |
| FCM-09-76 | Routine | | BEVERLY A... | 54 | Female | | Processing |
| FCM-09-77 | Routine | | BEVERLY A... | 64 | Female | | Processing |
| FCM-09-78 | Routine | | ROBERT TEST | 62 | Male | | Processing |
| FCM-09-26 | Final | | JOHN SMITH | 46 | Male | | Result Entry |

Example Daily Board



Examples



Hour-by-Hour Status

- Scorecard / Productivity Board
- Display at Point of Activity
- Check hourly
- Solve problems right away
- Re-Assign manpower where needed

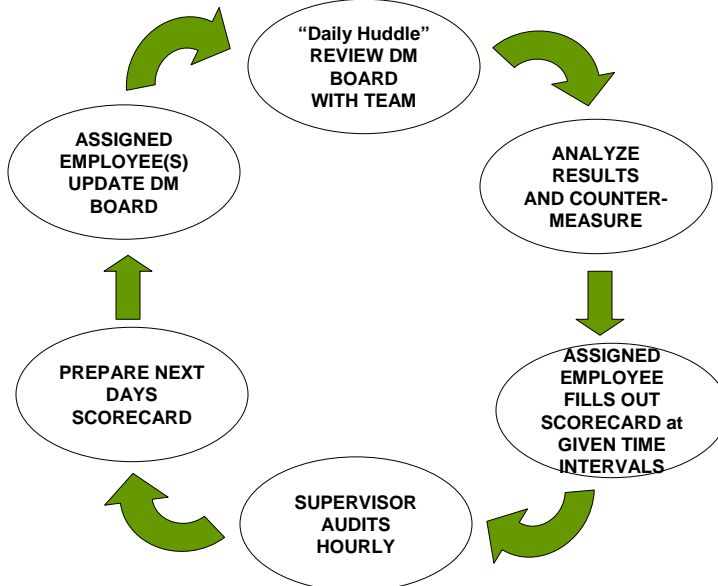
Scorecard

| <i>Hourly Scorecard</i> | | | | | | | |
|-------------------------|--------|------|--------|-------|-----------------|----------------------|----------------------|
| Hour | People | Plan | Actual | Delta | Issues/Comments | Supervisor | Manager |
| to | | | | | | <input type="text"/> | |
| to | | | | | | <input type="text"/> | |
| to | | | | | | <input type="text"/> | |
| to | | | | | | <input type="text"/> | <input type="text"/> |
| to | | | | | | <input type="text"/> | |
| to | | | | | | <input type="text"/> | |
| to | | | | | | <input type="text"/> | |
| to | | | | | | <input type="text"/> | <input type="text"/> |
| TOTAL | | | | | | | |

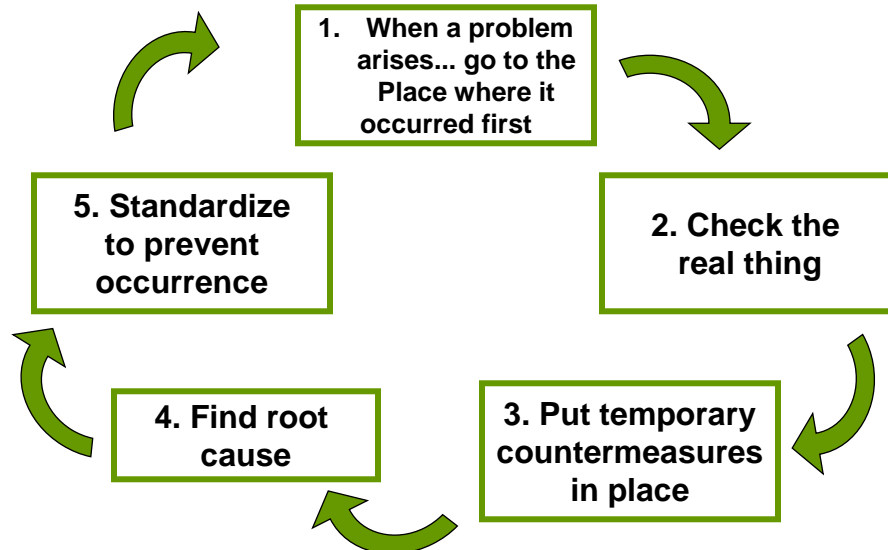
Productivity Board

| Name of Laboratory | | | | | | |
|---|----------|--------|----------|--------|----------|----------|
| DAILY RESULTS GROSSING | | | | | | |
| DATE: | AREA: | | | AP | IHC | CLINICAL |
| (NOTE: Circle which Area) | | | | | | |
| # of Cases | SHIFT #1 | | SHIFT #2 | | SHIFT #3 | |
| HOUR | PLAN | ACTUAL | PLAN | ACTUAL | PLAN | ACTUAL |
| 1 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| TOTAL | 0 | | 0 | | 0 | |
| (NOTE: SCRAP AND REWORK NUMBERS NOT INCLUDED IN PRODUCTION NUMBERS ABOVE) | | | | | | |
| SCRAP OR REWORK BLOCKS | 0 | | 0 | | 0 | |
| (NOTE: MANPOWER IS THE NUMBER OF FTE'S ON THE SHIFT) | | | | | | |
| MANPOWER | 1 | | 1 | | 1 | |
| (NOTE: HOURS WORKED IS THE HOURS WORKED BY EACH FTE) | | | | | | |
| HOURS WORKED | 8 | | 8 | | 8 | |
| (NOTE: TOTAL HOURS IS MANPOWER x HOURS WORKED) | | | | | | |
| TOTAL HOURS | 8 | | 8 | | 8 | |
| (NOTE: HOURLY PRODUCTIVITY IS TOTAL ACTUAL PRODUCTION / TOTAL HOURS) | | | | | | |
| PRODUCTIVITY | 0.0 | | 0.0 | | 0.0 | |
| ABSENT ASSOCIATES | | | | | | |
| DOWNTIME (LIST TIME DOWN AND WHAT EQUIPMENT) | | | | | | |
| COMMENTS FOR SHIFT | | | | | | |

- ✓ Charts & signs must be visible at a distance.
- ✓ Should be directed toward a group, not individuals where appropriate
- ✓ Visuals should communicate a Plan and Actual.
- ✓ Involve all employees in the visual management process.
- ✓ Do not use visual management as a means to control or punish...Drive to solve problems in a blameless environment.
- ✓ Should be understandable...consider the audience.
- ✓ Should be "At-a-glance" (think "three-second" rule).
- ✓ Should be standardized (over time). Everyone should know what they are looking at in your facility
- ✓ A barometer of "health" for a specific area (i.e., the "right" metric to tell you if you are doing well)
- ✓ Be Maintained (don't measure if no one will take action!)
- ✓ Have a Process around their use
- ✓ Be Actionable by Associates at the level they are used



Problem Solving



1. Go To Place of Occurrence First

- Go to the laboratory as the first step in the problem solving process
- Don't try to solve problems in your office
- Observe the problem where it occurred at the source

2. Check the Real Thing

- Need to see the problem for ourselves and take action
- Someone else's interpretation is not enough – don't just rely on reports
- Stay objective and identify the problem

3. Take Temporary Countermeasures Immediately

- Take temporary countermeasures on the spot
 - We must insulate our customer from the problem
 - Even though this addresses symptoms only... We must continue to run our business

4. Find Root Cause → 5. Standardize

- Use 5 Whys or other Problem Solving Techniques to drive to root cause
- Standardize new process to prevent problem from reoccurring
- Follow up to ensure the problem has been solved

CAUSE AND EFFECT DIAGRAMS

RUN CHARTS

SIX SIGMA

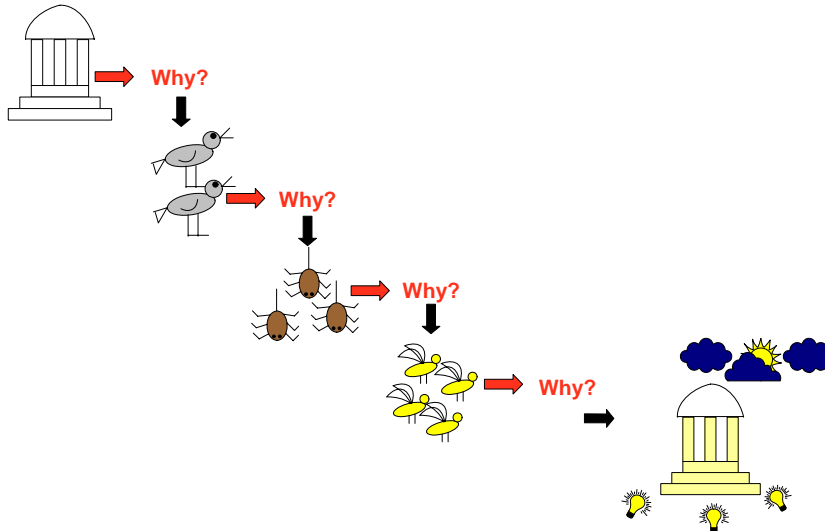
PARETO CHARTS

5 Why's

HISTOGRAMS

VARIATION REDUCTION KAIZEN

5 Whys – Jefferson Memorial Graph



Differentiate between Symptoms and Systems Issues

- Your child has a fever, is this a symptom or a systems issue?

BE A SYSTEMS THINKER: Understand the Interdependence of everything!

Differentiate between Symptoms and Systems Issues

Focus on:

- What Happened?
 - Tell the story!
- Where it Happened?
 - Give the background!
- When it Happened?
 - Be specific!
- Then go to the How / Why
 - Play Dominos!

This process will help you do systems thinking!

Countermeasure Types

- Short-term Countermeasure
 - The purpose of Countermeasures is to develop actions to quickly get back on target
- Long-term Countermeasure
 - Needed when the short-term countermeasure is not sustainable
 - Tend to address & resolve systemic issues

Leadership

Elements of Rigorous Leadership

- Define the Parameters
- Set People Up to Win
- Uphold the Parameters

Define the Parameters

- Set Expectations
- Make it clear what Winning looks like
- Make it clear what Losing looks like
- Only define expectations that you are serious about

Set People Up to Win

- Are they set up with the right resources, people, time, dollars, capital?
- Do People know what you think of their work?
- How do you communicate to them?
- How do you manage with positive expectancy?

Uphold the Parameters

- Inspect what you expect
- React to what you find
- Consistency is critical across the facility
- Apply feedback that is:
 - Immediate
 - Specific
 - Positive and negative
 - Coach to Win
- The daily walk through the laboratory upholds parameters

Applying the Leadership Elements to Delegation

- Delegation Effectively
 - Taps the whole organization
 - Affords managers to coach and not fix
 - Allows managers to be enablers
 - Drive accountability to the whole team

Apply Rigorous Leadership by

- Walking the Laboratory
- Holding Stand up Meetings
- Auditing

Walk the Laboratory

- Walk the laboratory EVERYDAY
- Schedule time if necessary to ensure that you will walk the laboratory
- Reach ALL areas of the laboratory regularly – don't just stay on the main isles
- Talk with Employees and Listen
- Act immediately to implement issues that can be resolved short-term

Daily Huddle

- Why: Communicate key information to start the shift operations
- When: Daily (morning or shortly after shift start for every shift)
- Duration: 10 min. max
- Where: Standing in the team area
- Who: Supervisor, employees, pathologists, etc.



QUESTIONS ?

