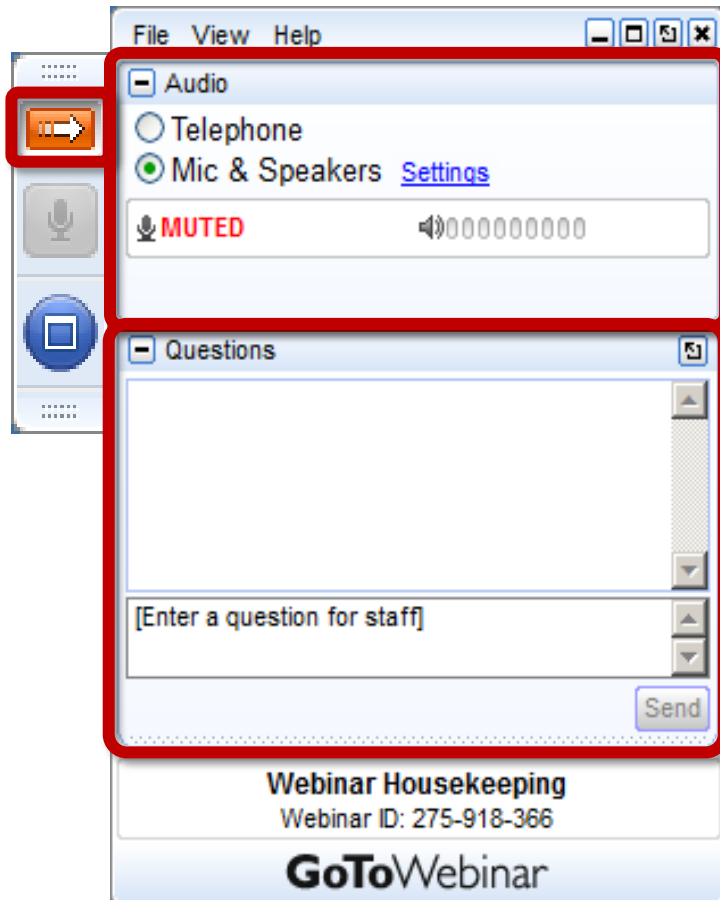




# How to Elevate and Sustain the Profile of the Laboratory

May 18th, 2023

# GoToWebinar Housekeeping



## Your Participation

### Join audio:

- Choose “Mic & Speakers” to use VoIP
- Choose “Telephone” and dial using the information provided

### Questions/Comments:

- Submit questions and comments via the Questions panel.

# How to Elevate and Sustain the Profile of the Laboratory

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**Ihab Abumuhor, MSHCA, MSCS, MLS(ASCP)SBB**

Torrance Memorial Medical Center

**Ali Brown, MD, FASCP**

ASCP

# Elevate and Sustain the Profile of the Lab?

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Ihab Abumuhor, MSHCA, MSCS, MLS(ASCP)SBB  
Torrance Memorial Medical Center



# Who are we?

- 512-bed, nonprofit Medical Center located in Torrance, CA
  - # 1 Hospital in the South Bay
  - # 5 in Los Angeles
  - # 11 in California
- Affiliated with Cedars-Sinai Health System
- 90,000 ED visits annually
- Department of Pathology and Clinical Lab
  - Approximately 200 employees (5 Pathologists, 8 Managers )
  - 12 million tests Annually
  - 8 outreach draw stations
  - Blood Donor Facility
  - First Leading Lab in the Nation
  - Six-Sigma VP Certification
  - Accredited by JC and AABB



# Agenda

- Value of the lab
- Strategic Planning
- 4 Pillars of the Leading Lab
  - Promoting Lab Visibility
  - Elevating Quality Outcomes
  - Cultivating Trusted Leadership
  - Professional Development

# How does your lab bring Value

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- What is value?
- How do you determine the value of your clinical lab?
- Define your lab goal and value.
- Define the Value of your Lab
  - Value to the health-system
  - Value to operations
  - Value to the patient
  - Value to interdisciplinary departments or population health
  - Value of your lab in terms of quality
- Where do you start



# Define Lab goal and value





# Our Goal

Provide innovative, high quality timely and most effective clinical laboratory services

Add services and  
Collaborate with other services to drive additional hospital and patient value through outreach expansion and clinical test menu

# Value of YOUR Lab



## Value to System

- \$MM revenue<sup>1</sup>
  - 10% all TMMC revenues
  - Top 3 revenue centers
- \$costs<sup>1</sup>
  - 6.7% all TMMC costs
  - 9:1 Gross Revenue : Cost
- 20-30% Margin<sup>2</sup>
- 250k patient draws
- 100k outreach visits



## Value to Operations

- 24/7 Operation
- 11.5 MM tests annually
- 1.7 MM orders
- 1.2 MM samples
- 100 K Patients
  - 4.5 MM Chemistry
  - 5.5 MM Hematology/COAG/UA
  - 305 k POC



## Value to Patients

- ~80% of EMR based on lab results<sup>2</sup>
- ~70% of clinical decisions based on lab tests<sup>2</sup>
- 13k units transfused
- 80k outreach visits
- 90K ER Visits

# Other Value of YOUR Lab



## Value to System

- Support other hospital designation
- Wellness program
- Health Fairs
- Employee drug screening
- Consults



## Value to Operations

- Lab testing and reduction on LOS
- Containing cost while providing quality testing
- Strengthening test utilization



## Value to Patients

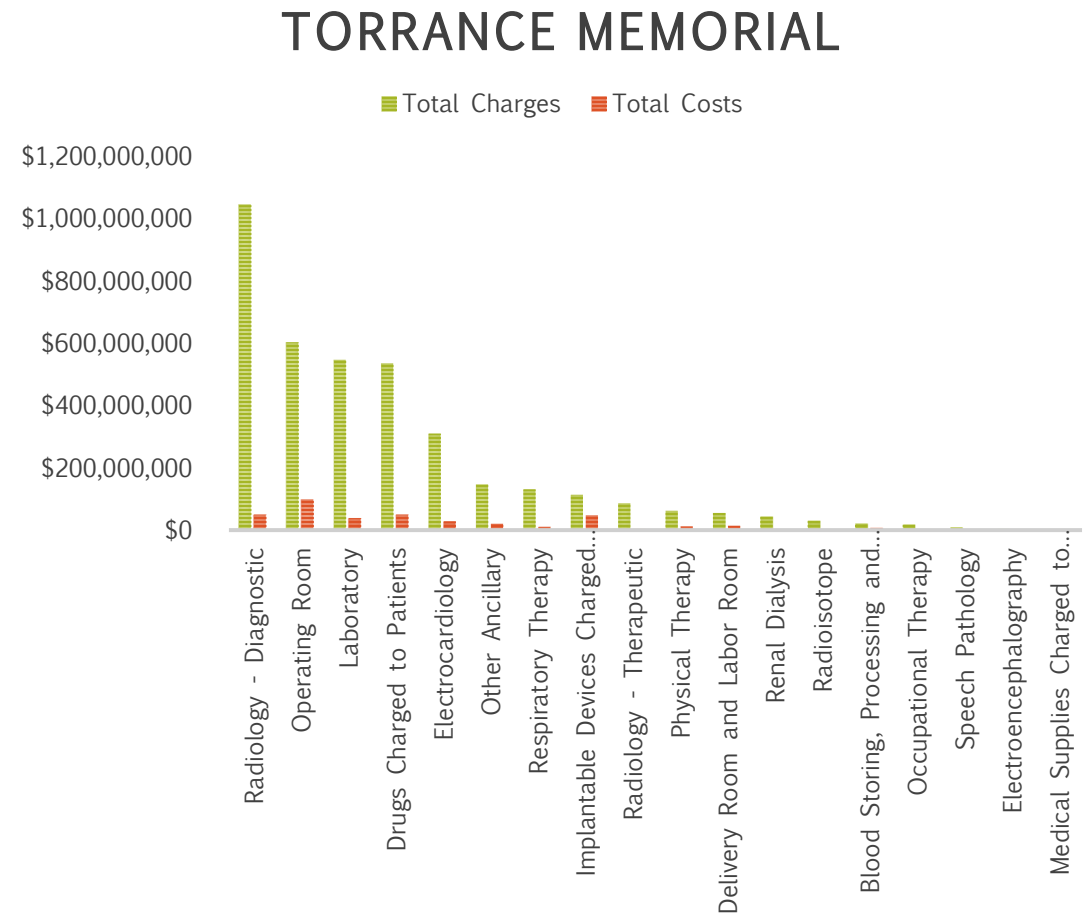
- Improved quality-of-life Outcomes
- Emerging health issues (Population Health)
- Trends in Chronic conditions

# Where Do I start?

Create a strategic Plan?

# Are you costing or making your system revenue?

- The start of a strategy is to know your financial, clinical, and operational role in the system
  - Did you know that labs are typically 6-12% of all hospital billings?
  - Does your leadership know that labs operate at margin that *improves* total system margins?
- If these things are true, does your strategy help improve revenue or just cut costs (which limits revenue!)?





# Why have a strategic plan??

## A roadmap

- Provides direction and goals.
- Defines priorities: What we do and what we won't do.
- Guides day-to-day decisions, including where we invest resources (time, people, \$\$).
- Framework for evaluating progress and changing approaches.

# Define Pillars for the Future and Align with the Organizational Values/Goals

1. **Promoting Lab Visibility:** Outlay a plan for communications to promote visibility of the laboratory and gain stakeholder buy-in and interest in the laboratory
2. **People and Culture:** Be the best place to work in pathology and laboratory medicine and cultivate diverse life-long learners.
3. **Quality:** Strengthen the quality program throughout the department and enhance patient safety.
4. **Financials:** Ensure that our overall financial performance continues to keep pace with the operating and capital requirements needed to advance our Divisional and Departmental mission and values.
5. **Innovation:** Accelerate Innovation and implement the best cutting- edge technologies throughout the laboratory.
6. **Education:** Educate the next generation of Laboratory leaders, supervisors, managers, and healthcare professionals (Medical Lab Scientists, Phlebotomists, Histology techs, cytology staff, Lab technicians).
7. **Growth:** Increase clinical volume, operational expansion and geographic outreach.
8. **Accreditation & Certification:** Strengthen laboratory operational processes to reach accreditation or certification standards to support recognition of laboratory quality.

# Goal 3: Value added Care/ Financials



Identify, pursue early adoption of lean/value-added process improvements throughout the lab



Implement a high value stream committee to identify potential process improvement and cost savings.



Review all contracts and agreements and find any potential cost savings.



Transition to new vendors, if applicable



Collaborate on process improvement projects outside throughout the Medical Center.



Reduce Blood Utilization and identify a supplemental blood supplier



Increase blood collection in-house



Use outreach services to create new revenue from new clinical clients

# 4 Pillars of Leading Lab Designation?

The designation supports laboratories that demonstrate excellence in four key areas:



**Elevating quality outcomes**



**Cultivating trusted leadership**



**Supporting professional  
development**



**Promoting laboratory visibility**

# Promoting Lab Visibility



Internally



Externally



# Lab visibility- Internal

- **Attend all applicable Committees and present to:**
  - Emergency Department
  - Transfusion Committee
  - Infection Prevention
  - Pharmacy/Antibiotic Stewardship
  - FLU/COVID Surge Planning Committee
  - Blood Utilization Committee
  - Directors' Meeting

- **What do I Present?**
  - Applicable metrics (TAT, AM draws, COVID/FLU, ...)
  - Test Utilization
  - Blood Utilization
  - Pre-analytical KPIs
  - Ordering practices
  - Changes in test menu: New Tests/Obsolete tests
  - New Technologies
  - Change in reference ranges
  - Accreditation results

# Other ideas

- Develop Strong relationships with IT and marketing departments
  - Internal Hospital Newsletter
    - lab improvements
    - New Certifications
    - New Technologies
    - Very Important updates (New Tests, changes in methodologies )
  - Rounding with other managers, directors outside the Lab
- 
- Communications with Medical Staff
  - Communication with the Nursing Education
  - Screen Savers for certain updates

- Create Videos
  - Blood Donations
  - Appropriate specimen collection and Labeling
  - Process in the Lab (Following a unit from collection to Transfusion)
  - New Automation
  - Leadership and staff Spotlights
- Rounding with other directors, managers and executives
- Lab week (invite other department leaders and senior executives, IT, marketing, nursing education, nursing leadership, ED leadership)
- Ribbon cutting ceremonies for Go Live
  - Invite senior leadership



# External Lab Visibility

- **Coordination with Marketing Dept**
- **Lab Newsletter (Internal External)**
- Hospital Community Publications
- **External Recognition**
  - Leading Lab
  - Other Certifications
- **Health Fairs**
  - Promoting Blood Donations
  - Point of Care testing (Cholesterol)
- **Promoting Laboratory Careers**
  - High Schools-Career days
  - Career fairs
  - Present at high schools and Colleges (Distribute Lab Newsletter and Lab Magazines)
  - YMCA
- **Provide lab tours to HS and College Students**
- **Partner with other outside organizations (American Red Cross, churches, American heart association)**



# External Visibility

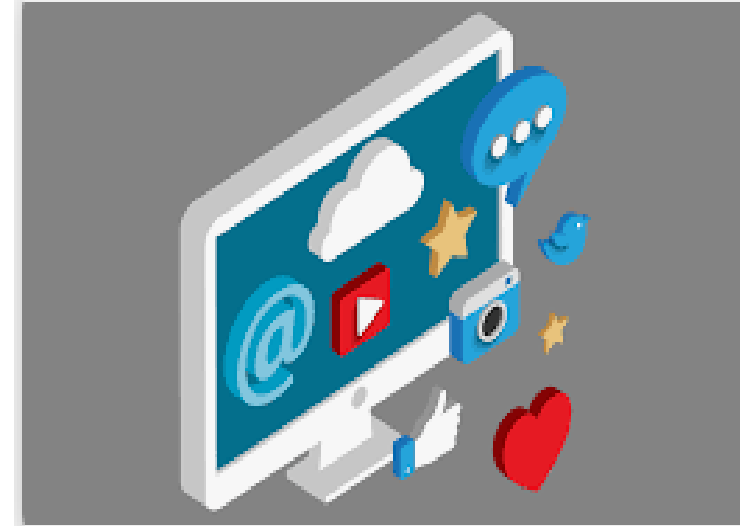
With the help of Marketing improve lab visibility using the following platforms:

- Instagram
- LinkedIn
- Youtube Videos
- Facebook
- Hospital Website
- News Channel
- Local Newspaper
- Case studies
- Publications

Work with Vendors and Marketing Department to showcase the Lab

Presenting at conferences, Publications, poster presentations

for organizations without a marketing department the following outside resources can be used:





# Lab Newsletter



## MESSAGE FROM OUR LEADERSHIP:

For the Department of Pathology and Clinical Laboratory at Torrance Memorial Medical Center, 2020-2021 was a year of unprecedented activity, reorganization, and growth. With the introduction of new technology, a new testing menu and implementation of important patient safety, resource utilization and enhanced value measures, we have continued to provide outstanding service to Torrance Memorial physicians and patients throughout the pandemic.

Our department, which is accredited by the Joint Commission, offers numerous outreach consultation services for both anatomic and clinical pathology through multiple divisions, including:

- Division of Transfusion Medicine (Blood Bank and Blood Donor Center)
- Division of Microbiology, which includes Molecular Microbiology
- Division of Core Laboratory (Chemistry, Hematology, Urinalysis, Coagulation, Drug Screening)
- Division of Point of Care Testing
- Division of Pathology (Histology and Anatomic Pathology)
- Department of Laboratory Support Services, which includes our inpatient and outpatient phlebotomy team, Client Services and Outreach

2020 highlighted the dedication and efforts of our multiple laboratory divisions. The Core Laboratory and Microbiology divisions were at the heart of these efforts, with multiple tests introduced specifically in response to COVID-19, including serology and rapid molecular testing. Throughout the pandemic, we were able to maintain full laboratory operations while adhering to COVID-19 safety precautions.

Our goals for the remainder of 2021 and beyond include expanding outreach by providing new tests and services, mainly in molecular microbiology and anatomic and clinical pathology, while maintaining systems that improve customer service, quality of care delivery and patient safety.

Through this newsletter, our hope is to keep you apprised of changes and improvements relevant to your clinical practice, so you can provide the most up-to-date information to your patients.

Sincerely,

Ihab Abumuhor, MSHCA,  
MSCS, MT(ASCP)SBB  
Director, Laboratory

John Kunesch, MD  
CLIA Director, Clinical Laboratory  
Medical Director, Blood Bank  
and Donor Center

## TESTING MENU UPDATE

Our testing menu has changed as a result of our new technology as well as other improvements and innovations.

### NEW TESTS

Some of our new tests include:

- Fentanyl
- FSH, LH, Prolactin and Progesterone (Hormone Level Testing)
- Free T3
- H-Pylori (Stool)
- Malaria Antigen Testing
- Extended antibiotic susceptibility for multiple drug resistant organism
- CA15.3

### DISCONTINUED TESTS

- Tricyclic (TCAs): TCAs are being dropped by companies and are not available on our new Abbott. There have been significant issues with coverage of the tests for all drugs in the family as well as cross reactivity.
- CA27.29

## COMING IN February/March 2022

The following tests, which are currently sent out for analysis, will be brought in house:

### ANALYTE

C3	Ceruloplasmin
C4	Haptoglobin
IgA	Total T4
IgG	Total T3
IgM	DHEA-S
Anti-CCP	SHBG
Anti-TPO	Testosterone, Total
Beta microglobulin	



**BLOOD BANK AND  
DONOR CENTER  
MAINTAINS SUPPLY**



**LAB DRAW STATIONS**

**OPEN DRAW STATIONS  
TORRANCE**

## The Lab Insider

DEPARTMENT OF PATHOLOGY AND CLINICAL LABORATORY NEWSLETTER Winter 2022

## SIX SIGMA VP CERTIFICATION

Torrance Memorial received the Six Sigma Lab Certification on Oct. 25. Torrance Memorial is the 80th hospital in the world to receive this certification, which is awarded to hospitals who have adopted policies and procedures that result in optimal Sigma-metrics performance which translates to less than 4 defects per million. In a Laboratory context, this would equate to 3.4 failed QC results per million QC runs. Six Sigma can help us better evaluate the analytical quality of lab results as well as the equipment and products used to produce them.



## LEADING LABORATORY



Torrance Memorial Medical Center is the first in the nation to receive Leading Laboratories recognition from the American Society for Clinical Pathology (ASCP) and The Joint Commission. The two-year designation serves as proof of Torrance Memorial's commitment to laboratory excellence and to help improve patient outcomes.

Torrance Memorial underwent a rigorous application process to receive the recognition, including a review of its outcomes, indicators, metrics and evidence. Additionally, it had to demonstrate excellence in four key areas: elevating quality outcomes, supporting professional development, cultivating trusted leadership and promoting laboratory visibility.

# Hospital Newsletter/Very Important Update/Ribbon Cutting Ceremony



**national observance months**

January is National Blood Drive Month

PEACE  DONATE  
GIVE THE GIFT OF LIFE

 TORRANCE MEMORIAL | An Affiliate of  Cedars Sinai

 Torrance Memorial is in critical need of blood donations due to a nationwide blood shortage.

To schedule an appointment to give blood please call ext. 74648  
The Blood Donor Center is located at Torrance Memorial Medical Center  
Outpatient Center, 2nd Floor -- 3317 Medical Center Drive, Torrance, CA 90505

Monday: 8 AM - 4 PM  
Tuesday to Friday: 8 AM - 3 PM

*Free t-shirts to all participants while supplies last!*

Click the link below to read more about this generous group of South Bay residents who have given enough blood to be called "super donors."

**Super Blood Donors**



**VERY IMPORTANT UPDATE**

**Lab: D-Dimer HS - Effective 2/28**





# Community Publication and Involvement

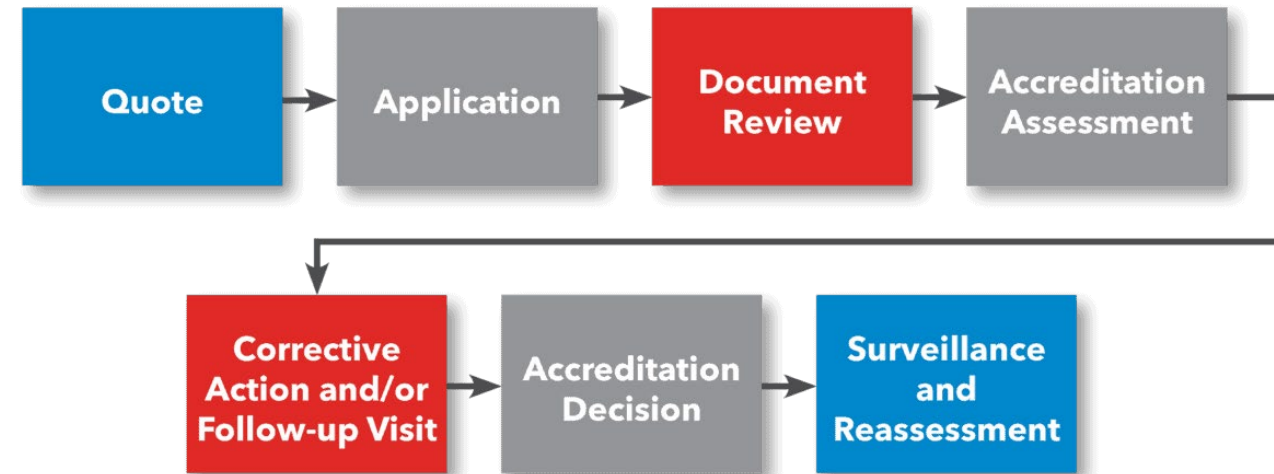
# How to achieve Quality?

- Develop a Quality structure
  - Quality Steering Committee
  - Quality Assurance Committee
  - Process Improvement Committee
- Build a robust Quality Plan/Quality System
  - Annual Quality Report
- Develop Meaningful Quality Metrics
- Implement Meaningful Dashboards
- Department Process improvement Goals (PIC) (Review Quarterly)
- Implement Meaningful Test Utilization dashboards



# Value of your Lab in terms of quality

- Accreditation
- Quality Metrics and Outcomes
  - Lab Analytics Dashboards
  - Cost of poor quality
  - Blood Utilization
  - Morning AM Labs (% resulted by 8 AM/9AM)
  - Impact of TAT on LOS
  - Positive Cultures
  - Non-conforming events (Lab Vs. Nursing)
  - Test Utilization (underutilization and overutilization)
  - Anatomic Pathology Metrics
  - Patient wait times
  - Customer satisfaction reports
  - Blood Culture contamination rates
  - Pre-analytic errors report and recollection cost



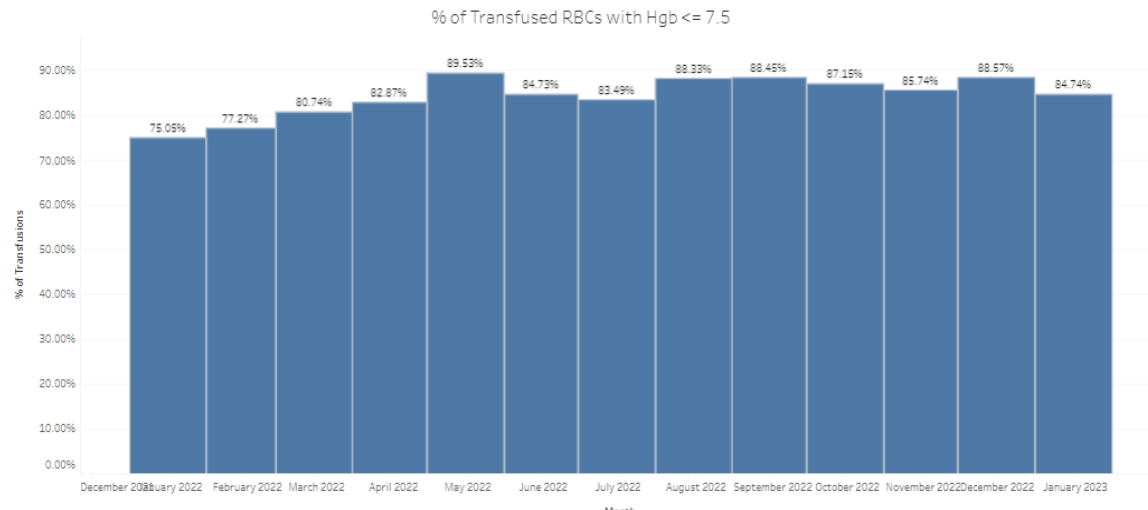


# Sample Metrics. Are you sharing your data?

Product Type	Transfusion Date Range	Unit Location
RBC	1/1/2022 12:00:00 AM - 2/28/2023 11:59:59 PM	(Multiple values)
Target Hgb	Target Platelet Count	Target INR
75	50	1.5

RBC transfusions with:

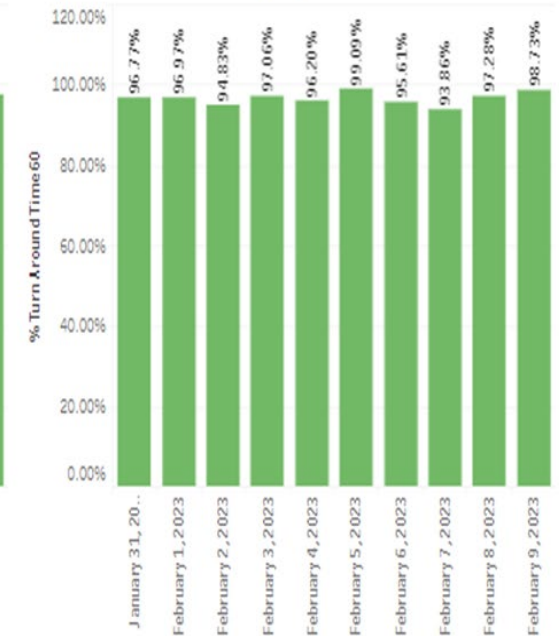
Hgb ≤ 7.5	Hgb > 7.5	No Hgb Result
84.12%	15.08%	0.80%



Troponin 45 Mins TAT By Day

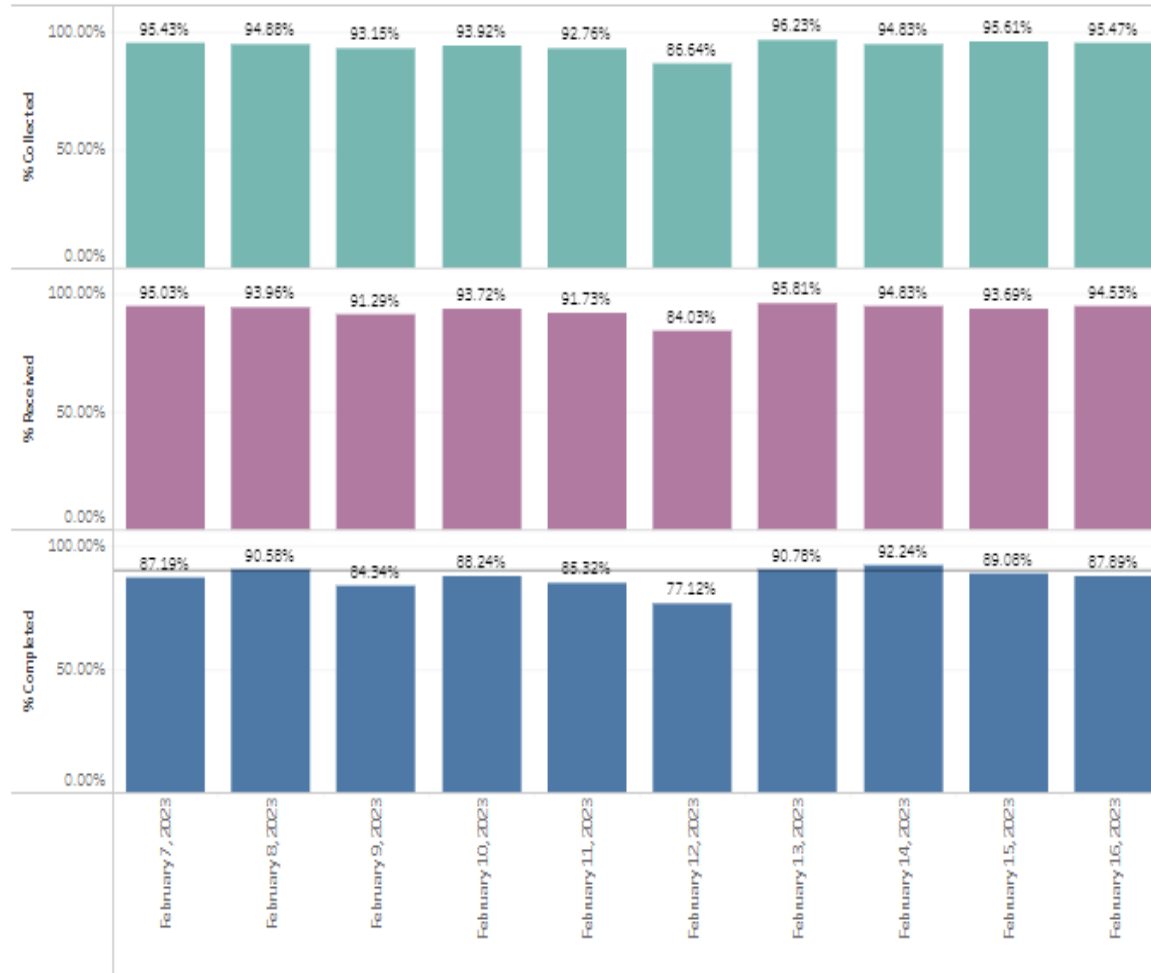


Troponin 60 Mins TAT By Day

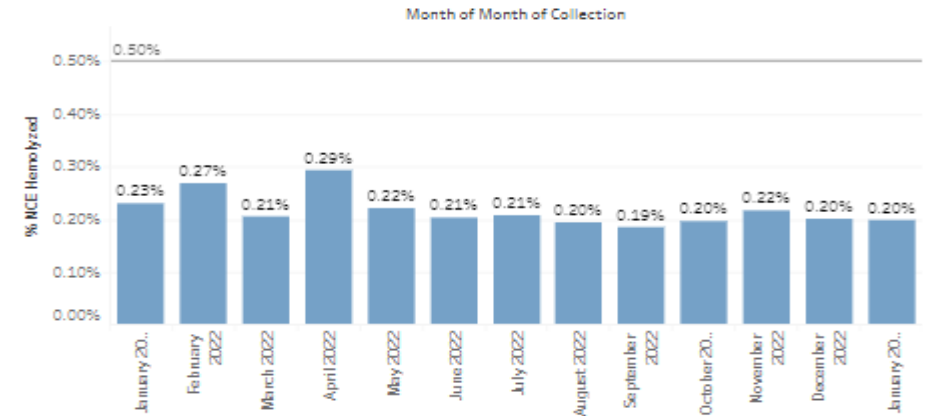


# Sample Metrics-use to justify staffing

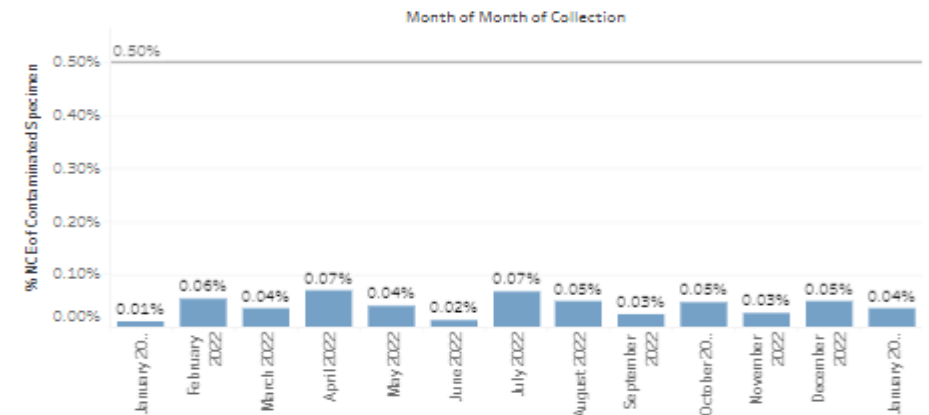
Labs Before 9:00 by Day



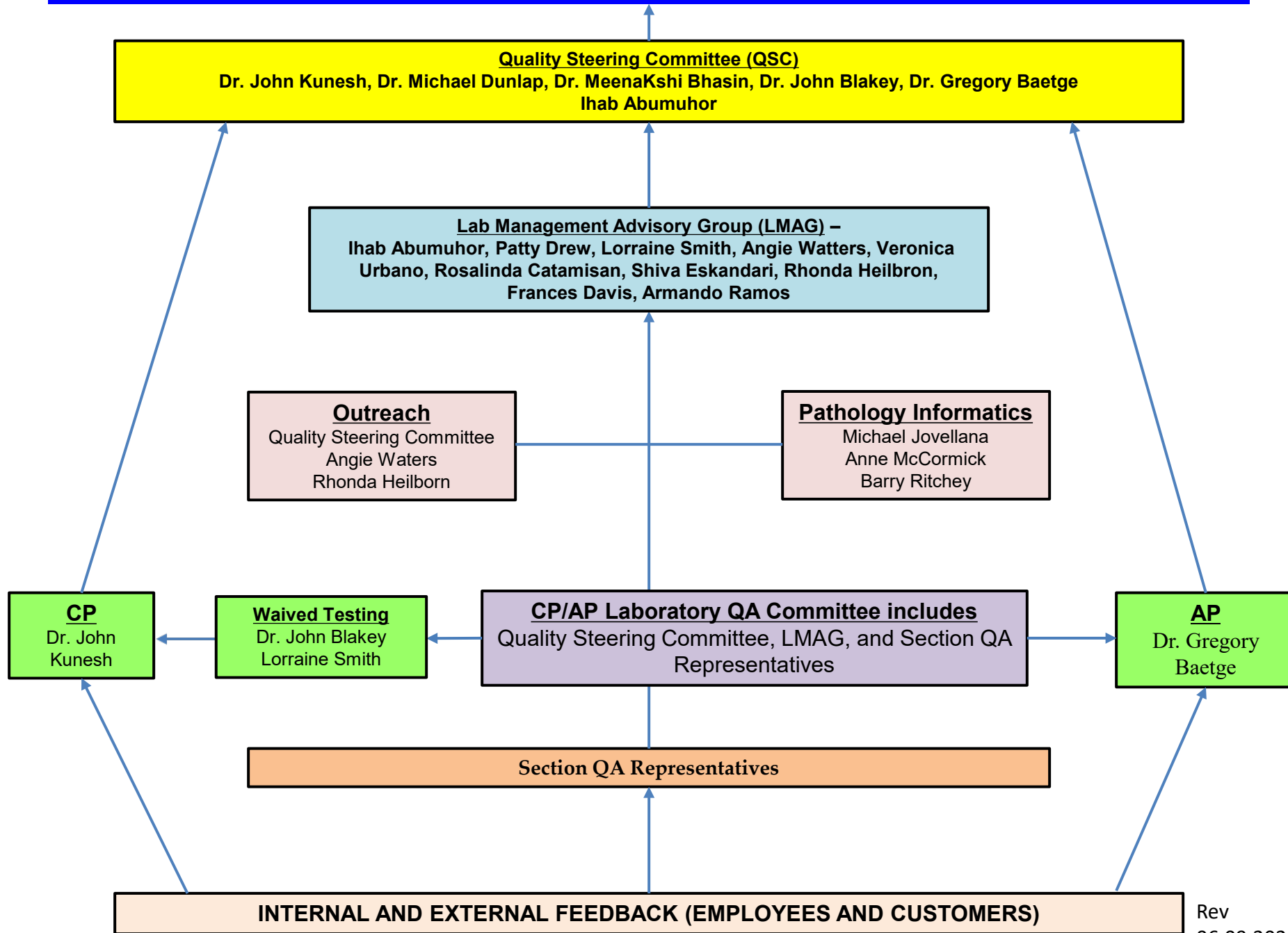
% NCE of Hemolyzed



% NCE of Contaminated Specimen



# TMMC LABORATORY QUALITY COMMITTEE STRUCTURE



# Scheduled QA Meetings



Daily Huddles



Weekly QA Review (CAP Survey Results, Validation Plans, New Tests, ...)



Weekly Quality Steering Committee (Operations and Quality)



Quarterly QA Meetings (Divisional Quality Metrics)



Monthly Operations

## Develop CP/AP Goals

MEASURE	OPERATIONAL DATA DEFINITION	CURRENT GOAL	REPORTING FREQUENCY	OWNER	TEAM LEADER(s) / PRESENTER	DATA SOURCE / CONTACT	REPORTED TO:
<b>Quality and Regulatory</b>							
Areas for improvement using Outreach Survey to assess customer and Physician Feedback	Identify areas for improvement using the survey, physician and customer Feedback	Gather information from Feedback related to laboratory as opportunities for improvement. Identify and execute Performance Improvement (PI) projects.	As needed	Dr. John Kunesh Ihab Abumuhor	Dr. John Kunesh Ihab Abumuhor Angie Watters	Survey	CP PIC MSPI MEC
Transmit Microbiology and Pathology patient results to Patient Portal	Transmit patient results to the Portal to comply with the CARES ACT.	Implement by June 30, 2022	As needed	Dr. John Kunesh Ihab Abumuhor Veronica Urbano Shiva Eskandari	Dr. John Kunesh Ihab Abumuhor Veronica Urbano Shiva Eskandari	Veronica Urbano	Dr. John Kunesh
RCA for SAE:	Report Root Cause Analysis (RCA) for SAE* (Significant Adverse Event)  *SAE is high risk Nonconforming Events (NCE)	Each laboratory section to report at least 1 RCA per year for SAE - All lab sections to track number (#) of high risk NCEs and report improvement projects at QA meeting.	As Needed	Dr. John Kunesh Ihab Abumuhor	Dr. John Kunesh Ihab Abumuhor		CP/AP PIC Laboratory Quality Assurance Committee
Voice of the Customer	Voice of the Customers (VoC) (Rounding by MDs)	Conduct rounding with clinicians and identify opportunities for improvement. Each section to report 1-2 VoC sessions per year	As needed	Dr. John Kunesh Ihab Abumuhor	Dr. John Kunesh Ihab Abumuhor		CP/AP PIC LAB QA Committee MSPI MEC

# Agenda for the QA meeting



## Agenda

Laboratory  
Quality Assurance Working Committee Meeting  
Date/Time: July 22, 2021/2:30 PM

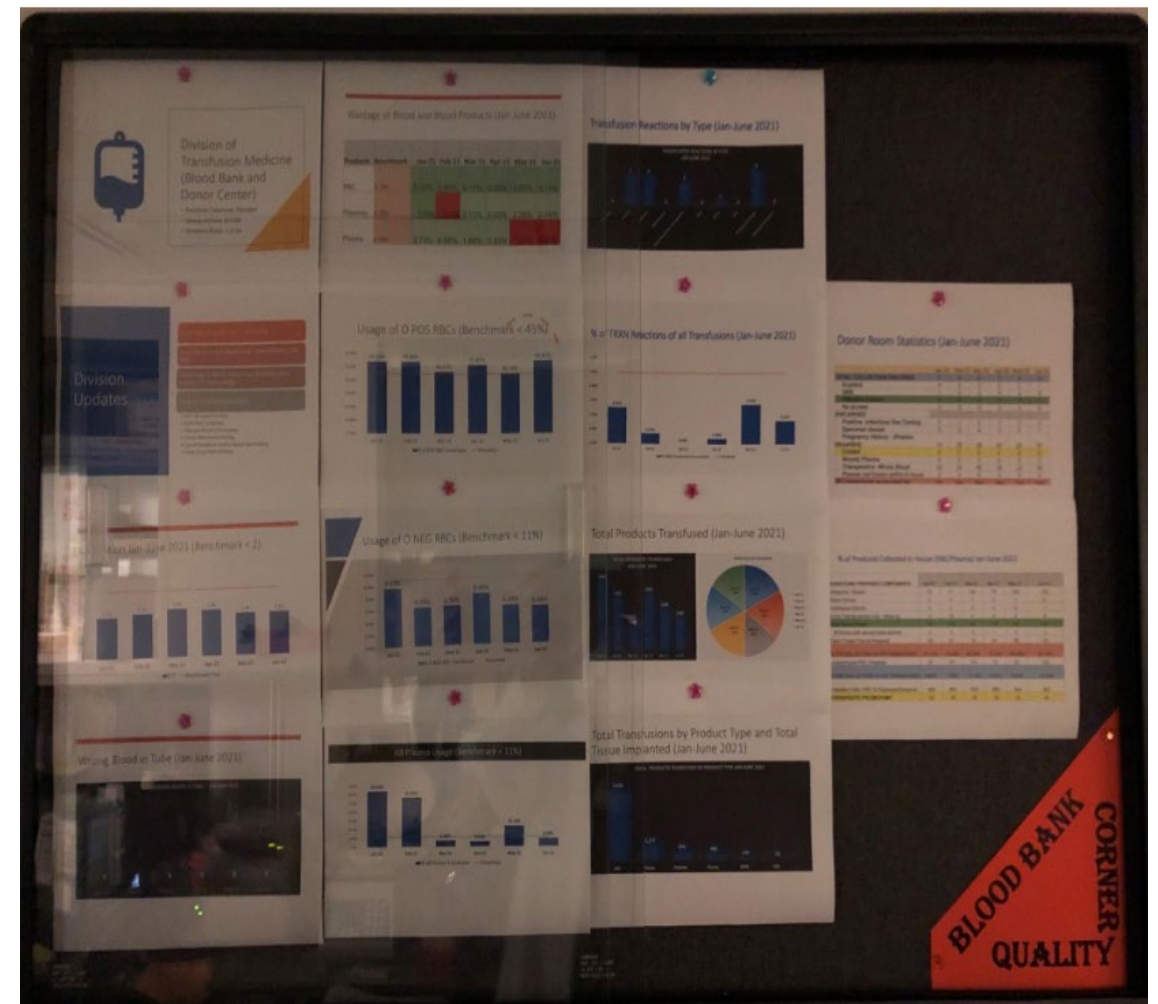
Attendees				
<input type="checkbox"/> Dr. Kunes	<input type="checkbox"/> Dr. Dunlap	<input type="checkbox"/> Rosalinda Ctamisan	<input type="checkbox"/> Frances Davis	<input type="checkbox"/> David Jauregui
<input type="checkbox"/> Dr. Bhasin	<input type="checkbox"/> Ihab Abumuhor	<input type="checkbox"/> Angie Walters	<input type="checkbox"/> Micahel Jovellana	<input type="checkbox"/>
<input type="checkbox"/> Dr. Blakey	<input type="checkbox"/> Patty Drew	<input type="checkbox"/> Armando Ramos	<input type="checkbox"/> Rhonda Helibron	<input type="checkbox"/>
<input type="checkbox"/> Dr. Baetge	<input type="checkbox"/> Shiva Eskandari	<input type="checkbox"/> Lorraine Smith	<input type="checkbox"/> Lisa Hughes	<input type="checkbox"/>

Agenda Item	Presenter
I. Organization – Staffing: change in organizational structure, New Staff	
II. Personnel Training & Competency: Any issues with training and competency	
III. Equipment : Issues with equipment, validation	
IV. Purchasing & Inventory: Issues with supplies/reagents, issues with vendors/suppliers	
VI. Information Management: <ul style="list-style-type: none"> <li>• Haemonetics EDD: New product codes, issues, new test codes, servers, interface issues etc.</li> <li>• Cerner: any issues, new codes, validation etc.</li> </ul>	
VII. Nonconforming events – Summary of Preanalytical, Analytical, Post-analytical events <ol style="list-style-type: none"> <li>1. Specimen Mislabeled/Wrong blood in tube</li> <li>2. RL6/incidents reports</li> <li>3. Biological Product Deviation Reports: blood bank</li> <li>4. Other Reports: High Risk</li> <li>5. Sentinel Events, Near Misses, <u>Clinical</u> Complaints</li> </ol>	

VIII. Assessments <ol style="list-style-type: none"> <li>1. Proficiency testing</li> <li>2. Audits</li> <li>3. Quality Metrics</li> </ol>	
IX. Process Improvement / Projects / Updates <ol style="list-style-type: none"> <li>1. <b>JC preparation</b></li> <li>2. <b>ABBOTT</b></li> <li>3. <b>Other Projects</b></li> </ol>	
X. Customer Service <ol style="list-style-type: none"> <li>1. Service Complaints –</li> </ol>	
XI. Facilities and Safety <ol style="list-style-type: none"> <li>1. Employee incidents or accidents, Patient incidents or accidents</li> <li>2. Safety Audits, Other safety issues</li> <li>3. Facility issues (space, remodeling, unplanned outages, etc.)</li> </ol>	Ihab/Patty
XII. Documents & Records –	



# Quality Corner-Each Division



# PDCA and/or A3-completed for each process Improvement



## Point of Care QUALITY IMPROVEMENT 2022

**INITIATIVE:** Supplement SARS-CoV-2 PCR testing in the lab with SARS-CoV-2 Antigen testing performed on the Lumira device in POC.

**PLAN:** TMMC Administration committed to bringing on the Lumira SARS-CoV-2 Antigen test for Hospital and Physician Network (TMPN) testing in Dec 2021. The test is CLIA waived, quick (12 minutes), accurate (positive percent agreement 97.6%, Negative percent agreement 96.6%), sensitive (Limit of detection 32 CID50/mL), and easy to incorporate (room temp storage, Nasal or NP swab). This test would allow TMMC to continue SARS-CoV-2 testing despite SARS-CoV-2 PCR testing supply issues and expand the SARS-CoV-2 testing to POC and physician offices/Urgent care.

**TEAM:** Team members came from Hospital Administration, Lab Administration, Microbiology, POC, TMPN Administration, Infection Control and Lab IS. This eventually expanded to include Clinical Informatics, ED, L&D, Employee Health, and the TCU.

**DO:** By the first week of Jan 2022, Lumira devices and reagents were received by the lab and Lab/TMPN superusers were trained on the device. By the second week of Jan 2022 the POC team performed the initial validation, QC verification of each device/printer/barcode scanner and distribution of devices to TMPN. Devices were deployed and staff training begun (2 devices in the ED, 1 in TCU and 2 in Employee testing.) In the following weeks, as the ED physicians became more comfortable with the device/results/workflow, more devices were deployed in the ED and staff training continued. By the first week in Feb, Lumira devices were deployed and staff trained in L&D. By the second week in Feb, Lumira devices were placed in the Pre-Op areas. By the fourth week in Feb, TMMC allowed patient visitation to resume and the Lumira was used to test all non-boosted visitors.

**CHECK:** Towards the end of Jan 2022, it became more difficult to acquire PCR testing supplies across all testing platforms. TMMC was experiencing a shortage of PCR testing supplies and a surge in positive patients coming to the ED. There also was a high positivity rate amongst the staff. Lumira testing became essential for infection control and staff/patient safety. The Lumira test proved to be easy to perform, fast, reliable, and accommodating.

**ACT:** We are expecting to interface the devices as soon as possible. Until then we are relying upon manual test entry which POC monitors. In Mar 2022 we began using the CDC Simple Report software.

**Project Name:** O.R. Pathology Specimen Labeling  
**Date:** 09/18/2020

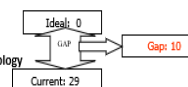
**Project Lead:** Margarita De Jesus & Veronica Urbano  
**Executive Sponsor:** Deborah Butler

**Project Team:** Denis Albaladejo, Luannemitz Villanueva, Jackelyne Montesarmenta, & Ako Maake.  
**Facilitator:** Margarita De Jesus & Veronica Urbano



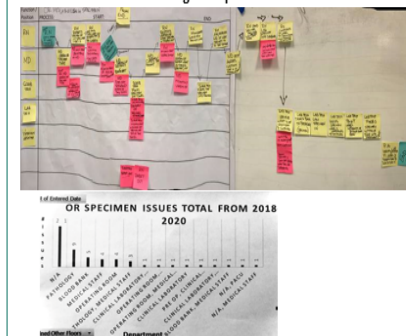
### Problem Statement (Gap) :

Based on data collected from our Patient Safety Experience Reporting system, from 2018-2021, there were 29 O.R. Pathology specimen errors. Errors in specimen labeling can result in misdiagnosis, and can affect patient care.



### Current State:

- Lack of communication between surgeon and nurse.
- Lack of communication between nurse and surgical tech.
- Surgical techs each have a different process when labeling specimens.
- Unable to understand writing on requisitions.



### Targets (SMART):

- Decrease mislabeling Pathology Specimens to 0% by January 2022.

### Root Cause Analysis : Five why's

- Surgical techs placement of specimens is inconsistent
- Batching of specimens
- Surgical techs are afraid to ask surgeon
- Surgical techs have been trained differently
- No Standard Specimen Collection for Surgical techs (SOP)

### Plan Countermeasures:

Strategy Countermeasure	Who
Review and combine standard specimen policies and procedures into one policy	Liz, Margarita Veronica

### Do:

Action Items	Who	When	Status
Review, rewrite, & combine OR specimen policies and procedures	Liz	09/24/2021	Completed
Educate new O.R. specimen policy and procedure to O.R. staff	O.R. Management	9/8/2021 & 10/13/2021	Completed
Educate new O.R. specimen policy and procedures to M.D.s	Margarita / Deb	October 2021	Completed

### Check:

Dashboard Metric	Baseline	Target	30D 12/21	60D 1/22	90D 2/22
Patient Safety Experience Reporting System (RLE)	29				

### Act: Sustain the Results and Next Steps:

- 1. Next Steps: Explore Online ordering next meeting January 17, 2022
- 2. Share monthly data at monthly staff meeting and Surgery Committee Meetings
- 3. Monitor monthly RL reports – Ihab Abumuhor
- 4. Review and /or modify policy as needed

### Reflections:

What went well?	What can be improved?



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## 2022 - 2023 Internal Audit Schedule – Department of Pathology and Clinical Lab

[illegible]

# Automated Non- conforming Events Dashboards

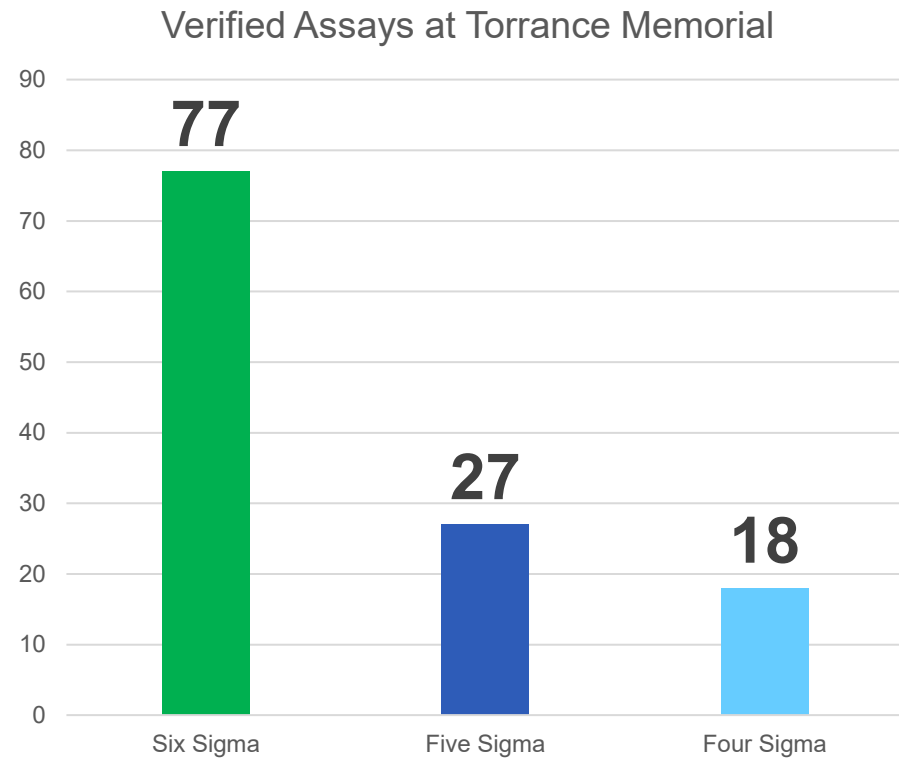
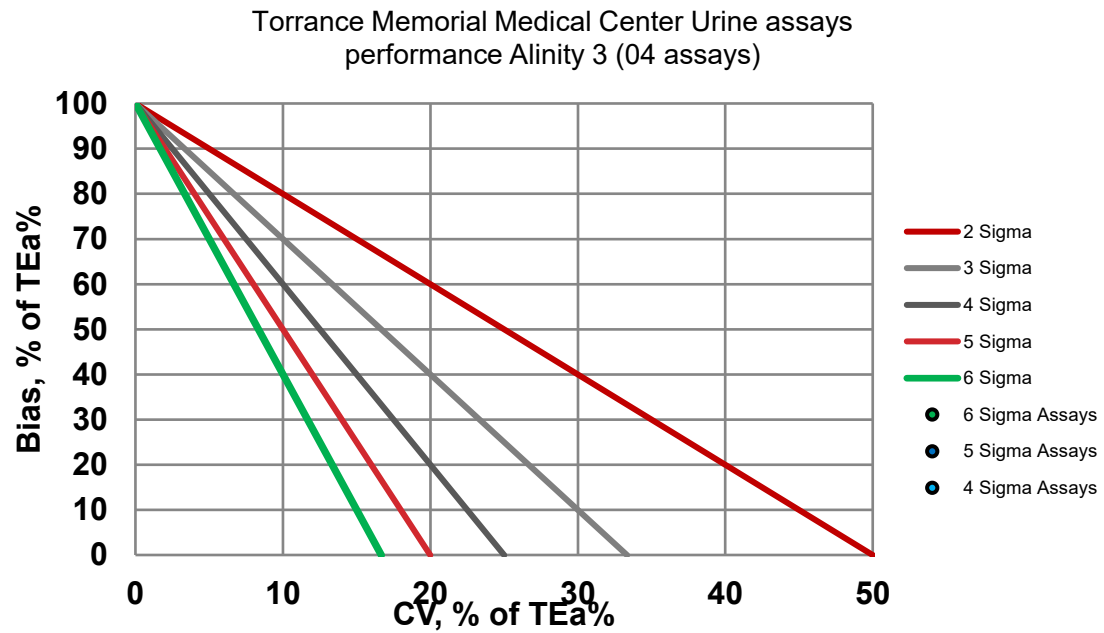
Events entered in an electronic database called RL6

- Lab Specimens
- Pathology
- Blood Bank
- Other Divisions (Micro, Core Lab, Outreach)

Used for reporting internal and external errors or incidents

Trended and shared in Staff and QA meetings

# Six Sigma Certification




# Supporting Professional Development

- **Manager Certification Program**-required for all new managers
- **Lean Certification Program**-required for all managers
- Promotion Ladder (CLS I, II, III, CLS QA, CLS Lead, Manager...)
- Certification Support (SBB, POC,...)
- Education support (MS, conferences, continuing education,...)
- Mentoring Program
- Succession Planning Program
- Rounding

# Cultivating Trusted Leadership

- Implement or improve employee recognition
- Improve communication
- Foster a motivating work climate
- Implement team building exercise
- Rewarded positive behavior by promoting staff who exceeded expectations
- Offered Spot bonuses and gift certificates to reward positive behaviors
- Continue to build trust among staff and place team goals ahead of individual goals.

# Employee Recognition



**SPOT BONUS AWARD**

I nominate \_\_\_\_\_ for recognition under the Medical Center's Employee Spot Bonus Award Program for the following reasons:

I would like to recommend \_\_\_\_\_ for the Spot Bonus Award for his/her consistent outstanding service to the Division, her co-workers and patients of the medical center.

\_\_\_\_\_  
Nominator's Signature

**SPOT BONUS AWARD CRITERIA**

*Employee has demonstrated extraordinary work effort, initiative, creativity or dedication on a project or in an activity that furthers departmental/organizational objectives.*

*Employee has contributed ideas for improvement of work methods or processes resulting in substantive cost savings, better service or improved quality of patient care/work outcomes.*

*Employee has modeled TMMC values and vision goals by showing unusual service orientation, empathic care, collaborative teamwork, responsiveness to customer needs, or creative problem solving.*

Approval: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \$ \_\_\_\_\_

## LAB EXEMPLAR NOMINATION FORM

*A lab exemplar is an individual or a team whose behavior and contribution best exemplify the mission, and professionalism of Torrance Memorial Medical Center.*

Nominated by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Individual or Team Nominee:** \_\_\_\_\_

Division(s): \_\_\_\_\_

### Approval Signature(s):

Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Director: \_\_\_\_\_ Date: \_\_\_\_\_

### Award Justification



*Department of Pathology & Clinical Laboratory  
Torrance Memorial Medical Center*

\_\_\_\_\_  
Nominator

Recognizes and honors

\_\_\_\_\_  
Nominee

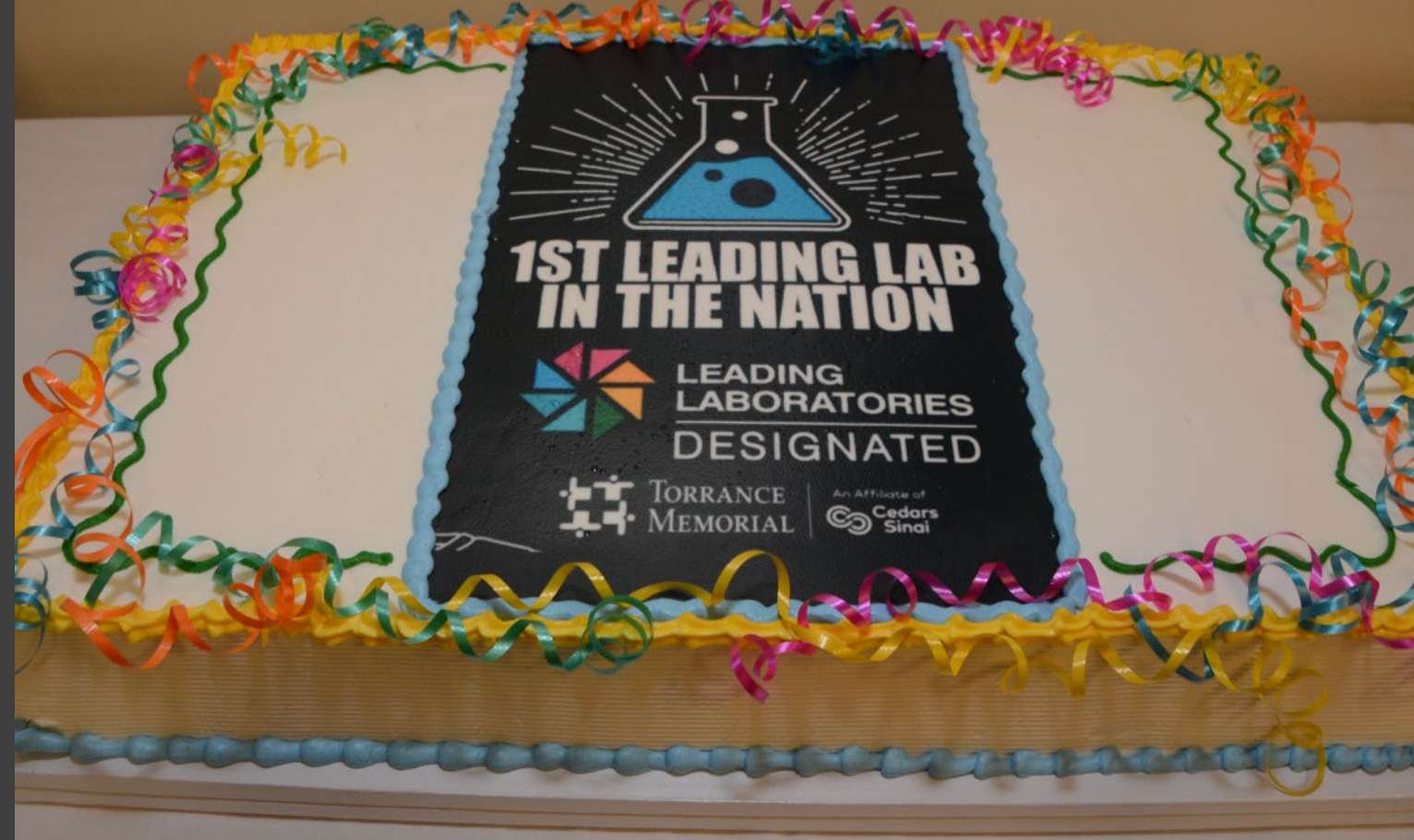
For: (check all that apply)

- ☐ Going the extra mile to help when it's busy
- ☐ Helping solve a difficult problem
- ☐ Always having a positive attitude
- ☐ Taking on a special project
- ☐ Providing a great solution
- ☐ \_\_\_\_\_

# Lab Recognition

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Leading Lab Photos





# LEADING LABORATORIES



The Joint Commission

# ASCP & The Joint Commission



**Patient-  
focused**



**CQI with  
proven metrics**



**Elevating  
patient  
outcomes**



**Role of  
laboratory in  
healthcare**



**Crisis/emerging  
situations**

# What is a Leading Laboratory?

More than just a status to earn, Leading Laboratories is the only program of its kind that provides detailed proof of quality laboratories' commitment to building teams who excel in enhancing patient care.



# Core benefits



**Build stronger,**  
more resilient  
laboratory teams,  
facilitating and  
highlighting  
development of team  
members.



**Garner respect**  
within pathology  
and laboratory  
medicine  
community.



**Elevate medical  
laboratories** within  
larger clinical care  
team and  
organizations,  
health care systems.



**Expand awareness**  
of medical  
laboratories vital role  
among patients and  
public.

# Laboratory visibility and recognition



**Patients**



**Physicians/  
care providers**



**Leaders/  
administrators**



**Multidisciplinary  
teams**



**New grads,  
new colleagues**



**Future  
students**



**C-Suite**



**Accreditation  
bodies**



**Government**



**Industry**



**Payers**

# Leading Laboratories model



**QUALITY OUTCOMES**



**PROFESSIONAL DEVELOPMENT**



**TRUSTED LEADERSHIP**



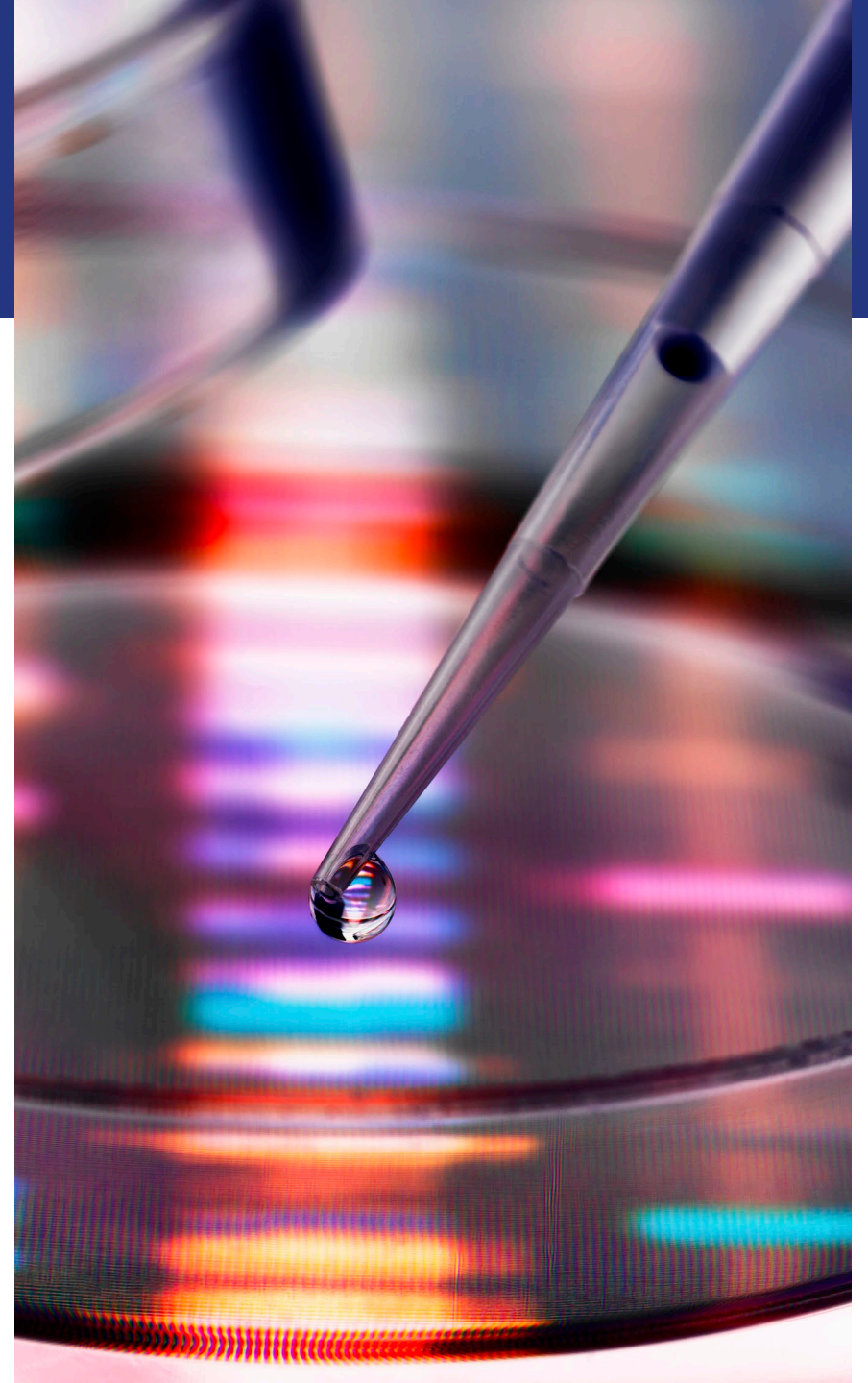
**LABORATORY VISIBILITY**





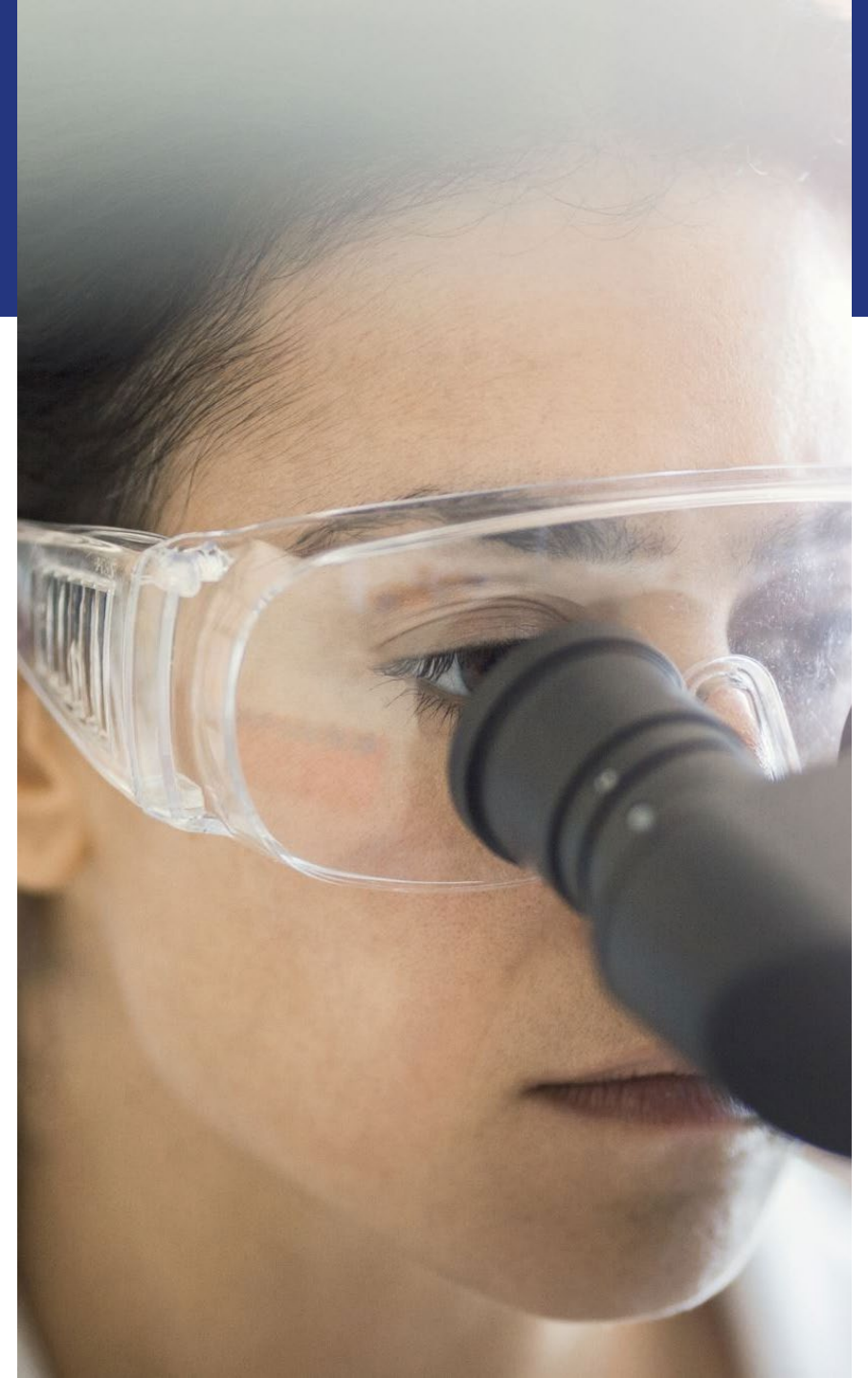
# Reviewer Comments

- “There are so many best practices included in this application.”
- “This organization has a tremendous opportunity to advance laboratory culture and quality through sharing these best practices.”
- “Excellent implementation of laboratory patient portal to access test results, as well as laboratory newsletter that is available to providers and patients alike.”



# Reviewer Comments

- “Excellent and inspiring applicant.”
- “Clearly committed to professional development through a wide variety of programs from formal education, to internship program for MLS, to mentorship, to formal education.”
- “I love how this highlights actions taken during COVID pandemic, turning it into an opportunity.”





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# Questions?



## To learn more about The Leading Laboratories Recognition Program or The Joint Commission's Laboratory Accreditation Program

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Visit us: [www.leadinglaboratories.org](http://www.leadinglaboratories.org)

Visit us: [www.jointcommission.org/lab](http://www.jointcommission.org/lab)

Questions ? Email us: [qualitylabs@jointcommission.org](mailto:qualitylabs@jointcommission.org)





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# Thank you!