

# Lean Leader Certification

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**Leila Filson, MHA**

**Safety / Training Coordinator**

**September 17, 2014**





# Florida Department of Health

## Division of Disease Control and Health Protection

### Bureau of Public Health Laboratories

Pensacola  
11  
Employees



Jacksonville  
182  
Employees



Tampa  
46  
Employees



Miami  
28  
Employees



#### **Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.

# Executive Steering Committee

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Dr. Carina Blackmore – Bureau Chief

Susanne Crowe – Jacksonville Lab Director

Dr. Andrew Cannons – Tampa Lab Director

Dr. Leah Gillis – Miami Lab Director

William Nakashima – Pensacola Lab Director

Dr. Marie-Claire Rowlinson – Asst. Jax Lab Director

Regina Fisher – Administrative Services Director

# Lean Certification Requirements

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- Full attendance Lean Leader training (15 total)
  - Houston, TX July 15<sup>th</sup>-18<sup>th</sup> ,2013
  - Denver, CO August 5<sup>th</sup>-8<sup>th</sup> ,2013
    - 5 candidates selected to continue on for Lean Leader Certification

Jennifer Eastman, PhD – Alaska Division of PH Laboratory  
Kwadwo Owuso-Ofori, PhD, Milwaukee Health Department  
Denise Lopez, MS, PHM, Tulare County PH Laboratory  
Karen Stephani, New York Food Laboratory  
Leila Filson, Florida Department of Health

# Lean Certification Requirements Con't

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- Lead 3 Lean Projects
  - Data Entry Turn Around Time (TAT)
  - New Born Screening (NBS) Workflow Improvements
  - Customer Service TAT on corrections
  - Tuberculosis (TB) Faxing
- Participated in biweekly calls and 2 onsite projects
  - Milwaukee – 5S and VSM
  - Jacksonville, Fl. – 20 keys
- Certification
  - Presentation of Lean Projects to Steering Committee and BD

# Data Entry TAT Description

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## Background:

Samples for NBS were received at the laboratory around 10 am but it was between 1-2 pm before demographic information was handed out to the Data Entry operators (DEOs). Unsatisfactory submissions needed to be reported out by 3 pm which required demographics to be fully entered.

## Project Management:

Team Leader – Leila Filson

Executive Steering Committee (ESC)

Champion – Susanne Crowe

# Data Entry TAT

## Lean Tools Utilitized



- Intro to Lean Training
- Project Charter
- Huddle Meetings
- PVD (Primary Visual Display) Board
- Hot Button List
- VSM (Value Stream Map) current
- Standard Work
- Spaghetti Diagram

| Lean Project Charter            |                                                                                                                                                                                                                                                                                                                                                                                                                                   |
|---------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Project # 1                     | Project Title: NBS Data Entry Streamliners                                                                                                                                                                                                                                                                                                                                                                                        |
| Project Beginning Date: 8/29/13 | Project Ending Date: 2/28/14                                                                                                                                                                                                                                                                                                                                                                                                      |
| Background:                     | Currently walking thru several buildings to pick up slips. Put in numerical order and count to verify # of slips being picked up is the same # NBS is releasing. Slips are taken to Data Entry Supervisor office to be logged in and then divided among the 12 DEO's. Each DEO receives Pre-key, Full-key and greater than 7 day slips. (Greater than 7 days is Pre-keyed and then given to another DEO immediately for full key) |
| Scope:                          | Scope is working with 2 departments: Jacksonville NBS department and Data Entry department                                                                                                                                                                                                                                                                                                                                        |
| Process Starts at:              | 11:00-11:30 NBS calls after they have 500 slips ready to be picked up.                                                                                                                                                                                                                                                                                                                                                            |
| Process Ends at:                | 12:30 done receiving and distributing to entry operators                                                                                                                                                                                                                                                                                                                                                                          |
| Objectives:                     | Get the work done quicker!                                                                                                                                                                                                                                                                                                                                                                                                        |
| Deliverables:                   | Data is entered and results are released by the end of the day. Time savings to reduce flex scheduling. Time savings by reporting faster....saving babies lives.                                                                                                                                                                                                                                                                  |
| ESC Champion:                   | Susanne Crowe                                                                                                                                                                                                                                                                                                                                                                                                                     |
| Team Leader:                    | Fay Hubbard                                                                                                                                                                                                                                                                                                                                                                                                                       |
| Stakeholders:                   | Patient, Submitting Party, Department sample came from, Billing, Customer Service                                                                                                                                                                                                                                                                                                                                                 |
| Team Members:                   | Fay Hubbard, Naulka Caines, Riza Callao, Bess Clark, Heddy Gray, Sandy McConnell, Marlaine Mollenthiel, MommaDo Woodson                                                                                                                                                                                                                                                                                                           |
| Trainers/Facilitators:          | Leila Filson                                                                                                                                                                                                                                                                                                                                                                                                                      |

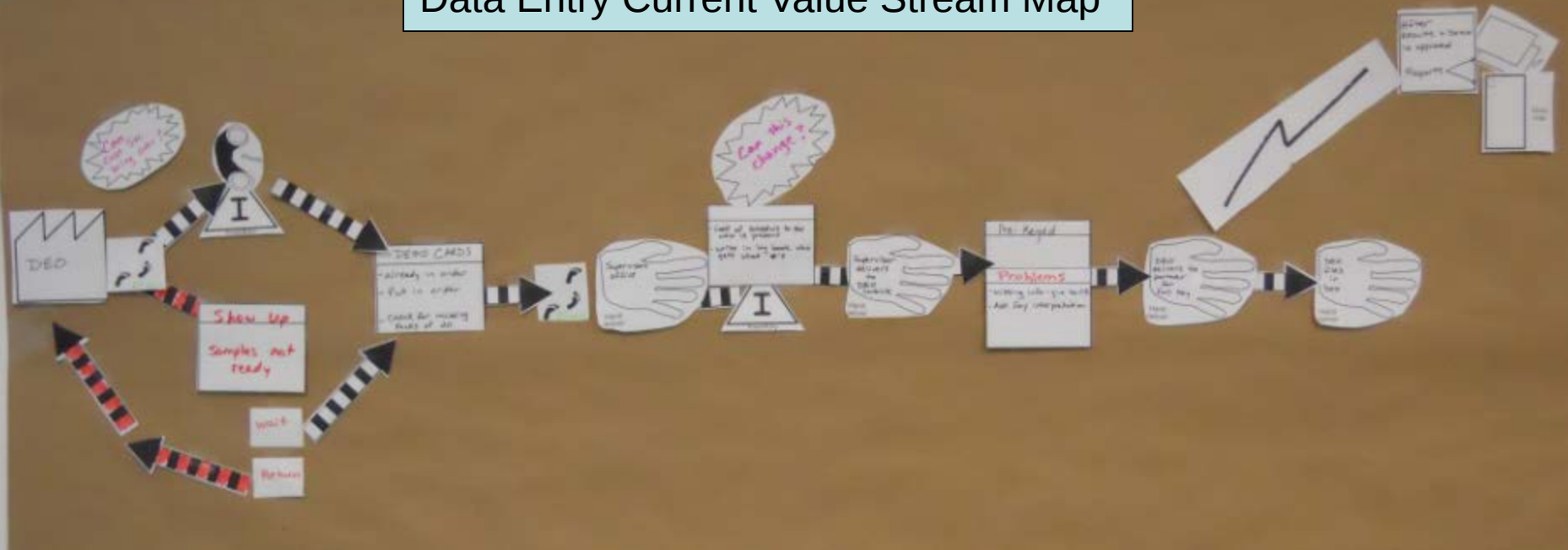
# Data Entry TAT Overview

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- Departments affected by this project were Data Entry, Customer Service, NBS and an outside partner, Children's Medical Services (CMS).
- Babies lives are saved by accurate and timely reporting of NBS results. If a sample is unsatisfactory and reported back to the hospital within 24 hours, the baby may still be there and another sample can be collected.
- This project is complete.

## Data Entry Current Value Stream Map



### Kaizen opportunities:

- Customer Service was working with cards and then walking back to the same area as the DEOs.
- It took 30-45 min. for the supervisor to log and distribute the cards to the DEOs.

### Changes Made:

- Customer Service now brings the cards back to the DEO area.
- A new process for card distribution was implemented.

### Standard Process for Demographic Distribution

1-Cards are delivered from the NBS area.

Unsat and >7 are given to Fay, Sandy or Liza

All other SF put in Blue "Pre-key" box, in order, with a divider between days

2-DEO's come and check out up to 60 cards at a time. Each DEO is expected to key 40-60% each Pre and Full

Priority: 1<sup>st</sup> previous days pre, 2<sup>nd</sup> previous days full, 3<sup>rd</sup> current days pre, 4<sup>th</sup> current days full

(no one should be working on current day pre until all previous day is completed)(pull outs are an exception)

3-DEO's initial and put time on each pack taken. If at the end of the day you cannot finish, put your unfinished cards back in the box so someone can get to work on those first thing next morning.

4-After completing Pre, put in numerical order by day, in the "Full-key" box. Once all Pre-key cards are completed, pull cards from the Full key box being careful not to take the same cards you Pre-keyed.

5-At the completion of Full-key, put in the completed box in numerical order.



# Data Entry TAT Project Summary

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- Reduction of non-value added time:
  - Supervisor no longer manually logs samples and hand delivers the cards to DEOs.
  - Saves supervisor time 45 min/day = \$11.54/day
    - Yearly savings: 182 hours = \$3000.40
- Process improvement through:
  - Standardized work (DEOs check cards out of bins).
  - Team building with other departments (Customer Service now brings the cards over after they are labeled).

# NBS Workflow Improvement

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## Background:

The NBS department wanted to improve its workflow but did not know where to start. We used the 20 keys tool to identify possible areas that are most problematic or overarching for the department.

## Project Management:

Team Leader: Leila Filson

ESC (Executive Steering Committee  
Champion): Susanne Crowe

# NBS Workflow Improvement

## Lean Tools Utilized

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- Introduction to Lean Training
- PVD (Primary Visual Display) Board
- Hot Button List
- Huddle Meetings
- 5S
- 20 Keys



# NBS 20 Keys Overview

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## Step 1

- Define each of the 20 keys to be pertinent to the NBS lab.
  - Completed by Jasmin, JoJo, Patty and the Lean team on Tues, Jan 28th
- There is a unique definition for each of the 5 levels of each of the 20 keys (total 100 definitions).

# Keys 1-5



| Key                                    | No. | Usual Mess                                                                                                                                                                                      | Learning                                                                                                                                                        | Leading                                                                                                                               | World-Class                                                                                                                                                                            | Currently Inevitable                                                                                                                                                |
|----------------------------------------|-----|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Cleaning                               | 1   | Bits of trash and paper are found on the floor and work surfaces. Foreign materials, chemicals/reagent or other spills are visible and various materials used for testing are scattered around. | The bench tops and floors are generally clean and free from extraneous materials. The employees in the area clean up materials and/or spills during each shift. | Equipment, shelves, and work surfaces are clean. Area personnel promptly (within 15 minutes) clean up work areas and spills.          | The area is generally clean; and only rarely is material/paper or a spill allowed to remain more than a few minutes.                                                                   | Almost all root causes of clutter and disorder have been eliminated. The area stays clean without much cleaning or wiping.                                          |
| Organizing                             | 2   | Workplace layout just "happens" with no planning or thought as to work flow, storage, traffic patterns and person-to-person communications. Equipment is left in random locations.              | Unneeded items have been removed. Every item has a commonly known place and things are usually where they should be.                                            | All paper, reagents, supplies, and material locations have been labeled and work areas are designated for all equipment and supplies. | Work areas and equipment are clearly marked to indicate equipment and testing material locations. To reduce waste, operators have improved supply, reagents, and machine arrangements. | The work area is so well organized that it is easy to keep it that way. It is rare for an instrument, supply, document, or analysis material is found out of place. |
| Team Activities                        | 3   | Employees are not generally formed into teams to address specific issues. Supervisors manage areas by directing individuals.                                                                    | Structured efforts begin to focus the sections as a team on key issues. Five improvement ideas per month (IIPM) by the team.                                    | The section is beginning to take ownership. Some decisions about day-to-day work are being made by the section. 10 IIPM.              | The sections manages almost all of its day-to-day activities. The team trains all new people. 15 IIPM.                                                                                 | The sections participates in the broader area's planning sessions. Management support is required very rarely. 20 IIPM.                                             |
| Metrics                                | 4   | The sections tracks few or no metrics concerning their own performance.                                                                                                                         | The sections develops and tracks at least 3 metrics at least once a week.                                                                                       | The sections develops and tracks at least 7 metrics daily. The sections reviews department metrics at least weekly.                   | The sections tracks at least 10 metrics daily and within one day adds additional metrics to address critical issues. Department metrics are reviewed three times per week.             | The sections metrics address all key issues and are modified as needed. All sections decisions are metric driven and managed.                                       |
| Process Controls (Standard Operations) | 5   | There are few or no known and/or widely accepted standards for work. Many processes are left to individuals for judgment calls on how to perform work, and how to handle exceptions.            | Formal efforts are underway to systematically study the steps/guidelines of standard operations.                                                                | For major processes, all steps/guidelines are well understood and most have been optimized.                                           | For all processes, all major and minor parameters are understood and most have been optimized.                                                                                         | Every process is controlled by extremely well understood, optimized, and closely followed parameters. Carefully controlled studies are always seeking improvements. |

# Keys 6-10



| Key                                    | No | Usual Mess                                                                                                                                                                | Learning                                                                                                                                                                           | Leading                                                                                                                                                                                     | World-Class                                                                                                                                                                                               | Currently Inevitable                                                                                                                                                                                                            |
|----------------------------------------|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Single-Piece-Flow (batch size control) | 6  | There is little or no attention to improving processes. Many major problems with workflow exist. The general attitude is "it's always been done this way..."              | The section has formal efforts underway to identify which critical processes can benefit from improved work flow.                                                                  | For all critical processes the section always discusses weekly (or daily) status. <b>Formal improvement plans (FIP)</b> are underway to improve the work flow.                              | For all critical processes and most minor processes, the work has an identified work flow process including the optimization of batches and allowing single-piece work to be performed where appropriate. | For all processes, FIP are seamlessly woven into the day-to-day activities and the group is focused on achieving the fastest turn-around possible on all work. There is an inherent desire to never allow work to sit and wait. |
| Roles and Responsibilities             | 7  | Roles and responsibilities are left to evolve on their own or are assumed on the basis of past work practices.                                                            | The supervisor or team leader specifies roles and responsibilities for each employee.                                                                                              | The supervisor or team leader works individually with each employee to develop his/her specific roles and responsibilities.                                                                 | Through group brainstorming and discussion each person's specific roles and responsibilities are discussed and defined in                                                                                 | As in 4, all roles and responsibilities are continually monitored and modified as required by meetings which involve all group members.                                                                                         |
| Work Leveling                          | 8  | The area functions in isolation and does its work with little concern about <b>work waiting to be processed (WWP)</b> and/or workloads in the specific work area.         | The area begins to monitor WWP levels, incoming testing and outgoing results performance. The sections begins to develop a plan to "smooth out" work imbalances and waiting times. | The sections begins to implement revised procedures to "smooth out" work loads.                                                                                                             | Most significant work flow imbalances and long waiting times have been dramatically reduced.                                                                                                              | All significant work flow imbalances and waiting times have been addressed by improvement activities. The sections is continuously analyzing work flow to make further improvements.                                            |
| Standard Work                          | 9  | There are few standardized work procedures (sequence of steps, approximate time required to do it) with which everyone agrees.                                            | The sections has learned the smart card (standard work) methodology for job and task analysis.                                                                                     | Most activities have been analyzed with smart cards and the most critical task have been improved.                                                                                          | All critical activities have been analyzed with smart cards. The sections has agreed upon and implemented improved standards for most critical processes.                                                 | All critical activities have been analyzed and the sections has implemented improved standards for all critical processes. The sections continuously reviews and improves processes.                                            |
| Visual Systems                         | 10 | Aside from required safety and accreditation requirements, there are few signs and visual controls (lights, labels), other than what is on equipment as it was delivered. | Effort are underway to label equipment, workstations, and consumable locations.                                                                                                    | All supplies, instruments, equipment, and parts have been labeled. Processes have been put into place for replenishment of supplies, breakdowns or unusual situations requiring assistance. | Processes have been installed for all major testing areas, analyzers, and supply stock situations. the exact location in the workplace for equipment, supplies, and materials has been defined.           | All control points, reports and adjustment points on all processes and analyzers have been labeled for both operations and maintenance personnel.                                                                               |

# Keys 11-15



| Key                                         | No.       | Usual Mess                                                                                                                                                         | Learning                                                                                                           | Leading                                                                                                                                                        | World-Class                                                                                                                                                                                                     | Currently Invincible                                                                                                          |
|---------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------|
| <b>Time Management</b>                      | <b>11</b> | Workers don't always arrive promptly and there is considerable (5% to 10%) absenteeism. It is difficult to get employees to work unexpected overtime and fill ins. | Attendance and tardiness is displayed.                                                                             | Almost all workers arrive on time and it is not difficult to get people to work adjusted time. Absenteeism less than 3%.                                       | Workers rarely arrive late. Absenteeism less than 2%. Workers willing to work adjusted time when it is important to the sections.                                                                               | Workers are prompt, enthusiastic and willing to work adjusted time.                                                           |
| <b>Huddle (5 Minute) Meetings</b>           | <b>12</b> | No daily sections meetings occur unless there is an emergency or a special event (e.g., reportable incident, crisis, upcoming inspection, etc).                    | Huddle meetings have begun but are not attended by all. Many meetings are missed and some meetings seem pointless. | Huddle meetings are held almost every day and attended by most employees. Efforts are underway to make the meeting relevant to all group members.              | Huddle meetings are held every day, without exception. Attendance is almost 100% and most employees participate actively.                                                                                       | Huddle meetings held every day with total participation from everyone. The meeting is continually being revised and improved. |
| <b>Safety</b>                               | <b>13</b> | Nobody talks much about safety, or bothers to adhere to all elements of safe workplace practice unless there has been a recent incident.                           | Each area visually displays data (updated weekly) on the areas safety performance.                                 | The concept of unsafe behavior is well understood and the workers are familiar with the specific behaviors that create hazards and/or accidents in their area. | Unsafe behaviors are audited weekly and results are posted. The sections strives to eliminate root causes of unsafe situations and it is accepted practice for employees to coach each other on safe behaviors. | The sections has eliminated almost all unsafe behaviors and all known causes of unsafe worker practices.                      |
| <b>Empowering Workers</b>                   | <b>14</b> | Employees are expected to do their jobs. If improvement suggestions are made, there is no procedure for reviewing it or taking it to completion.                   | Kaizen action sheets (KAS) or similar forms have been introduced to the sections for capturing improvement ideas.  | Some improvement suggestions are put on KAS by employees and posted on the visual display board (VDB) where the supervisor reviews implementation progress.    | Most suggestions are put on KAS. Employees beginning to drive implementation progress.                                                                                                                          | Every suggestion put on KAS. Employees and supervisors work implementation seamlessly.                                        |
| <b>Skill Versatility and Cross Training</b> | <b>15</b> | People do the job they are assigned and do not cross job lines.                                                                                                    | A formal effort is underway to cross train within job classification.                                              | A cross training matrix for all group members has been developed and is displayed. At least 50% of the group is cross trained.                                 | All group members are cross trained. Efforts are underway to extend the skill versatility matrix to other work areas.                                                                                           | The skill versatility matrix covers all areas. Skill versatility achievement is tied to promotional opportunities.            |

# Keys 16-20



| Key                                                                 | No.       | Usual Mess                                                                                                                                                                                 | Learning                                                                                                                                                                                                                                                                                                                                      | Leading                                                                                                                                                                                                                                       | World-Class                                                                                                                                                                                                                                                             | Currently Inevitable                                                                                                                                                                                                                                               |
|---------------------------------------------------------------------|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Inventory Control</b>                                            | <b>16</b> | Too much inventory is found in most areas, no inventory counts are performed. Frequent supplies outs are noted. Emergency orders are placed frequently. There is no labeling of locations. | Inventory is placed in a designated area or shelf but may wait in cases or pallets for days before being placed away. Inventory counts occur but are infrequent and often inaccurate. Some emergency orders take place to correct supplies outs. supplies is not rotated routinely. supplying areas are poorly or lack direction and labeling | The inventory is on the shelves in a timely fashion. There are occasional supplies outages with occasional emergency orders. supplies is usually rotated, but occasionally it is not. Some labeling does exist to direct storage of supplies. | Rarely is there a supplies outage. Almost never is it necessary to place an emergency order. supplies is routinely rotated. Most employees follow the standard work practices for taking and replenishing inventory. Areas are labeled and identified for all supplies. | All employees follow a standard work practice to control inventory. There is never a need to be concerned about supplies outage as inventory is routinely rotated and replenished as used. The inventory labeling directs and assists in the control of inventory. |
| <b>Preventive Maintenance</b>                                       | <b>17</b> | Technicians and technologists do little or no preventive maintenance (PM) until problems occur. Each employee performs a task in the manner they prefer.                                   | An <b>operator preventive maintenance (OPM)</b> plan has been implemented for the most critical processes and analyzers in the area. There is a written work plan indicating how each task should be performed.                                                                                                                               | An OPM plan has been implemented for all processes and analyzers. The standard operating procedure is generally followed by technicians and technologists.                                                                                    | Operators begin to assume more complex PM responsibilities. AN OPM action is rarely missed or late.                                                                                                                                                                     | Operators feel as if they own their equipment. They make every possible effort to maintain it in outstanding condition. sections follow the standard PM work plan without fail and work as a team to continuously improve it.                                      |
| <b>Quality Assurance Approach</b>                                   | <b>18</b> | Employees do their jobs. Supervisors and Quality Assurance Leaders monitor quality.                                                                                                        | Employees are provided with weekly data on their area's quality performance.                                                                                                                                                                                                                                                                  | The sections develops and implements a plan to collect and visually post their area's quality performance data. Action is taken on the most critical quality issues                                                                           | The sections collects, analyzes and posts their quality performance data daily. Most critical quality issues have been addressed by group                                                                                                                               | The sections has addressed all major and most minor quality issues. Quality performance is continuously being improved.                                                                                                                                            |
| <b>Management of Objectives using SMART expectations</b>            | <b>19</b> | Employees do not know what their SMART expectations are or none in place                                                                                                                   | Implementing SMART expectations and employees are scoring at least a rating of 2                                                                                                                                                                                                                                                              | All employees are meeting expectations most of the time (rating of 3)                                                                                                                                                                         | Most employees are achieving excellent(4's) or outstanding (5's) on their SMART expectations                                                                                                                                                                            | All employees are achieving outstanding (5's) on their SMART expectations                                                                                                                                                                                          |
| <b>Error Proofing (pre-analytical, analytical, post-analytical)</b> | <b>20</b> | There is little or no attention paid to preventing errors. Most attention is devoted to after the fact error correction                                                                    | The sections is introduced to the concepts and techniques of error proofing (EP). A prioritized list of EP opportunities within the area has been constructed.                                                                                                                                                                                | The sections has designed and implemented at least 10 EP concepts. The prioritized list is being continuously revised.                                                                                                                        | The sections has implemented an EP for every major known error and/or quality issues in the area. The sections is proactively examine key processes for EP implementation in advance of errors.                                                                         | The sections seamlessly using EP as a process design and quality improvement methodology. All processes have implemented EP for errors that have not yet occurred.                                                                                                 |



# Next Steps

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## Step 2

Everyone in the NBS assessed its status

## Step 3

Jasmin, JoJo and Patty set 6 month goals

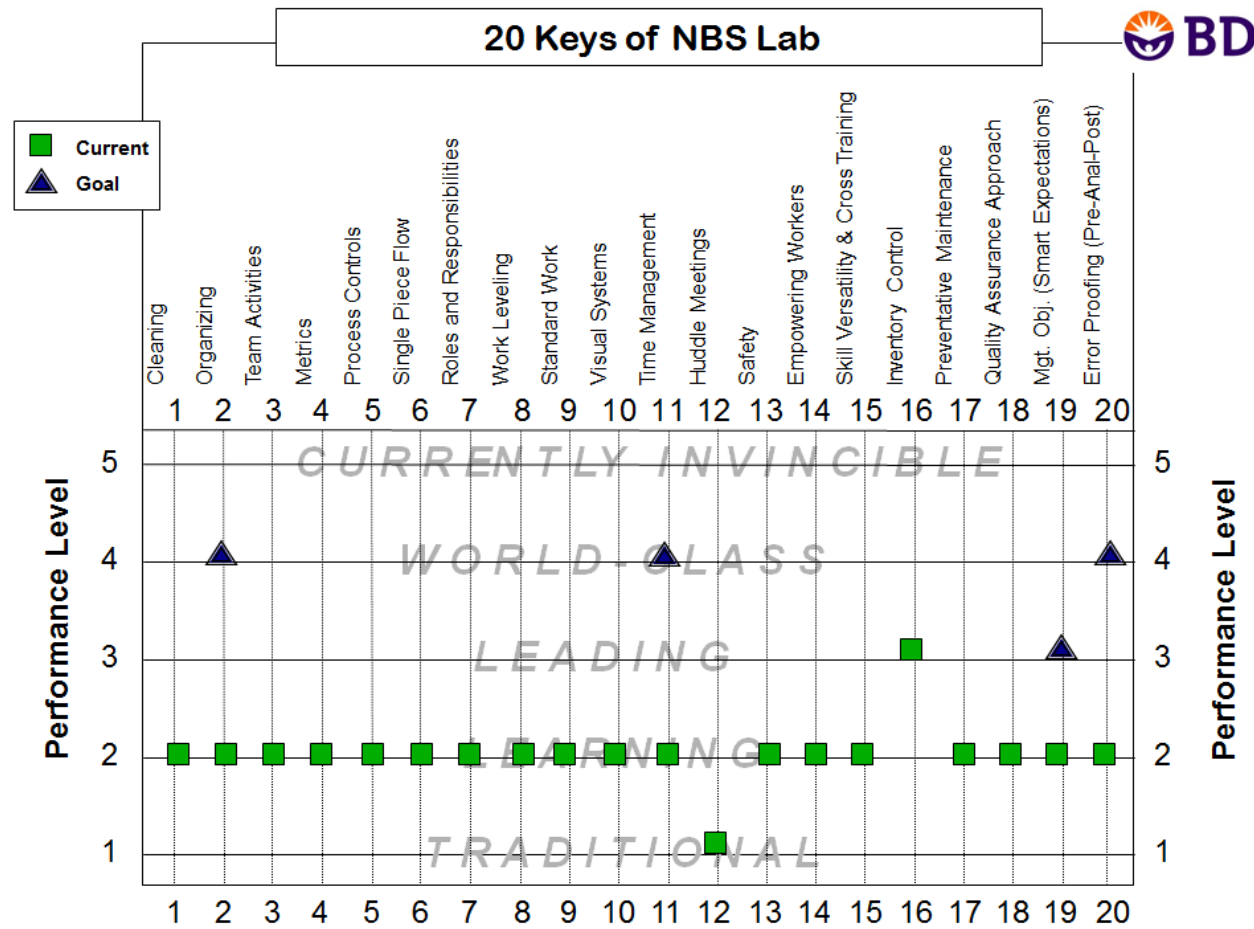
## Goal

Move from 40 points to 50 points in 6 months!

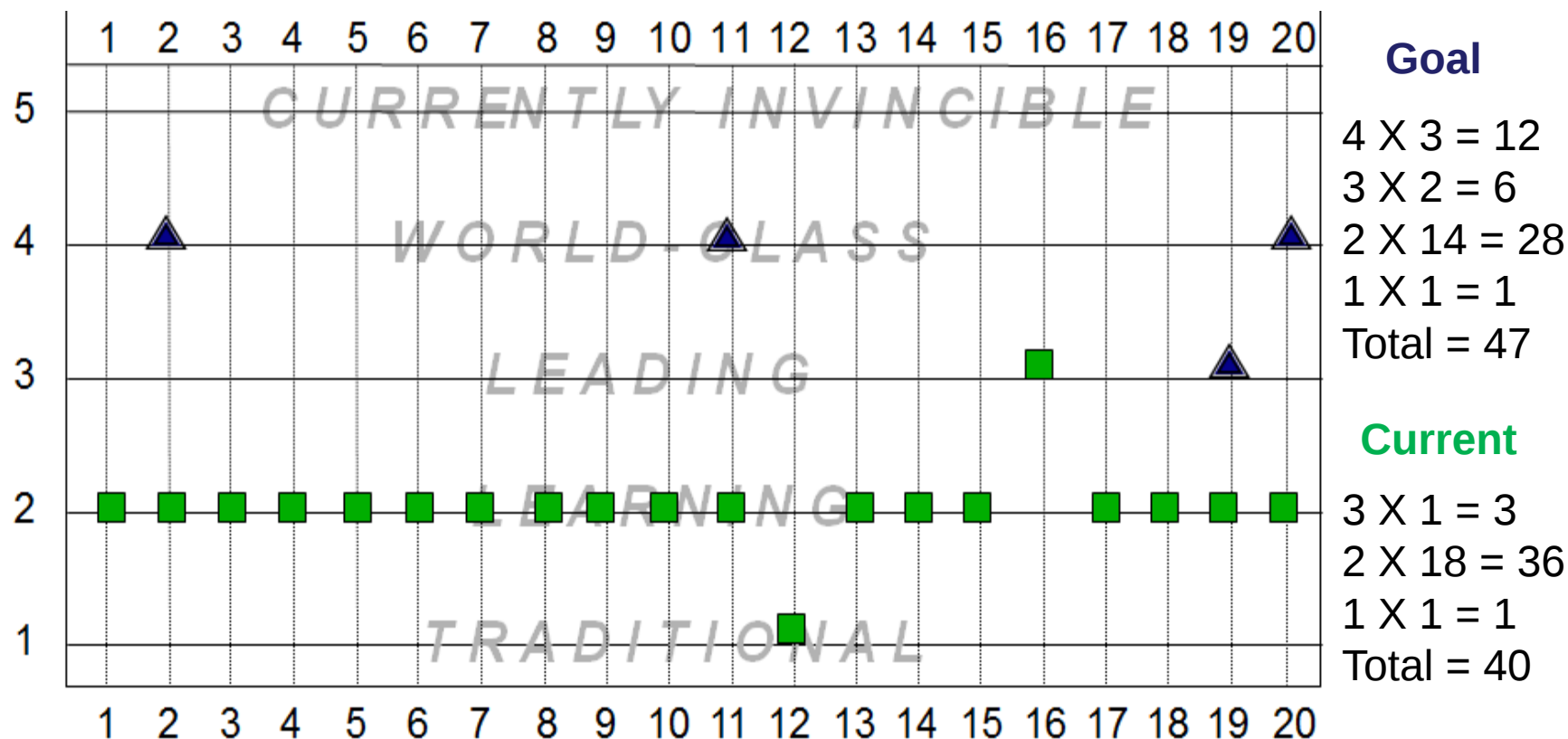
## Step 4

Identified 4 keys to focus on

# Current Assessment based on 18 surveys



# How we got the numbers



# Step 5



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Develop Action Plans for each key

# Action Plan for Key #2 - Organizing

**Definition to move to Level 4:** Work Areas and Equipment are clearly marked to indicate equipment and testing material locations. To reduce waste, operators have improved supply, parts, and machine arrangements.

**Organizing, Current Rating = 2, Goal = 4**

| Activity                                                                                                                                                       | Month |     |     |     |     |     | Person (s) Responsible |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|-----|-----|-----|-----|-----|------------------------|
|                                                                                                                                                                | Feb   | Mar | Apr | May | Jun | Jul |                        |
| 5S(give presentation) area, specifically refrigerators and freezers                                                                                            | X     | X   |     |     |     |     | Staff                  |
| Surplus unused equipment                                                                                                                                       | X     |     |     |     |     |     | Staff                  |
| Organize and label unfrigerated consumables                                                                                                                    | X     |     |     |     |     |     | Staff                  |
| Map and arrange all equipment                                                                                                                                  | X     |     |     |     |     |     | Jasmin, JoJo, Patty    |
| Determine layout of each bench (And allowable differences if any); tape off work areas to allow pilots to determine if the space and locations are appropriate |       |     | X   |     |     |     | Staff                  |
| Pilot new bench layout.                                                                                                                                        |       |     | X   | X   |     |     | Staff                  |
| Update Primary Visual Display boards                                                                                                                           |       | X   |     |     |     |     | Jasmin                 |
| Provide training to those employees pertaining to organizing                                                                                                   |       | X   |     | X   |     |     | Jasmin, JoJo, Patty    |
| Communicate Future State to all affected employees; 5S the area on a regular scheduled basis                                                                   |       |     |     |     | X   |     | Jasmin, JoJo, Patty    |

 Completed

 Incomplete

## Current Issues

5S = Set, Sort, Standardize, Shine, Sustain



**Time Management, Current Rating = 2, Goal = 4**

Incomplete

The call ins on Mondays has improved but may be due to the fact some people changed their schedule. It seems to always be the same people.



# Action Plan for Key #19-SMART Expectations

Definition to move to Level 4: All employees are meeting expectations most of the time (rating of 3)

**SMART Expectations, Current Rating = 2, Goal = 3**

| Activity                                               | Month |     |     |     |     |     | Person (s) Responsible |
|--------------------------------------------------------|-------|-----|-----|-----|-----|-----|------------------------|
|                                                        | Jan   | Feb | Mar | Apr | May | Jun |                        |
| Discuss and distribute SMART expectations to employees | X     |     |     |     |     |     | JoJo                   |
| Tracking employee progression                          |       | X   | X   |     |     |     | Jasmin, JoJo, Patty    |
| Review progress with each employee monthly             |       | X   | X   |     |     |     | Jasmin, JoJo, Patty    |

 Completed

 Incomplete

## Current Issues

At first employees were complaining about having progress tracked but now they love it! There are extra duties available for extra points and employees are eager to "grab" those extra points!



## Action Plan for Key #20 Error Proofing

**Definition to move to Level 4:** The sections has implemented an EP for every major known error and/or quality issues in the area. The section is proactively examining key processes for EP implementation in advance of errors.

**Error Proofing, Current Rating = 2, Goal = 4**

| Activity                                                                                          | Month |     |     |     |     |     | Person (s) Responsible         |
|---------------------------------------------------------------------------------------------------|-------|-----|-----|-----|-----|-----|--------------------------------|
|                                                                                                   | Jan   | Feb | Mar | Apr | May | Jun |                                |
| Identify potential errors (ex: small vs panthera puncher; spots jumping, repunch, wasted reagent) | X     | X   |     |     |     |     | Jasmin, JoJo, Patty, lab staff |
| Identify solutions                                                                                |       | X   | X   |     |     |     | Lab Staff/QA Committee         |
| Train and communicate solutions                                                                   |       | X   | X   |     |     |     | Lead Techs and supervisors     |
| Display and track actual errors                                                                   |       | X   | X   |     |     |     | Jasmin, JoJo, Patty            |
| Report all errors to QA committee                                                                 | X     | X   | X   | X   | X   | X   | Everyone                       |

 Completed

 Incomplete

### Current Issues

They discuss errors found and solutions during huddle meetings. They display and track errors on the hot button list and they encourage ideas. Error Proofing has been the best action to address because it has improved teamwork and communications!



# Steps 6 & 7

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## Step 6

Conduct on-going assessments

**Next assessment will be in Oct, 2015**

## Step 7

Select new keys and point goals and  
continue to apply lean methods!

# NBS Workflow Improvement Project Summary

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- Reduction of non-value added time
  - Time Management – by staggering days off to suit the workload, more employees are available for the busier days.
- Process improvement through
  - Error Proofing – by eliminating re-work and creating a byproduct that has improved teamwork and communication.
  - Organizing – Everyone knows where reagents and supplies belong and this aids in the re-ordering process.

This project is complete but will continue another round for continuous improvement!



# Customer Service TAT

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## Background:

A request was made from an outside partner, CMS, to look into improving the TAT for making corrections to information on the laboratory requisition cards. The current Standard Operating Procedure (SOP) (put in place due to an Inspector General (IG) report in 2006) required a letter on hospital letterhead requesting any corrections. Sometimes this took multiple phone calls asking for the hospital to submit a written request and could take up to 3 weeks.

## Project Management:

Team Leader – Leila Filson

ESC Champion – Susanne Crowe

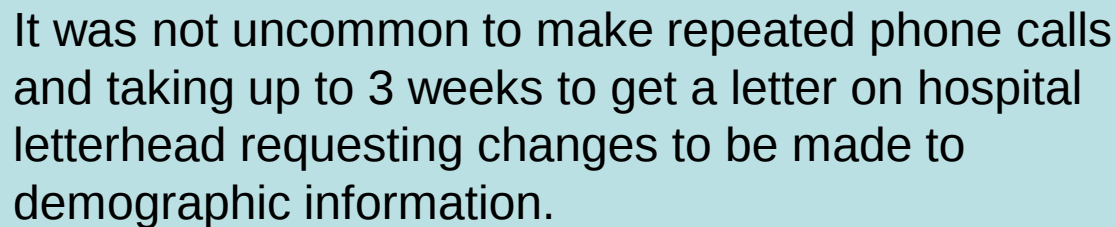
# Customer Service TAT

## Lean Tools Utilitized

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- Introduction to Lean Training
- VSM (Value Stream Map) current
- Standard Work
- Brown Paper



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We now have 4 acceptable ways to accept requests for corrections.

Before we could only make corrections if received request on hospital letterhead.

(SOP put in place due to IG report in 2006)

## STANDARD OPERATING PROCEDURES FOR

### MAKING CORRECTIONS

1. Pull the card containing discrepancy to verify if the error was made by Data Entry staff or by the staff at the collection facility.
2. If our staff made the error, we make the correction and send the collection facility a corrected copy.
3. If the staff at the collection facility made the error, then the following are acceptable ways to accept requests for corrections.
  - a. A hospital/pediatric office can make a request for correction on office letterhead. The letter must state that it was their error, due to either omission of information or incorrect information submitted on the form. The letter must also include the information that needs to be corrected as well as identifying information such as date of birth, hospital of birth, infant's last name and medical record number. Licensed personnel must then sign the letter. After receiving the letter by fax, email or mail, we can then make the correction and mail the corrected copy.
  - b. The facility that submitted the laboratory requisition card can email a request for correction from an email domain of the facility. The email must state that it was their error, due to either omission of information or incorrect information submitted on the form. The email must also include the information that needs to be corrected as well as identifying information such as date of birth, hospital of birth, infant's last name and medical record number. This email must come from licensed personnel. We can then make the correction notating in the notes section of LIMS what changes are made and who requested the changes. A corrected copy of the report is then faxed or mailed.
  - c. The facility that submitted the laboratory requisition card can call to request a correction. The BPHL staff will ask to call them back to ensure the call is legitimate and is coming from the facility. The BPHL staff will document in the notes section of the sample who requested the change, what the change is and the date the change was made. Then the correction can be made and the corrected copy faxed or mailed.
  - d. CMS can request a correction by email or phone. The BPHL staff will notate in the notes section who requested the change, what the change is, the date the change was made and their source of information (mom, VS, etc). Then the correction can be made and the corrected copy faxed or mailed.
4. The facility responsible for the error has to request the correction. For example, a pediatric office cannot request a correction to information that a hospital provided.

# Brown Paper Exercise

## Finding missing demo cards

**Mission:**

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



**Rick Scott**  
Governor

**John H. Armstrong, MD, FACS**  
State Surgeon General & Secretary

**Vision:** To be the Healthiest State in the Nation

### INTEROFFICE MEMORANDUM

**DATE:** March 11, 2014

**TO:** Data Operations and Customer Services

**FROM:** Susanne Crowe, Interim Bureau Chief, Jacksonville Laboratory Director, Manager of Data Operations

**SUBJECT:** Organizational Policy for NBS Laboratory Requisition Cards

The purpose of this policy is to improve the process of locating NBS laboratory requisition cards.

Customer Service staff will use a colored index card to replace each card they remove. The index card will serve as a place holder to simplify re-filing and also signifies that customer service has the card. Once Customer Service staff has finished working with a card, they will place the card in a designated spot for re-filing. The Customer Service supervisor is responsible for scheduling an employee for each day to re-file the cards pulled by Customer Service staff. Once a laboratory requisition card is re-filed, the index card will be removed.

Data Operations will continue to use their current system of signing out cards on a log sheet at each data entry operator's desk. The Data Operations supervisor will have the master list and will post outside her office daily. The master list shows which cards have been given to each data entry operator. The Data Operations supervisor is responsible for creating a daily schedule to designate the staff member responsible to file cards. The staff member responsible for filing cards will make sure all cards are in order and in the correct bin. This includes current cards as well as any cards that have been pulled and are ready for re-file.

Kathy

Cynthia

Jenny

Jeanette

Fay

# Customer Service Overview

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- Departments affected by this project were Data Entry, Customer Service, NBS and an outside partner, CMS.
- This project has dramatically improved the process of making corrections and has been the catalyst for improved communications between the Lab and CMS.
- This project is complete.

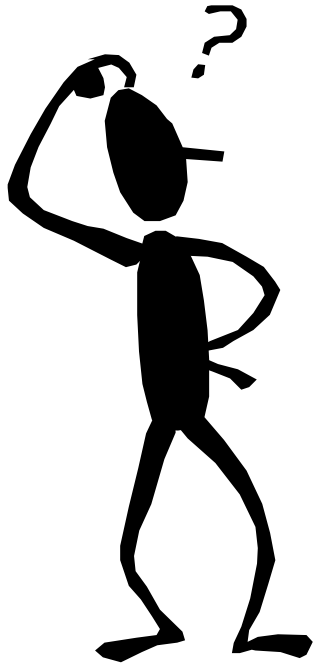
# Challenges & Successes

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- Turnover in Data Entry and Customer Service Supervisor position.
- For a Bureau this large, it is difficult to find the time to devote to LEAN facilitation.
- In the BPHL's Strategic Plan under the Strategic Area "Measurable Performance", it is a goal to "increase workforce focus on measurable performance" and within this goal are objectives to complete Quality Improvement Projects.
- The NBS department has been an example for other departments to see how well LEAN tools can work and help improve the department.
- The Bureau created a Quality Assurance position.





# Questions

