

Leadership Perspectives

LAB: SOMETHING TO RAVE ABOUT



Terence Chim, MS, Director of Laboratory Services

PULSE: How big is Group Health's Lab? What range of services does it offer?

Terence Chim: Laboratory Services is a statewide service line. In the Puget Sound area, every medical center and hospital has its own lab that provides phlebotomy, onsite STAT testing, and EKG services. For routine testing, clinical specimens are processed at our clinical core lab located at the Tukwila campus, and anatomic pathology specimens are processed in our Pathology Department located at the Capitol Hill Campus.

Our lab system processes more than 3 million tests every year. A small portion of specimens (2 percent) is sent out to specialized labs. In the Columbia Region, lab services are delivered through a network of contracted lab providers.

One of the key lab providers is Pathology Associates Medical Laboratories (PAML), which provides a significant portion of lab services in Eastern Washington/North Idaho and Central Washington. Members who obtain lab services in those districts are still able to review their lab results online.

Q: Lab received rave reviews during the JCAHO accreditation. What impressed them?

TC: Lab has had a strong reputation for clinical services for a long time. In the past several years, we've built on this by focusing on operational improvements that make customer service better in such areas as shorter wait times and being able to get lab results online. Also, in

April we implemented a new anatomic pathology system that has helped us improve delivery, tracking, and ordering of lab specimens. New specimen bar code labeling has improved workflow and patient safety. We also have begun using liquid-based cytology, which is a newer technology for Pap smears.

Our patient-centered recommendations for releasing lab results were recently accepted by the HL7 consortium, a national body that is setting standards for the health industry. This means we're playing a leading role in how lab results are released to patients.

Q: Has Lab also used Lean to make process improvements?

TC: Definitely. A recent example was a Lean workshop on lab-specimen handling. We identified ways to streamline the process, rearranging the physical layout and equipment. We also automated aspects of the process and made it more intuitive. Along the way, we improved the clinical quality of our process and we also gained clarity about different jobs, roles, and responsibilities. We continue to invest in our managers with additional Lean facilitator training.

We will have five managers trained by the end of 2006 who will become our internal champions in spreading Lean practices throughout our operations.

Lean is a set of very powerful process improvement tools when we put them into the hands of the right people who are doing the right jobs.

Q: Is it difficult to improve service and lower costs?

TC: Yes, it is always a struggle when different priorities compete for resources. The question often becomes, "Should we do this or that?" We often attempt to challenge ourselves by asking, "How can we address this problem differently? Can we do this and that?" Also, in addition to addressing the problem at the outcome level, we also tackle the problem at the process level. We believe that with the right processes and the right people, affordable cost and patient satisfaction will follow. Good customer service is a byproduct of doing the right thing.

Personal stuff

Hometown: Hong Kong

Family: He and wife Quyen have two sons: Brian, 12, and Derrick, 8

Book read recently: *The Power of Now: A Guide to Spiritual Enlightenment*, by Eckhart Tolle

Favorite downtime activity: Traveling to places such as Australia (four-wheel drive safaris in the Daintree Rainforest); and Xian, China (to visit the Terracotta Army archeological site); table tennis; and time with family

Are you prepared for a crisis?

PEOPLE | ENGAGING STAFF TO SATISFY CUSTOMERS

A plane crashes in a Spokane neighborhood. A major earthquake sets off an eruption of Mount Rainier. A freak ice storm causes power outages in Olympia. Pandemic influenza is confirmed at a Port Orchard hospital.

Disasters come in all shapes and sizes. Most are sudden and unexpected. And most of us are not prepared for them. In fact, we have trouble even imagining the conditions we could face.

So consider these possibilities:

- Severe damage to buildings and infrastructure
- Breakdown of the transportation network
- Closure of workplaces and schools
- Disruption of public services
- Delays in medical treatment
- Outages of electricity and water
- Shortages of food and supplies
- Mass evacuation
- Residents told to shelter-in-place because of hazardous conditions

As a health care provider, Group Health has an obligation to its members and to the community to be ready for all types of crises—whether they affect a single Group Health facility or a region's entire population.

"We have spent years building close relationships, discussing possible scenarios, and participating in drills with members of the larger public health community, including other health care systems and providers," says Jeff Perry, senior manager, Safety, Environmental Health, and Business Continuity. "More recently, the Emergency Preparedness Oversight Team has focused on updating disaster plans for every contingency, including what we would do in the event of a pandemic."

Have you seen your facility's emergency plan?

The first step in a major community disaster would be to alert the executive on call. That executive will then activate the crisis management team. Three emergency operations centers are already outfitted at our Tukwila Campus, Capitol Hill Campus, and Spokane Administration, where the team can go and have everything in place to run the business. We also have a virtual Emergency Operations Center that can be activated.

For a smaller crisis affecting a single facility, such as a power failure or flooding, an emergency plan can be activated by any manager or administrator any time it is felt necessary. There are basic emergency plans for our hospital system, for medical centers, and for administrative buildings. The plans cover different types of incidents, outlining an immediate response, intermediate actions to take, and extended-period options. For each facility, a site-specific section is completed by local staff to reflect that particular building's departments and services.

"All staff should be aware of their facility's plan, where it is located, and what their responsibility is in the event of a disaster," says Perry.

If a plan is activated, staff may be asked to perform duties that are different from or in addition to the responsibilities outlined in their job description. These are duties unique to an emergency situation, and Job Action Sheets included in the emergency plans are written to assist staff with these assignments. At medical centers, for example, emergency positions include an incident commander, a communications officer, a logistics chief, and leaders for triage, minor treatment, even a morgue.

"Most of these assignments are logical choices, such as a nursing supervisor taking on the role of incident commander," says Perry. "But if we face a shortage of personnel, Job Action Sheets will be invaluable for staff asked to assume unfamiliar roles."

Another important element of the plans is information on how to communicate up through the management chain during the crisis. For regional coordination, Group Health would turn to the communications network we've established

with other health care organizations. That network can be used to quickly allocate personnel and resources to affected areas.

Do you have a family emergency plan?

When a major crisis occurs, the first thought most people have is "Where is my family? Are they safe? Has something happened to them?" It's difficult to do anything but worry and try to reach your loved ones.

"That's why it's imperative that staff make preparations at home before a crisis hits," says David Grossman, MD, director of preventive care. "Most importantly, so your family will be protected. But also so more staff are available—both physically and emotionally—to help Group Health care for the community."

What should you do? A great place to start is to go online and download all or part of the *Washington State Disaster Preparation Handbook* (www.doh.wa.gov/phepr/handbook.htm). The handbook has detailed instructions on how to prepare your household for emergencies and a checklist to use in storing disaster emergency supplies.

"Talking with your family and putting together an emergency supply kit can be a great weekend family project—and you're more likely to get it done," says Perry.

Managers and staff should also know if their position is considered essential or non-essential in an emergency. Essential in this case means that you're needed in order to conduct operations in the event of an unusual occurrence. Not all positions have yet been evaluated for their emergency status.

If a crisis occurs after working hours and you want to help, check the Group Health Web site at www.ghc.org or call the Group Health Inclement Weather Hotline. This number will double as a crisis hotline and feature updated information for staff. Search "Inclement Weather Hotline" on InContext to find the phone number in your region. —Pat Bailey



Get serious, get ready

Prepare your essential home disaster kit to last your family for three days to three weeks. Keep smaller kits in the car.

- Water. One gallon per day per person.
- Canned and nonperishable foods. Freeze-dried meals last the longest.
- Cooking and clean-up supplies.
- Supplies for babies and children, pets, or family members with special needs.
- Personal items. Change of clothes, personal hygiene items, glasses, medications.
- First-aid kit.
- Cash for several days.
- Portable electronics. Flashlights. Extra batteries. Light sticks.
- Recreational diversions, such as cards.
- Copies of important papers.
- NOAA Weather Radio.
- Whistle.
- Sleeping bags or emergency blankets.