

Quality Qorner

The Right Word

Some weeks back, I was asked to provide a teleconference (for a non-ASCP professional organization) on the subject of benchmarking. My first reaction was to decline. Why should I deliver a program on a subject where we do not even know how to use the word correctly? As I pondered my decision for a few days, I looked around in the laboratory literature. Sure enough—the word “benchmarking” was being used incorrectly in newsletters, articles, books, and promotional materials. That clinched it; I would accept the teleconference invitation if only to set the record straight about what benchmarking is and is not.

Benchmarking: “An improvement process in which a company measures its performance against that of best-in-class companies, determines how these companies achieved their performance levels, and uses the information to improve its own performance. The areas that can be benchmarked include strategies, operations, processes, and procedures.”¹

This is the definition of benchmarking used in business and industry. It should be apparent from this definition that what we do when we compare our laboratory or blood bank’s performance to that of other laboratories or blood banks of similar size and scope is not benchmarking. We are simply doing a performance comparison, and what we learn is simply where the laboratory or blood bank stands relative to other laboratories or blood banks. The given laboratory or blood bank’s performance is less than, equal to, or better than that of the laboratory or blood bank chosen for comparison.

Here is an example. Some, but not all, laboratories participate in the College of American Pathologists Q-Probes and Q-Tracks programs, which are subscription quality assurance monitors that examine key laboratory processes to identify problem areas in need of improvement. An important benefit of participation is the External Comparison Report (Q-Tracks) and Individual Report of Results (Q-Probes) that shows how the subscriber laboratory’s performance compares with that of other laboratories of the same size and scope that participated in the exercise; higher percentile ranking indicates better relative performance. Laboratory performance at the 100th percentile does not mean “best-in-class” (ie, best of all laboratories); it means only that this laboratory performed better than the self-selected laboratories that participated in the study. With business and industry performance at the 5 and 6 sigma levels, and most laboratory performance at the 3 to 4 sigma levels (if even that), laboratories cannot say they are “best in class.” *Performance comparison is not benchmarking.*

In true benchmarking, a laboratory or blood bank would compare its performance to a similar or identical process, even if that process were from a non-laboratory industry. For example, a laboratory with an active outreach program and its own or contracted courier service, or a blood center’s transportation service could compare their rates of lost shipments and delayed deliveries to that of FedEx, with this company considered to be “best-in-class” performance. Sample receiving areas of medical laboratories could compare their sample handling turnaround times and error rates to those of certified industrial calibration laboratories that have quality management systems.

Here is another example of where laboratory professionals and blood bankers are using terminology inconsistently with that of their given quality definitions. I am referring to our incorrect use of the terms *corrective* and *preventive* actions. We have gotten into a terrible bad habit of using the words as if they were interchangeable. Let us review the difference in the “official” definitions of these important terms.

Corrective action: “Action taken to eliminate a detected nonconformity.”² Corrective action is removing the root cause of a recognized problem to eliminate recurrence. Notice that the “r” letters are bolded; this is a mnemonic device to aid in remembering the correct definition.

A laboratory or blood bank’s immediate responses to complaints, occurrences, and problems are *remedial actions*—*they fix the immediate problem, but do not remove the root cause.* To remove the root causes of laboratory problems, we need to determine **why** the problems occurred in the first place and remove those barriers, so that henceforth, the process works correctly the first time. Removing the root cause is true corrective action.

Preventive action: “Action taken to eliminate the cause of a potential nonconformity.”² Preventive action is **proactive**; it seeks the potential for nonconformities; the actions taken **prohibit** occurrence. (Notice the bolded “p” letters to aid in remembering the correct definition.) Preventive actions include trending process performance against thresholds and intervening when adverse trends are noted—*before* nonconformities appear.

As good laboratory professionals, we strive for accuracy (ie, “correctness”) in the test results and reports we provide to our customers. However, the worldview of quality management extends significantly beyond our basic use of quality control programs to ensure the accuracy of laboratory test results. We need also to strive for accuracy in the way we use words and communicate with others. The sad truth is that most laboratories simply do performance comparisons and remedial actions—we are far from world-class performance at 6 sigma levels. It takes a special effort to reach beyond where we have always been, learn something new, and apply it. Let’s at least start with using the correct words.

1. Okes D, Westcott RT. *The Certified Quality Manager Handbook*, 2nd edition. Milwaukee, WI: American Society for Quality Press, 2001.

2. ANSI/ISO/ASQ Q9000:2000. *Quality management systems—Fundamentals and vocabulary*. Milwaukee, WI: American Society for Quality Press, 2000.

This Month’s Quality

Quote: “Use the right word for the right thing.” *Luci’s high school English teacher.*

Is anybody out there?

Comments? Questions? I invite you to contact me at
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