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# Quality Qorner

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## Quality Redux

I recently presented for a Beckman Coulter symposium in Dallas, where I was asked to speak about patient safety. Hanging above the dais and behind the lecturer was a banner that read, "New Opportunity—New Perspective—New Strategy." The banner gave me the opportunity to look at my presentation from a new perspective and re-strategize my delivery. In this month's column, I suggest we use this theme to revisit quality in the medical laboratory.

## New Opportunity

The medical laboratory environment has come under unwanted—and certainly unneeded—public scrutiny ever since the news about the quality problems at Maryland General Hospital laboratory reached national attention. The offshoot of the MGH investigation led to initiation of unannounced laboratory inspections by the JCAHO, CAP, and COLA beginning this year, as well as provision for laboratory staff to report any observed quality lapses to these organizations without fear of whistleblower retribution. In addition to the MGH investigation, the Government Accountability Office (GAO) performed its own investigation as part of a formal audit of the quality of laboratories and laboratory testing in this country. The GAO report findings have been published in many recent laboratory journals and newsletters; their overall assessment is that laboratories could, and need, to do better.

So, what's the new opportunity? The bad press is the new opportunity. Laboratories can use the power of a quality management system to *be ready* for unannounced inspections and *to prevent* quality issues that would require whistleblower protection. Your laboratory should take advantage of this opportunity because CLIA and accreditation inspectors are on the lookout, now more than ever, for laboratories that do not meet requirements. We have this opportunity to be proactive rather than reactive. It's an opportunity that improves quality and reduces cost.

## New Perspective

Managers have historically operated the laboratory as a collection of many separate programs. There are organizationally-driven programs such as the personnel management program, the financial management program, and the outreach program. Then there are regulatory and accreditation-mandated programs such as the quality control program, the quality assurance program (not the same as the QC program!), the proficiency testing program, and the work safety program. Most recently added to the required list—as a result of disturbing public information about medical errors that harm patients, some of which involved laboratory activities—is the need for a patient safety program.

So, what's the new perspective? It's that the activities conducted in all these programs should be *integral* to laboratory operations at the staff level, not programs to be performed *in addition to* "laboratory work." Your laboratory is so much more than just testing—it is all of the program activities mentioned

above and more. Every type of laboratory employee—clerk, aide, secretary, phlebotomist, transcriptionist, technician, technologist, scientist, supervisor, manager, administrative, and medical director performs a variety of tasks that support one or more of these programs. However, these tasks should not be "in addition to" their assigned work; the tasks should *be* integrated with their laboratory work.

## New Strategy

Managing a large set of programs that are perceived to be separate from the laboratory's analytical work is a juggling act. A juggler can keep only so many things in the air at one time. Gravity rules! So does Murphy's Law. Jugglers do eventually drop whatever it is they're juggling. When I ask laboratory managers to describe what they do in their jobs, the answers often reflect taking their time and action to solve various problems—which to me seems akin to a single juggler on a unicycle throwing flaming torches...and losing one. In the laboratory environment, when the laboratory misjuggles something, we're not just disappointing the audience. Sometimes, patients—and employees—get hurt.

So, what's the new strategy? I suggest that instead of juggling multiple programs, laboratory administrative and medical directors should use a quality management *system* as the means to integrate the disparate programs with the analytical work to fulfill laboratory requirements and make a positive contribution to patient safety. The new strategy requires that laboratory professionals understand and document their management and operations work processes and procedures. Only then will it be apparent where the various program requirements now juggled outside the main workflow actually fit in, as pieces fitting into a jigsaw puzzle. Work processes and procedures can then be *proactively* designed so that the requirements are built into the routine activities. Thus, in simply doing the work, staff members are performing activities that comply with requirements and support patient safety.

Increased government oversight and more laboratory programs are not going to improve our nation's medical laboratories. Implementing a quality management system will improve both the laboratory itself and its contribution to patient safety.

### *This Month's Quality Quote:*

"When you're through with change—you're through!"

—Bruce Barton

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