

Quality Qorner

The Crooked Doorbell

It was supposed to be an exciting experience, having a small new home built. I would get to select almost everything from scratch; carpet, countertops, cabinets, flooring, paint, etc, and watch as a hole in the ground developed into the house I envisioned, with views of the Rocky Mountains out of most of the windows. The brochures promoted “Built Green,” meaning the use of environmentally-sensitive construction methods; energy-saving features, award-winning designs, and quality materials. The company was proud of its superior craftsmanship, skill in their work, and high customer satisfaction rating.

On the day of a pre-closing walk-through, I was in high spirits to see the actual results of my selections. As we walked up the front porch steps, the company representative, with key in hand, explained that several supervisors and inspectors had walked through to verify construction. Facing the front door, I saw it—the crooked doorbell. *Noticeably crooked*—this first presentation of my house to my future guests. I turned to the representative and said, “You’ve got to be kidding, right?”

That instant culminated all the frustration I had experienced in this project. Practically everyone who has ever built a house or undergone renovations has horror stories to tell about things that were done wrong, or did not happen on time, or simply did not happen at all, and I was certainly no exception—all of those things happened for my house. Home building is an industry that truly does not understand the concept of “doing it right the first time” as a means to practice quality and delight their customers. This is an industry that does not understand the economic impact of the cost of poor quality and would definitely benefit from some work process instruction and quality management training. In that instant, all the company’s marketing rah-rah was meaningless—a definite disconnect between the corporate office people who think everything is fine and the actual observation of activities in the field. The company’s *real* attitude about quality was displayed in the crooked doorbell that they thought was OK and hoped I would accept.

There is a parallel in this story to medical laboratories. Medical directors, administrative directors, managers, supervisors, and staff all believe in the mission of laboratory work as promoting good health and saving lives. We proudly announce our mission and our message in the themes of National Medical Laboratory Professionals Week—as well as in facility-specific marketing and promotional materials. We tell others we’re good and we believe we’re good. After all, we perform method QC, participate in proficiency testing and pass external inspections. That’s quality—isn’t it?

So, how many crooked doorbells does your laboratory actually present to its customers? How many times are staff members impatient with nurses who call the laboratory with questions or problems? How many emergency department physicians have complained across the years about slow turnaround times for stat testing? How many patients have been less-than-satisfied with wait times for laboratory-provided outpatient phlebotomy

services? How many non-laboratory sample collection personnel have been frustrated with not being able to find current or complete sample collection, handling, and transportation information? How many laboratory staff members disregard procedure documents because they can’t find anything when they need it? How many nurses and physicians have trouble finding results, interpretations, and comments on patient reports because of the way the reports are formatted on paper and computer screens?

At the house closing meeting, I was presented with an envelope that contained an evaluation form. It started with, “We believe that we delivered an excellent home to you.” (I’m sure they did believe that.) I completed the evaluation form with many comments and added a letter outlining the important items that were done wrong the first time and therefore cost *everyone*—the builder, the workers, and myself—time and money to get these items corrected. In a bit of ironic synchronicity, the October issue of the American Society for Quality’s journal *Quality Progress* carried an article on how a quality improvement manager for a home building company uses several quality methods in their building processes—including Baldrige-based self-assessments, Six Sigma, process flowcharting, failure mode effects analysis, and 5S—and, as a result, earned the 2006 National Housing Quality Gold Award. Needless to say, I included a copy of this article with my returned evaluation form. No gold award for my builder!

So, what’s the parallel here to the laboratory environment? First, we know what we think about our own level of quality; however, do we know what the laboratory’s nursing, physician, and patient customers *really* think about our services? [Note: Asking them once every 2 years because it is an accreditation requirement does not constitute a sincere interest in their needs, wants, and concerns!] Second, we do QC, dabble at QA, and work on improvement projects in between getting the “real” work out; however, do we simply talk about being excellent or do we actually *integrate* quality improvement techniques into the laboratory’s *routine* business?

The real core values of the builder will be expressed in whether or not they really *do* anything about my feedback and subsequent suggestions. Third parallel: Do we simply roll our eyes and say, “There goes nurse Wanda about stat collections again,” or do we *really* say, “If nurse Wanda has complained 3 times this month alone, do we have a process problem here?”

This Month’s Quality Quote:

“Total quality management is totally satisfied employees serving totally satisfied customers.”

—Anonymous

Send comments/questions to
lmberte@comcast.net.



Lucia M. Berte
MA, MT(ASCP)SBB, DLM;
CQA(ASQ)CMQ