

Quality Qorner

My Two Minutes of Grumble Time

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I have a friend who always exudes a cheery disposition and prefers that we don't waste our conversational time exchanging complaints. In fact, he reminds me when my two minutes of grumble time have expired and gently changes the subject. I get it. This is a refreshing perspective for me, a detail-oriented, Virgo-perfectionist, former blood banker of Italian heritage. With so much that can and does go wrong in the world today, there's no loss for something to complain about.

For some years, an editor of a quality journal wrote a column on the last page called "The Quality Curmudgeon." In his column, he railed about situations in which he received poor quality services from airlines, hotels, shopkeepers, and restaurants and how they were clueless as to the importance of how they should strive to meet the customer's needs. As a fellow frequent traveler, I can also easily complain about all these same services—but you don't want to hear about that!

In this month's column, I'm picking up and shaking the "Quality Curmudgeon" cane and my topic is "What Laboratories Don't Get About Quality." I'll take my two minutes of grumble time to share the frustrations I regularly encounter in trying to help laboratories understand and embrace the value of quality management. *Note:* If you speed-read, you might get through this in less than two minutes.

Grumble #1: The Pencil Mentality

I recently attended a meeting where the audience was mostly technologists and technicians who worked in preanalytic, analytic, and postanalytic laboratory processes. The persons sitting behind me were complaining that their meeting bag did not contain a pencil or pen. What? They knew they were coming to a meeting with several presentations and didn't bother to bring their own pen to take notes on the provided handouts? In the pencil mentality, people can't or don't think for themselves, expect to be given every little thing, and yet are quite emphatic about how they're not treated like professionals.

Grumble #2: "Quality is Something We Have to Do for CLIA and CAP"

This one really gets me riled, especially when I hear from so-called medical and administrative laboratory "leaders" that quality is too much additional work, that it costs too much, and that they're too busy doing their jobs to do all the extra work it takes to have a quality management system. So tell me, how much is it costing your laboratory to lose samples and reports, to repeat testing, make emergency purchase orders, and bear the inefficiencies of inadequately trained staff? How can you measure the cost of nurses' and physicians' unhappiness with unnecessarily long turnaround times, not to mention the subsequent delay in patient care? If your laboratory hasn't built quality activities right into the work processes, then what exactly are you spending your time and the organization's money doing?

Grumble #3: Lean is the Answer

If you believe this, you haven't been alert to the quality improvement initiatives dating from the mid-1980s when we were

told that quality assurance was the way to better patient care; the mid-1990s when we were told that TQM/CQI would solve all the organization's quality problems; and the early 2000s when Six Sigma became the magic bullet that would improve quality once and for all. These days it's Lean—the Toyota production process of removing waste and streamlining work processes. Don't get me wrong: Lean is probably the best tool of the lot, but it's just one of many process improvement tools. Lean is not a *system* and *culture* of quality that the entire organization breathes and lives. But, hey!—if your laboratory is doing Lean, keep up the good work! Leaned processes are definite quality improvements. Just don't expect Lean to ensure staff competence, provide document control, guarantee accuracy of test results, create a database of nonconforming event information, or do any of a number of other important quality-management activities. It's just part of the quality toolbox, not an entire quality management system.

Grumble #4: Waiting for Parity

When I entered this field over 30 years ago, medical technologists were complaining then that their wages weren't commensurate with their educational background and judgment responsibilities when compared with nurses. It seems nothing much has changed in 3 decades, but that bandwagon still keeps on rollin'. Guess what? Parity is not likely to happen—certainly not in my professional lifetime and perhaps not in yours. Just as capitalism places value on short-term vision and profits, health care most values the people who lay hands on patients. If you want that kind of recognition and pay, be a doctor or a nurse or a physical therapist. If you don't like your professional invisibility, then think globally and act locally. Be an advocate for your laboratory in your own institution. Actively participate in laboratory professional organizations. During National Medical Laboratory Professionals Week, work toward helping the public recognize the quality and value we bring to their care and safety. What you don't get in dollars you may still find in the satisfaction of contributing from your heart to truly make a difference.

Okay, my two minutes of grumble time are over and I feel much better now that I've gotten those bugs of my chest. Now I'm putting my "Quality Curmudgeon" cane at the back of the closet where I won't see it and be tempted to shake it again for a long time. Or at least until my next canceled flight at O'Hare airport!

This Month's Quality Quote:

"All mankind is divided into 3 classes: Those that are immovable, those that are moveable, and those that move."

—Anonymous

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