

Learning a Second Language

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Have you ever had a great idea for how to improve something in your laboratory and shared it at a staff or management meeting only to have it disregarded or—even worse—derided? Such an outcome might certainly demotivate you from making future contributions!

Wouldn't it be great to have a bombproof way to make a suggestion that would always be at least be heard out—and with a higher likelihood that the action you intended would be taken? Laboratorians have many good ideas about how to improve work processes and patient safety. By structuring your proposal in “management-speak” you can better gain their attention. What is management's language? Here's a hint: it's green—but I don't mean the environmentally-friendly kind. I mean the green of cold, hard cash. The language of upper management is *money*.

I recently sat through a day-long webinar hosted by the American Society for Quality (www.asq.org) on “The Case for Quality: Taking it to Management.” In this most stimulating program, we learned a better way to prepare and articulate suggestions for improvement—both formal and informal. When you are explaining an idea to your supervisor, or when supervisors or managers take improvement ideas to their laboratory administrative directors, or when the administrative director is proposing an improvement project to the vice president of clinical services, for example, the message needs to evolve from a “what-needs-doing-because-it's-right” approach, to what the effect is on the laboratory's or organization's bottom line.

The approach we learned in the ASQ course has 3 main questions that, if answered well, will greatly increase the likelihood that good ideas will get more than a cursory hearing. Here's an overview of the ASQ speaker's approach; he has spent many years writing about and teaching how to get management to listen to the cost of quality.

The Case for Quality, Part 1: Why should we do this?

Of course, with a new or changed regulatory or accreditation mandate, it's easy to provide a rationale for laboratory action. Most challenging is to make a compelling argument when there's no new or changed requirement but simply that the change provides improvement. In preparing the answer to this question, think of your laboratory's or organization's mission and objectives. Will the change support the mission or help achieve an objective? If so, specify in what way. Think also of how the change would increase revenue, reduce cost, minimize risk, or enhance the laboratory's or organization's image. For example, your laboratory would like to centralize inpatient blood sample collection with a phlebotomy team under the laboratory's control rather than have nonlaboratorians collect the majority of blood samples from patients. This change would help achieve laboratory objectives of reducing contaminated blood culture collections, reducing the number and cost of sample recollections, reducing the risk of unsatisfactory phlebotomy experiences for patients (eg, hematomas and the inconvenience

of recollection), and perhaps enhancing the image of blood collecting in patients' experiences with more experienced phlebotomists.

The Case for Quality, Part 2: What if we did not do this?

Here's the crucial piece that's missing from most proposals. Whereas Part 1 incurs increased expenses to the bottom line, such as the cost of hiring phlebotomists and training them, Part 2 always shows the significant financial pain the laboratory or organization is already experiencing. In our phlebotomy example, your laboratory would have data on how many samples need recollection by laboratory staff and the effect on turnaround time when nonlaboratorians fail to collect proper samples. Your laboratory would also provide the direct cost of sample recollection, at the wages of laboratory phlebotomists or technicians/technologists. The “failure cost” in this example can be considerable, often exceeding the cost of Part 1's suggested improvement. But unless management sees the current pain in financial terms, they cannot gauge it against the cost of the suggestion. Including this part in your business case for change is key to making the difference between a proposal's acceptance and rejection.

The Case for Quality, Part 3: What do we want the outcome to be?

Focus on the outcome, not on the process. In our phlebotomy example, we want the outcome of inpatient blood-sample collection to always be “samples collected correctly, first time, every time, with minimal or no discomfort to patients.” If we all agree this is the only acceptable outcome of phlebotomy, then the question becomes which job title(s) is (are) best qualified to consistently deliver this outcome. Your data in Part 2 should support your suggested improvement in Part 1. With the information provided in all 3 parts of your business case, it is far easier to see the right decision to make.

Is it really as simple as 1-2-3? Like everything else, it will take some practice with this new method to build your skills. Try it the next time you see something that needs doing.

This Month's Quality Quote:

“Quality is free. It's not a gift, but it's free. What costs money are the unquality things—all the actions that involve not doing jobs right the first time.”

—Philip Crosby

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