

Quality Qorner

Who is the Customer? Lesson Two

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After reading last month's column, I hope you will agree that nurses and physicians are the customers of your laboratory's output; that is, the report of results whether verbal, paper, or electronic. Although laboratories toil on behalf of patients, their main customers are those individuals or groups that *receive and must be satisfied with* the service, work product, or output of a process.

However, all laboratory work is a series of processes. All laboratories have the preanalytic processes of test order through sample accessioning/processing; the analytic processes of testing through results verification, and the post-analytic processes of report preparation, delivery, and sample management. Every one of these processes has an output; so who, then, are the customers of each of the sequential processes?

Enter the acronym *SIPOC*, which stands for *Supplier—Input—Process—Output—Customer*. In the following scenario, try to identify each SIPOC element. Who is the customer of this process?

Laboratory assistants retrieve samples sent to the laboratory receiving area via the pneumatic tube system from phlebotomists and nurses who obtain blood and non-blood samples from patients. The assistants verify test orders in the LIS, status samples as received, apply accession number labels, and centrifuge samples when appropriate. Samples are frequently delivered to testing areas.

Every laboratory has some version of the sample receiving and accessioning process described above, whether it is centralized or decentralized. This process must occur correctly every time for production of a valid test result/examination report. It is a crucial process because problems here lead to mislabeled samples, lost samples, wrong test orders, and many other pre-analytic nonconformances that can affect patient safety.

Following the SIPOC acronym is the best way to identify the customer of any process. In the scenario described above, the *Supplier(s)* are the phlebotomists and nurses who send blood and non-blood samples to the laboratory through the pneumatic tube system. The *Input(s)* are the blood and non-blood samples and accompanying requests. The *Process* contains the sequential activities the receiving staff performs to unpack the samples, compare requests with samples received, accession samples, resolve sample problems, and perform any needed sample processing (eg, centrifugation). The *Output* is the right sample with the right orders entered correctly into the system, with properly applied accession labels attached to appropriately processed samples, and all samples accounted for. (Note: If this is not what happens in your laboratory each and every time, then your sample receiving and accessioning process is not working properly.) The *Customer* of this process is not the nurse, physician, or patient! The customer of this process is those individuals or groups that receive and must be satisfied with the service, work product, or output of the sample receiving process—in this case, the customer is the testing staff.

Following the SIPOC approach and customer definition, nurses are customers of physicians who write chart orders. Laboratory sample receiving personnel are the customers of nurses who collect patient samples. Testing personnel are the customers of sample receiving staff. Histologists are the customers of pathologists who perform the tissue grossing process. Pathologists are customers of the histologists who perform special stains. Transcriptionists are the customers of pathologists' dictations. There is a customer for each and every preanalytic, analytic, and post-analytic laboratory process.

Wanda's response when I explained the SIPOC approach was, "That sounds good on paper, but too bad it doesn't work!" Well, the reason it doesn't work is that no one in health care is trained to think this way! Have you ever had classes in SIPOC and process analysis? And if so, have you ever used SIPOC and flowcharted laboratory preanalytic, analytic, and post-analytic processes? The sad but true attitude in much of health care is that we are too busy doing what we have always done to apply proven tools developed in non-health care services to improve laboratory efficiency and patient safety. It may only sound good on paper but it really *has* worked in real laboratories that were brave enough to try it! Documented reduction in errors and improvement in process efficiency were definitely realized.

Wanda figured that after you had read last month's column, you had wondered why she did not simply collect another sample. Here is her response:

I was going to collect another specimen instead of spending my time hassling with the lab, except I had a really (deleted strong words describing irritated and unhappy) patient and his wife insisted it was already done and he didn't want another wire stuck up his nose ... can you blame him?

Would you want another wire stuck up your nose because the laboratory's receiving process did not work properly? And what about the cost of the time and supplies for recollecting the sample, re-transporting the sample, and re-receiving it in the laboratory? Where does that money come from?

Rework is never the right answer to this or any other customer service problem. The correct answer is to know who receives the output of your process and design that process to meet that customer's needs.

This Month's Quality Quote:

"If we don't change our direction, we're going to wind up where we're headed."

—Native American Proverb

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