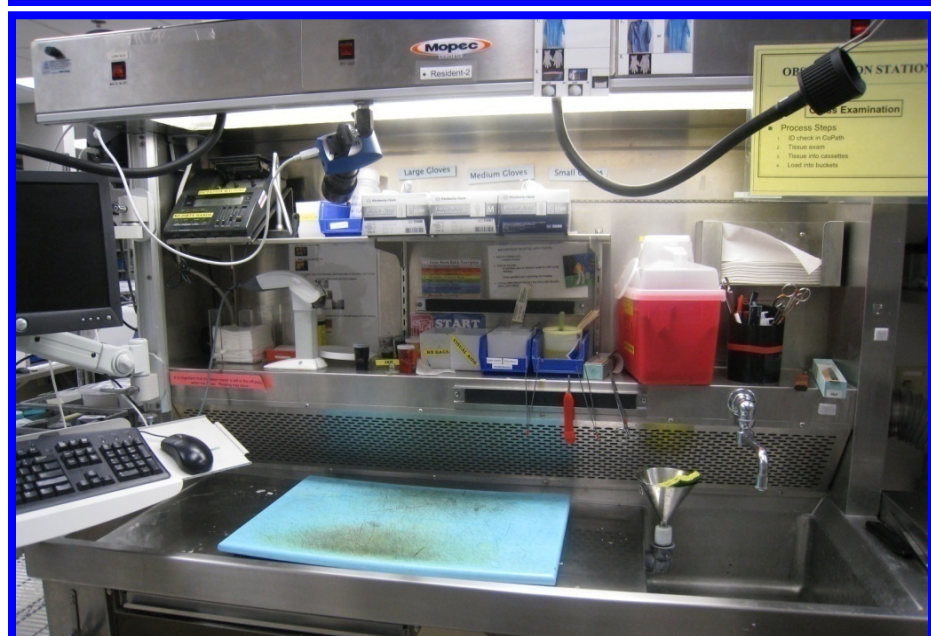


# What Does a Lean Surgical Pathology Look Like?



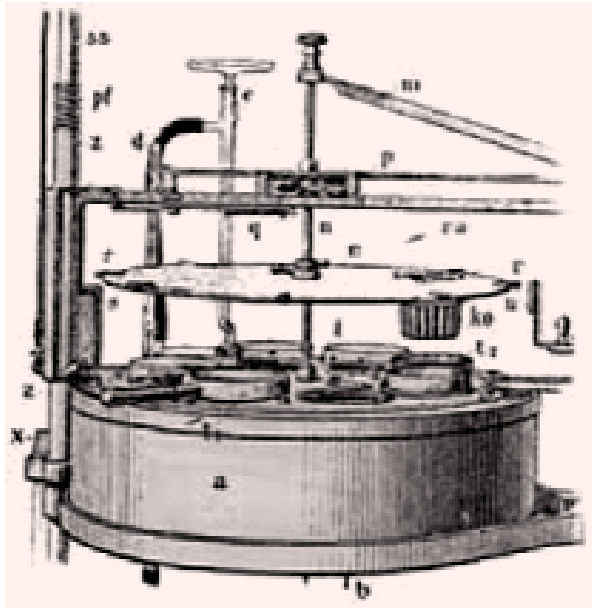


# *~~The way it was is !~~*

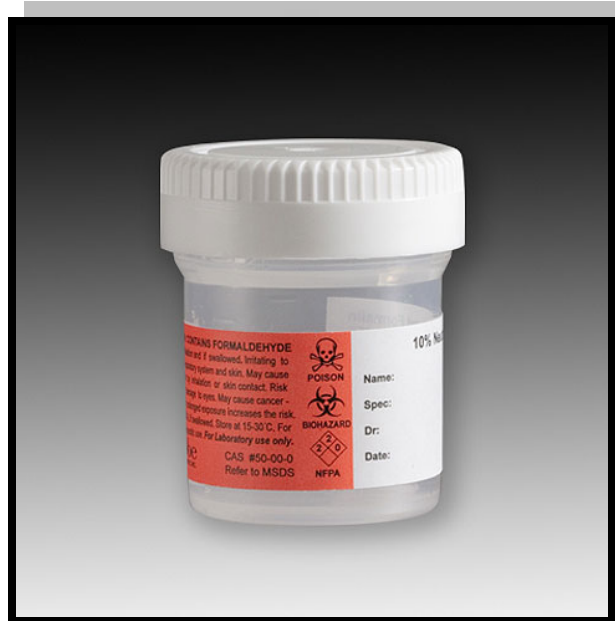


Cycle time = 14 hrs

Cycle time = ? hrs



1909  
Arendt



1893  
Blum



1850s  
Virchow



# Identify the Goal



# Articulate the Vision & Means & Goals

- All specimens from any Operating Room or client within are transported, grossed and processed within the day of surgery at Core AP Lab
- Continuous flow processing for Biopsies & Large Specimens using Lean processes with short cycle times
- 80% of all Biopsy reports within 2 days & all Large specimens reports in 3 days



# Educate the Leaders & Teams



# How Do You Get There?

## Management system

- ❖ That mines creativity of people, educated and structured to contribute to improving the work daily

## ❖ PDCA (Plan Do Check Act)-based

- ❖ Customer focused continuous improvements

## ❖ Continual work redesign (to achieve) :

- ❖ Continuous flow
- ❖ With minimal waste,
- ❖ Defined connections, &
- ❖ Defined pathways



# Know What is Ideal Work



# Strive for the IDEAL Condition

**Delivery of products & services should pursue the Ideal**

Production that is

- **Defect Free** (goal is zero, meets customer expectation)
- **On demand** (supplied when you want it, in right version)
- **Immediate** (now, no waiting)
- **One at a time** (single piece flow, batch size of 1)
- **Continuous flow** (no batches, queues)
- **Minimal waste** (materials, labor, energy, other resources)
- **Safely for every employee**

■ Physical, emotional, professional



# Focus teams on Eliminating the Wastes



# LEAN Tools to Improve Workflow

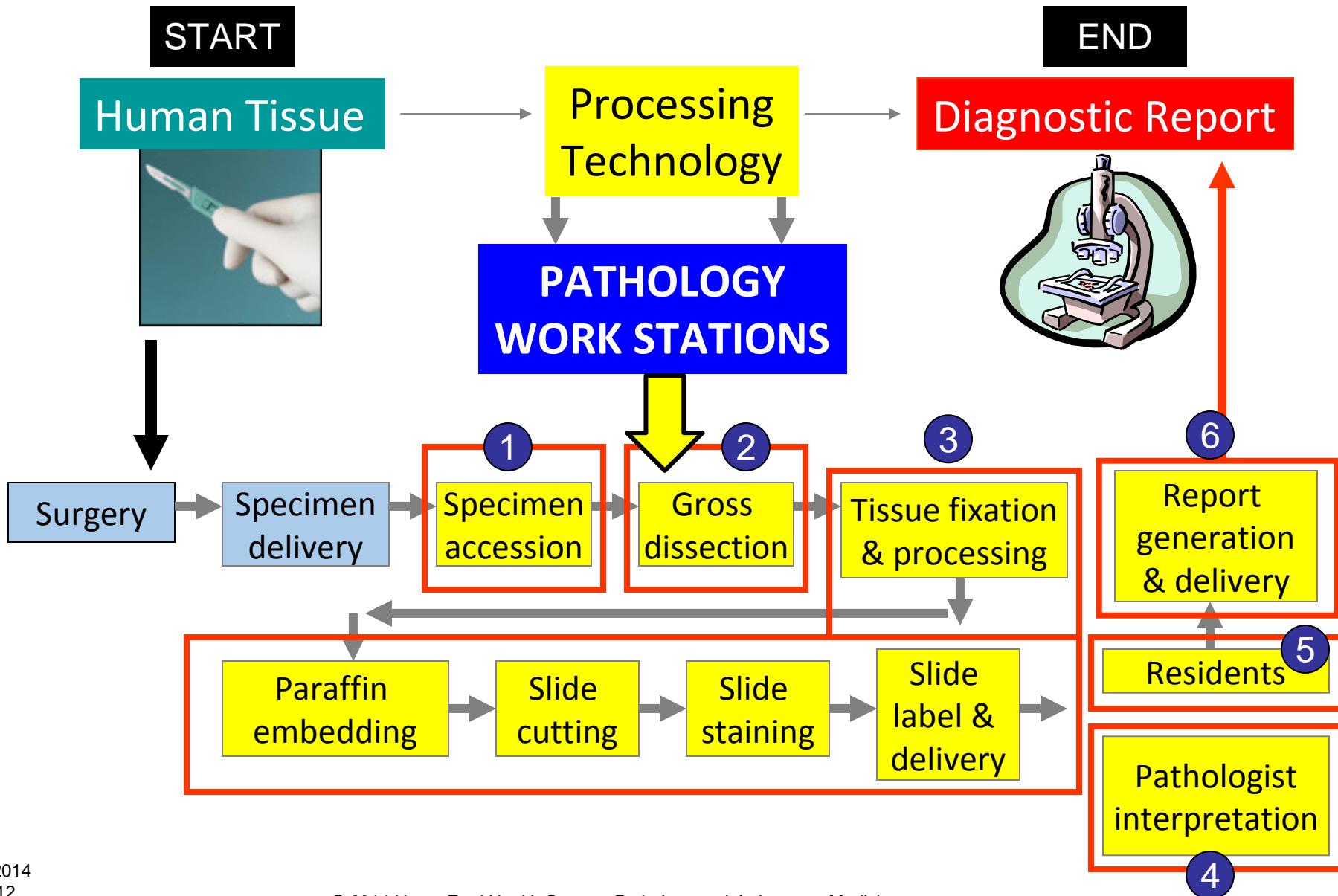
- Standard work
- Mistake proofing
- Batch size reduction
- Level load
- Work simplification, posted job aides
- Visual displays, controls & and color coding
- White boards, Deviation Management Process, Daily Management Boards
- Kanban inventory and production signals
- “Stop the line” (Specimen labeling and acceptability rehabilitation process)



# Structure the Teams



# Surgical Pathology Path of Workflow





# Identify the Defects



# Survey Defects Work In-Process

Poor quality of service or product that makes you:

- **Stop your work**
- **Reject it**
- **Return it to sender**
- **Delay your work to fix it yourself**
- **Not pleased, could be better**

**= variation = bad**

**= poor quality**

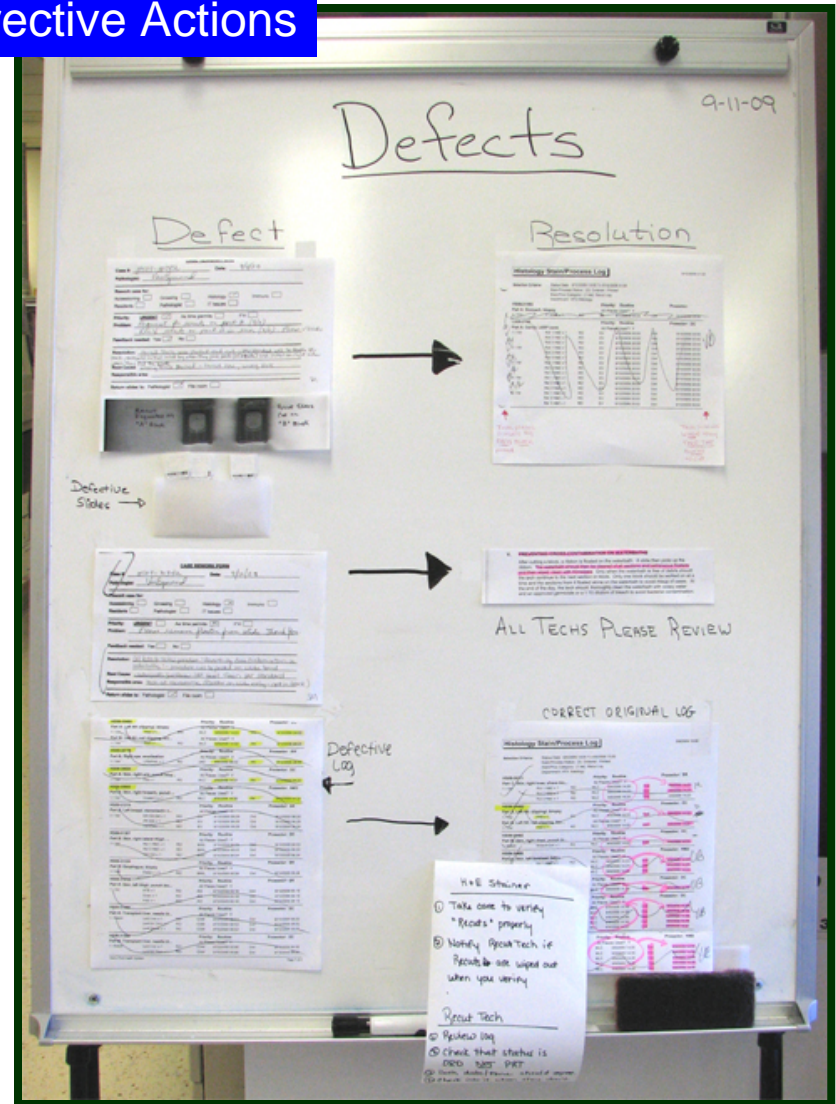




# Defect Board- Make Defects & Resolution Visible

## Rework Pathway for Corrective Actions

- Histology Core lab weekly Quality Huddle
- Lab meets to review past week's defects
- Defects are posted on white board with resolution for all to see, obtain clarification, suggestions and for all to learn from





# Even More Sophisticated Daily Management Board





# Simplify Rid Un-needed Process Steps



# LEAN LESSON

## ***Lean Principle- Start with Work Simplification***

“Every well thought-out process is simple.”

– Henry Ford

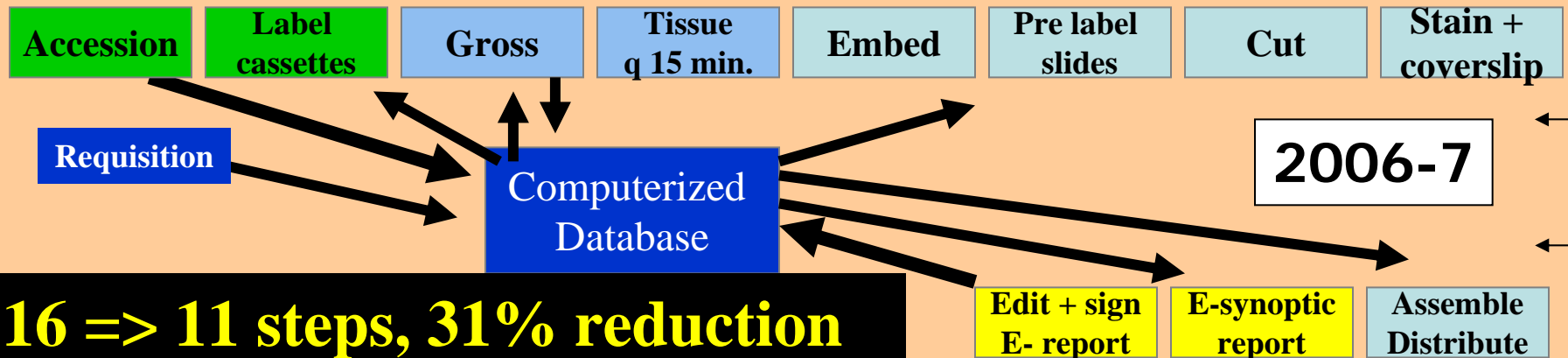
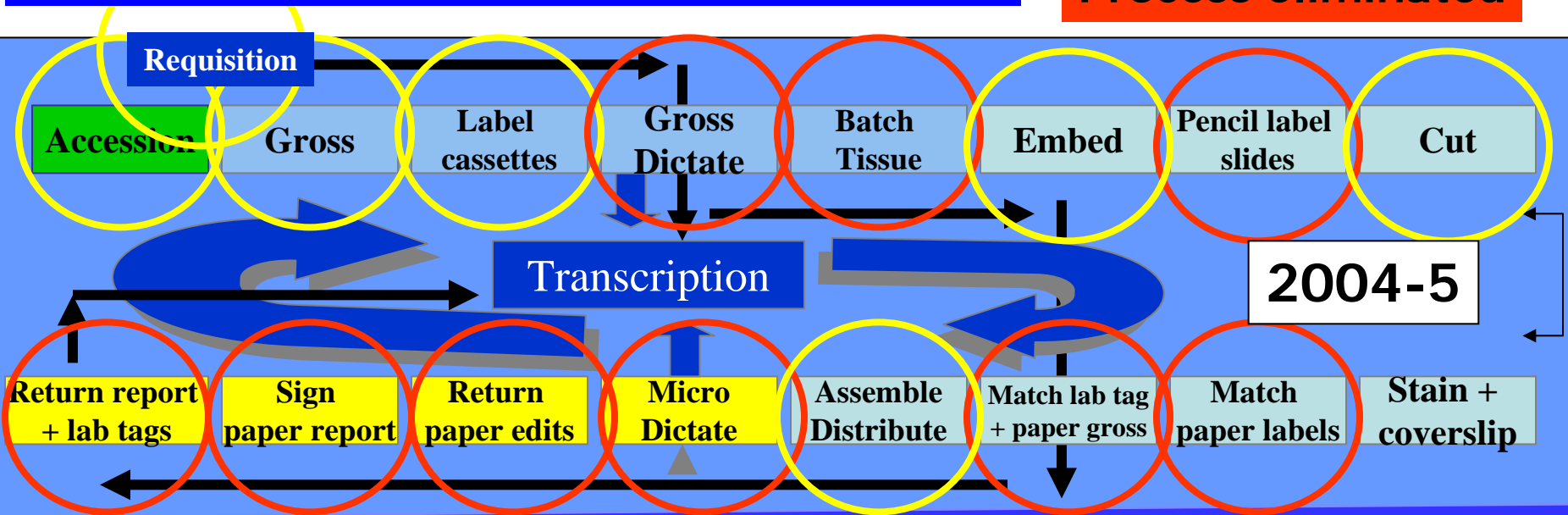




# Transition to Paperless Barcoded Workflow in AP

Process modified

Process eliminated



**16 => 11 steps, 31% reduction**



# Process Map 2004-5

5

## Accession

Verify patient ID, info

Obtain SP # from LIS

Pencil write SP # on container & lab tag

Place many Lab Tags & containers in baggies in bucket for Gross pick up

Retype SP# & part into standalone cassette printer

6

## Gross

Pencil write tissue type & cut directions on side cassette

Dictate clinical information

Dictate gross description

Deliver cassettes in batches to Processor

Deliver tapes & lab tags to Transcription

Load Processors at end shift

7

## Transcription

Transcribe gross dictation

Deliver gross dictation to Histology

Transcribe microscopic dictation

Deliver micro dictation to Pathology

Transcribe corrections

Enter Snomed codes

Finalize signed reports

9

## Histology

Embed large batches

Match master list & assemble cases

Pencil write all slides w/ SP# & part & level

Cut each cassette to protocol log sheet or penned cassette directions

Stain & coverslip

Retype SP# & part into standalone label printer

Reassemble slide cases by matching lab tag & dictated paper gross

Match & stick paper labels to pencil labeled slides

Verify w/ gross & lab tags, assemble on trays & distribute to pathologists

8

## Pathology

Verify & dictate Pat. Info from lab tag & gross

Dictate DX & microscopic

Dictate billing codes

Deliver tape to transcription

Edit paper report

Return edits to transcription

Sign paper report

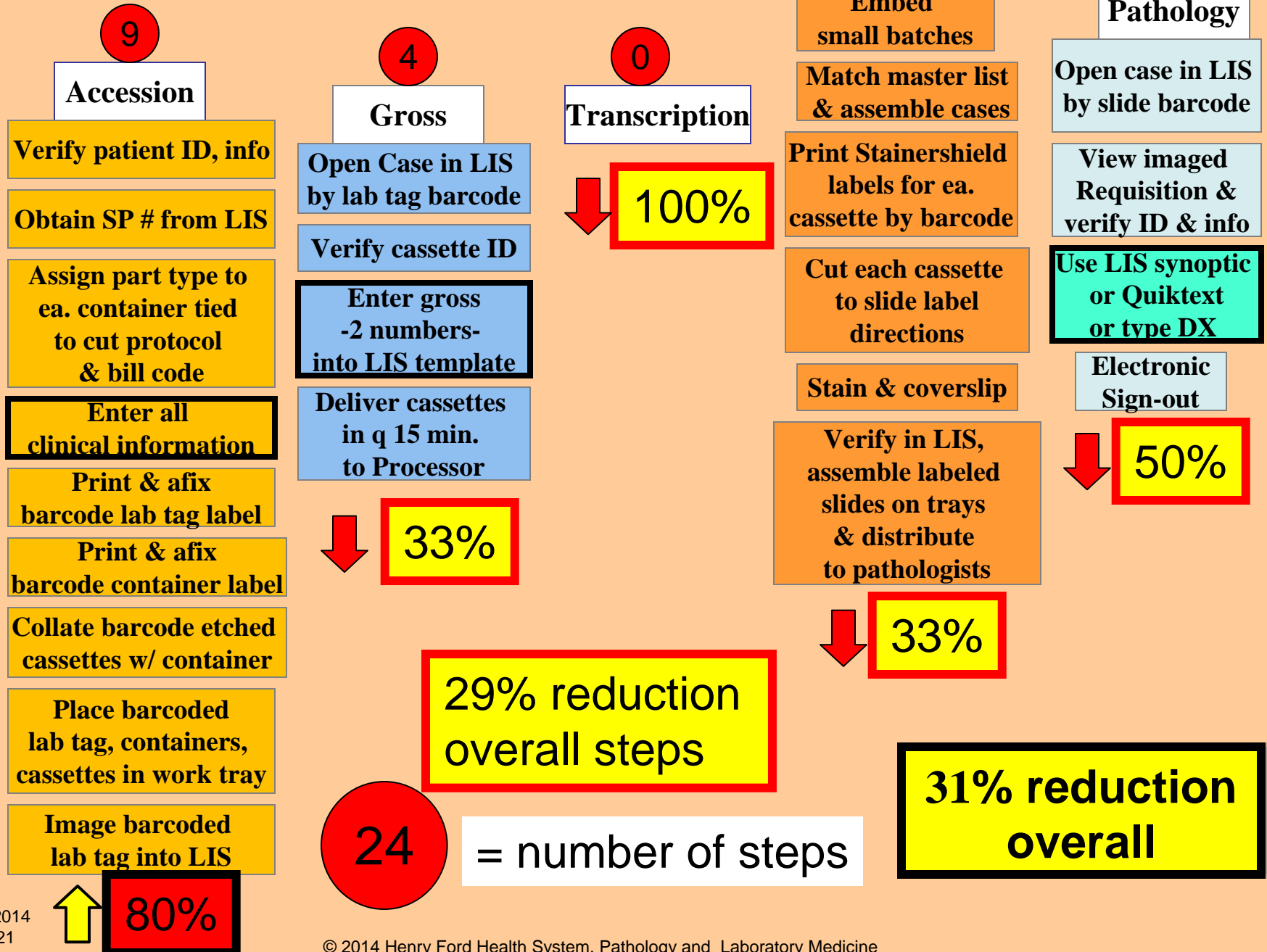
Return report & lab tags to transcription

35

= number of steps



# Process Map 2009





Simplify = Safer



# Safer Work Simplification Redesign

3 FTE

Transcription



1.4 FTE

Manual labeling



1.3 FTE

Mis-ID corrections



# Standardize Activities, Connections & Pathways



# Key Lean Process Changes 2004-2008

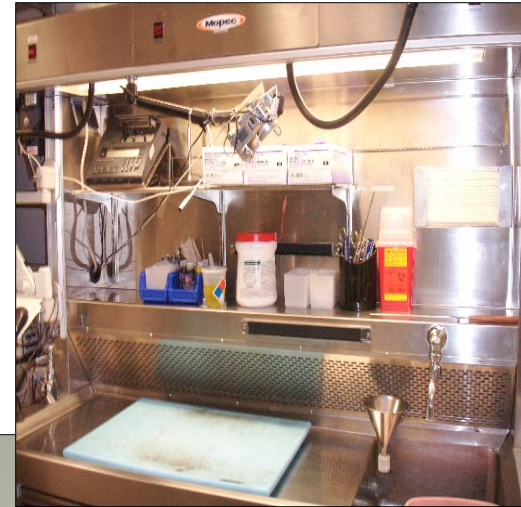
- Organized workflow, visual standard work, priority specimen streams





# Key Lean Process Changes 2004-2008

- Laboratory structural redesign, work cell design & standardization



- Linear flow
- U-shaped individual workcells

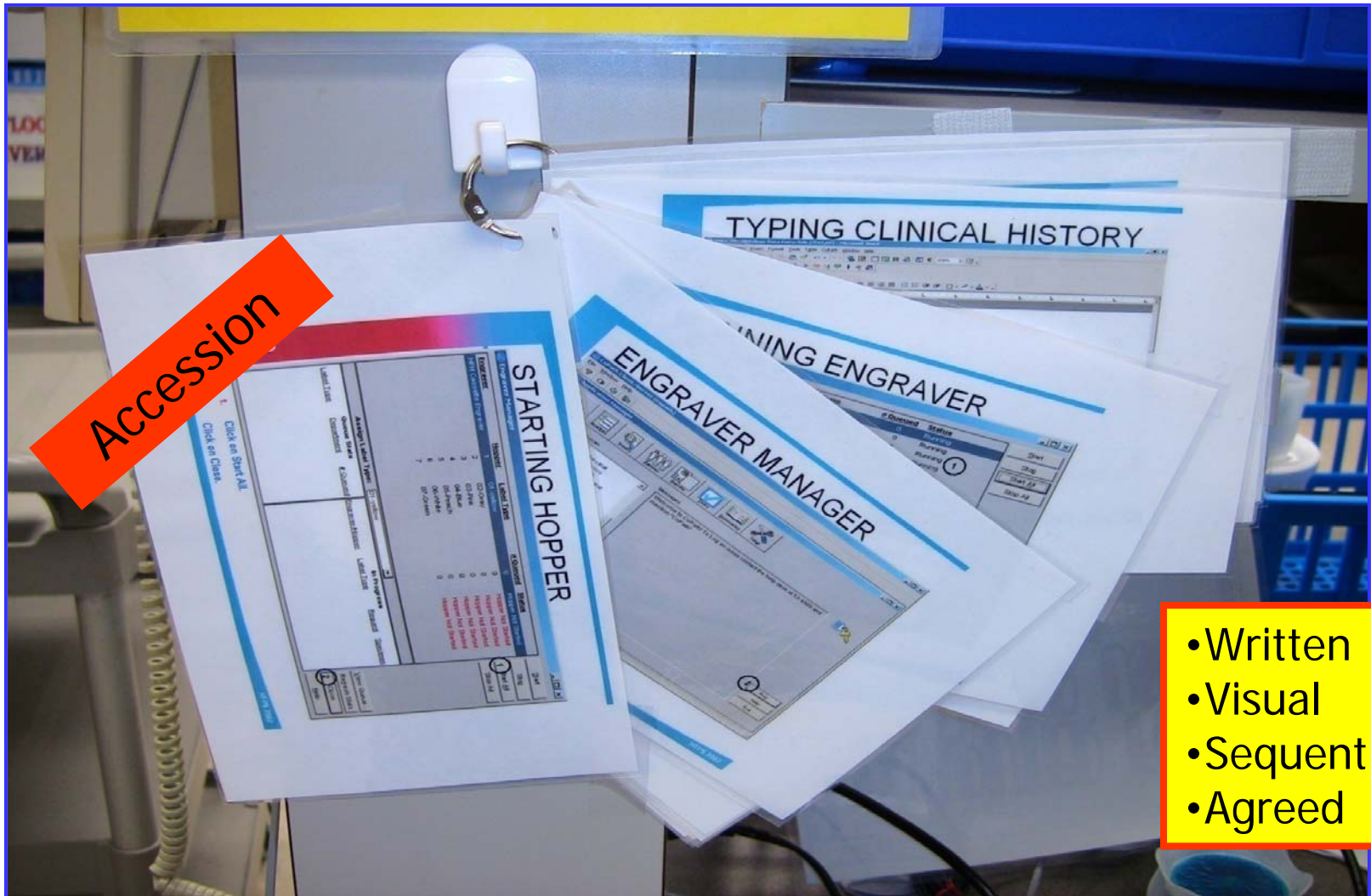


# Standard Work



# Standard Work

Posted at work stations





# Barcode Standardized Work Processes

Barcodes as production kanbans

Requisition

Specimen container

Tissue cassette

Glass slide

This case is submitted in 3 specimen containers consisting of:  
part A - sigmoid colon biopsy,  
part B - transverse colon biopsy and  
part C - stomach biopsy with standing preorder for Helicobacter pylori immunostain.

Protocol driven information is reflected in the slide labels dictating 2 levels cut for each part.

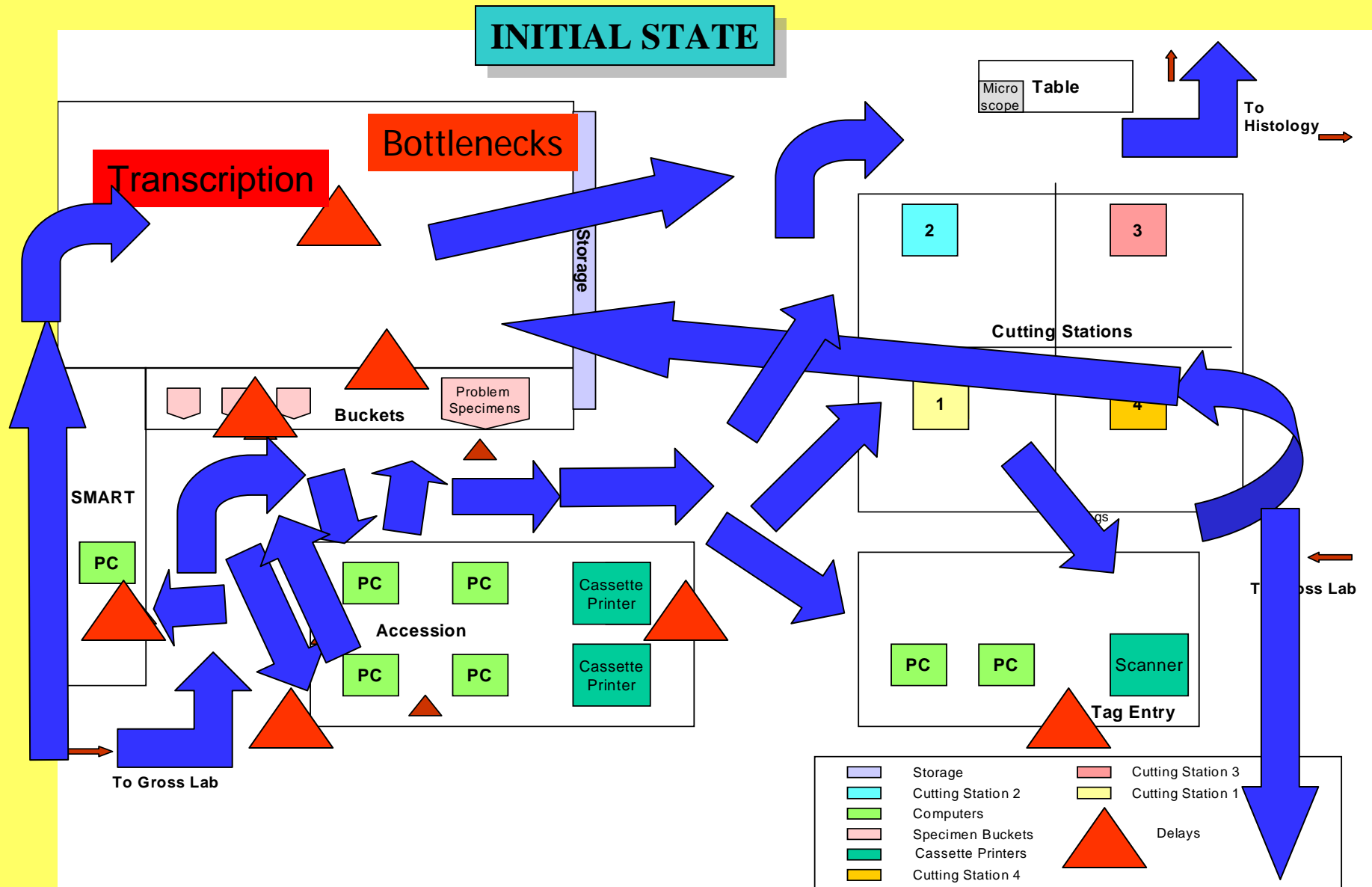
The stomach biopsy protocol, part C, calls for an additional 2 blank slides to be cut, one for the immunostain & a 4th left unstained.

All barcodes generated at Accession & Microtome



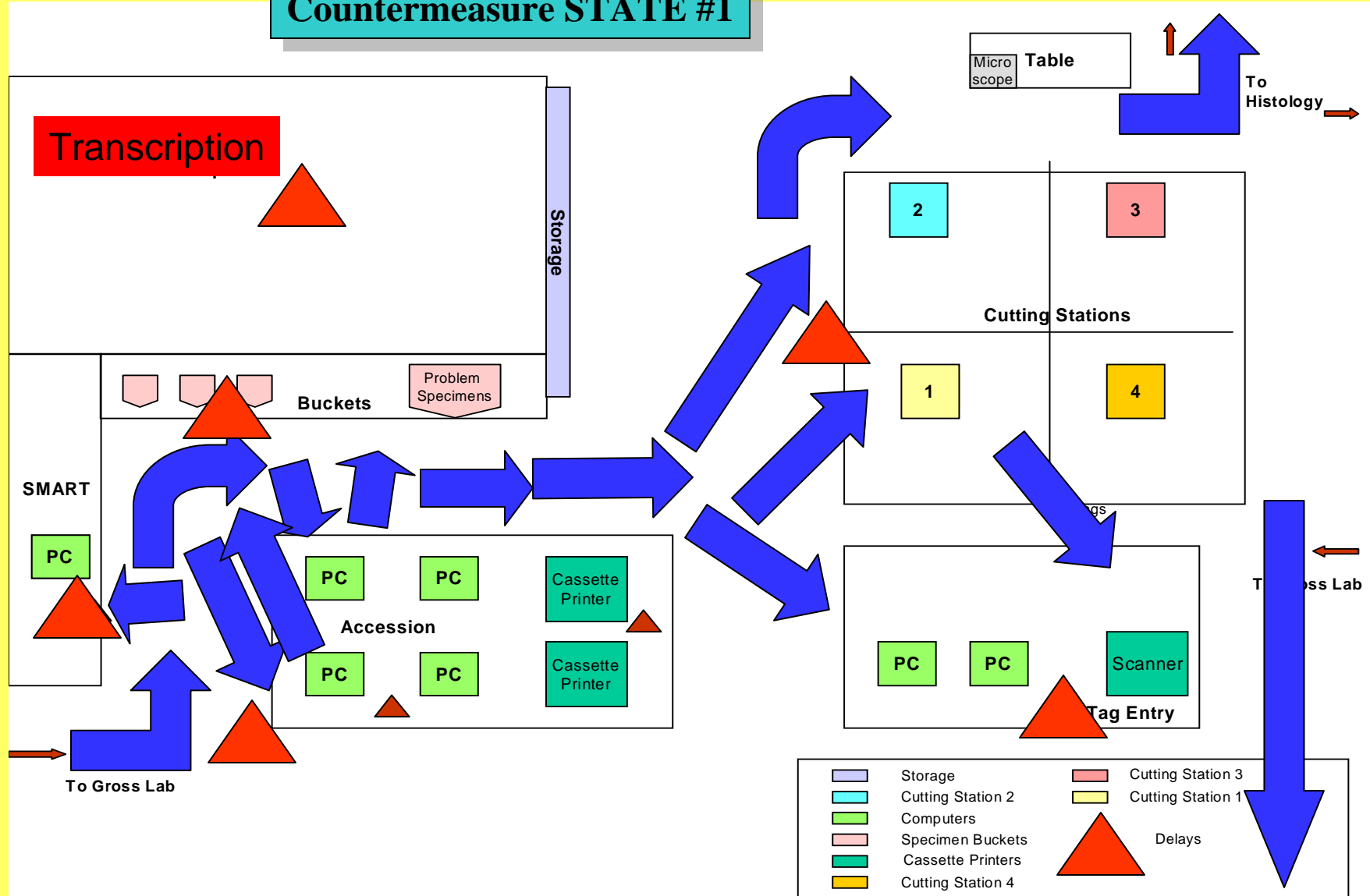
# Workplace Design Follows Standardization







## Countermeasure STATE #1





## Countermeasure STATE #2

## Histology

Transcription

## Sort Station

Color Coded Buckets

## Cutting Stations

## Accession #2

## Accession #1

Accession

PC

Scanner

Cassette Printer

PC

Scanner

Cassette Printer

Storage

Cutting Station 2

Computers

Specimen Buckets

Cassette Printers

Cutting Station 4

Delays

Specimen Rehab

Specimen Tracking

To Gross Lab

Storage

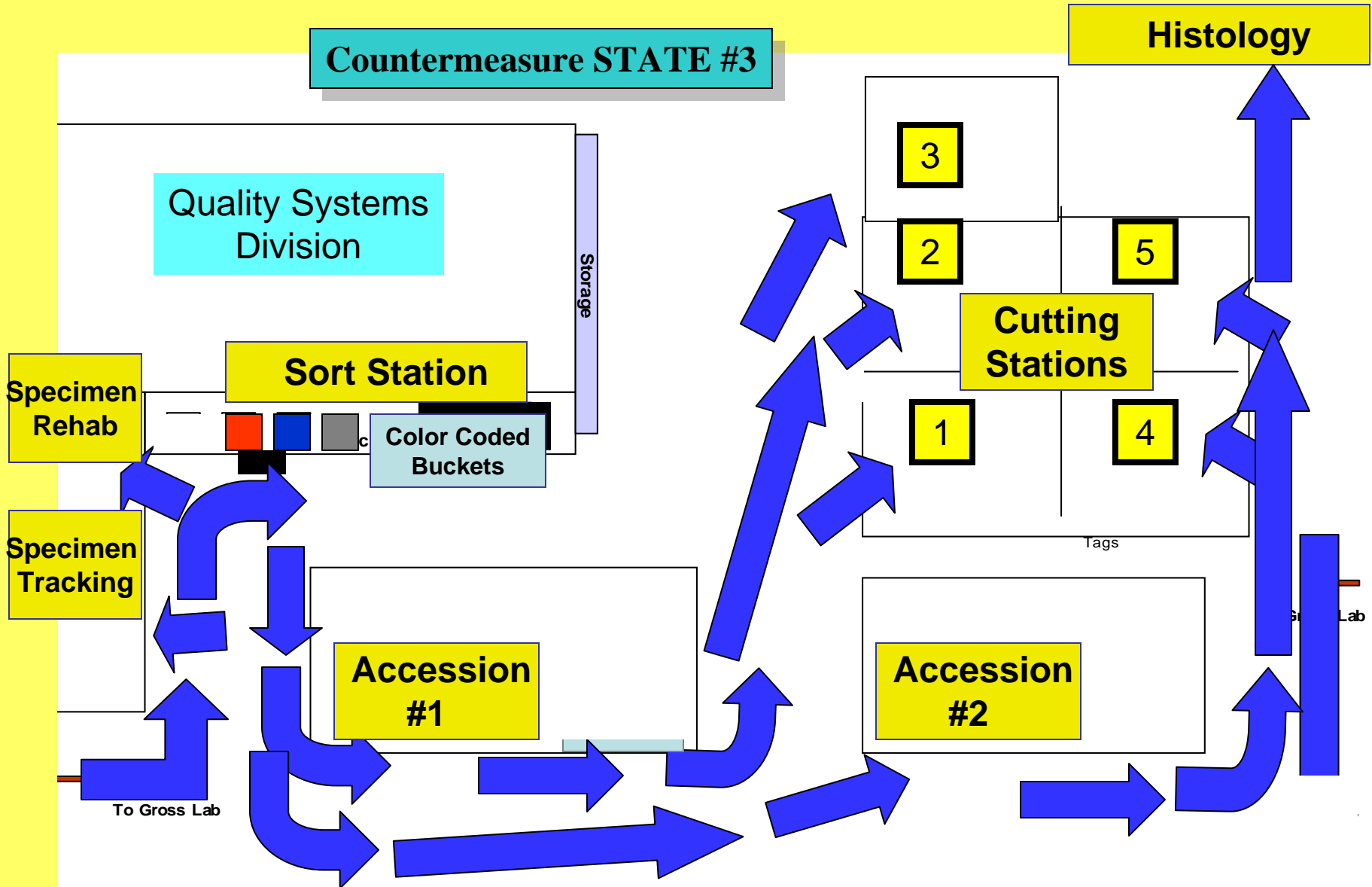


# Gross Lab Process Map- June 2011

6 years

Volume 65,000

## Countermeasure STATE #3



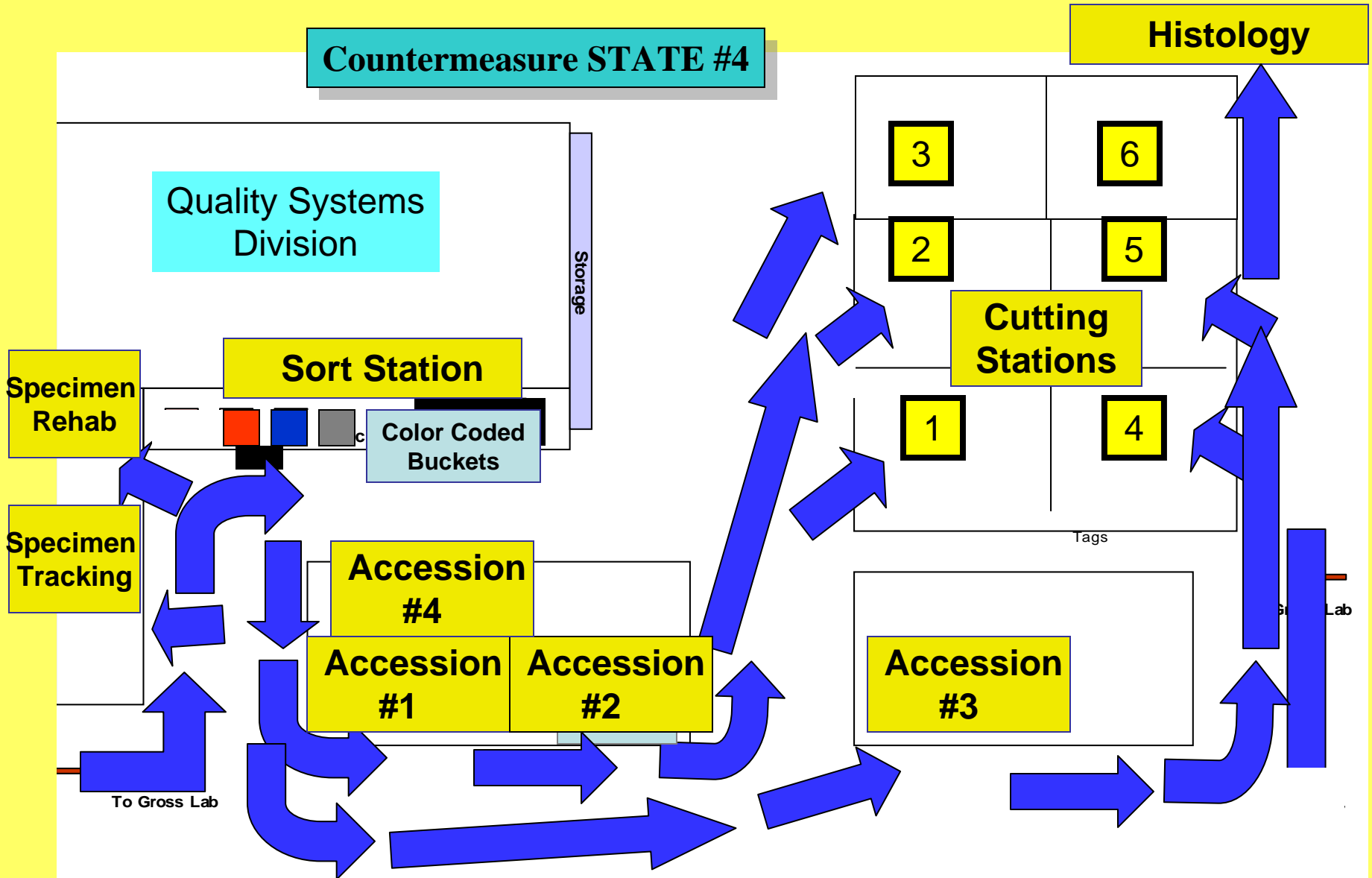


# Gross Lab Process Map- October 2012

7 years

Volume 80,000

## Countermeasure STATE #4





# Designing Pull



# Designing Pull for Histology Bottleneck

Time delay waiting for stainer rack to fill

Cut slides → Stainer



- Reduce Batch Size from Cutter to Stainer
  - Goal: Level throughput
  - Rate limiting step: Stainer capacity = 60 slides every 20 mins.
  - Set auditory timer to signal pull of cut slides
  - To stainer every 20 minutes, regardless batch
  - Measure TAT from slide delivery to sign-out
  - End outcome measure = influence on Pathologist signout (global goal)



## SP Major Processes

Biopsy/Label
Transport
Accession
Tissue Gross Exam
Processing
Embedding
Cutting
Staining/Cover
Case Collation
Delivery
Microscopic Exam
Report Sign-out

## Histology- Internal Specimen Pull Report TAT Outcome March 2006

**Current:** No time schedule for hand-off, wait for full rack of 60 slides  
**Change:** Pull biopsies, via auditory timer, whenever cut slides are ready  
 q 20 mins from Cutting to Staining stations  
 (run rate 60 per run, q 20 mins)

Pre	N=	327		Post	N=	168	
Signout Time	# cases	% by hrs	Cum %	Signout Time	# cases	% By hrs	Cum %
1 hour	66	20		1 hour	42	25	
2 hrs	88	27	47	2 hrs	29	17	42
3 hrs	24	7	54	3 hrs	23	14	56
4 hrs	20	6	60	4 hrs	23	14	70
5 hrs	27	8	68	5 hrs	5	3	73
6 hrs	11	4	72	6 hrs	2	1	74
7 hrs	6	2	74	7 hrs	3	2	76
8 hrs	15	5	79	8 hrs	18	10	86
9hrs	5	2	81%	9hrs	11	7	93%

Improvement = **12%**



# Production Kanbans



# Production Kanban Cards- Visual Aids

- **Decal placeholder card**

- To alert tech that block from case will be missing at cutting



- **Re-embed card**

- Alerts embedder why block is melting on embedding center;
- Has tech's name so it can be returned for cutting



- **Instrument status card**

- Alerts tech that solutions are not changed yet

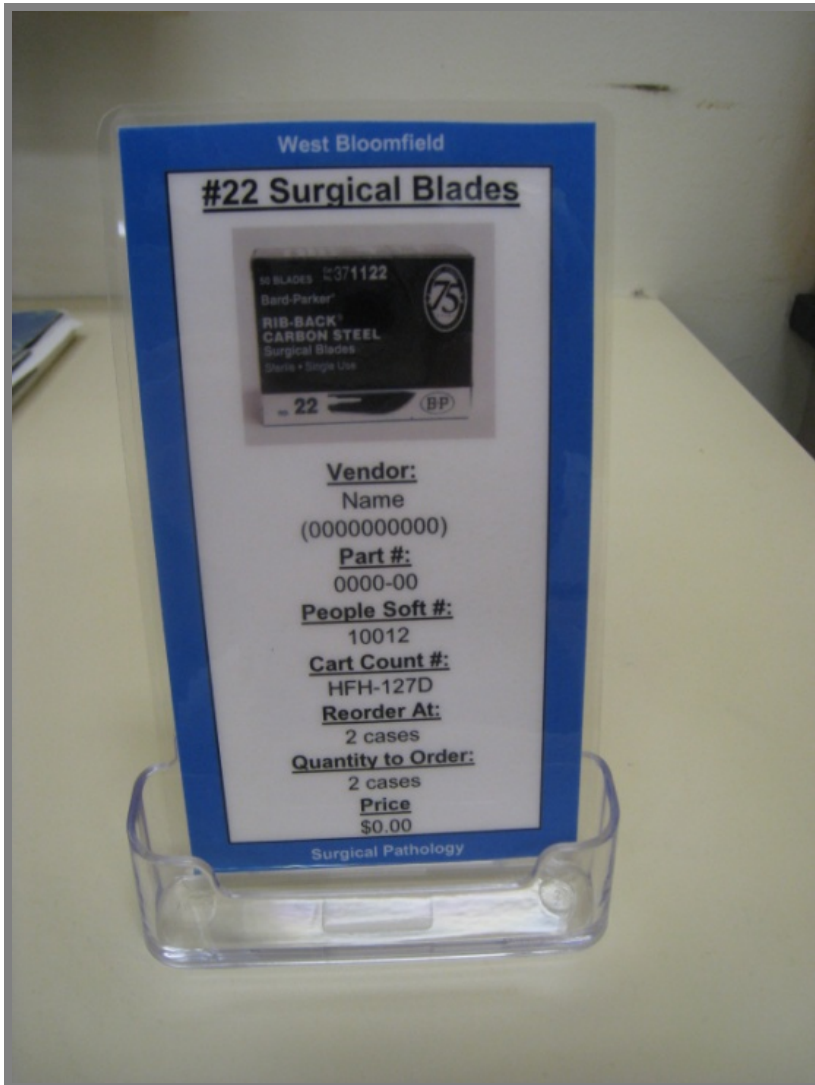




# Inventory Kanbans



# Reorder Kanbans for Inventory





# Continuous Flow



# Lean Operational Efficiency

- **Continuous flow goal**
  - **Centralized production** for Accession, Gross, Histology, all Stains and Slide disbursement
- **Operational challenges**

## Work simplification and mistake-proofing

- **Original condition-** Barcoded operation with transcription-less & paper-less gross, histology and signout
- **Challenge-** same-day metrics of successful production and defect resolution between hospitals

## Load leveling

- **Original condition-** 1 histology shift
- **Challenge-** Match courier with specimen availability and workers with volumes of work around the clock

## Batch size reduction

- **Original condition-** overnight large specimen batch processors, same-day rapid cycle processing of small biopsies only since 2004
- **Challenge-** rapid cycle processing of large specimens & biopsies



Lean = Minimal  
Batch Sizes &  
No Waiting



# Common Challenges

## Key Problems

- Core AP Lab operations
  - Specimen accession, gross exam, histology, IHC, molecular studies
  - Serving 4 hospitals up to 30 miles away
  - Specimen delivery efficiency
  - Production efficiency
  - Timeliness of slide production & return delivery
- Large specimen resections timely triage to Tumor Board presentations at 4 hospitals



# Whiteboard in Histology

INVALID BLOCKS

Block	Material	Quantity	Unit	Value
1	...	...	...	...
2	...	...	...	...
3	...	...	...	...
4	...	...	...	...
5	...	...	...	...
6	...	...	...	...
7	...	...	...	...
8	...	...	...	...
9	...	...	...	...
10	...	...	...	...
11	...	...	...	...
12	...	...	...	...
13	...	...	...	...
14	...	...	...	...
15	...	...	...	...
16	...	...	...	...
17	...	...	...	...
18	...	...	...	...
19	...	...	...	...
20	...	...	...	...
21	...	...	...	...
22	...	...	...	...
23	...	...	...	...
24	...	...	...	...
25	...	...	...	...
26	...	...	...	...
27	...	...	...	...
28	...	...	...	...
29	...	...	...	...
30	...	...	...	...
31	...	...	...	...
32	...	...	...	...
33	...	...	...	...
34	...	...	...	...
35	...	...	...	...
36	...	...	...	...
37	...	...	...	...
38	...	...	...	...
39	...	...	...	...
40	...	...	...	...
41	...	...	...	...
42	...	...	...	...
43	...	...	...	...
44	...	...	...	...
45	...	...	...	...
46	...	...	...	...
47	...	...	...	...
48	...	...	...	...
49	...	...	...	...
50	...	...	...	...
51	...	...	...	...
52	...	...	...	...
53	...	...	...	...
54	...	...	...	...
55	...	...	...	...
56	...	...	...	...
57	...	...	...	...
58	...	...	...	...
59	...	...	...	...
60	...	...	...	...
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73	...	...	...	...
74	...	...	...	...
75	...	...	...	...
76	...	...	...	...
77	...	...	...	...
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81	...	...	...	...
82	...	...	...	...
83	...	...	...	...
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86	...	...	...	...
87	...	...	...	...
88	...	...	...	...
89	...	...	...	...
90	...	...	...	...
91	...	...	...	...
92	...	...	...	...
93	...	...	...	...
94	...	...	...	...
95	...	...	...	...
96	...	...	...	...
97	...	...	...	...
98	...	...	...	...
99	...	...	...	...
100	...	...	...	...

The 2012 budget is tight. 2013 is anticipated to be \$12.5M more. 2012 Publishing budget cuts were absorbed by the Zurich



# 7 AM SP Core Lab- Accession & Gross



To be accessioned  
same day arrival



Accessioned  
previous evening



Gross from  
previous evening



# 7 AM SP Core Lab- Histology



To be embedded



Cutting, 3 of 15 stations



Blocks to be cut



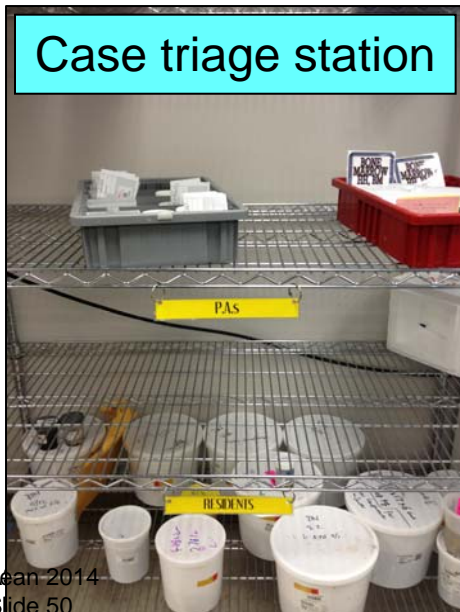
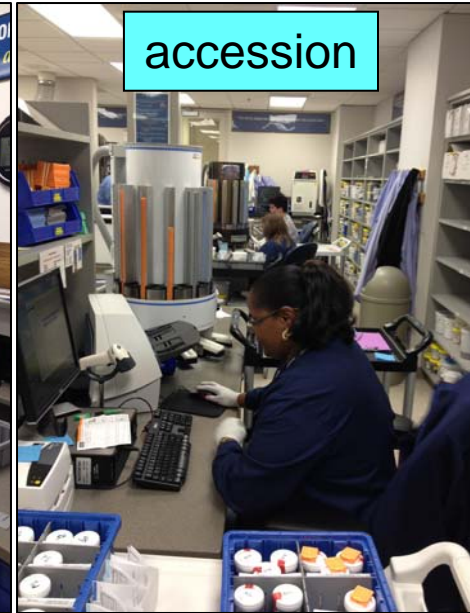
Slides to be stained



Cases delivered



# 4 PM SP Core Lab- Level Load, Pull

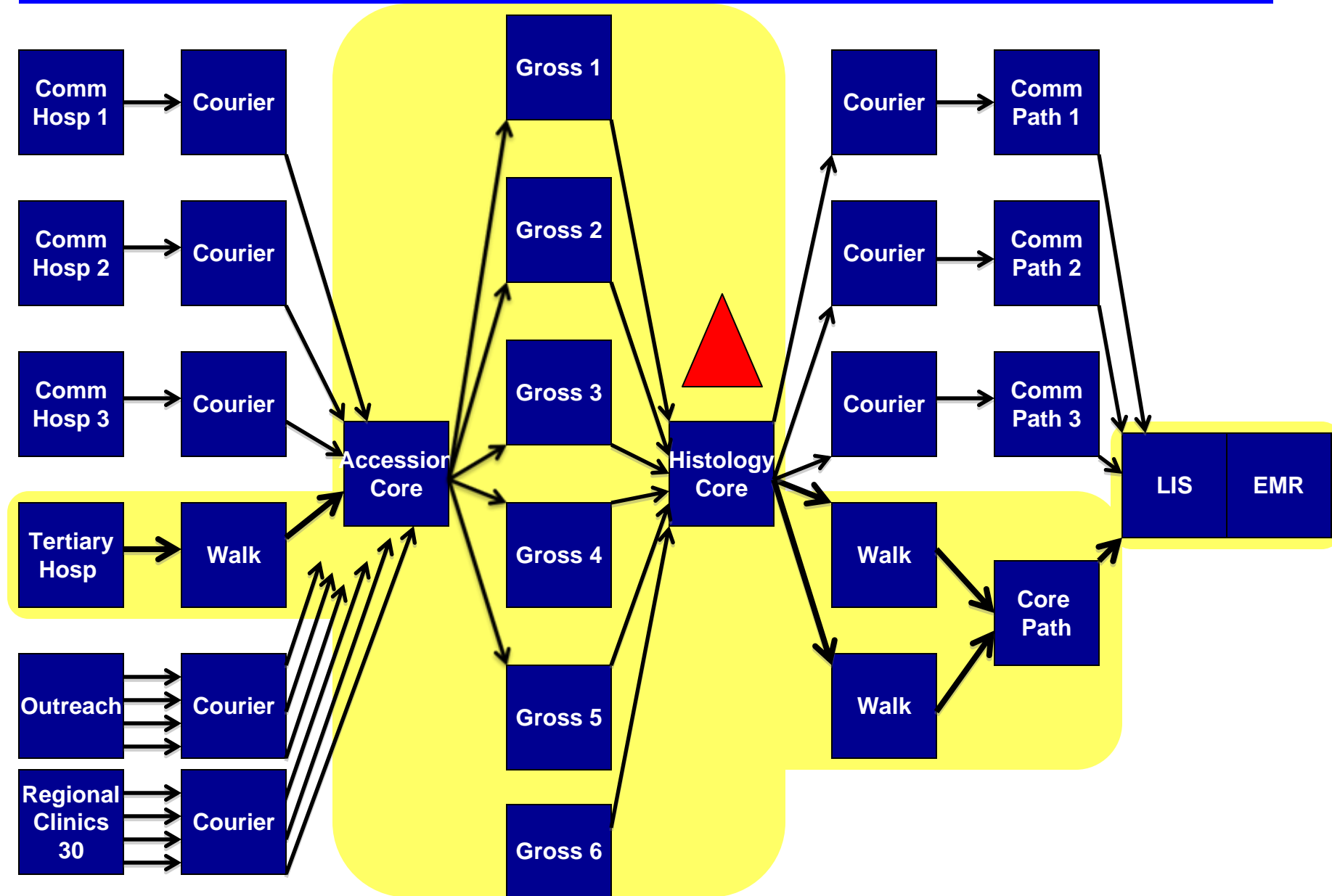




# Promoting Technology



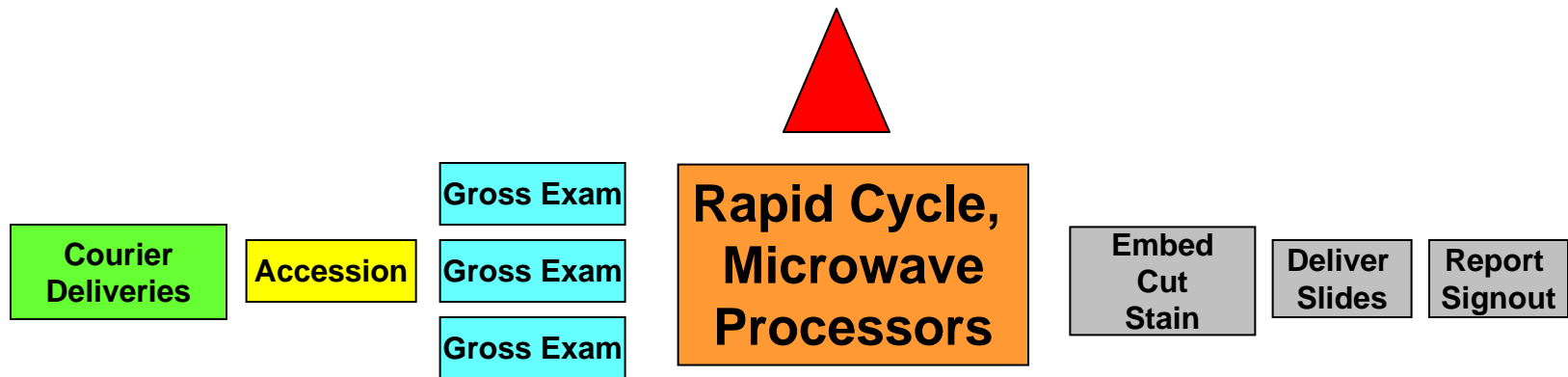
# SP Bottlenecks & Challenges





# ***Continuous Flow Promoted by Technology***

**Small Batches, Rapid Cycle Times Promote Flow**





# MoTown Motion- Continuous Flow

## Bergamo Boulevard



## Woodward Avenue





Processor Finish Time	Convntnl Overnight Medium	Convntnl Overnight Large 1	Convntnl Overnight Large 2	Convntnl Overnight Breast	Convntnl Overnight Prostate	Convntnl Midday Medium	Microwave Biopsy
4am							
5							
6							
7							
8							
9							
10	Cycle Time 10-12 hrs						
11							
12pm							
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12am							
1							
2							

# Histology Processing Flow

Conventional  
Overnight processing  
Large & Medium & Derm

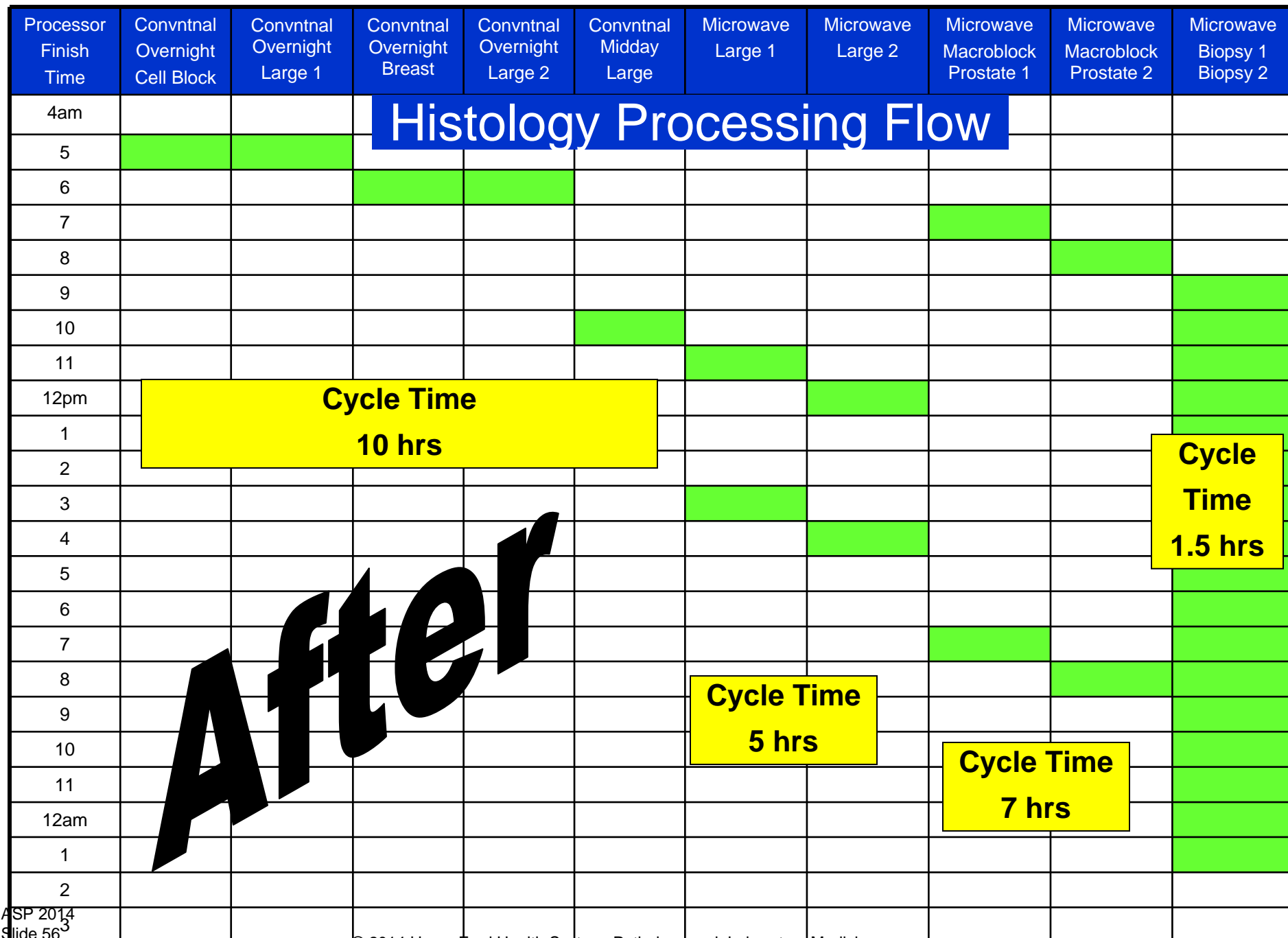
Microwave  
Same Day processing  
Biopsies  
from previous day  
and  
early same day Biopsies  
in mornings  
except Prostate and Breast

Cycle  
Time  
4 hrs

Cycle  
Time  
1.5 hrs

Before







# LEAN LESSON

## ***New Technology***

“Your methods are formed by  
what you are trying to do;  
they do not determine your purpose.  
To my mind it is starting wrong  
to put methods ahead of purpose.”

– *Henry Ford*

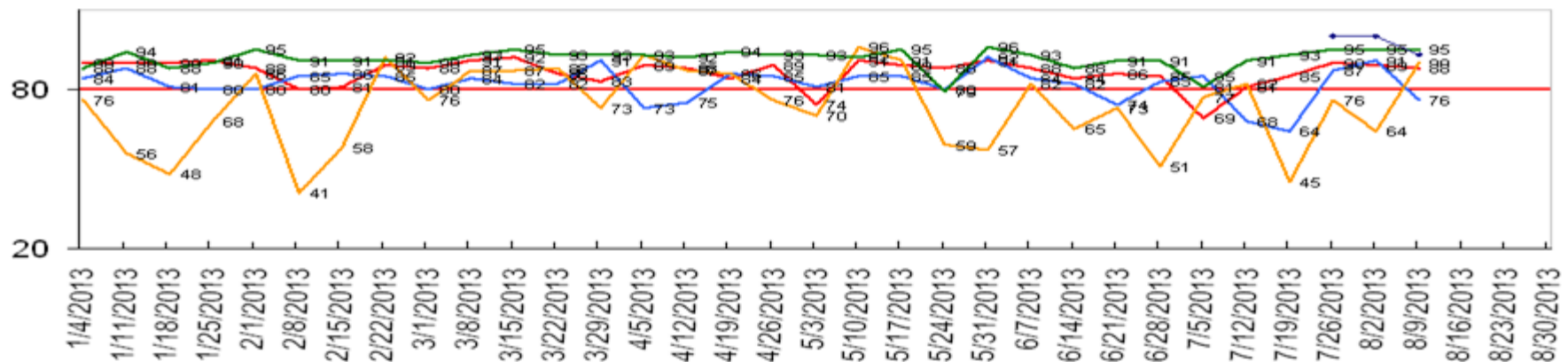


Creating Flow  
= Faster



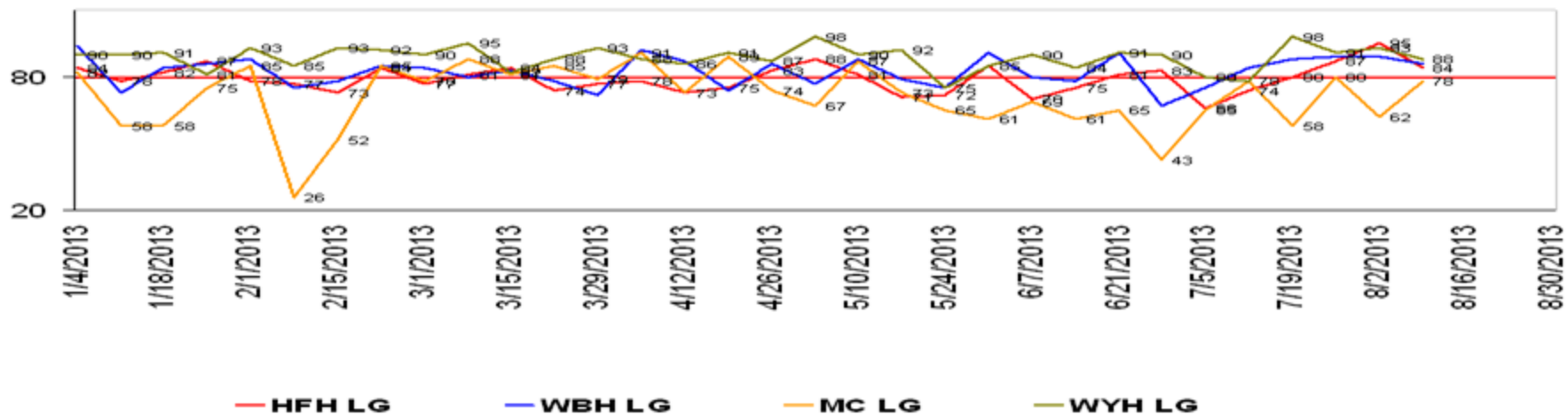
# SP TAT ALL BIOPSY CASES

2013 Biopsy YTD TAT: Goal 80% in 2 Days



# SP TAT ALL LARGE CASES

2013 Larges YTD TAT: Goal 80% in 3 Days



HFH LG

WBH LG

MC LG

WYH LG



# LEAN LESSON

## ***Lean Principle- Time Waste***

“Time waste differs from material waste in that there can be no salvage. The easiest of all wastes, and the hardest to correct, is the waste of time, because wasted time does not litter the floor like wasted material.”

– Henry Ford



# LEAN LESSON

*People solving problems continuously*

*Don't Be Overwhelmed*

“Nothing is particularly hard  
if you divide it into small jobs.”

– Henry Ford

