

How Automation, Informatics, and Process Improvement Enabled the Achievement of Six-Sigma Quality in a Clinical Laboratory

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Introduction

- Everyone has heard many times that:
 - Clinical labs are under increasing economic pressure...
 - which creates demands for improved productivity.
 - In addition, the laboratory workforce is aging, with...
 - an inadequate pipeline of trained replacements.
 - Improving patient safety is a very important goal...
 - which requires continuous improvement in both non-analytic and analytic quality.
- Lean and Six-Sigma, continuous quality improvement, and process re-engineering in addition to written processes, training, checklists, vigilance, etc., are needed to improve quality.
- Adding automation, robotics, enhanced software, and advanced processes to the above is necessary to push non-analytic quality to the next quality level.
- However, each lab can implement certain activities to improve non-analytic metrics without an investment in expensive automation. Some examples will be provided.

Realistic Error Rates: It is difficult to have better than a 1/1000 error rate without advanced design and technology

<u>Best Rate</u>	<u>Method of Ensuring Accuracy</u>	<u>Example</u>
1/1,000	Clear processes, reliance on education, training, vigilance	Hand washing
1/10,000	The above plus reminders, checklists, communication, retraining, competency testing, processes reflecting human behavior	Requisition order errors Sub-optimal specimens
1/100,000	The above plus standardization, error-proofing, elimination of fatigue & distractions	Mislabeled specimens Corrected reports
1/1,000,000	The above plus automation, robotics, software enhancements, advanced process design	Lost specimens Interfaced result entry Bar code reading

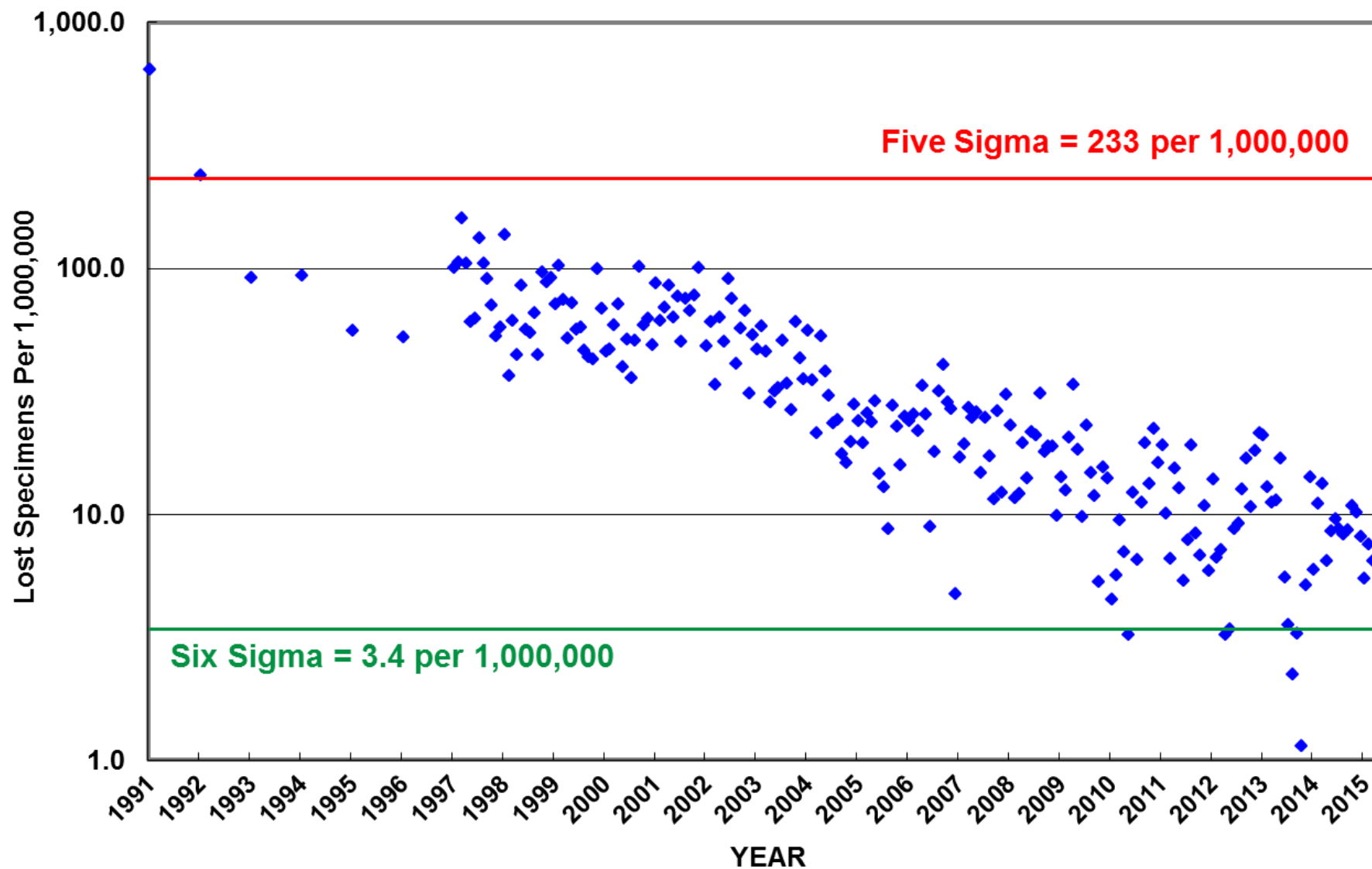
Source: Michael Astion, Univ. of Washington, based on a report by Resar, RK: Making noncatastrophic health care processes reliable: learning to walk before running in creating high-reliability organizations. *Health Serv. Res.* 2006;41:1677-1689

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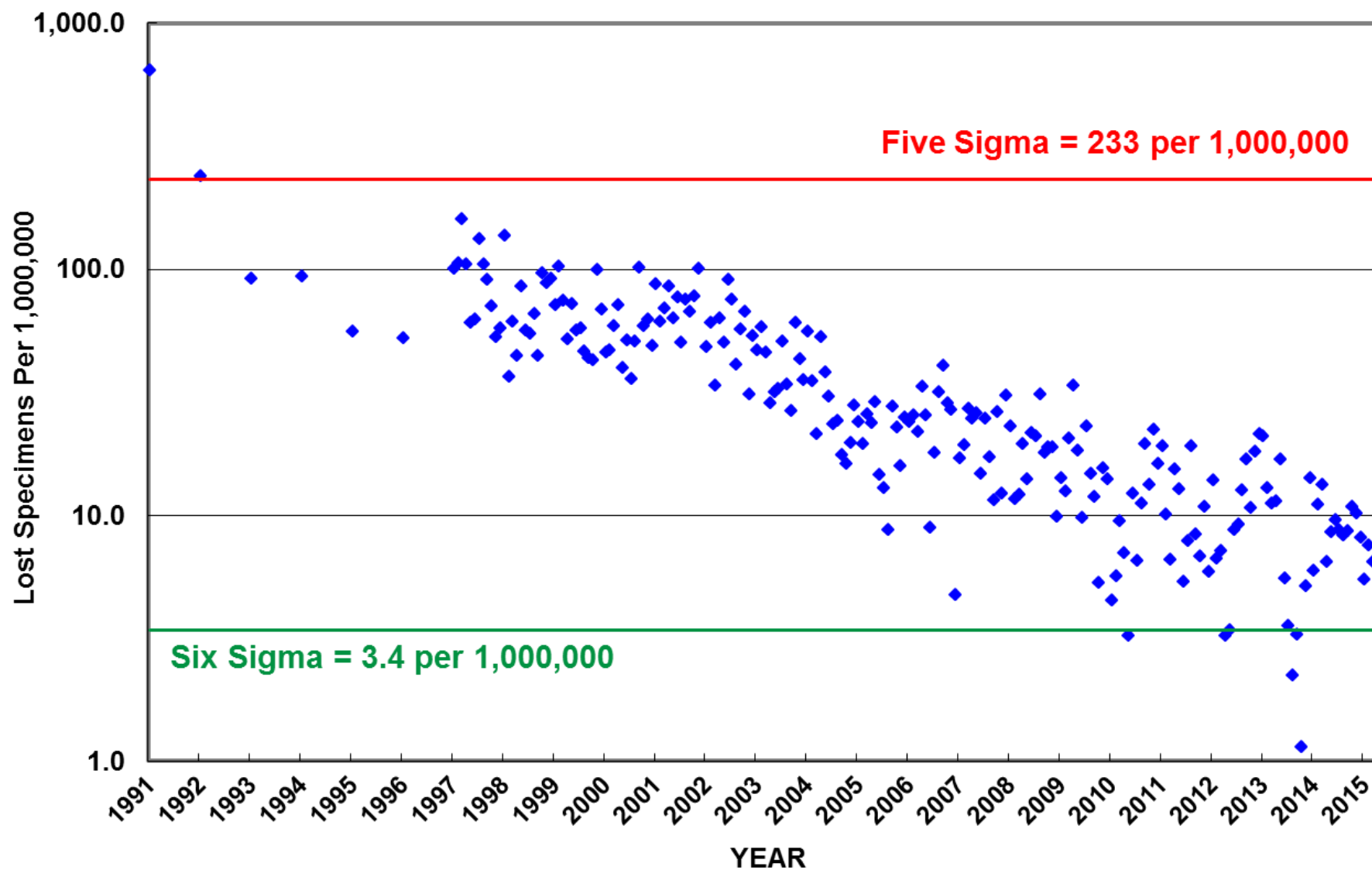
Lost Specimens Per 1,000,000 Total Specimens Received



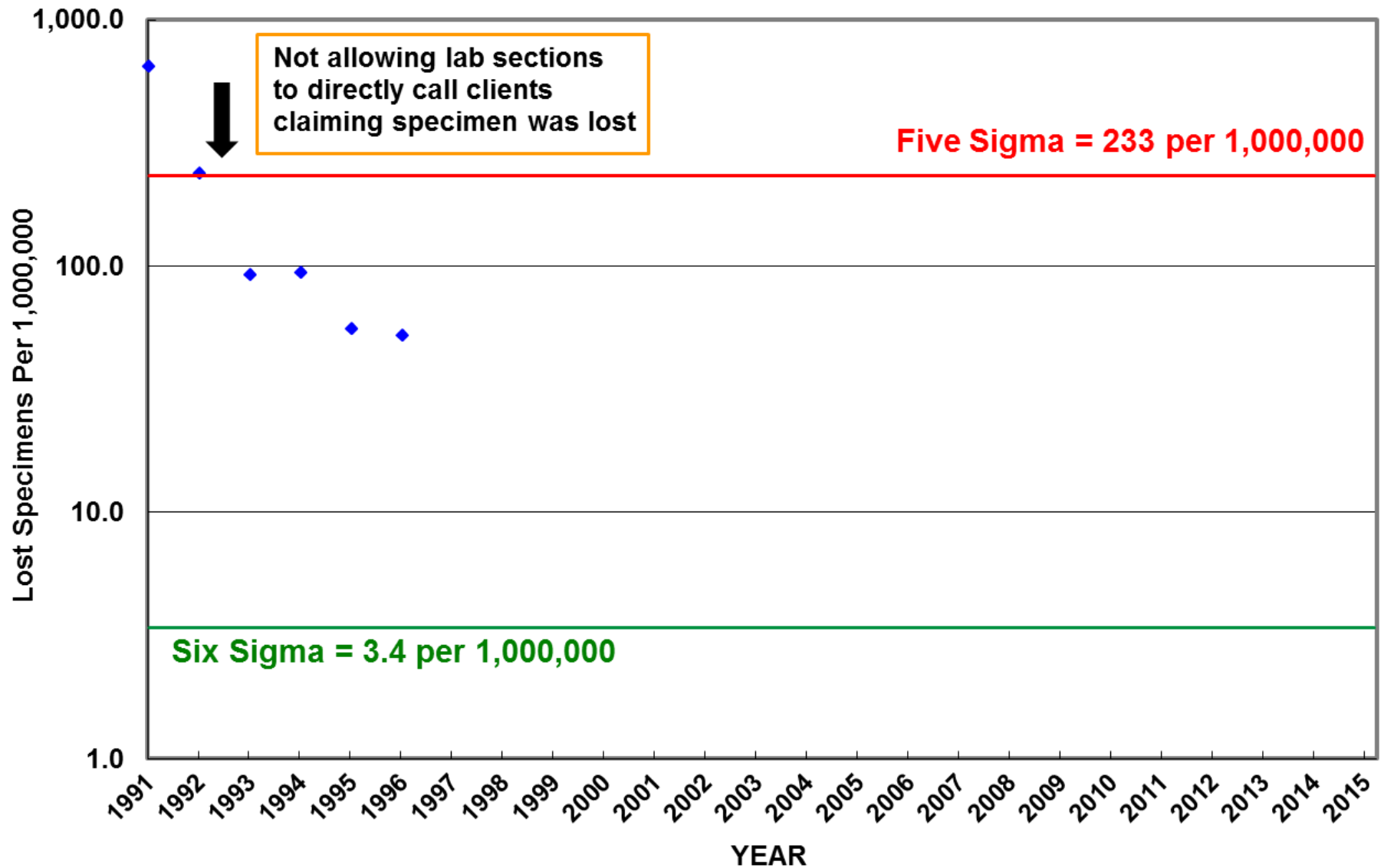
Six-Sigma Analysis

- The definition of Six-Sigma is 3.4 defects per million opportunities (DPMO).
- In the case of lost specimens, each time a specimen is handled represents an opportunity to lose the specimen.
- Although we know that each specimen at ARUP has an average of 1.6 billed units (tests), we don't actually know how many times each specimen was handled. It varies from test to test, client to client.
- Our estimate is that each specimen is handled 5-6 times on average. If we could accurately estimate the number of touches, the lost specimen metric would have many more points in the Six-Sigma range.

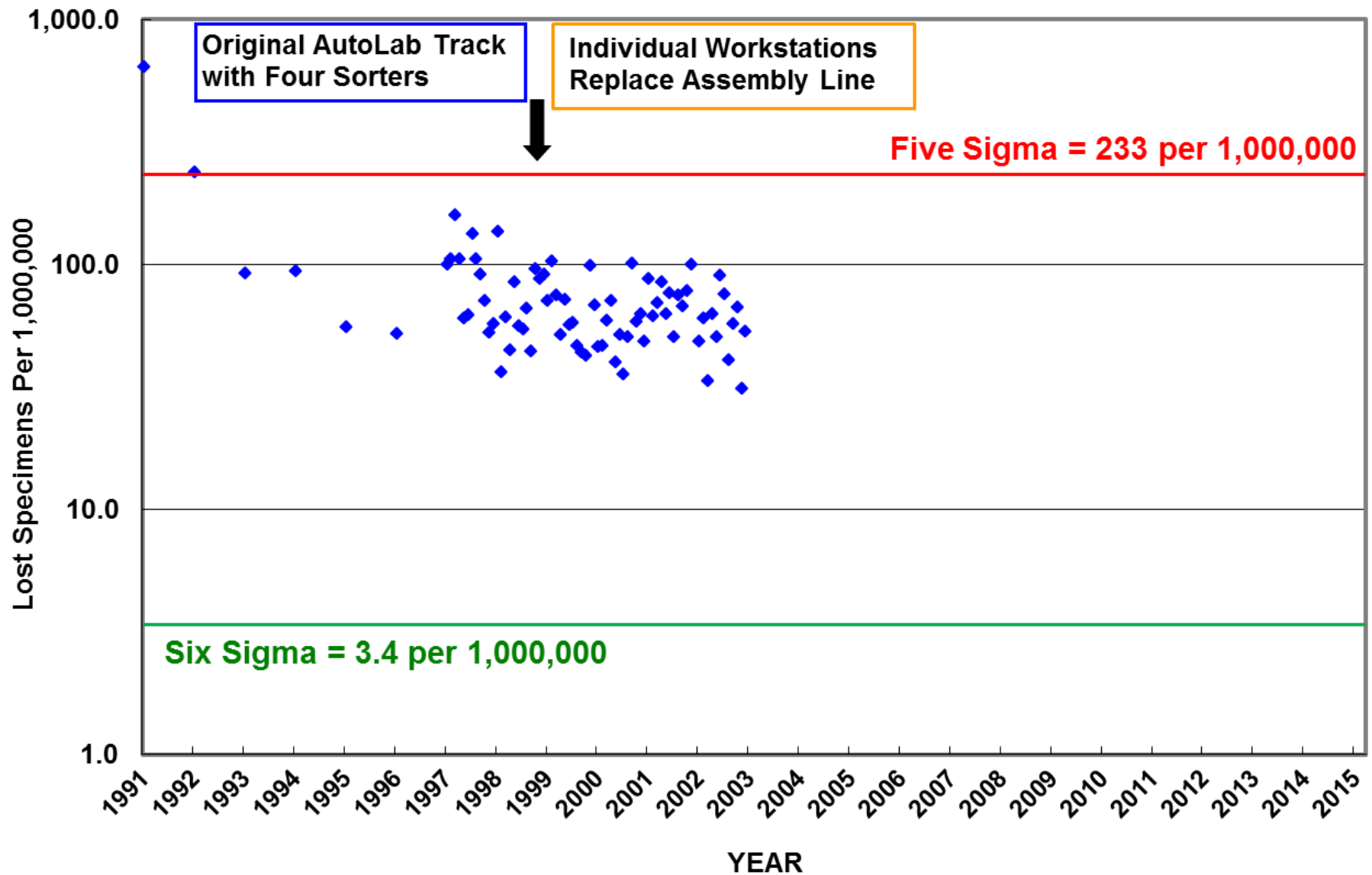
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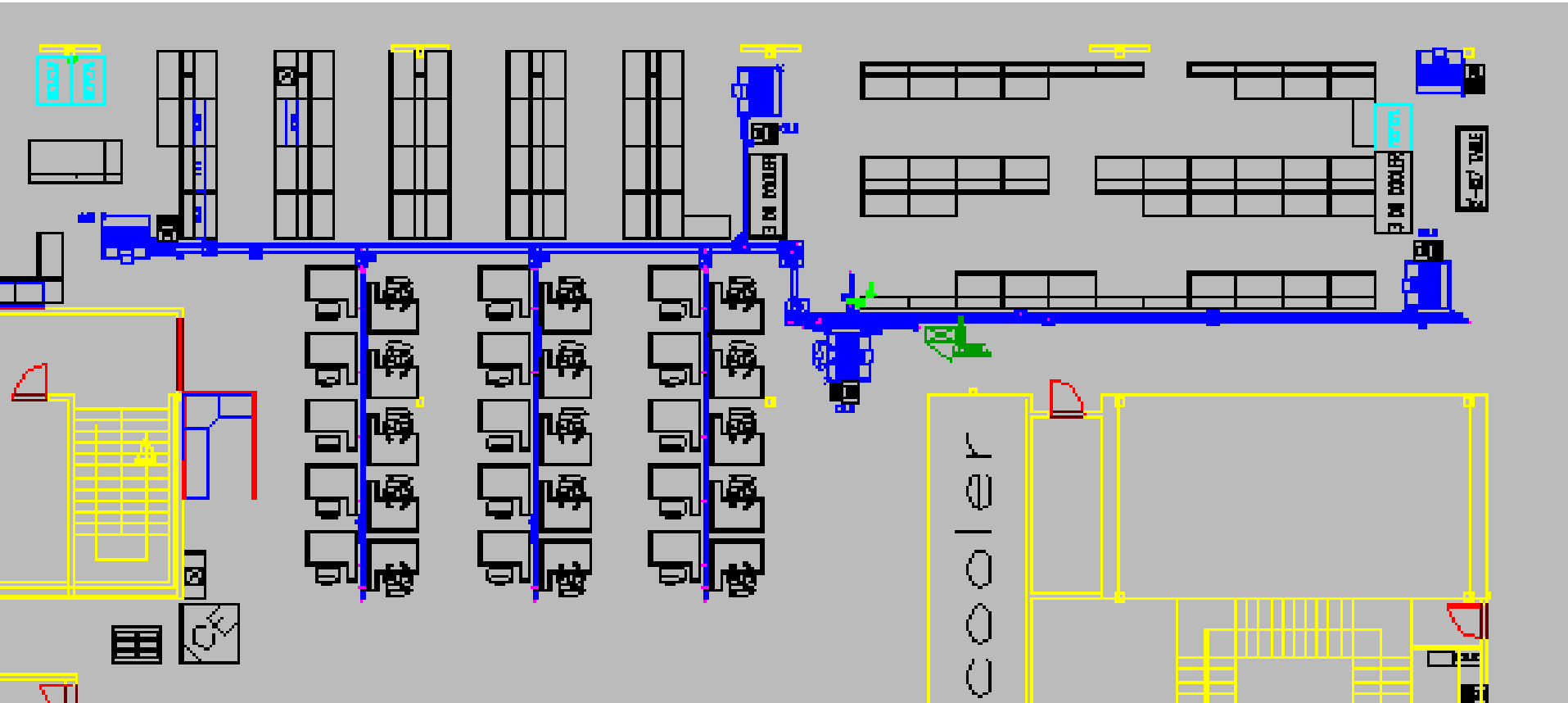


Lost Specimens Per 1,000,000 Total Specimens Received

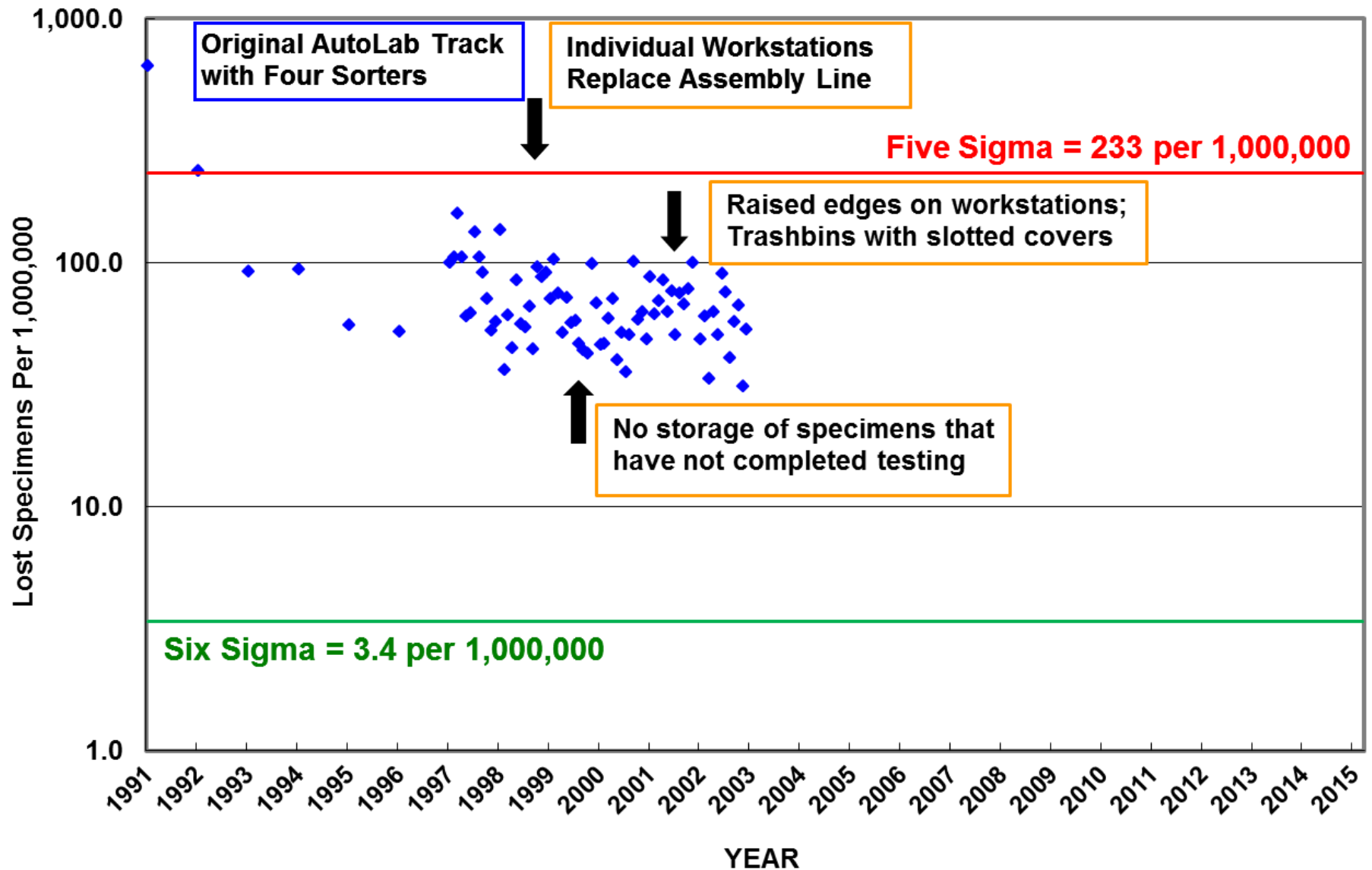


ARUP Automation, November 17, 1998

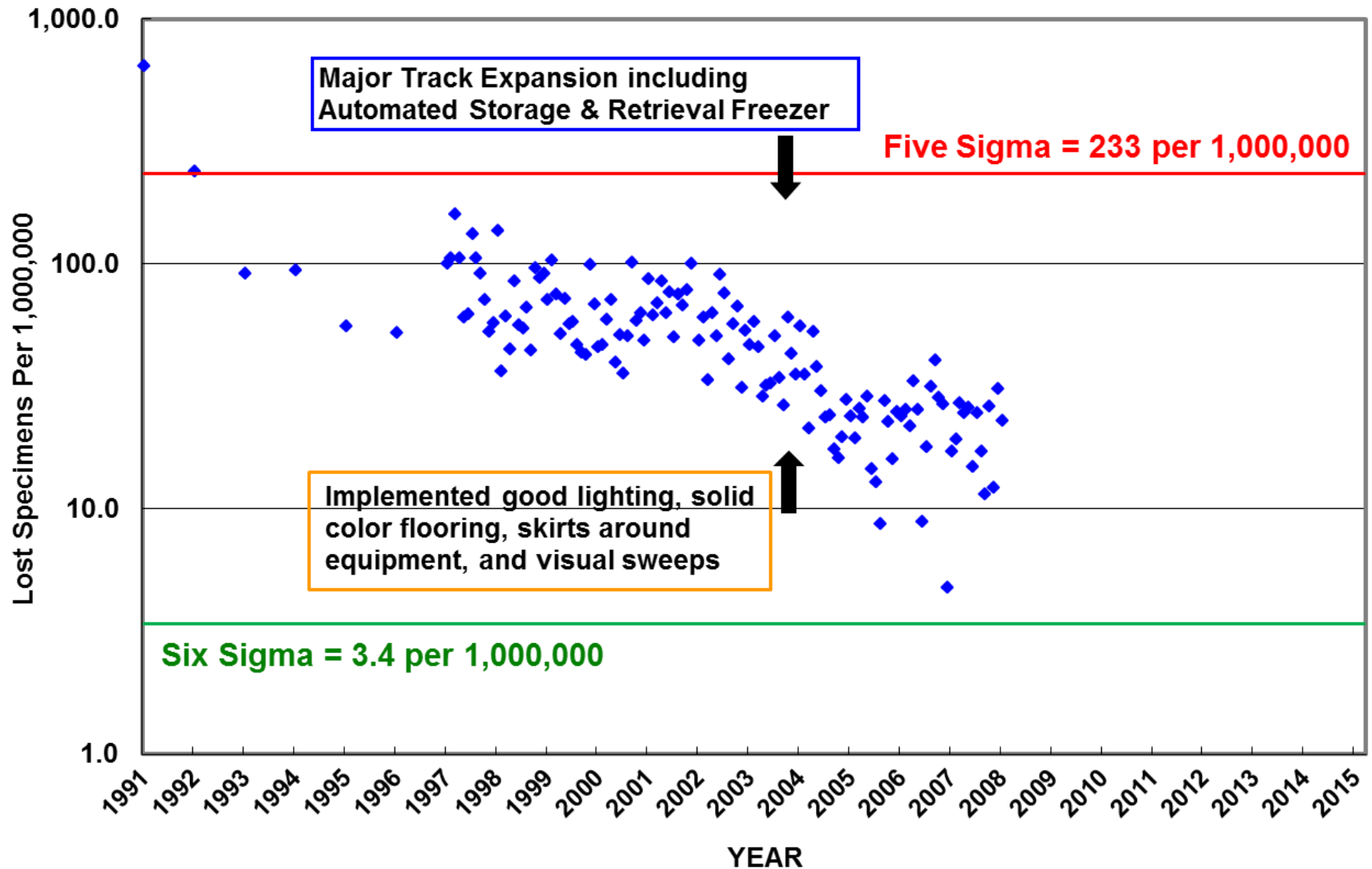
2000 specimens/hour, 30 workstations, 4 sorters

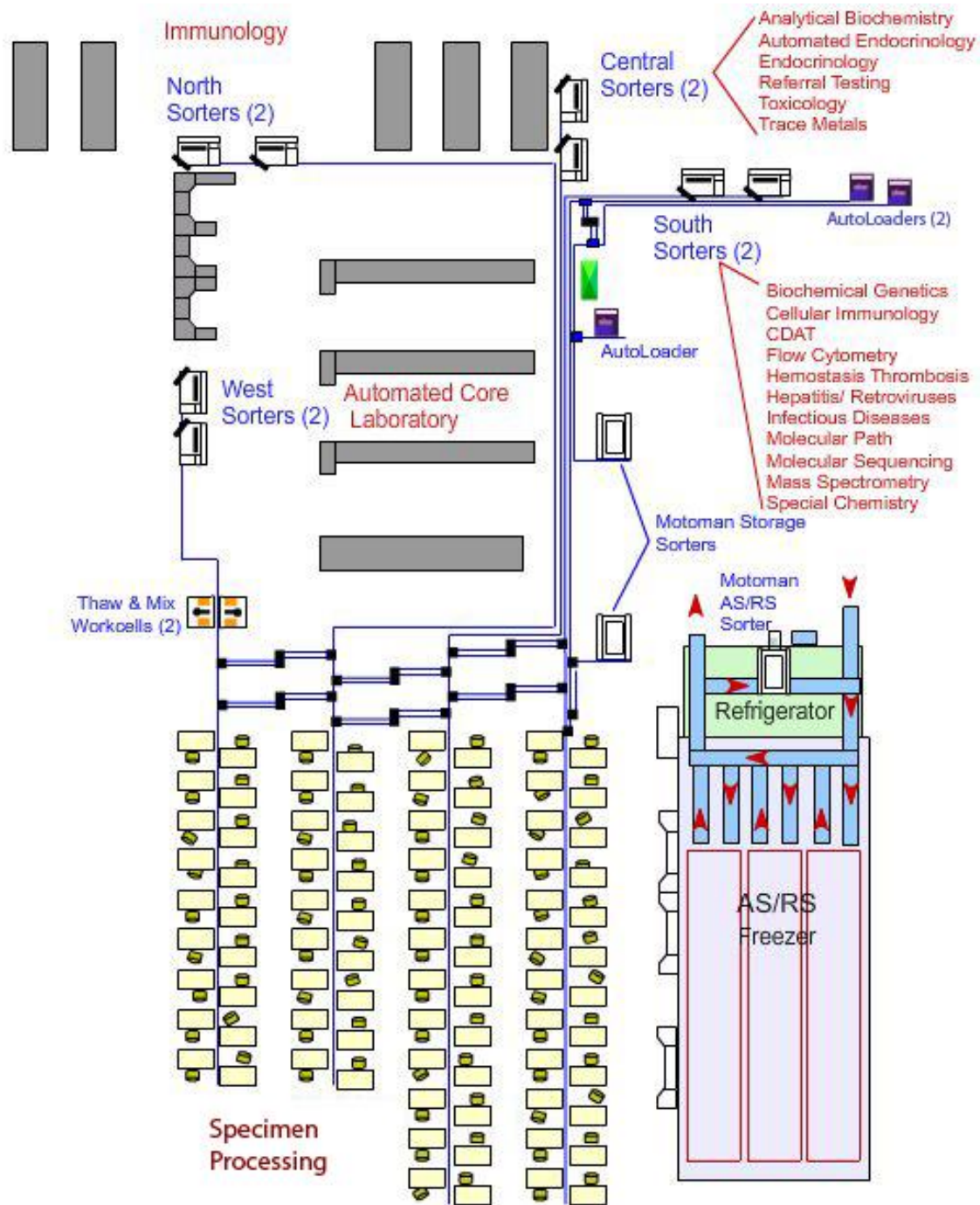


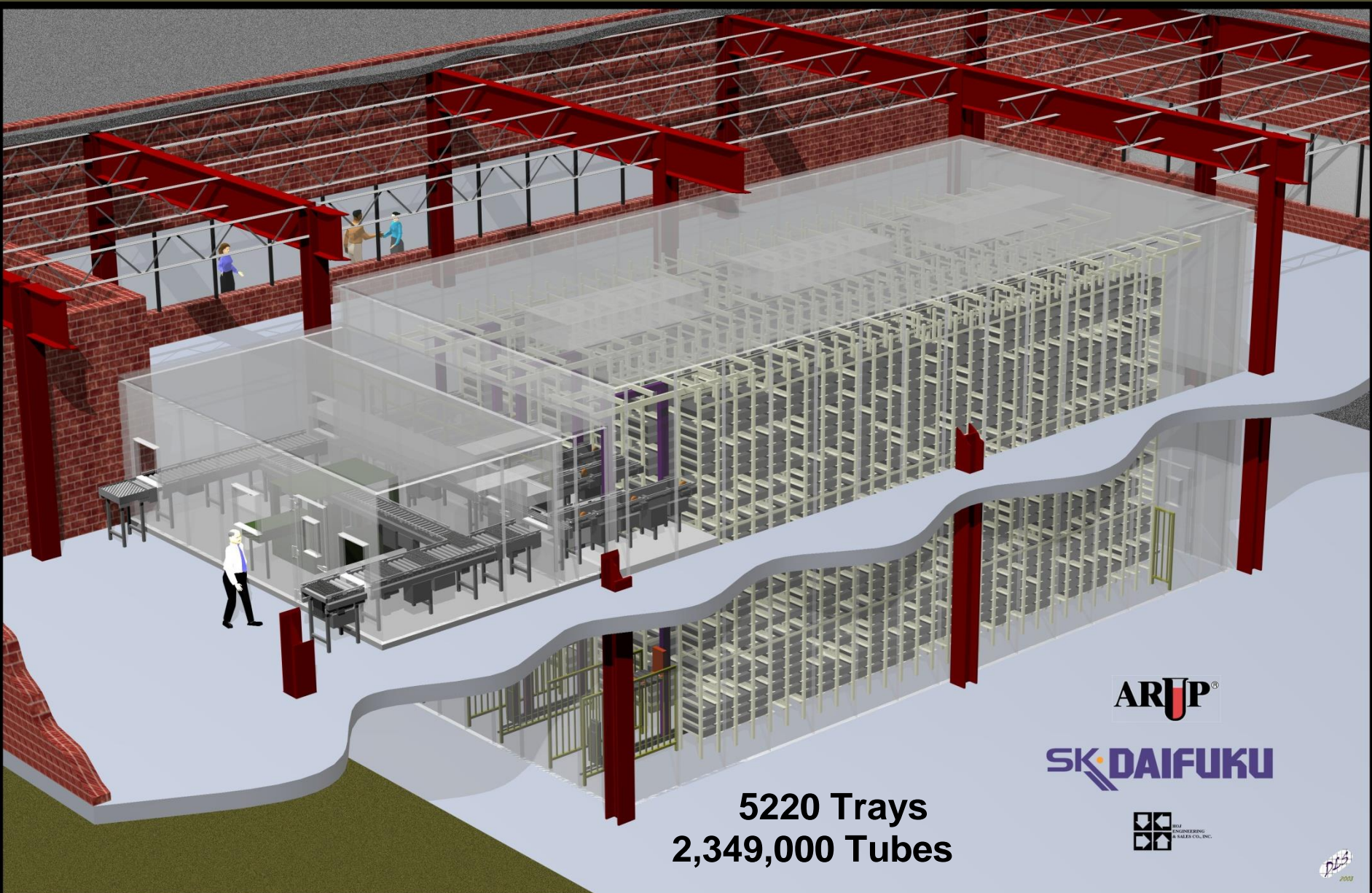
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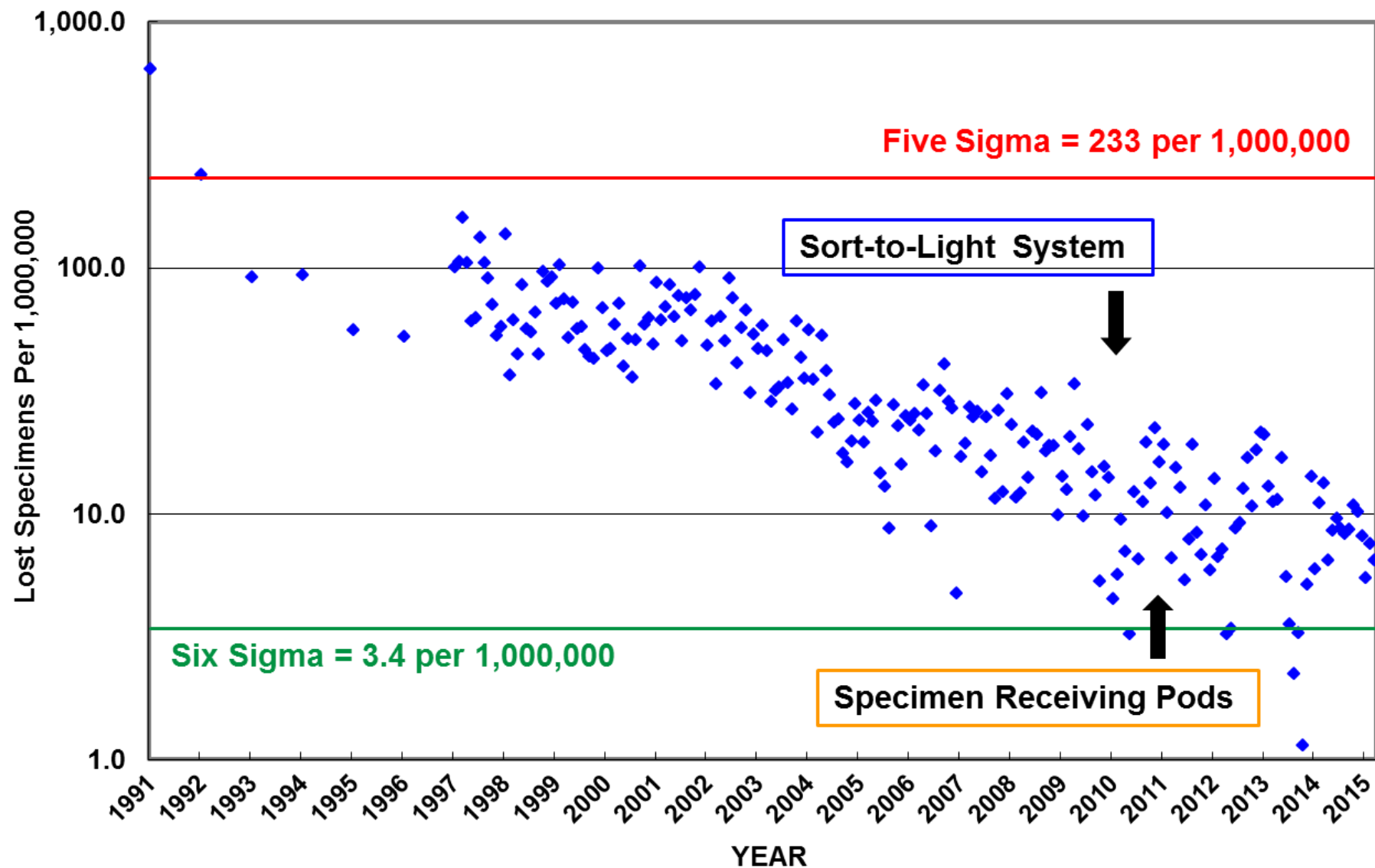


5220 Trays
2,349,000 Tubes

ARUP®
SK DAIFUKU

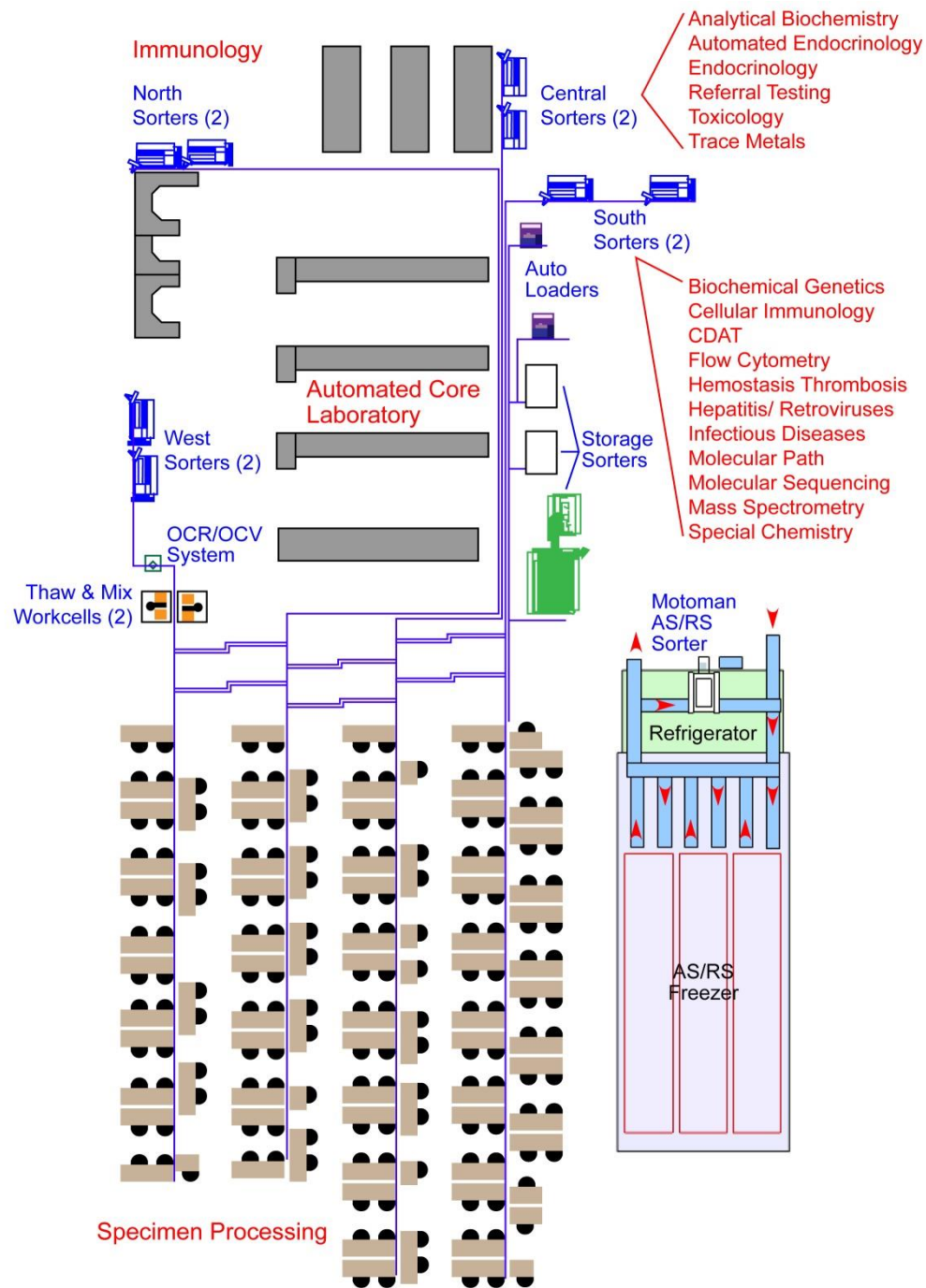


Lost Specimens Per 1,000,000 Total Specimens Received

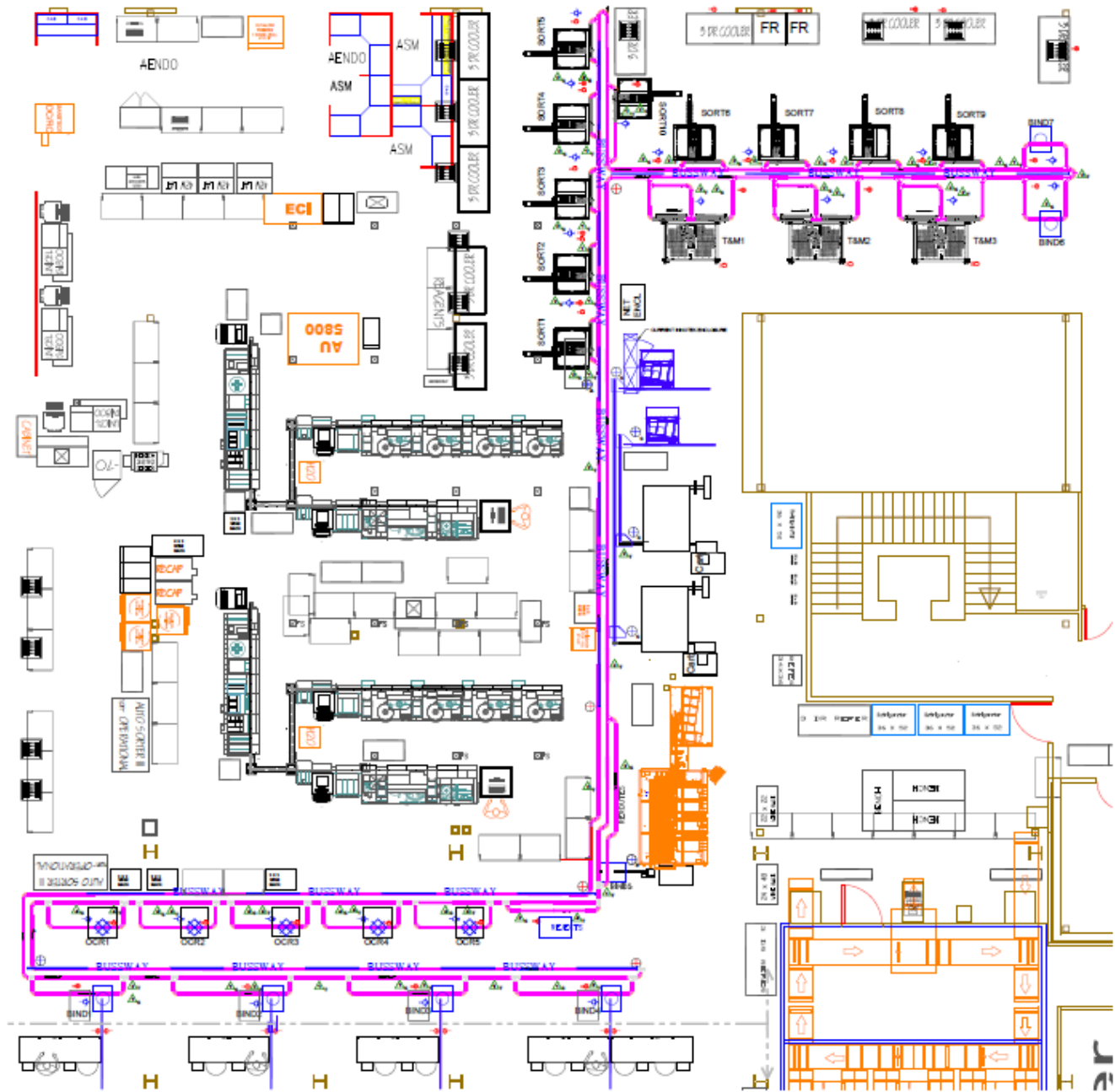


ARUP's Sort-To-Light System





ARUP's new MagneMotion automation went live in April, 2015. The total layout includes more than 20 custom robotic systems. The MagneMotion conveyor is shown in **pink**.



Summary of Process Improvement Actions (1)

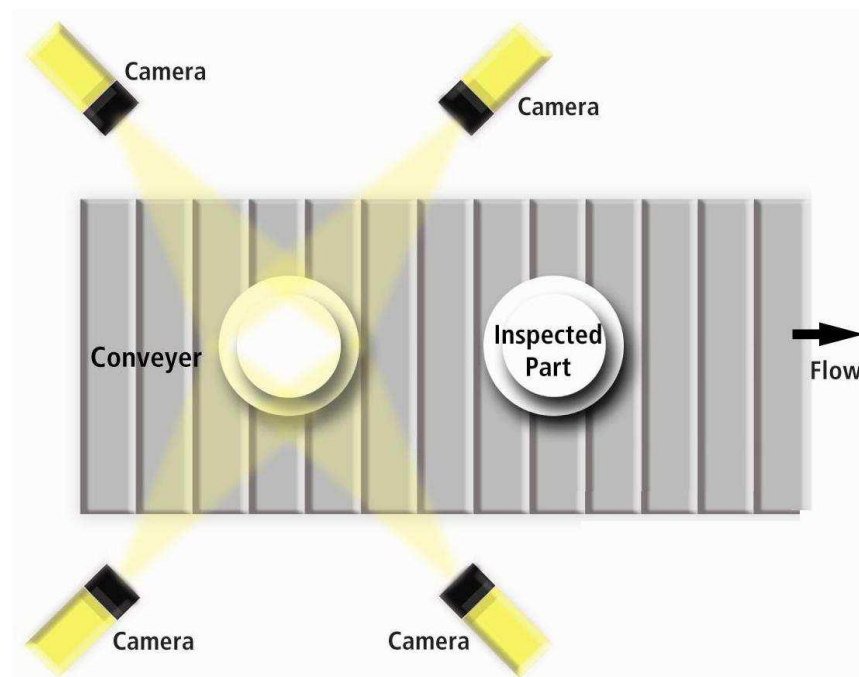
- Used Lean and CQI techniques to identify idling time, bottlenecks, and other similar waste.
- Replaced assembly line approach to specimen processing with individual workstations to give single technicians ownership of all accessioning and labeling steps.
- Standardized processing procedures to reduce hand-offs and total handling steps.
- Reduced/eliminated non-value added handling and sorting.
- Eliminated “running around” to find shared specimens – let automation track and route specimens.
- Implemented IT rule for specimen archive to not store specimens that have not completed testing.

Summary of Process Improvement Actions (2)

- Implemented good lighting (no shadows) and solid color (black) flooring with clean lines of sight to enable easy visual detection of dropped tubes, even small items such as calculi.
- Implemented raised edges on all worktops and counters so specimens less likely to roll on the floor.
- Trash bins covered with plastic covers with slits to prevent tubes from falling in the trash.
- Skirts installed around all equipment, sorters, analyzers, etc., to prevent specimens from rolling beneath them.
- Scheduled visual sweeps in areas of concern at end of each shift.

The Next Phase for Our Lab: Using Automated Camera Systems and OCR to Identify Patient Name Mislabeled Specimens

Cognex Omniview System



The Cognex Omniview system has four 5-megapixel high speed cameras which photograph the tube's exterior from all sides after it is robotically lifted out of the transport carrier. The software stitches the four images together into a two dimensional image. A sophisticated OCR engine analyzes the label content, comparing the patient name on the client label to the patient name in the ARUP LIS.

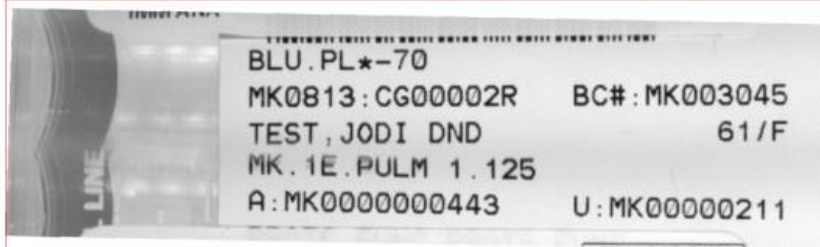
Label Inspection Result is "Pass"

ARUP Vision Inspection Application

LogMeIn - Remote Session

Status: **PROCESSING**

Unwrap and Crop Unwrap Orig Restitch Main Vision Label Angle Raw Tube Angle



Auto

Manual

ABBY OCR

Train OCR

Reset Statistics

Automatic

☐ Auto

☒ By-Pass

☐ Part Train

Stop

Heartbeat: True

Statistics

OCR

DataMan

Inspection Time: 2535

Diameter: 16

Statistics

Total 1

Singles Pass:	0	0
Match Pass:	1	100.00
Total Fail:	0	0
Total Pass:	1	100.00

Clear Log

Primary Name: TEST, JODI DND
Information: Pass by Name MATCH

11:07:33:001 Sending Vision Processing complete for ID = 1643048
11:07:32:253 Performing OCR, Please wait, Attempt 1 1643048
11:07:32:131 Image with Id 1643048 Unwrapped
11:07:31:806 Indexed Tube/Inspection Sending Image AcqComplete to robot Id = : 1643048
11:07:31:806 1643048 Diameter = 16
11:07:31:726 All four images received. 1643048
11:07:31:035 Product in FOV. Insp Id = 1643048
11:07:30:168 Sending NewInspectionId = 1643048 For Trans Id = 635133712468766250
11:07:29:952 Tube at carrier with Trans Id = 635133712468766250 Dia = 16



Label Inspection Result is "Fail"

ARUP Vision Inspection Application

LogMeIn - Remote Session

Status: **PROCESSING**

Unwrap and Crop | Unwrap Orig | Restitch | Main Vision | Label Angle | Raw | Tube Angle



Automatic

☐ Auto

☒ By-Pass

☐ Part Train

Stop

Reset Statistics

Heartbeat: True

Statistics | OCR | DataMan

Inspection Time: **4014** Diameter: **16**

Statistics

Total	1	
Singles Pass:	0	0
Match Pass:	0	0
Total Fail:	1	100.00
Total Pass:	0	0

Clear Log

11:16:47:649 Sending Vision Processing complete for ID = 1643101
11:16:46:644 Performing OCR, Please wait, Attempt 5 1643101
11:16:46:256 Performing OCR, Please wait, Attempt 4 1643101
11:16:45:537 Performing OCR, Please wait, Attempt 2 1643101
11:16:45:201 Performing OCR, Please wait, Attempt 1 1643101
11:16:45:095 Image with Id 1643101 Unwrapped
11:16:44:778 Indexed Tube/Inspection Sending Image AcqComplete to robot Id = : 1643101
11:16:44:778 1643101 Diameter = 16
11:16:44:629 All four images received. 1643101
11:16:43:938 Product in FOV. Insp Id = 1643101

Results with Prototype System

- From October, 2012 to October, 2014, 3,308,776 images were collected. Approximately 75% were passed by the system. Images can fail due to label quality, fonts, etc.
- The OCR system found 424 mislabeled specimens, a ratio of 1 per 7800 specimen images. Of these, 228 (56%) were found by the testing lab or S.P. employees prior to testing.
- The prototype results were published in *Clinical Chemistry* in March 2014 (Vol. 60, No. 3, pp 463-470)
- Four new OCR systems are being built, to be installed on our new automation system. All “fail” OCR images will be reviewed in real time, by a centralized team of assigned technicians, potentially reducing corrected reports due to mislabeled specimens to near zero.

Summary

- 25 years of implementing process improvement and automation gave a steady reduction in lost specimens to a level consistently below 10 per 1,000,000 specimens and, in some months, in the Six-Sigma region ($\leq 3.4/1,000,000$).
- Automation is far more effective when accompanied by good informatics designs.
- New OCR technology for identifying possible mislabeled specimens also has the prospect of achieving Six-Sigma quality levels when fully implemented on our automation.
- Several improvement suggestions were provided that offer opportunities for laboratories to achieve meaningful reductions in error rates, even if not to Six-Sigma levels, without the cost of expensive automation projects.

Thank you!

Questions?