Additional QI Strategies for Improving Transit Times in NBS

- define transit time by hospital - does the program have a standard (eg ours is 95% received in 4d or fewer)

- identify those where the most improvement could be made either because they are worst performers or we have a prior relationship with key people at the hospital

- discuss their process from collection to arrival at lab – identify key folk in transport eg courier (perhaps the problem is that the courier packs aren't properly addressed or marked eg with a priority sticker)

- find a champion at Mercy Hospital and build a project team incorporating lab, Mercy folk, courier folk

- together identify project aim - without being too specific (with a defined end, and an overly specific goal, and not knowing what is possible, failure is inevitable) - and together identify interventions

- if education is an appropriate intervention work with hospital educators eg midwifery to ensure consistency of messages in their organization, identify possibility of getting cpd points, remember the most effective education of clinical people has patient stories (success of timely diagnosis or effect of delay)

- define the measurable consistently (your transit time aim was in hours, the measure later in days) and achievably (if lab don't collect date and time of collection and date and time of arrival can't do in hours)

- not only monitor in the lab but continuous feedback to the champion and team at Mercy and the courier

- absolutely don't get into side issues like coverage (that's another whole project)

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