

## STRUGGLES WITH PRODUCTIVITY

Your CFO and COO have asked for a variance explanation for your laboratory's most recent productivity statistic. It's bad. Really bad. Scratching your head, you struggle with an explanation as your team has been incredibly busy, which contradicts the statistic from Finance. What gives?

It may be a matter of bad data or a misrepresentative database. First, the data may utilize a one size fits all approach, which isn't an accurate method to measure productivity. No two laboratories are alike, and laboratories should be evaluated using function-based custom benchmarks, not a one-size fits all approach. Second, is your laboratory being compared to others that are vastly different? A community hospital laboratory should not be in the same peer group as an academic medical center. Laboratories should be measured using an apples-to-apples approach based on test menu, volume, and functions.

Let's look at some examples. Does your laboratory utilize automation

to receive, process, and store specimens? It doesn't – that's okay as long as the benchmark productivity ranges adjust for that factor. Are your Cytotechs constantly attending FNA procedures? Has that been accounted for in the benchmark range? Does your Blood Bank store and issue tissue and bone for the OR? Has that been accounted for? Has your lab volume significantly changed since the productivity measures were implemented? All of these may be impacting how the data is interpreted.

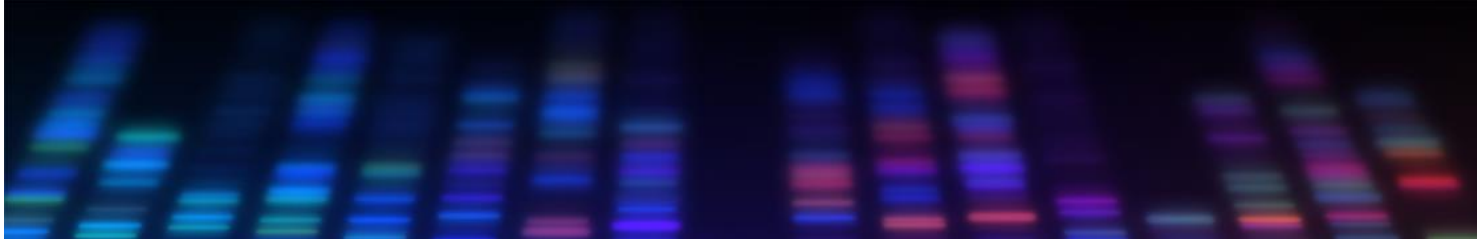
**PCG offers labor productivity benchmarking services** to help laboratories determine staffing levels and validate existing productivity measures. Our **function-based custom benchmarks** are carefully calculated by our laboratorian consultants, modifying each department's benchmarks based on local functions. We then compare your laboratory to our extensive database and will recommend staffing levels that achieve performance without sacrificing quality and safety.

## FDA LDT FINAL RULE

### *Tasks to do NOW!*

Stage 1 compliance is expected by May 6, 2025. Here is a list of items to do now in 2024:

- **Itemize your LDT assays** – list any test that is being used “off label” or modified from an FDA-approved assay. Body fluid chemistry tests will be the most common LDT in every laboratory. Include the date the assay was placed in use.
- **Assemble your FDU** (formally designated unit) for handling complaints (Stage 1 requirement)
- **Create policies and procedures** for handling complaints (Stage 1 requirement)



# MENTORING NEW LEADERS

*Coming soon – a multi-part series for new lab leaders.*

You've done it. You've taken the leap and now find yourself as a new lab supervisor. After all the years on the bench, you now have an office... and nobody has prepared you for the role. Don't panic. We've all been there.

Let's face it. Laboratories don't typically have the time or resources to fully train or onboard new supervisors. Most of the time, everybody is extremely busy, and the supervisor must learn on the fly.

Leadership isn't for everybody. Successful supervisors should be passionate about leading. Making mistakes is normal. However, it can be a slippery slope from generating mistakes to terrible leadership. Leadership isn't easy and there is much to learn on how to become a great leader. So let's get started!

Your primary job as a leader is to provide a safe and productive work environment for your team. They have a job to do and require resources to perform that job well. Your mission is to give them the tools they need to excel.

This will be the first in a series of articles on how to become a great leader. PCG will share its experiences from laboratory leadership and how we learned from our own mistakes to become great leaders.

PCG also offers mentoring services for laboratory leaders. Services are tailored to the client's needs and can be virtual coffee breaks or on-site collaborations. Every lab is unique as are the leaders!

Again, congratulations on the new role!

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