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Process improvement software more than online suggestion box

Eleven years ago, emergency medicine physician Gregory Jacobson, MD, had an idea about ideas. Three years later, he had a software product. Today, he has 45 customers and his phone is ringing off the hook.

That's the fast-forward recounting of Dr. Jacobson's career since 2005, when a colleague introduced him to Kaizen, a Japanese approach to continuous improvement. By 2008, Dr. Jacobson had morphed his interest in process improvement into the first version of a software product designed to improve processes using Kaizen principles. He spent the next few years developing the software, securing a partner with whom to start a company, and courting investors. His company, [KaiNexus](#), landed its first client in 2012. By 2016, KaiNexus had 45 customers, largely in the health care arena, and that number is rising rapidly.

Dr. Jacobson exudes enthusiasm when he talks about KaiNexus software, but he stresses that it's much more than an online suggestion box, a description often ascribed to the enterprisewide software-as-a-service offering. "KaiNexus provides a unified platform to manage everything from small, daily improvements to large improvement projects and strategy deployment," he says. Android and iOS apps for mobile devices allow employees to contribute to process improvement at any time and from any location.

The Kaizen model, which gained fame as a key factor in Toyota's reputation for quality in the 1980s, advocates a culture that empowers all employees to become engaged in improving their workplace, whether by enhancing job satisfaction or safety, saving costs or time, or reducing waste. A companion philosophy, known as Lean, focuses on reducing waste and creating more value for customers using fewer resources. Although KaiNexus software uses the language of Kaizen and Lean, Dr. Jacobson says it's not essential that customers be immersed in either approach. All that's necessary is that the organization embrace the philosophy that every employee can be a problem solver, he says.

A health care organization that purchases KaiNexus, whether for clinical or nonclinical use, can determine what employees see when they log on, what it calls employee submissions (the default term is "opportunity for improvement"), and who can see and comment on submissions. "We have a team that helps configure the system for the client," says Dr. Jacobson. "The default configuration we recommend is that when a new improvement is submitted, the [team leader for the client] is notified, typically via email. The leader then logs in to KaiNexus to respond." Team leaders who don't acknowledge submissions within a specified amount of time will receive an email alert reminding them to do so.

Clients, on average, implement more than 80 percent of ideas submitted via KaiNexus, compared to less than three percent submitted via a suggestion box, according to Dr. Jacobson. Customer costs are based on the number

of employees accessing the software.

Because transparency is key to the underlying philosophy of KaiNexus, most clients allow everyone in a group to comment on submissions by group members, Dr. Jacobson says. Yet he intentionally avoided incorporating a Facebook-style thumbs up/thumbs down capability into the software. "Improvement work can't be a popularity contest," he explains. "Everyone can comment on every improvement, but we've refrained from allowing them to vote . . . on whether an improvement should be implemented. Rather, with KaiNexus, the initial submission is the starting point. Then you get the people involved who own that process, quickly build a team around that improvement, and work on it."

Many adopters of KaiNexus previously used a system in which employees posted suggestions on bulletin boards or detailed them in Excel spreadsheets. Before launching KaiNexus early last year, Tania Lyon, PhD, director of organizational performance improvement for St. Clair Hospital, Pittsburgh, solicited ideas for improvement via laminated posters asking employees to submit suggestions transparently using preprinted Post-it notes. She began evaluating electronic suggestion systems when she realized there were "hundreds of good things happening all over the hospital that we couldn't see as an organization."

Starting with the pharmacy, which had the most active idea board, Dr. Lyon gradually rolled out KaiNexus to nearly 100 areas, including the pathology lab. About two-thirds of the hospital's 2,400 employees now use KaiNexus, with more coming on every week. Yet KaiNexus isn't appropriate for all types of suggestions, says Dr. Lyon, who discourages submissions that can be perceived as finger-pointing or a result of a dispute, as well as problems that require an immediate remedy.

After using KaiNexus for six months, the laboratory staff at St. Clair have submitted 78 ideas for improvement, Dr. Lyon says. "Of those," she adds, "45 have been seen to completion so far, half of which have led to a change in process."

The changes made in the pathology lab have been wide ranging, she says. "They go from identifying a spot that needed a hand sanitizer to redesigning the way the phlebotomy carts are equipped and restocked. The carts are now standardized so that no matter which cart is used, phlebotomists know exactly where to find everything, and nothing will be missing." Another change gives phlebotomists advance warning before they enter the room of a patient who has a history of being combative. "It seems like small things, but Kaizen is incremental improvement; it means 'small change for good,'" Dr. Lyon continues. "Now, with KaiNexus, we can finally see all those small changes adding up to significant organizational improvement."

KaiNexus clients, which represent a variety of industries, collectively have completed 25,000 improvements, resulting in a savings of \$110 million, Dr. Jacobson says. "The unifying factor," he adds, "is that they believe the main way to stay competitive is by improving more rapidly than their competitors." —*Jan Bowers*

Viewics launches analytics tool for diabetes management

Viewics recently released Viewics Diabetes Management, a free solution that allows clinical laboratories to provide value-based health care organizations with analytics for managing diabetic populations.

"This is the first product launched in Viewics' new Catapult product line, which aims to deliver analytics capabilities to health systems without investment or IT involvement," the company reported.

Viewics Diabetes Management includes analytics dashboards to track the percentage of a provider's population that has received key laboratory tests and whether the results of those tests are within targets established by quality measures.

"It is critical for laboratories to provide evidence of economic contribution in accountable care and other alternative payment model settings," Eleanor Herriman, MD, chief medical informatics officer at Viewics, said in a statement. "Offering these analytics elevates the value laboratories provide, setting them apart from their

competitors in the market.”

[Viewics](#), 415-439-0084

Hc1.com joins forces with Experian Health

Hc1.com has announced that it is collaborating with Experian Health to deliver integrated revenue cycle management and customer relationship management products to help labs manage financial risk and improve profitability.

The collaboration is intended to help laboratory management “differentiate relationships based on financial risk, implement strategies to recover revenue, and grow and nurture accounts,” according to a statement from Hc1.com. More specifically, the companies’ combined offerings are intended to help lab management understand which accounts or types of accounts generate the best return and monitor changes in payer policy, as well as access key metrics, such as patient charity care eligibility rates and percent of provider accounts with high-risk patients.

[Hc1.com](#), 317-219-4722

OptraScan introduces whole slide imaging scanner

OptraScan has launched a 120-slide whole slide imaging scanner as part of its On-Demand subscription model.

The scanner, available through a monthly subscription with no upfront costs, is suited to high-volume applications, such as quality assurance, routine manual analysis, clinical research, and drug development.

The scanner is integrated with OptraScan’s ImagePath image viewer, TelePath telepathology module, OptraAssays image-analysis solution, and CARDS computer-aided region detection system. It includes a 20× or 40× objective lens and 10 TB of complimentary storage.

“In addition to [receiving] a reliable, high-throughput WSI scanner, our On-Demand clients will also receive complimentary scanner service and support at no additional cost,” OptraScan founder and CEO Abhi Gholap said in a statement.

[OptraScan](#), 408-524-5300

Contracts and installations

North West London Pathology Consortium has signed a contract with Sunquest Information Systems for five Sunquest products: Sunquest Laboratory lab information system, Sunquest CoPathPlus and VUE anatomic pathology products, Sunquest Molecular, and Sunquest Community customer relationship management software. The consortium is an initiative between a number of health care providers in northwest London to develop a shared services model for the provision of pathology services in that area.

[Sunquest Information Systems](#), 877-239-6337

The Institute of Medical Biology, Singapore, has installed Technidata’s TDBioBank biobanking software in its three laboratories specializing in genetics, skin, and stem cell research. The software contains such features as a clinical annotation form designer, pedigree chart manager, and query and label printing tools.

[Technidata](#), 855-550-5705

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