Nursing and POC Teams: Working for the Same Goal

Judy Prewitt, DNP, RN, AOCN, NEA-BC
AOCN, Practice, Research, Magnet, Products, & Care Redesign
October 14, 2016
Advancing Health Together
DUHS Core Values

“Caring for Our Patients, Their Loved Ones, and Each Other”

Mission
To provide exceptional and innovative care to patients, families, and the community through the finest integration of clinical care, education, and research while respecting the needs of the human spirit.
Caring for Our Patients, Their Loved Ones, and Each Other

Swanson’s Theory of Caring

Integrity
Excellence
Innovation
Collaboration
Nursing Point of View

- Variety of patient populations with families, friends and needs
- 12 hour shifts
- Ratios of Patients to Nurse
  - ICU ratios: 1:1 or 2:1
  - Stepdown: 3:1 up to 4:1
  - Intermediate: 5:1 - 7:1
What Does the RN DO all Shift

- Medication Administration
- ADLs
- Dressings
- Procedures with/without travel
- Coordination of care
- Nutrition
- Communication!!
- Mobility
- Prepare for discharge—WE HOPE!
Nursing Care
Range from the Simple to Complex

- Syringe, catheter bag and its tubing - size, connections, etc
- \( \text{O}_2 \) cylinder, ECG machine, IV pump
- Code cart, anesthesia work station
- Drug shortages
- Hospital computer system
- MRI control room and suite
- ICU, ED, OR, procedure areas
- Regulatory issues
How Do Nurses View POC

- Convenient: machine that we use multiple times a day
- Quicker: Makes it easier to get what our patients need
  - Nurses are driven by HOW to get our patients better
- Easier: Local and know how to use it
  - OR used to be easier
    - Antiquated requirements—HS degree?? Ambient temp?
How Do Nurses View POC

- Convenient: machine that we use multiple times a day
- Quicker: Makes it easier to get what our patients need
  - Nurses are driven by HOW to get our patients better
- Easier: Local and know how to use it
  - OR used to be easier
    - Antiquated requirements—HS degree?? Ambient temp?
How Do Nurses View POC

- Convenient: machine that we use multiple times a day
- Quicker: Makes it easier to get what our patients need
  - Nurses are driven by HOW to get our patients better
- Easier: Local and know how to use it
  - Used to be easier
    - Antiquated requirements—HS degree?? Ambient temp?
Who Owns What

- Policy: Needs to be supportive and understandable
  - NOT a LONG, technical policy
    - HAS to be understandable, specific, and helpful
    - PLEASE no SURPRISES!!
    - THINK > > where does it live—
      - DO not put a policy where nursing will not find it

- Training
  - NOT the highlight of our year
  - Make sure we understand changes and WHY there are being made
  - Be specific, if you are NOT specific, we will adapt practice.
What Causes Confusion or Conflict

- Calling to tell me a specimen is not acceptable
  - Wrong color tube- Medium blue not ceil blue
  - Date is not legible
  - My patient is coding– timing could be better
  - Spent over an hour getting that 1 ml of blood with a screaming patient
  - My last meal was 12 hours ago and MY BG is very low
NOTE from POC – SCARY for Nursing

Dear

Please reply to this message with the requested information to enable the POCT Office to correct the patient’s medical records.

You manually entered the following **000000001** for the patient’s CSN when performing the test (s) listed below.

<table>
<thead>
<tr>
<th>Date and Time</th>
<th>Patient ID</th>
<th>Location</th>
<th>Operator</th>
<th>Glu</th>
<th>Sample Status</th>
<th>LIS Upload Failure</th>
</tr>
</thead>
<tbody>
<tr>
<td>10/13/2016</td>
<td><strong>000000001</strong></td>
<td>DUH-2F/2G</td>
<td>HOLMES</td>
<td>152</td>
<td>Upload Failed</td>
<td>ADT: Invalid Patient ID</td>
</tr>
</tbody>
</table>

In order to get the results to the patient’s medical record, please provide the **CSN and MRN**.

Thank you,

POCT Staff
Common Ground

- Patient first
  - Patients and safety first
  - Why we are here
- Respect each other
  - We are all here for the same reason
  - Most times you are a voice on a phone
    - Never meet
    - MOTTO: harder to say no if we know each other
Nursing View

- **WHOLE** patient
  - Family
  - Vital signs
  - Medications/ IV fluids
  - Appliances
  - Equipment
  - Legal implications
  - Regulatory Issues
    - NOT just CAP but TJC; Transplant, DHSR
  - HCAHPS
    - Quite—LET them sleep, i.e. don’t wake for more blood!
  - Discharge planning vs End of Life Planning
Success at DUHS

- POC and Nursing collaboration
  - DOES not mean we always agree
    - CPC & POC
- Respect
- Collaborative work
- Recognize there are Bumps in the road— but keep on going
- KEEP PATIENTS FIRST!!!
Success

- Don’t just TELL me what to do—Tell me WHY
- Recognize each others points of view
  - POC—analytical and exact
  - Nursing- Exact but with MANY variables and interruptions and regulations and demands
- Recognize that often the ONLY time we hear from POC is when there is an issue
  - Compliance
  - Error
  - DID something wrong
  - ALERT LAB!!!
Vision

- Have to determine what type of relationship needed
  - Adversarial
    - Pointing fingers
    - negative
  - Supportive—problem solving together
    - Do you have the right tubes?
    - How can I help??
Future

- How do we want it to look?