

Nursing and POC Teams: Working for the Same Goal

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AOCN, Practice, Research, Magnet, Products, & Care Redesign

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*Advancing
Health
Together*



DUHS Core Values

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

Excellence

Safety


Integrity

Diversity

Teamwork

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

Integrity
Excellence
Innovation
Collaboration

Swanson's Theory of Caring

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



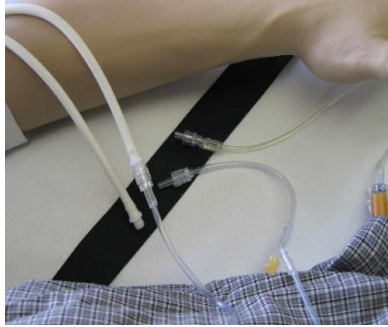
What Does the RN *DO* all Shift

- ▶ Medication Administration
- ▶ ADLs
- ▶ Dressings
- ▶ Procedures with/without travel
- ▶ Coordination of care
- ▶ Nutrition
- ▶ Communication!!
- ▶ Mobility
- ▶ Prepare for discharge—WE HOPE!

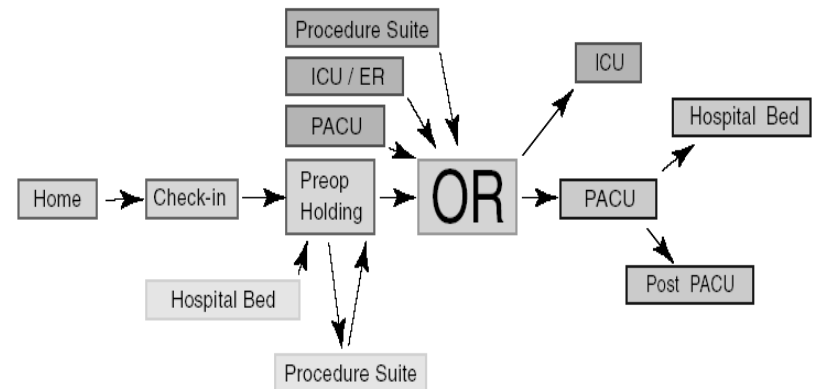


Nursing Care

Range from the Simple to Complex



- ▶ Syringe, catheter bag and its tubing- - size, connections, etc
- ▶ O₂ 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 the it easier to get what our patients needs
 - ▶ 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?



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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.

Date and Time	Patient ID	Location	Operator	Glu	Sample Status	LIS Upload Failure
10/13/2016 10:43	000000001	DUH- 2F/2G	HOLMES LISA	152 mg/dL	Upload Failed	ADT: Invalid Patient ID

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?

