

Engaging Nurses to Improve Specimen Quality

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Biography

- Estelle Ninnemann is currently employed at ACL Laboratories as a Senior Director for the Wisconsin Central Laboratories. She has over 17 years of experience working in the clinical laboratory setting. During her time at ACL Laboratories she has mentored supervisors, team leads, and front end caregivers performing specimen collection.

Overview

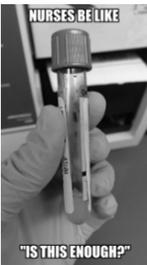
- Objectives
- History
- Failed attempts
- Acronym "A SMILE"
- Successes
- Continued efforts

Objectives

- Strategies for building relationships with nursing
- Advantages of working with patient care to improve quality of specimen collection
- Successful tools and approaches for improving quality of specimen collection

History

- Lab vs. nursing



Common Lab Talk

- Nurses don't know what "they" are doing
- Why do "they" keep on calling and asking
 - Hemolysis
 - Run it anyway
- I wish the "ED" knew how to label
- Why don't "they" understand how important it is
 - Labeling
 - Order of draw

Shift Change

- Own experience
 - 6 years into my lab career
 - Shocked by order of draw
 - Needed accurate lab values
 - Discussion with nurse about recollection request



Failed Attempts

- Creating quality alerts through electronic system
- Calling nursing areas
 - Explaining correct protocol over the phone
 - Sharing failures

What Went Wrong

- Failed to build a relationship and build trust
- Did not show a visual of correct process
- Did not explain the why behind the requests
- All of the above
 - Good intent but time to start a plan

New Start

- A SMILE Acronym
 - Acknowledge
 - Start
 - Meet
 - Initiate
 - Learn
 - Execute and evaluate



A SMILE

- Acronym
 - Easy to remember
 - Reminds everyone to smile
 - Helps build community
 - Increases approachability
 - Penn State study
 - Smiling increases patient experience and builds relationships

“A” Acknowledge

- Acknowledge
 - Identify area(s) - room for improvement
 - Lab does own the issue
 - Subject matter experts
 - Team approach
 - Not lab vs. nursing
 - Always about the patient

“S” Start

- Start
 - Building relationships
 - Rounding outside of the laboratory
 - Offer to be on teams
 - Be the “go-to” person for specimen collection and processing
 - Involve phlebotomy team and other key stakeholders

“M” Meet

- Meet
 - Commit
 - Do talk about what is going well
 - Recognize high performers
 - Ask for areas where lab can improve
 - Expect the best care
 - Share experiences/lessons learned
 - Involve outside resources

“M” Meet

- Meetings may be informal
- Ongoing
- Goal is to strengthen relationships and build trust



“I” Initiate

- Initiate an action plan with key contacts
 - High impact item(s) to help improve patient care
 - Order of collection
 - Blood culture contamination
 - Specimen labeling

“I” Initiate

- Initiate a training plan
 - Identify team members
 - Phlebotomy
 - Nurse educators
 - Outside vendor
 - Business development
 - Quality
 - Train the trainer
 - Site leadership

Training Plan

- Identify tools that may be useful
- Share baseline data
- Share the “why” behind the initiative
- Identify the “who” behind the training
- Create a timeline
- Identify shared goals
 - The “what” you are hoping achieve

“L” Learn

- Learn from each other
- Be open to new ideas
- Have fun in the process
- Test learning plan
 - Pilot
 - Peer coaching
 - Anything else that we can do?

“E” Execute and Evaluate

- Execute the training
 - Train the trainer
 - Group training
 - Champions
- Evaluate and provide feedback
 - Audit
 - Hardwire
 - Additional training needed?

Celebrate Success

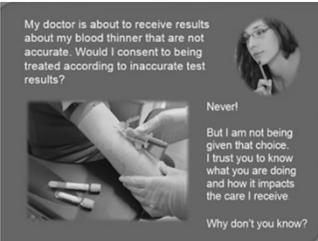
- Have a party
- Thank everyone for their time and ongoing commitment
- Recognize high performers
- Continue to provide metrics and thank team members

Benefits

- Improved communication
- Improved patient satisfaction
 - Avoidance of a second collection
- Improved patient outcome
 - Decreased TAT
 - One hour delay for STAT requests
 - Reduction of improper treatment due to preexamination errors
 - Decreased risk of sentinel event

Patient Examples of Outcomes

- Preanalytical Errors Real People Real Suffering V2 – *Center for Phlebotomy Education*



My doctor is about to receive results about my blood thinner that are not accurate. Would I consent to being treated according to inaccurate test results?

Never!

But I am not being given that choice. I trust you to know what you are doing and how it impacts the care I receive.

Why don't you know?

Blood Culture Project

- Blood Culture Contamination
- Goal for all of campus was set for < 2.3 %
- Non-lab collection was consistently exceeding goal
- History
 - Blood cultures were pulled from non lab staff collecting

Tools

- Train the trainer concept
- Shared collaboration in a visual table
- Required cross-system support
 - Infection prevention
 - Pediatrics
 - Neonatal intensive care
 - Microbiology
 - Phlebotomy team

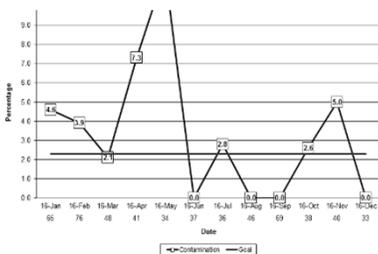
Table

Patient Type	Pre-Cleanse Site Product	FDA Approved Cleansing Device	Time Product Must Dry Following Application	Comment
Adults/Children ≥ 2 months of age	Alcohol wipe	ChlorPrep One-Step or FDA approved Chlorhexidine solution	30 seconds	
Pediatric Patients < 2 months of age	Do not pre-cleanse site due to sensitivity of pediatric skin.	Povidone-Iodine	60 to 90 seconds	Remove povidone-iodine from skin using an alcohol wipe and sterile saline wipe following the completed collection.
Allergies to isopropyl alcohol	Sterile saline	Povidone-Iodine	60 to 90 seconds	Remove povidone-iodine from skin using sterile saline wipe(s) following the completed collection.

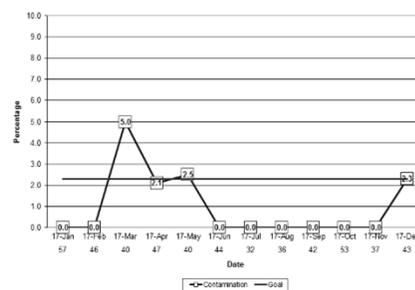
Note: Always refer to package insert for appropriate handling of cleansing product.
Note: Solutions containing Chlorhexidine should be used in caution with infants < 2 months of age. If utilized, the skin must be thoroughly cleansed to remove product following the completed collection.

Blood Culture Continued

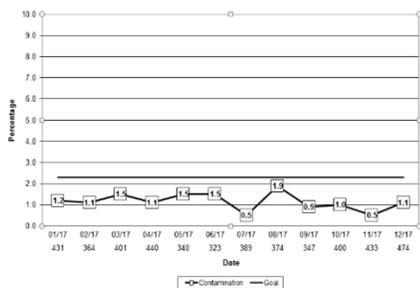
- Lab partnered with nursing and worked through "A SMILE"



Blood Culture Results



Results Continued



Outcomes

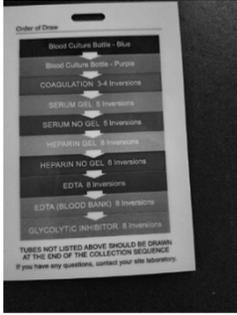
- Improved patient outcome
- Decreased time it took to administer antibiotics for respiratory protocol
- Other departments reached out to lab for advice
- Improved engagement

Contamination Rate

- Noticed an increase in high K+
- Focus on order of draw
 - Decrease specimen rejection rate by 10%
- On the road
 - Decreased specimen rejection rate by 3%
- Internal
 - Decreased specimen rejection rate by 3%

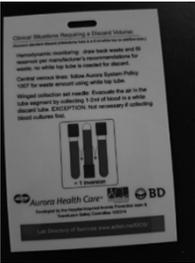
Tools

- Order of draw



Tools Continued

- Order of draw pin
- Visual of mixing blood
- On-line tutorials
- Acronym
- Practice
- Audit



Next Steps

- Continued efforts
- Work with additional departments on reducing preexamination errors
- Spreading the initiative to others
- Continued diligence in building new relationships
- Benefits
 - Endless
- Risks
 - Time and commitment

On the Horizon

- Specimen labeling do's and don'ts
 - Working on forming the team members
- Neonatal specimen collection
- New computer system

Questions

