Bridging the Gap Between Laboratory and Nursing: Helpful Hints for Effective Communication

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Although this topic has not been widely discussed in the scientific literature, having communication bridges established between the laboratory and the division of nursing is crucial to optimum patient care.

In the best possible world, every nurse would spend at least 1 week in the laboratory when they are hired in a new health care setting. Conversely, a new laboratory professional would do the same on a nursing unit at their hire. Knowledge gained through such an experience would benefit both of these health care workers in bridging the appreciation gap between the laboratory and nursing. This orientation time could help both learn about the unique dynamics in their profession to better understand the workflow challenges, hurdles, capabilities, and interdependence, of the other.

The model for appreciation and interdepartmental teamwork is usually found between the infection control practitioner (ICP) and the microbiology department in health care settings where both exist. Every ICP, especially those who by title are traditionally from the laboratory area (eg, medical technologists), are well aware of the information and ideas the microbiology department can bring to the day-to-day operations of infection control and epidemiologic surveillance.

At most health care institutions members of the laboratory management and medical staff attend infection control meetings. They are an integral part of the knowledge transmission to not only nursing staff in attendance but all other departments [eg, medical staff including housestaff at some institutions, engineering, other service areas (eg, dental, physical medicine, transport), hospital safety, quality management, risk management, pharmacy, etc].

The interaction between laboratory staff and these other disciplines allows for idea exchange regarding outbreak investigations, problem resolution and planning, and preparation, involvement, and planning for future challenges. This teamwork with infection control also exists between those areas of the laboratory who deal with communicable disease identification. Without the laboratory testing, identification of communicable disease, and therefore controlling and eliminating it, would be impossible.

Examples on Bridging the Gap

One of our most successful educational projects has been infection control liaisons on the nursing units and some departments (respiratory care, radiology). The ICPs work with these liaisons (nurses, respiratory therapists, clinical technicians, etc) to expand their knowledge regarding infection control. The liaison then becomes “the go-to person” for infection control questions. This role can also allow the laboratory the opportunity to have a “point person” who can assist the laboratory in educating the staff about issues ranging from specimen collection “Dos and Don’ts” to specific issues. Our laboratory has had an educational relationship with nursing for years including collaborating on an “ABC of specimen collection” class.

Many nurses will gladly comply with laboratory requests if they understand the reasoning behind the request. An example might be answering, “Why after I clean a blood culture collection site with the approved skin cleaning agent must I let the prep solution dry naturally versus fanning it dry with my hand?” The laboratory and infection control department created an educational tool for blood culture collection several years ago that was written with the procedure for blood culture collection on the left side of the paper and the rationale for the task on the right. After initiation of this educational tool, blood culture contamination rates began to decrease. The bonus part of the decrease was fewer patients being treated for contamination versus real disease in the bloodstream and less time being spent by the laboratory, medical, and nursing staff re-culturing patients. In addition, fewer outpatients have to return to the hospital for repeat testing.

Posters with samples of the specimen tubes to use for certain laboratory tests or laminated pictures of the tubes can be prepared and given to nursing for initial training of staff and used as continuous references for staff. They can be posted in the treatment areas on the nursing units for staff reference and these pictures can be included in the laboratory catalog.

One of the most useful pieces of information that the laboratory can give to nursing is information about time wasting tasks they perform such as specimen tubes arriving from a patient in the emergency room for tests that were never ordered. The nursing philosophy for these patients is frequently “Well, this patient really looks sick so let’s collect 2 red tops, 2 purple tops, blood bank, yellow tops, and blue tops in case the physician orders these blood tests later.” Arrival of extra tubes in the laboratory without corresponding ordered tests can be “tracked” and the data results provided to nursing. Time can be saved by both nursing and the laboratory. All of these tubes must be saved somewhere for some length of time and discarded if not used. Pity the laboratory professional who disposes of the tubes
Working Together

Nursing must involve the laboratory when creating any educational offering (e.g., written presentation, workbooks, handouts, modules, etc.) to make sure of the accuracy and completeness of the information that involves any laboratory matters. It is therefore important for laboratory professionals to maintain working relationships with nursing administration so that inclusion and advanced planning can be facilitated through both groups when necessary.

The laboratory should be proactive each year before respiratory virus season and other times with an advanced newsletter or flyer describing the availability of certain testing and the method to use for collection. This proactive approach would benefit the clinical bedside staff including nursing, respiratory therapy, and the medical staff.

Any nursing department worth its weight should have all policies and procedures utilized for any and all laboratory tests scrutinized by and approved by the laboratory leadership group including the chief pathologist, operations director of the laboratory, appropriate medical consultants in the laboratory, and other appropriate laboratory managers. Ideally, the laboratory catalog should have information for all specimen collections within that catalog for use and reference by all clinical staff. This will reduce unnecessary phone calls to the laboratory and inappropriate specimens being collected.

The newest tool for communication with nursing is through the organization intranet. Laboratory links allow for easy reference regarding issues related to specimen collection, critical values, availability of tests for nursing and other clinical staff, etc. This tool also lends itself to easy revision or additions for any and all information for tests or collection techniques. Educational modules can be placed on the intranet laboratory site for all clinical caregivers use 24 hours a day. New or rapidly evolving information is also easily delivered with this method.

Open and well-used communication can be better achieved also between the laboratory and nursing if a time can be set aside at regular intervals to discuss issues of concern. This also allows recognized “point persons” to be identified for the laboratory and nursing for contact between meetings. It is much easier to resolve conflict and come to joint decisions with someone you have worked with on earlier projects and planning sessions.

Nursing and the laboratory should consider a yearly seminar to include issues that involve both departments. A morning could be set aside (well in advance to advertise the event and allow for planning for staffing) for 1 or 2 lectures and an hour or so of “hands on training and re-training” regarding specimen collection and other valuable information needed by the clinical staff.

The seminar (video taped and available for staff who could not attend and all future staff) could be a series with the first year covering fairly basic information [e.g., microbiology basics (normal flora, transient organisms, contamination, Gram staining, etc), antibiograms, respiratory viruses, review of the health care facility bioterrorism plan as it relates to the laboratory and the clinical staff, etc]. The planning committee could bring together not only those from the laboratory and nursing but also respiratory therapy, medical staff including infectious disease, health department colleagues, quality management, risk and legal staff, etc.

Regulatory Considerations

Few nurses are aware of the extensive regulatory requirements necessary in the laboratory. The College of American Pathologists (CAP) and Clinical Laboratory Improvements Amendments (CLIA), 2 federal laws, are just 2 of the agencies that regulate the laboratory. These agencies review all aspects of test compliance, quality control and monitoring, proficiency testing at least 3 times a year, and education and training of staff.

The chief of pathology for most laboratories is the responsible person who is identified on the CAP and CLIA license. Therefore, any deficiencies fall on this person’s shoulder and their license which could include suspension of the license for several years if test compliance, quality control and monitoring, and proficiency testing is not completed in a timely, correct manner including all appropriate documentation.

Another conduit for the laboratory and nursing is the ever expanding “point-of-care” (POC) testing. We have all heard the expression “we want what we want when we want it.” This could be the motto of nursing and medical staff where POC testing is concerned.

Dedicated and qualified POC staff from the laboratory must educate and energize nursing staff to fulfill the quality control requirements for POC testing for every test as mandated by CAP and CLIA and other regulatory agencies. This job is very challenging especially for larger health care facilities where greater than 1,000 nursing and clinical personnel are involved in POC.

Conclusions

The laboratory plays a vital role in patient care. Not because they are at the patient bedside every hour but because they allow the nursing and medical staff to have data about the patient that can be used to confirm or lead to a diagnosis and therefore essential and successful treatment. They provide skill and dedication and knowledge that are not to be hidden in “the laboratory” but exposed to the other members of the health care team. Successful health care teams are complex partnerships, whose strengths rest with cooperation, understanding, and the willingness of each member and group to learn from the others.

Bridging the gap between the laboratory and nursing allows for optimal patient care.