

LaFleur Brooks' Health Unit Coordinating

7th edition

Chapter 07

Management Techniques and Problem-Solving
Skills for Health Unit Coordinating

Lesson 7.1

Management of Nursing Unit Supplies, Equipment, and Activities at the Nurses' Station

1. Define the terms in the vocabulary list.
2. Write the meaning of the abbreviations in the abbreviations list.
3. List five areas of management responsibilities related to the hospital unit coordinator (HUC) position.
4. Name five hospital departments that provide supplies to the nursing unit, identify the department that would provide each supply from a list of supplies, and describe the systems used for restocking supplies.

Lesson 7.1

Management of Nursing Unit Supplies, Equipment, and Activities at the Nurses' Station (cont'd)

5. Identify the appropriate hospital department that the HUC would notify, using a list of nursing unit equipment needing repair and problems that need to be resolved.
6. Identify the emergency equipment that is located on a nursing unit and give an example of reusable patient equipment that would require a daily charge.
7. Explain the importance of the change-of-shift report and list five items that would be recorded on the census worksheet for quick reference.

Lesson 7.1

Management of Nursing Unit Supplies, Equipment, and Activities at the Nurses' Station (cont'd)

8. Briefly explain a method used to record the location of patients and patients' charts and discuss why it is necessary to keep a record of this information.
9. Describe the HUC's responsibilities regarding the admission, discharge, and transfer (ADT) sheet, the ADT log book, and the patient labels and identify daily nursing forms that the HUC may prepare when using paper charts.
10. List seven steps to follow when dealing with visitors' complaints.

HUC Management Divided Into Five Areas

- Management of nursing unit supplies and equipment
- Management of activities at the nurses' station
- Management related to the performance of tasks
- Management of time
- Management of stress

Departments that Provide Nursing Unit Supplies

- Purchasing Department – nonnursing items, such as paper chart and requisition forms, pencils, staples, flashlights, and numerous other items
- Central Service Department (CSD) – supplies used for nursing procedures
- Pharmacy – supplies all medications administered to patients
- Nutritional Care Department – supplies food items
- Laundry/Linen Department –supplies linens and bedding

Systems for Determining Need and Restocking Unit Supplies

- HUC and/or a unit aide determine the supplies needed and order them from the supplying department.
- Use of a computerized list of items used or a manual list made by a CSD technician making daily rounds throughout the hospital and restocking supplies as needed

Example of a Standard Supply List

Standard Supply List

Form	Amount
Doctors' order forms	10 pks
CABG orders	5 pks
Doctors' progress notes	10 pks
Nurses' admission notes	10 pks
Allergy adverse reaction documentations	10 pks
Patient valuables check list	10 pks
Patient care documentation records	10 pks
Kardexes	5 pks
Medication administration records	5 pks
Graphic records	5 pks
Surgical consents	8 pks
Blood transfusion consents	8 pks
Reviewer communication records	5 pks
IV therapy records	5 pks
Home instructions	10 pks
Coding summary forms	10 pks
Health information checklist	10 pks
Anticoagulant therapy records	8 pks
Diabetic records	5 pks

Management of Nursing Unit Equipment

- HUC responsible for monitoring all electronic equipment used on nursing unit:
 - Computers
 - Printers
 - Copy Machines
 - Scanners
 - Phones
- HUC also must request repairs as needed.

Who to Call Regarding Nursing Unit Equipment Repairs

- Communication equipment, such as computers and telephones – IT Department
- Other repairs would be handled by the maintenance department.
- Larger hospitals may have divisions in the maintenance departments, such as “temperature control,” plumbing, etc.

General Maintenance

- Preventive management of nursing unit equipment requires the HUC make rounds of the entire unit (i.e., kitchen, utility rooms, patient rooms, waiting rooms, linen room, and staff lounge).
 - How often:
 - Perhaps once a week or month to check on the functioning of equipment located in these areas
 - What to look for:
 - Leaky faucets, frayed electrical cords, and broken hinges are a few examples of the things to look for.

HUC Responsibilities Regarding Other Nursing Unit Equipment

- The HUC is also the "go to" person when:
 - The unit elevators, pneumatic tube system, patient call lights, or TVs are not functioning or there is a problem with plumbing or temperature.
 - Burned-out electric light bulbs, an overflowing toilet, and other unpredictable problems need immediate attention.
- Electrical devices, such as electrical shavers, hair dryers, etc., brought to the hospital by patients must be examined for electrical shorts by the hospital maintenance department.

Emergency and Rental Equipment

- Reusable equipment used by an individual patient, such as an intravenous infusion pump, is usually charged to the patient's bill on a daily basis.
- Emergency equipment consists of the code or crash cart – usually stored on each nursing unit or in an area between nursing units
- Other emergency equipment:
 - Fire extinguishers and fire doors

HUC Responsibilities Regarding Emergency Procedures

- Know the emergency procedures for the nursing unit.
- Know what emergency equipment and supplies are stored on the unit and where they are located.
- Know how to call a code.
- Know what the HUC responsibilities are during a code.
- Know the signal codes and procedures for fire, behavioral alarms, disaster codes, and evacuation procedures and procedures for dealing with a hazardous materials spill.

Management of Activities at the Nurses' Station

- Due to the many activities the HUC must coordinate, these reports can be helpful in managing patient activity and patient information:
 - Change-of-shift report
 - Census Sheet
 - Census Worksheet

Change-of-Shift Report

- An outgoing nurse informs the oncoming nurse about a patient's medical history and current condition.
- Patient safety hinges on a complete and correct exchange of information.
- The HUC may listen to this report or they will receive a report from the outgoing HUC
- The HUC would record pertinent information from the report on a census worksheet

Census Sheet

- Consists of a list of:
 - Patient's name and age
 - Room and bed number
 - Patient's attending doctor
 - Patient's acuity level

Census Worksheet

- Just the patient name, room, and bed number but with a blank space next to each name for notations
- Should be printed at the beginning of each shift
- Records the patient's activities:
 - Scheduled diagnostic procedures
 - Surgeries
 - Planned discharges
 - Planned transfers

Census Worksheet, cont'd

- Other information important to record:
 - Do not resuscitate (DNR)
 - No information, no publication (NINP)
 - No visitors allowed
 - No phone calls
 - Patient is in respiratory isolation
 - Patient is out on a temporary pass
 - The nurse who is assigned to the patient
 - The resident assigned to the patient

Example of a Census Worksheet

<i>Room #</i>	<i>Patient Name</i>	<i>Activities</i>
301	Breath, Les	DC Today
302	Pickens, Slim	Surg 1100 x ray to be sent \bar{c} patient
303-1	Katt, Kitty	
303-2		
304	Bee, Mae	Call Dr. James \bar{c} ABG results Called Sue 900
305	Honey, Mai	NPO for heart cath @ 900
306-1		
306-2		
307	Pack, Fanny	No calls to room
308	Bugg, June	DC today
309	Kynde, Bee	Trans to ICU 1130
310-1	Cider, Ida	DNR
310-2	Soo, Ah	Surg 800 Back @ 130
311-1	Bear, Harry	Resp isolation
311-2	Bread, Thad	
312-1	Kream, Kris	NINP
312-2	Pat, Peggy	Surg 930 Back @ 200

Patients and Patients' Charts that Leave the Unit

- Record the time and destination next to the patient's name on the census worksheet when they leave the nursing unit for:
 - Surgery
 - A diagnostic study
 - To visit the cafeteria with a relative
 - For any other reason
- When the patient returns to the nursing unit, draw a line through this recording.

Computerized Systems to Help Manage Patient Flow

- Many hospitals have computerized systems, such as Hill-Rom NaviCare® Patient Flow System.
- Uses colorful display monitors that depict a continuous, up-to-date picture of capacity and patient flow within the hospital
 - Similar to information systems used in the air transportation industry
- The NaviCare® Patient Flow System features the Vocera Communication System.
 - Allows caregivers in hospitals to communicate with the NaviCare System via wearable Vocera badges.

Admission, Discharge, and Transfer (ADT) Sheet

- Used to record all admissions, discharges, and transfers each day
- Helps determine the number of empty beds on the unit
- Used when EMRs or paper charts are used

Admission, Discharge, and Transfer (ADT) Log Book

- A patient label is placed in the log book along with the date when the patient is admitted
- A note is made in the book when the patient is transferred or discharged with the date and destination
- Also used when EMRs or paper charts are used

Patient Label Book

- Patient identification labels (at least five sheets) are stored in each patient's chart when paper charts are used
- Newly discharged patient labels are often kept in a "patient label book" in case additional charges or credits have to be made to the discharged patient's account.
- When EMR has been implemented, inpatient (at least five sheets) and newly discharged patient labels are stored in a patient label book.

Responsibilities of the HUC Regarding Visitors

- Communicate appropriate and pertinent information to visitors.
- Respond to visitors' questions and requests.
- Initially handle visitors' complaints.
- Locate the patient's nurse when necessary.

Guidelines for Dealing with Visitor Complaints

- Listen carefully and attentively to what the person is saying.
- Ask pertinent, objective questions and gather as many facts as possible.
- Respond to the complaint appropriately.
- Refrain from eating or chewing gum when communicating with visitors.
- Try to avoid answering the phone.

Guidelines for Dealing with Visitor Complaints, cont'd

- Document the complaint and your responses after the conversation has ended and relay the information to the patient's nurse as soon as possible.
- Demonstrate empathy.

Lesson 7.2

Management of Patient Medical Records, Performance of HUC Tasks, and Continuous Quality Improvement

11. Describe the process for sending and receiving medical records; list five guidelines for scanning medical records into the patient's electronic medical record (EMR) and seven guidelines for filing medical records in the patient's paper chart.
12. Explain the process of retrieving diagnostic test results with and without the EMR.
13. Given a list of several HUC tasks, identify those that would have a higher priority and those that would be of lower priority.

Lesson 7.2

Management of Patient Medical Records, Performance of HUC Tasks, and Continuous Quality Improvement (cont'd)

14. List 12 time management tips for the HUC.
15. Define two types of stress and provide an example of each.
16. List five techniques for dealing with stress on the job.
17. Identify two common work-related injuries and five guidelines for preventing workplace injuries.

Lesson 7.2

Management of Patient Medical Records, Performance of HUC Tasks, and Continuous Quality Improvement (cont'd)

18. List four items that should be within reaching distance of the HUC's desk area and at least six reference materials that would be located on the computer or in hard copy on the nursing unit.
19. Discuss the purpose of continuous quality improvement (CQI).
20. Identify and apply the five-step problem-solving model.

Sending and Receiving Patient's Medical Records

- Prepare a medical record release form for the patient to sign.
- Usually, it is the nurse or doctor who asks the patient to sign the release form.
- Notify the facility or doctor's office of the request, obtain the appropriate fax number, and provide the return fax number as needed.
- Send the release form.
- Requested records or reports are faxed to the nursing unit.

Scanning Records into the Patient's Electronic Medical Record (EMR)

- Label the document with the appropriate patient's ID label.
- Scan the records using the nursing unit scanner as required or requested in a timely manner.
- The records will then be certified by an HIMS specialist and will be entered into the patient's EMR.
- Stamp the original documents as "scanned" and write the date, time, and your initials.
- Place the original documents in a box or bin to be delivered to HIMS.

Filing Medical Records in the Patient's Paper Chart

- When possible, file at the same time each day.
- Separate the records according to the patient's name.
- Always check the patient's name within the chart with the name on the record before filing it,
- Be especially alert when two patients on the unit have the same name.
- Place the record behind the correct chart divider.
- Initial each record before filing.
- Never discard any patient's records.

Locating Test Results When Using EMR

- The HUC can view diagnostic test results by
 - Choosing a patient and then
 - Choosing “summary,” which will display the patient’s diagnostic test results
 - Also displays their code status, contact information, vital signs, task lists (icons for HUC tasks), etc.

Locating Test Results When Using Paper Charts

- Most diagnostic test results may be retrieved from the computer by:
 - Selecting “Laboratory results” or “Diagnostic imaging results” and then
 - Selecting the patient’s name.
 - The results will be displayed on the computer screen and may be printed.
- In some hospitals, recorded diagnostic test results may be obtained by telephone by calling a specified number.

Managing the Performance of HUC Tasks

- Usual prioritization of HUC tasks:
 - Orders involving a patient in a medical crisis always take over all other tasks.
 - Notifying the patient's nurse and doctor of stat laboratory results
 - Ordering and/or transcribing stat orders
 - Answering a nursing unit wireless device or nursing unit telephone (preferably prior to third ring)

Usual Prioritization of HUC Tasks, cont'd

- Communicating a telephoned message to the nurse that:
 - Surgery is ready to pick up a patient for surgery
 - Bring back a patient from surgery
 - A patient is out of surgery and is in recovery
- Monitoring or transcribing pre-op and post-op orders
- Monitoring or transcribing new admission orders and daily routine orders

Usual Prioritization of HUC Tasks, cont'd

- Monitoring or transcribing discharge and transfer orders, so that clerical work can be processed by the time the patient is ready to leave or be transferred
- Performing additional and routine tasks

Time Management Techniques

- Ask for assistance when needed.
- Monitor electronic medical records or paper charts for new orders frequently.
- Complete one task before beginning another.
- Follow the 10 steps of transcription.
- Plan for rush periods.
- Plan a daily schedule for routine.

Time Management Techniques, cont'd

- Group activities
- Know the job and perform it well.
- Take breaks as assigned.
- Delegate tasks to volunteers.
- Avoid unnecessary conversation.
- Use a memory sheet.

Types of Stress

- Perennial Stress
 - The wear and tear of day-to-day living (traffic, school, work, etc.)
- Crisis Stress
 - Results from common, uncontrollable, often unpredictable life experiences that have a profound effect on individuals (death, divorce, serious illness)

Stress Management Techniques

- Effective time management is the first step in managing stress.
- Follow the time management techniques.
- Realize that nurses, doctors, and other health care workers may be working under a lot of stress, so do not take their expressions of frustration personally.
- Say “no” tactfully when asked to do additional work if there truly is not time.
- Keep a sense of humor.

Ergonomics for the HUC

- Two types of common work-related injuries:
 - Acute – consist of fractures, crushing, and low back strain injuries
 - Cumulative – occurs over time as the result of repetitive motion activity
 - Injuries include carpal tunnel syndrome, tendonitis, or low back pain.
- A comprehensive approach to ergonomics addresses three areas of work: physical, environmental, and emotional.

Guidelines for the Prevention of Workplace Injuries

- The computer monitor should be located where it will reduce awkward head and neck postures.
- Chairs should be adjusted so that one can sit straight yet in a relaxed position.
- Adjust chair back to a slightly backward position and extend legs out slightly.
- Wrists should be straight while typing, with forearms level and elbows close to the body.
- Use a computer wrist pad.

Guidelines for the Prevention of Workplace Injuries, cont'd

- Eliminate situations that would require constant bending over to complete tasks.
- Shift weight in the chair frequently.
- Use proper body mechanics when lifting.
- Take frequent mini-stretches of the neck.
 - Lower head in each direction for a 5-second count.
- Stand, walk, and stretch back and legs at least every hour.
 - These small breaks in position help avoid neuromuscular strain and alleviate the tension of job stress.

Proper Body Positioning



Organization of the Nurses' Station

- The following items should be within reaching distance of the HUC's desk area:
 - Computer
 - Telephone
 - Scanner
 - Label printer
 - Fax machine

Organization of the Nursing Unit



Nursing Unit Reference Materials

- Physician's Desk Reference (PDR)
- Hospital Formulary
- Policies and Procedures Manual
- Disaster Manual
- Laboratory Manual
- Diagnostic Imaging Manual

Continuous Quality Improvement (CQI)

- It is required by The Joint Commission.
- It is the practice of continuously improving quality at every level of every department for every function of the health care organization.
- The HUC is often asked to serve on a committee to solve quality improvement problems involving nursing unit clerical processes.

The Five-Step Problem-Solving Model

- Identify and analyze the problem.
- Identify alternative plans for resolving the problem.
- Choose the best plan.
- Put the best plan into practice.
- Evaluate the plan after it has been in place for a given time.