

Factors for healthcare environment teamwork and collaboration



Introduction

The interdisciplinary team consists of members with individual skill sets to provide quality care to patients. It is the amalgamation of their knowledge, communication, and practice to work efficiently as a team. Often a nurse's work may solely be based on independent interventions for the plan of care. However, collaborative care with other departments such as pharmacy, respiratory therapy, or physical therapy caters to the holistic well being of the patient. According to the QSEN Institute, teamwork, and collaboration are to “ foster open communication, mutual respect and shared decision-making to achieve quality patient care” (“ QSEN Competencies,” n. d.). Teamwork and collaboration require every healthcare professional to work effectively alongside one another and reduce life-threatening events.

Background

This week of clinical, I took on the role as a team leader to take care of three patients with help of a team member. They all had quite similar admission diagnoses such as ischemic stroke and transient ischemic stroke. Even their past medical history of a stroke, hypertension, and hyperlipidemia. I had never encountered these patients before until my day as a team leader. I established our roles in the morning and amount of time I will spend with them during this particular shift. Former knowledge of pathophysiology, cardiovascular medications, and stroke guidelines helped guide me in this situation. My team member's role was to monitor my patient's health status, accomplishing tasks within their scope to actively report back information and help provide collaborative care with the interdisciplinary team. My role

as the leader in this situation was to administer medications, delegate properly utilizing the five rights, assigning break time, and accomplishing the total care for all patients with my team member.

Noticing

Communication skills with other team members are important to effectively relay significant information. I listened to the handoff report that morning to get more details about my patient. Moreover, I performed my sixty-second assessment to evaluate the overall environment for each of the patients. I established the roles as a team leader and for my team member during the shift. Initially, I struggled on tasks to prioritize in the morning to work on time management skills. Proper stroke education is important and evaluating the readiness to learn is an important aspect when it comes down to teaching. I noticed one of the patients had a specific stroke guideline card listing the risk factors. It listed the target level for their systolic and diastolic blood pressure, BMI, hemoglobin A1C, and activity levels. Especially, a history of smoking increases the risk of blood clots due to vasoconstriction of the arteries, and the platelets to stick less to one another. I did my assessments in the morning and delegated tasks for my team member to report back to me.

Interpretation

I was vigilant in assessing the patient for any critical abnormalities such as swallowing issues with dysphagia prior to administering medications in regard to stroke care. I also looked at recent lab test results to determine

whether the treatment will continue, addressing concerns to the nurse and <https://assignbuster.com/factors-for-healthcare-environment-teamwork-and-collaboration/>

whether medications must be halted or given prior; especially WBC, BUN, creatinine, and potassium. The proper medication administration with proper checks helps decrease patient-related medication errors. A few of the most typical hurdles to effective communication involve differences in responsibility, professional roles, and hierarchy. According to O'Daniel and Rosenstein (2008), it can “diminish the collaborative interactions necessary to ensure that proper treatments are delivered properly” (p. 274). The hierarchical differences did not impact the way treatments were delivered during my role as a team leader. I acted in a manner to effectively communicate with my team member when delegating tasks within the scope of practice. It was in my best interest to constantly improve safety practices and promoting a cohesive working environment with other staff members. Knowing the parameters for systolic and diastolic blood pressure was important prior to administration of blood pressure medications. I specifically asked my team member to re-check and report back the vital signs for one of the patients. It was also important to know the BUN, creatinine, and potassium levels prior to administering ACE inhibitors. My instructor helped me go more in-depth and think critically about important nursing considerations. Based on my assessment data and understanding of the pathophysiology, a stroke occurs when there is not enough blood supply to the brain due to a clot or a possible blockage of the artery. In a transient ischemic attack, the signs and symptoms do not last long as the clot will often dissolve before causing any permanent damage to the area. However, my observations and data of drooping eyelids, upper extremity weakness, sensorimotor impairment, antiplatelet therapy, anticoagulation therapy, and blood pressure regulation all tied in with stroke preventive measurements.

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Assessing, reinforcing simple teachings, and providing specific interventions are a way of adherence to their treatment plan. I know from prior knowledge about the acronym, FAST, which helped me look for any further symptoms after these patients experienced an acute ischemic stroke or transient ischemic stroke due to a high risk of another stroke.

Responding

Working alongside other healthcare professionals is integral in fostering a positive environment and tackling issues with proper decisions. According to the National Council of State Boards of Nursing, “ Appropriate delegation allows for the transition of a responsibility in a safe and consistent manner. The licensed nurse transfers the performance of an activity, skill, or procedure to a delegate” (p. 6). As a team leader that particular day, I took accountability and appropriately delegated tasks within my scope of practice to my team member. Both members brought our skill sets and role of applying safe practices through teamwork. In regards to the VAGLA Nursing Service Policy, patient care assignments are given appropriately to the RN and staff member within the individuals scope of practice and competency; the appropriate time for breaks and meal periods are listed on the assignment sheet. The utilization of my delegation skills maximized the performance and process taking care of all three patients in a safe manner. Certain conditions and scope of practice must be acknowledged first through the five rights of delegation: right task, right circumstance, right person, right direction/communication, and right supervision/evaluation. Therefore, I delegated certain tasks to my team member such as this situation involved: vital signs, pain level, reporting back any abnormalities such as blood

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pressure readings based on parameters set for withholding medications, promoting oral hygiene as a preventative measure of stroke risks, bed baths, and a mini head-to-toe assessment. I let my team member know when to take a break from any assigned patient care during the shift too. Therefore, recognizing my scope of practice provided a framework to communicate vital information and allow both team members to execute our tasks. Taking the leadership role in this situation, I used techniques such as call-out strategy, check-back, and accurate handoff to effectively communicate with my team member.

One of the most common safety problems that happen in the hospital is medication error. Ultimately, the goal is to continuously improve safety and be cognizant of our environment to reduce medication error rates. Thus, interventions like clarifying orders can help with the issue. It is important to perform the following prior to medication administration: the right medication, in the right dose, to the right person, by the right route using the right dosage form, at the right time, with the right documentation. Adequate access of the chart through CPRS can provide their health information.

Moreover, BCMA lets us look at any missed medications and other pertinent data regarding their medications. I administered medications were properly labeled with the expiration date and barcode visible. According to Hughes and Blegen (2008), the “ barcode system itself greatly alters nurses’ awareness of errors, thereby systematically affecting reported error rates.” (p. 2 - 436). While scanning the barcode on the medications it alerted me about specific guidelines regarding dosage or time of administration. I read the label a total of three times: when reaching for the medication, checking it

against the MAR, and prior to opening the package at the bedside table. I discussed with the patient the name, purpose, and potential side effects of the medication at the time of administration. I went back to check BCMA to make sure all medications to be given at 0900 were scanned properly and documented as given. After administering the medication, I went back to monitor the patient for therapeutic and any adverse medication effects.

Reflection

There are several ways to progress as a student nurse to effectively work with other team members. I felt that I was able to communicate well with others in this situation. I utilize effective communication techniques, various skill sets, and knowledge to safely administer medications, provide patient teaching and emotional support. Furthermore, I demonstrated skills with diligence and patience. This was a different role to immerse myself to experience hands-on skills within my scope of practice and learn more prioritizing and delegating tasks. Subsequently, other my team members played a huge role in helping provide care for three patients. I can utilize effective communication techniques to relay information and build on the concept of teamwork with my other classmates and staff during clinical. I think it is worthy to speak up and be assertive when required to avoid errors in a serious event. Furthermore, I can ask questions, understand my role, use objective language, and continuously clarify information if something is unclear. I must learn to how simplify teachings at the patients level. It helps with compliance and recognizing barriers to their treatment. I need to work on learning pathophysiology for diseases pertaining to my patients. It helps in personalizing care when I know how to connect disease process,

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medications, and lab values. Critical thinking skills and self-reflection techniques can improve the way I provide care in a timely manner. Overall, I was able to learn and observe how various healthcare workers interact with each other in this particular situation. Collaborative care promotes a cohesive health care team to promote an optimal working environment and focus on the safety of patients.

References

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