



# **Change Management in POCT**

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***Prague 2012***

**Sorry.....Dutch**

**A moment please😊**



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# Take Home Message

1. *Adjust to surroundings / customers*



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**WIKIPEDIA**  
*The Free Encyclopedia*

## **Change management**

is an approach to shifting/transitioning individuals, teams, and organizations from a current state to a desired future state.

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## Minimize Change Impacts on Workers and Avoid Distractions



**WIKIPEDIA**  
*The Free Encyclopedia*

**Kotter** (Authority on leadership and change)

defines change management as the utilization of basic structures and tools to control any organizational change effort. Change management's goal is to *minimize the change impacts on workers and avoid distractions*

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**WIKI Fokkertie**

**Fokkert 2001**

Get the job done!

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# POCT in Hospital

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**POCT:**



**Lab testing performed by a nurse near to or at the site of patient care!!**

**Big change for lab technicians, nurses and doctors**

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# Challenge!

1. Increase stat-glucose samples
2. Increase 3-hour glucose sampling: actrapid infusions
3. Evening/Night shifts: difficult to handle peaks in sampling

→ Clinical chemist:

Create POCT-coordinator job!

I had a dream: let her implement POCT!

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**Create POC-coordinator job!**

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# To induce changes!

- Naturally skilled focussed POC-coordinator or trained by education
- Lab-manager: coach POC-coordinator, don't do it yourself!
- POC-coordinator decides where what information is needed and provided!

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# POC-Coordinator personality

Diplomatic, conflict resolution

Approachable, empathetic and objective

Multi-discipline team working

Calm and collected

Stubborn

Tolerance

Patience

Understanding

Calmness under fire

Non threatening



**Humor!!!!!!!**

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# POC-Coordinator

- Communication skills

Communicate with physicians, lab directors, nurses, technicians, companies, IT-employees

- Technically well grounded

Solve challenges like unexpected high/low results

- Knowledge of IT

Connection HIS/LIS/EMR; standardized connection protocols

- Combine those in optimal way

- Not just an extra task (24/7 job!)

Too much workload, too many different aspects, focus is lost etc.

- Specialized knowledge of diseases e.g. diabetes

Know the consequences of errors in order to react accurate



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# Implementing POCT

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# Lab supports POCT

- If it is better for patients
- Physician or patient requests POCT and medical question solved rapidly
- Minimal quality criteria are met
- Lab checks the quality
- Lab has authority to exclude end-users
- As long as lab is able to support POCT in the hospital
- All POC-data collected in LIS or Electronic Health Record

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# Who shall I approach at start?

- Internist
- Head Clinical Departments
- Board of Directors
- Financial Department
- IT Department
- Manufacturer

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# Questions to be raised?

- Diabetologists: *Requirements glucose instruments?*
- Head Clinical Departments: *Many advantages, shall we implement?*
- Board of Directors: *Nurses will do lab handlings bedside!*

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# Questions to be raised?

Financial Department:

*Finance from lab budget, due to increase of POC-analysers now negotiation with departments about pricing!*

IT-department:

*IT-network capable data transmittance? Priority!*

Manufacturer:

*Develop management system (middle ware system), cooperate with the lab, remain responsible for the quality up to and including the patients?*

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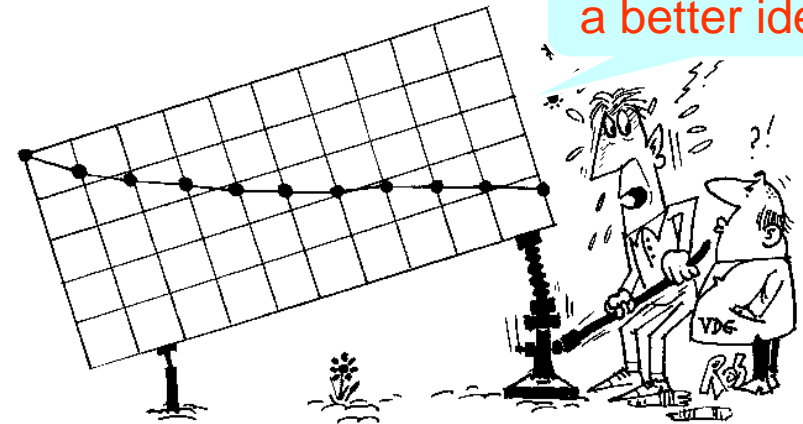


# Acceptance POC by Nurses

- Lab “always” late
- Wake-up patients
- Patient not present for 3-points glucose curve measurements

## Minimize actions nurses:

- Sufficient supply of teststrips etc.
- Performance internal QC
- Special things: call lab (24/7-lab)



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# Acceptance POC by Nurses

- 1 lotnumber in clinic: lab changes lotnumber
- Internal QC bottles: lab changes bottles
- Same configuration all meters
- Spare meters
- POC-contact nurse on every ward

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# POC in GP-OFFICE

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# POC General Physicians Office

- TAT is important
- Less patient transport needed
- Patient friendliness is important
- Reduce cost: only on indication referral to hospital
- Less consults
- Less unnecessary worry for patient

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# Challenges POC in GP-office

- Cost POCT
- Maintenance POCT?
- Ad-hoc decisions
- More questions
- Overabundance testing?
- Responsibility for POC diagnostics?
- Time saving patient and GP?

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# Change management GP-office

- Guideline acute coughing
- Creates a need for POC-CRP in GP-office
- Successful pilot: shows advantages of POC under guidance lab
- Colleague GPs are enthusiastic
- Wish for more under the guidance of lab
- Lab organises: analyser, protocols, quality control, IT (**as less as possible handling by GP-employees!**)

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# Conclusion

Make aware that point-of-care needs employees with customer care skills!

- Custom made action regarding nurses, physicians, departments
- Reduce unnecessary handlings
- Help end-users to stay focussed on the patient!
- Make it a team effort!

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# Take Home Message

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# Questions?

Very impressive colleague,  
does it work in theory?



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