

EP6c

Provide one example, with supporting evidence, of nurse's(s') participation in interprofessional collaborative practice to ensure coordination among multiple ambulatory care settings.

Example c: Nurse Coordinator and Clinical Educator/Supervisor Facilitate Interprofessional Patient Care over Multiple Ambulatory Care Settings: WakeMed Pre-Anesthesia Testing and Wilson Medical Center

Nurse Participation in Interprofessional Collaborative Practice

April Turner, MSN, MBA-HM, RN, MedSurg-BC, WakeMed Health & Hospitals, Raleigh Campus Orthopedic Spine Program Coordinator, is responsible for overseeing the coordination of care for the total joint replacement patient population. Turner collaborates with Timothy Harris, MD, chair of the service line, and Mark Wood, MD, Medical Director of Orthopedics. Turner participates in daily huddles with the following interdisciplinary team to ensure coordination of care throughout hospitalization: charge nurse, social worker, nurse case manager, physical therapist, occupational therapist, clinical nurse specialist, Pre-Anesthesia Care Unit nurse, and physician provider.

During huddles, Turner discusses concerns about upcoming cases such as possible unfavorable outcomes, lab results outside best practice guidelines, forms being signed and completed, or pending or needed clearances for surgery such as cardiac or pulmonary clearance by a consulting physician. Turner collaborates with all disciplines to ensure all aspects of care are followed up on and all details are addressed before the patient goes to surgery. This final check is often completed at the daily huddle.

(Evidence EP6c-1, Turner Job Description)

Coordination of Care Across Multiple Ambulatory Settings

In July 2022, during a weekly huddle discussion with the Perioperative Surgical Home team, Turner facilitated a discussion about a patient's need for special lab tubes due to a low platelet count to ensure accurate lab results were available prior to surgery.

Turner emailed John Taliaferro, MD to advocate for accurate lab specimen tubes to be available and used at outpatient WakeMed Pre-Anesthesia Testing (PAT) to prevent having to re-stick the patient. (Evidence EP6c-2, Turner Email to Taliaferro #1) Turner collaborated with Taliaferro, Brendan Howes, MD, Chair Department of Anesthesia, Raleigh Campus, Janice Jones, RN, Clinical Educator/Supervisor PAT, and the WakeMed Pathology Lab to use the correct lab specimen tubes while also including the patient to ensure care coordination. For added assurance that the correct lab specimen tubes were used, Turner called Jones to verify that her staff members in PAT were aware of the request for specific lab tubes for this patient.

Jones then collaborated with the WakeMed Pathology Lab to confirm the correct lab was ordered and the appropriate lab specimen tubes were available.

Turner emailed Taliaferro to notify him that the patient labs drawn with the correct lab specimen tubes still resulted in a low platelet count and had a history of similar results before previous surgeries. Howes deferred to Taliaferro about whether to proceed with surgery. Turner provided Taliaferro and the team with options to clear the patient for surgery based on the lab results or to delay the surgery and send the patient to hematology. ([Evidence EP6c-3, Turner Email to Taliaferro #2](#))

As the patient lived an hour away from the WakeMed campus, Howes collaborated with Turner and Taliaferro in their decision to determine if the patient should have repeat lab work done at an outside hospital, Wilson Medical Center. ([Evidence EP6c-4, Howes Email #3](#))

In August 2022, Jones sent orders to Wilson Medical Center for a complete white blood cell count using special lab specimen tubes. ([Evidence EP6c-5, Wilson Medical Center Lab Results](#))

The patient's lab work was successfully taken at this facility, and the results were faxed to Jones. The results were scanned into the patient's medical record for continuation of care needs. Howes entered the documentation in the patient's medical record, communicating to the WakeMed Health & Hospitals Pathology lab that the patient would need a lavender and light blue (coagulation) tube when drawing blood for complete white blood cell count lab work in the future.

In August 2022, the patient had a successful total right knee replacement without any complications. Turner and Jones collaborated with physicians, anesthesia, and lab personnel to coordinate care between two ambulatory care settings, PAT and Wilson Medical Center, to ensure the patient received the appropriate lab specimen tubes and completed lab work before surgery.