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| **LABORATORY COMMUNICATIONS PROCESS** |
| **Purpose** | This process describes how to communicate laboratory changes and information to the appropriate audience and how to obtain approval and insight from shared governance groups.  |
| **Policy Statements** | Communicating change to laboratory customers is crucial to patient safety and customer service.  |
| **Process** |  |
|  | **Step** | **Activity** | **Related Document** |
|  | 1 | **Identify the communication or change.** 1. Planned change
* Early is best when advisement or education is needed.
1. Emergent
* Recalls, immediate sample collection changes, patient safety concerns, etc.
* Skip to Step 5 to develop the communication.
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|  | 2 | **Identify the audience.** 1. Who will be affected by the change?
2. Who else has a stake in the change?
3. Is input/advisement needed from outside the lab?
4. Consider if there is unit, department or area specific education needs such as a new procedure or collection process the end user would need to change that should be planned out prior to dissemination. See Step 3 for assistance.
 | References A  |
|  | 3 | **Questions about next steps? If no, skip to Step 4.** Contact Center for Professional Development and Practice (CPDP) for assistance with communication and/or education needs. CPDP has access to teams and resources to help support changes.1. Allied Health Education Specialist, Janelle Koscinski (Janelle.koscinski@childrensmn.org) OR
2. CPDP, childrens.education@childrensmn.org
3. Consult with Lab Leadership Team as needed.
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|  | 4 | **Develop the communication plan, timing and method. Options include:**1. Memo via email
2. Flyers/posters
3. Conference call/ TEAMS meeting
4. Shared governance groups
5. Newsletters
6. Starnet “Good to Know” section
 | References A, B, C  |
|  | 5 | **Create the communication.** 1. Keep the message brief and relative to the intended audience. Use the Children’s MN Memo Template.
2. If applicable, focus on improvements the change will bring.
3. Use pictures if appropriate.
4. Communication should be easy to forward and printable for posting purposes.
5. Send the memo via steps 7, 8, & 9 (may not use all steps depending on the change and audience).
 | Resource A, B |
|  | 6 | **Complete Lab Test Directory updates , if applicable.**  |  |
|  | 7 | **Mass communication to Professional Staff Leaders (providers)**. 1. Must have Management Executive Committee (MEC) approval. Send email to Emily Chapman (Chief Medical Officer) AND her administrative support, Jenna Watson.
2. Attach a memo with the communication.
3. Specify the audience:
* **Medical Directors** (includes all medical directors including Partners in Pediatrics and Metro Peds clinics, employed and non-employed primary care leaders and specialty leaders for Children’s health system)
* **Directors**
* **Administrative assistants for the two groups**
1. **Request that directors share the communication with their clinical teams.**
2. Specify timing – emergent or not.
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|  | 8 | **Communication to non-provider groups: Send the communication to these groups in addition to professional staff leaders. This will reach all nursing groups.**1. Does NOT require MEC approval. Use the distribution lists in Reference B at any time to send direct communication.
2. Consider announcement at monthly Clinical Education Council meeting to reach all unit educators.
 | Reference A, B |
|  | 9 | **Supplemental options may be used to re-inforce the change.** 1. Clinical Minute
2. The Lab Report – Lab quarterly newsletter
3. Starnet “Good to Know” section.
* Submit a “Web Team Request Form”, located on Starnet under Applications
1. EMT Center News and Blog – For sharing new or changed test codes, new reference ranges
* Consult LIS about submission. Must be submitted through PPM Sprint. Updates are only published every 6 weeks.
 | Reference C |
|  | 10 | **Communication to Lab Staff**1. Email to appropriate groups
2. Discussion in daily huddles
3. Weekly newsletter
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| **Resources** | 1. **Children’s MN Memo Template – located on S Drive in Business Templates**
* S:\Marketing and Communications\Business templates
1. **Communication template**
* Include in body of memo or make sure these details are covered when drafting the memo.

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| Subject |  |
| What is changing? |  |
| Why? |  |
| Impact to Staff |  |
| What is staying the same? |  |
| Start date/time |  |
| What action should you/your staff take |  |
| Message sent to: |  |
| Additional information |  |
| Contact information |  |

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| **References**  | 1. **For Shared Governance groups approval/insight**:

*Depending on potential impact, recommend contacting at least two months before implementation.*Key:* Clinical Nurse Specialist (CNS)
* Clinical Practice Specialist (CPS)
* Clinical Education Specialist (CES)
* Patent Care Director (PCD)
* Clinical Educator (CE)
* Center for Professional Development and Practice (CPDP)

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| **Council** | **Purpose** | **Who’s on it** | **Meeting Frequency** | **Who to contact/Chair** |
| Clinical Education Council(Best resource for communicating information) | Prove a coordinated approach to achieve specific education competencies | Clinical Educators from RN, RT\*CPDP recommends larger education requests or roll-outs go through this council to best disseminate | 1st Tuesday every month; 9:00 a.m. – 12:00 p.m. | Childrens.education@childrensmn.org |
| Clinical Practice Council(Feedback/Advisement) | Identify and problem solve practice issues and implement best practice that cross communities | CNSs, CPSs, PCMs, RNs, CPDP Director | 3rd Wednesday every month; 1:00 p.m. – 3:00 p.m. | Childrens.education@childrensmn.org |
| Clinical Procedures Council | Create and maintain all clinical procedures related to nursing clinical practice | CNSs, CPSs, CPDP Director, RNs, CE, RT | 3rd Wednesday every month; 10:30 a.m. – 12:30 p.m. | Childrens.education@childrensmn.org |
| Nurse Executive Council | Coordinate and provide direction and communication to the community and unit councils | RN representation from across all units, home care, case management, informatics, skin integrity, infection prevention, quality and patient safety, ambulatory, simulation | 3rd Tuesday every month; 7:00 a.m. – 8:00 a.m. | Nursing Excellence Program Manager (Jarell Koras) |
| Community Councils | To standardize community specific practices | Population specific nursing leadership | 3rd Tuesday every month; 8:30 a.m. – 10:00 a.m. | Patient Care Director*For area you hope to work with* |

1. **Nursing groups communication:** Does not require executive approval – can be used at any time.

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| **DL/Contact Name** | **Who’s on it** |
| Patient Care Leadership DL | Directors and management from all areas of nursing, social work, child life, pharmacy, MNA and SEIU liaison, and applicable admin support |
| MPS Clinical Educators | RN, RT, and CSA clinical educators from the Minneapolis campus |
| STP Clinical Educators | RN, RT, and CSA clinical educators from the St. Paul campus |
| CHC patient care managers | All unit patient care managers |
| CHC patient care supervisors | All unit patient care supervisors |
| Center Team CNS Group DL | All CNSs, CPSs, and CESs within CPDP |
| Ambulatory Managers DLAmbulatory Supervisors DL | All Ambulatory/clinic managers and supervisors |
| Children’s MN Home Care (no DL) | Maija Cardille – ManagerLeAnn Oberstar - Supervisor |
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1. **Clinical Minute:**

Newsletter distributed to clinical staff (mostly nursing) once a month from CPDP to highlight updates and changes. Contact Charney Grone (charney.grone@childrensmn.org) and use template below. Drafts are usually due the 2nd Tuesday of each month for distribution the 3rd Thursday each month.

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| **Your Name** |  |
| **Headline** |  |
| **Body** |  |
| **Link(s)** **if applicable** |  |

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| **Historical Record** | **Version** | **Written/Revised by:** | **Effective Date:** | **Summary of Revisions** |
| 1 | Danyel Olson | 6/25/2021 | Initial Version |
|  | 2 | Danyel OlsonMatthew Johnson | 11/1/2022 | Removed names and DLs that are no longer active. Updated steps that have new processes.  |