



A typical day in the Blood Bank.

Next, the team considered how the new schedule might affect the patient. 'Would the 5 a.m. blood draw disturb the patient? Would the patient welcome it, because it wouldn't interfere with breakfast, showering and medical treatment or testing?'

Ms. Sarli and her team were also aware that hospital administration was working with physicians and allied health professionals to decrease patients' length of stay. They reasoned that any change that would decrease specimen turnaround time, facilitate an earlier patient discharge and expedite test results would be applauded.

But the process would require the buy-in of the staff. "This was not only going to affect our employees but also their families, child care, their lives," said Ms. Sarli.

Each supervisor spoke to their employees about the need to begin shifts at least one or two hours earlier.

"I called everyone together and explained that we were thinking about doing this," said Jane McCarson, phlebotomy services coordinator. "I asked them for their opinions."

Raising the Bar

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They thought it would benefit patient care, since patients would have their bloods drawn before they were scheduled for EKGs, X-rays or even the Operating Room," she continued.

After giving the staff a month to mull over the proposal, they agreed it was a good idea. Plus, most felt the change in shift was a bonus. "They would get out earlier," she said.

For the evening and night shift, however, the schedule change meant additional work.

"When you do preventive maintenance of instruments, you have to bring the equipment down and you can't run any tests," said Jason George, supervisor of chemistry.

So, instead of only the day shift being responsible for maintaining the lab equipment, the new schedule meant that "all three shifts would have a part to play in it. We changed the culture of the work here," said Mr. George. "But as a result, it helped throughput and decreased turnaround time."

Changing the work schedule also meant that the quality-control schedule would require reconfiguring. Since "QC," as it's referred to, necessitates that some of the equipment be turned off, supervisors had to ensure that when the specimens arrived, the equipment would be ready to begin testing.



Stephanie Kieffer, medical technologist, reads a blood smear.

"Now, 'QC' is done at 3 a.m., 11 a.m. and 12 noon, and not when the bulk of the work is coming in," said Maureen Harkin, hematology supervisor. "But when it does come in, they [my technicians] are ready."

Since the new schedule was launched last October, patients are agreeable to the earlier venipunctures; and feedback from physicians has been "positive," said Ms. Sarli.

"Now that we have the labs earlier in the morning, we can see right away if the patient is improving or worsening. We can adjust the medications accordingly or order additional tests...and discharge sooner," said Haiwen Ma, M.D., director of hospitalist services. "Things move much faster."

Says Ms. Sarli: "Without the support of the staff, this initiative would not have gotten off the ground. The staff is to be commended."

South Nassau Paves Way to Smoke-free Campus

On June 1, the South Nassau campus will go smoke-free. The new policy means no smoking will be permitted anywhere on the campus or parking lots. The ban will protect patients, employees and visitors from the hazards of cigarette smoke.

The move to a smoke-free campus is driven in part by the New York Health

Commissioner Richard Daines's mission to improve the health of the state's residents. Other area hospitals have also implemented the policy.

South Nassau began paving the way to a smoke-free campus by implementing a five-week smoking cessation course for its employees in January 2009. It is now offered to the public.



For more information about the smoking cessation course or South Nassau's smoke-free policy, call the Department of Community Education at (516) 377-5333.