As a Nursing Records Reading Lover Chief

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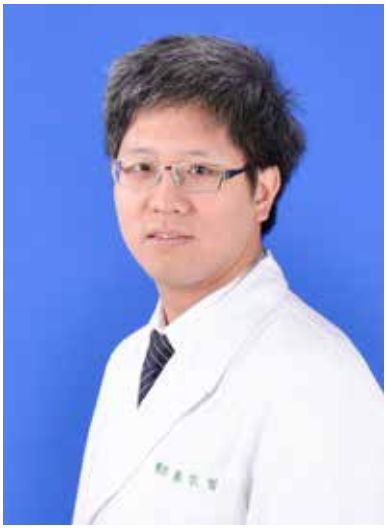

During my morning rounds, I sit in front of a computer and start reading patients' records: doctor's instructions and orders, the first thing to check is the patient's vital signs. Comparing vital sign changes with the previous day records and the frequency of defecation, I/O, blood sugar, and pain statistics. This routine has been developed over the years. These numerous nursing records and data help doctors in their daily rounds. It makes it more accurate to diagnose a prognosis and make corresponding decisions.

The nurses in Ward 12B all know that I like to read nursing records. As I said earlier, I believe nursing records determine the important basis for changes in a patient's diagnostic. Even judges handling court cases know what to read when it comes to nursing records. I always focus on some written numbers or texts so I can communicate with the nursing director or nurses. (I think I probably bothered them too often that is why I am the ward director).

In fact, we all know many errors or safety concerns are often due to poor or miscommunication during shift

changes. Looking back, honestly, doctors and nurses really do not communicate when working in the ward where opportunity for exchange is becoming less. Reviewing the scenes: when patrolling the ward in the morning, nurses are making shift changes so they cannot come along with the doctors. Even if they do, in most case doctors arrive the same time, making it difficult to attend to the nurses. In addition, if a doctor's orders look weird, nurses want to ask but is afraid to bother us. Instead, they ask a specialist who might not be helpful. They turn to the senior nurses who often do not know the answer. Wat do they do? When the doctor checked the ward, a patient complained black stool so an endoscope was ordered, but nurses said it was because of stomach pain. The doctor and specialist said that the patient is expected to be discharged tomorrow, today the intravenous injection stops, then DC. Before the patient got discharged early morning next day, night shift people also changed the patient's IV cath – these conditions or problems often miss one sentence or a shift; however, sometimes this simple and natural thing is the hardest to achieve.

Starting from August 2018, every week there is a fixed day where I meet with the ward nurses before handing over the shifts. I try to emulate the doctors' morning meeting, choosing one or two ward cases to discuss every time. My idea is, if the nurses have a better knowledge of the disease and course of the treatment, understand the thinking logic of physicians', they will be more aware of what they are doing when performing instructions and reduce the chance of errors. In addition, I also hope the nurses share their thoughts; I will be the doctors' and nurses' medium and solve the problems during work in the ward. At the beginning everyone was quite polite, mostly I sing a one-man show; after several times, my colleagues start expressing opinions and ask questions willingly, even the Nurse Director and Ward Supervisor gave feedback. It seems that my colleagues' responses are good so far. I will continue doing it and hoping to have a positive impact on the ward.

Doing medical casework for more than a year, I deeply felt the nurses' efforts and contributions. Take this hospital for example; there were 1,050 reported medical cases in 2017. Amongst them, nurses reported 782 cases, accounting for 74.5% of the total if you add more reported from physicians. Many of the cases, like falling, tubes, medicine, etc., are all reported and reviewed automatically. This is a great thing. On the other hand, the performance of doctors participating in this area is a bit unsatisfactory. As a physician, I understand the clinical work and stress is heavy, causing them to avoid administration and process reviewing. However, when one is capable does not guarantee the success of the team. Such as, LeBron James cannot lead the Cavaliers to win in the NBA. No nurses and other medical staff, not even doctors can complete medical work just by themselves. Therefore, any person and any problem are common problem of the team. It needs every team member to face the problem together.

Communication and cooperation has never been unilateral, it needs each other to take a step back and move forward. Taking a step back to discard some of your own prejudice and move forward to accept other's opinions and consider others. Currently the hospital's various units are developing a TRM (Team Resource Management), hoping through team spirit and some ways of communication and mutual aid, we can break through some long-term dilemmas with the promotion of illness and culture. Amongst all, I think the nursing staff should play a pivotal role and hope to share their spirit and experiences with other members of the team.

I want to thank all the nursing staff. Their perseverance and giving is a solid backup for the work of medical care.