Quality Qorner

A Great Wall That Divides

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I recently attended a work group meeting for the ongoing updating of the international medical laboratory standard ISO 15189, *Medical laboratories—Requirements for quality and competence*. The meeting was held in Beijing, China, which provided me with the opportunity to stay on and fulfill a childhood wish to walk on the Great Wall of China.

Begun more than 2 millennia ago, the Wall was constructed around the territories of the reigning emperors to keep the marauding northern nomads from entering China and attacking Beijing ("bei," meaning north, and "jing," meaning capital). The picturesque Wall we see today was built mostly in the Ming dynasty, from 1368 to 1644, and is older than our own country, with centuries of a most interesting and varied history.

Walking on the Great Wall as a vacation adventure was not possible during my childhood. China was then under the rule of Chairman Mao Zedong, a fervent communist who wanted to maintain China's isolation from the perceived evils of Western cultures. So, in addition to repelling foreigners, the Wall also symbolized the imprisonment of China's people. Today, although China still retains a communist regime, it is much more open to the rest of the world and is embracing many aspects of Western culture and capitalism.

After the ISO committee meeting, my nurse friend, Wanda, and I hiked for 7 days with a Chinese guide on the Great Wall. We began at the eastern terminus on the Bohai Sea and worked our way westward, alternating between remote Wall sections composed of high, continuous piles of rocks and dirt, and the frequently-pictured steps, walkways, and towers carefully crafted from handmade bricks hundreds of years ago. We climbed and descended both steep and shallow stone steps, clambered over and around boulders, and pushed through tangled brambles as the Wall followed undulating ridgelines of mountain ranges. During this trek-of-a-lifetime, I had ample opportunity to ponder the concept of walls—including the Great Wall that exists around so many laboratories.

For safety and security reasons most laboratories restrict access to their physical facilities, quite logically to keep hazardous chemicals and pathogenic organisms within the laboratory's control. However, a disadvantageous Great Wall effect is that relatively few non-laboratory health-care professionals actually enter to visit the laboratory. As a result, nurses and physicians are rarely seen within the laboratory's walls. Likewise, laboratory professionals seldom venture out into the non-laboratory, clinical areas.

On one of our strolls, Nurse Wanda told me of her frustration one day when trying to obtain microbiology information on one of her patients. Wanda was told, "Oh! That technologist is on break right now, and your patient is her workup. She'll call you when she gets back." This response raised a wall against effective communication. The laboratory's verbal result-reporting process for microbiology was keeping important patient information inside the wall, while Wanda—and her patient—remained on the outside.

Besides impeding patient information outflow, the laboratory may also use its walls to keep its own people inside. Laboratory professionals often isolate themselves in the "safe haven" of their laboratory's walls. As an AABB assessor, I was often dismayed that the assessed facility's blood bank supervisor was not allowed to attend the hospital's blood utilization review committee meetings. This "wall effect" sent a message that the blood bank supervisor had nothing to contribute regarding important patient care issues in blood transfusion therapy. There are similar examples, such as the laboratory manager who is "too busy" to attend hospital-sponsored leadership-development classes, or the pathologist who is "too busy" to attend a laboratory continuing-education audio conference.

Laboratory professionals often complain that they are not respected as part of the health care team. Perhaps it's because no one understands what laboratories do, and the physical or self-made operational walls keep outsiders from witnessing our contributions firsthand. Perhaps it's because we still have not learned that the person on the other end of the telephone is the "customer of the moment"—and the verbal wall we sometimes create keeps "them" from conducting their patient care. Perhaps it's because they don't see us at all, since we've chosen to hide behind laboratory walls leaving no one for them to meet and develop a relationship with. Or, when we do take off our lab coats and go to the cafeteria for breaks and lunches, they only see people in jeans and T-shirts, or in scrubs, with nothing that distinguishes us from visitors or other hospital employees. We continually create these invisible walls.

There are 2 ways to breach the Great Wall of the Laboratory: let non-laboratorians in or let laboratory professionals out. Let non-laboratorians in by inviting members of the nursing staff to provide, for instance, a laboratory continuing-education program on "The Three Things Nurses Need Most from the Laboratory"—and then make sure that your staff attends! Or, invite the nurses to hold their continuing-education meeting in the laboratory's conference room, then offer to conduct a tour afterwards.

Correspondingly, for laboratory directors, managers, and supervisors: let yourselves out by routinely visiting nursing stations and asking the nursing-unit clerks, "If there was one problem with our laboratory that you'd like fixed, what would it be?" In the business school classes of the 1980s, this was called MBWA—management by walking around—in this case, by walking around outside the laboratory!

China opened its doors to allow strangers inside its Great Wall and to allow its people to venture out to join the world. Think about how your laboratory might do the same.

This Month's Quality Quote:

"It takes a team to deliver care."
—James Conway, Institute for Healthcare Improvement

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