

1 NAHUC Update and the Evolving Role of the HUC

Health Unit Coordinators:
On the Road of Professional Growth
February 20, 2010

2 Objectives

- Discuss key events in the development of NAHUC and history of the health unit coordinator profession.
- Discuss trends in healthcare impacting the evolution of the health unit coordinator.
- Propose how one can incorporate the NAHUC mission into professional goals for sustainability.

3 Hospitals

Prior to World War II hospitals were staffed by physicians, nurses, specialists such as laboratory technicians, and a few support personnel such as cooks and janitors.

4 Change

World War II brought about massive changes in the staffing of health facilities. These changes were first felt in England in the later 1930's as the immense number of casualties put an intolerable strain on physicians and nurses. First the nurses took over some of the physicians' duties such as taking blood pressures and starting intravenous therapy. This meant that the nurse needed someone to take over some of his or her duties.

5 Floor Clerk

It had always been noted by nurses that "desk" duties such as answering the telephone or going on errands frequently interrupted the giving of nursing care. This person was designated a "floor clerk". As the war went on, more and more responsibilities such as copying diet lists and condition reports were assigned to the "floor clerk" position description.

6 Worthwhile from the beginning

- The first recorded history of unit coordinating was found in a journal, *The Modern Hospital*, in 1940. In the article "In Favor of Floor Secretaries" written by a hospital administrator, Abraham Oseroff, outlines the implementation of unit coordinating at Montifiore Hospital in Pittsburgh, PA. He describes how "a new helper was introduced to the nursing unit to take care of the many details of a secretarial nature that formerly made demands on the limited time of the nurse." The new helper was called a "floor secretary." Mr. Oseroff further says, "that the idea of a floor secretary was first met with skepticism, but proved to be worthwhile from the beginning."

7 Ward Clerk

Following WWII, new hospitals were being build and old ones were being enlarged. The shortage of nurses continued and more responsibilities were being placed on the "ward clerk", the name of the 1950's. These new duties, usually head nurse tasks, were ordering supplies, keeping up with the time sheets and preparing certain reports. During the 1950's hospitals began to train their ward clerks to transcribe physician orders. About this time some hospital administrators recognized that these individuals were performing tasks which were not strictly clerical, so more name changing took place and ward clerks also became know as unit clerks or unit secretaries.

8 Blueprint for Ward Clerks

A second article on unit coordinating appeared in *Hospital Progress* in January 1962, written by a director of nursing services at Elkhart Indiana General Hospital, Rusche Schutt. The article, "A Blueprint for Ward Clerks", describes the expanding role of the ward clerk.

9 Valuable Contribution

This job description was developed to serve as a guide and the development of a ward clerk manual was recommended. The last paragraph discusses when the ward clerk should be on duty and states,

“coverage for seven day a week is desirable, since she makes such a valuable contribution to the unit.”

10 Vocational Education

A third article appeared in August, 1966 in Nursing Outlook. In the article written by a nurse educator, Ruth Stryker, she describes the findings of a study comparing the functions of the head nurse, ward secretary and ward manager. They were surprised to find out that the ward secretary performed more management duties than the ward manager. The findings resulted in the implementation of a hospital secretary program in the Minnesota vocational system. Miss Stryker suggestion the name “Station Coordinator” because “the ward secretary did a great deal of managing in the form of coordination of activities.

11 NAHUC’s Founding

In 1977, a national survey was done by Myrna LaFleur (NAHUC founding president and instructor from Arizona) to determine the number and kind of unit coordinating programs in existence in the United States. A part of the survey asked if the recipient was interested in the formation of a national association for unit coordinators. The purpose of a professional association is to set standards of education and practice by peers to be enforced by peers for the protection of the public.

In the spring of 1980, Myrna was asked to speak at the Upper Midwest Hospital Conference in Minneapolis, Minnesota to a group of unit coordinators and unit managers. A state association for unit coordinators had just been formed in Arizona, and realizing the need for a national association, Myrna included the possibility of forming such an association in her talk. Upon Myrna’s return home, feeling highly motivated by her trip she dug out the responses from the 1977 survey. She contacted those respondents who said they were highly interested in forming an association and invited them to meet in Phoenix in August 1980. Those people who came and became the founding members of NAHUC included Velma Kerschner from Texas, Kay Cox from California, Jane Pedersen from Wisconsin, Carolyn Hinken from New Mexico, and Helga Hegge from Minnesota. They were joined by Winnie Starr and the officers from AMSCA (Arizona’s association for unit coordinators). They spent a weekend hammering out the constitution, selecting a title, and declaring NAHUC the National Association of Health Unit Clerks/Coordinators, Inc.

12 Health Unit Coordinator Day August 23

- Each year thereafter, August 23 has been declared Health Unit Coordinator Day by many mayors and governors nationwide, who issue proclamations declaring August 23 “Health Unit Coordinator Day”.

13

14 NAHUC’s Foundation

In June of 1982, the first NAHUC annual national convention was held in San Antonio, Texas. At this convention, the Code of Ethics and Standards of Practice for unit coordinating were adopted. Education and recognition as a health profession were two of the main concerns of the founders of NAHUC. Accordingly, a subsidiary Certification Board was established and the first National Certification Examination was given in May 1983. Two other subsidiary boards, the Education Board and the Accreditation Board, were formed to work toward accreditation of programs and to establish an official listing of unit coordinator competencies.

15 Mission

- **NAHUC Mission**

The National Association of Health Unit Coordinators, Inc. is dedicated to promoting health unit coordinating as a profession through education and certification, complying with the Standards of Practice, Standards of Education, and Code of Ethics.

- **NAHUC VISION**

To become nationally recognized as the standard of excellence in the provision of education and certification for the health unit coordinator profession within the health care industry.

- **NAHUC CORE VALUES**

◆ Membership ◆ Education ◆ Certification ◆ Stewardship

16 Code of Ethics

- **PRINCIPLE ONE:**

Members shall conduct themselves in such a manner as to gain the respect and confidence of the patients, health care personnel, and community, as well as respecting the human dignity of each individual.

- **PRINCIPLE TWO:**

Members shall protect the patients’ rights, including the right to privacy.

- **PRINCIPLE THREE:**

Members shall strive to achieve and maintain a high level of competency.

- **PRINCIPLE FOUR:**

Members shall strive to improve their knowledge and skills by participating in educational and professional activities and sharing the benefits of their attainments with their colleagues.

- **PRINCIPLE FIVE:**

Unethical and illegal professional activities shall be reported to the appropriate authorities.

17 NAHUC Logo

- The five outer segments of the logo represent for whom the health unit coordinator coordinates activities: the doctors, the nursing staff, patients, visitors, and hospital or ancillary departments. The circle connecting the segments is symbolic of the health unit coordinator's role in coordinating the activities of these five groups.

The triangle in the middle represents change. The "a" means "in relation to". The NAHUC mission supports change for the better.

The colors green and white were chosen because they were the colors of hospital administration and different than the traditional blue that is used for many clinical professions.

18 We are a Profession

Today Health Unit Coordinating is a health profession. According to Wilson and Neuhauser in their book, *Health Services in the U.S.*, for a group to become a profession, they must meet the following criteria:

1. Have a national association.
2. Have a formal education.
3. Have certification.
4. Have a code of ethics.
5. Have an identified body of systematic knowledge and technical skill.
6. Have members that function with a degree of autonomy and authority under the assumption that they alone have the expertise to make decisions in their area of competence.

19 Trends in healthcare impacting evolution of health unit coordinating

1

- TREND

a general tendency, movement, or direction

to show a tendency or movement toward something or in a particular direction

2

- EVOLUTION

the gradual development of something into a more complex or better form

20 Healthcare Trends or Direction

- Electronic Health Record (EHR)
- Computerized Physician/Provider Order Entry (CPOE)
- Healthcare Reform
- Reimbursement
- Regulatory Agencies for Quality, Safety, Performance, Efficiency

21 Who Decides if

Opportunity or Threat?

- When change occurs, fear, anxiety, and loss of control are often experienced by everyone. However, everyone's reaction differs. It can be reactive or proactive.
- Being **reactive** means letting change happen and responding or adapting to it. Change is viewed as loss or a threat in this situation.
- Being **proactive** means planning for change and being open to new or multiple ways of doing things. Change is viewed as an opportunity in this instance. Or, at least being open to reframing how one views the change.
- In the long term, the difference between surviving and thriving is how a person views change and how that person will communicate, make decisions, and solve problems around that change.

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22 NAHUC's Proactive Plans

- CPOE Task Force – position statement + next steps

The National Association of Health Unit Coordinators, Inc. (NAHUC) supports Computerized Provider Order Entry (CPOE) as a means to initiate safe and efficient patient care. Through certification and continued education, the health unit coordinator is an essential member of the health care team,

coordinating the delivery of services to patients, family and caregivers. The health unit coordinator role is vital in securing the highest standards in patient safety, satisfaction and loyalty.

- 23 **NAHUC's Proactive Plans**
- Certification Exam Job Analysis
1. Review the results of the previous job analyses, current test specifications, the current body of knowledge as described in educational curriculum, job descriptions, standards of practice, documents, and pamphlets and reference books produced by NAHUC and other industry related organizations.
 2. Write and assemble the job analysis survey. Distribute survey.
 3. Receive completed surveys; compile data; and summarize results.
 4. Review results and develop test specifications.
 5. Prepare and submit the final job analysis report to NAHUC.
 6. Facilitate a pool conversion by distributing items to the content experts and updating the item pool with the new classification information.
- 24 **NAHUC's Proactive Plans**
- Develop and present educational programs, which offer continuing education and credit (contact hours) to maintain and increase the coordinator's knowledge and area of expertise.
 - Increase membership, thereby strengthening our association to accomplish its goals.
 - Develop and maintain accreditation essentials and guidelines for educational programs.
 - Promote certification and recertification.
- 25 **Evolving**
- Development into more complex or better form.
- 26 **Value**
- **worth or importance:** the worth, importance, or usefulness of something to somebody
 - 14th century. < Old French < *valoir* "be worth" < Latin *valere* "be powerful"]
- 27 **Adding value**
- 1
 - Increase profits
 - Decrease costs
 - Increase quality
 - Increase customer satisfaction
 - 2
 - Improve morale
 - Reduce waste
 - Streamline processes
 - Improve time management
- 2*
28 **Value Added**
- **How can you improve the quality of your work? How can you become more efficient? For example, do you know the short commands for the computer programs you use? Which supplies could you use less of or use longer?**
- 29 **Positive Attitude Adds Value**
- Compete with yourself. See if you can better your last day's performance. When you've done something well, tell yourself you did a great job.

- Change your daily routine. Try a new approach or change the order of your tasks. Complete a task you don't like and then do one you enjoy.
- Make the most of your lunch breaks. Meet a friend, go for a brisk walk or catch up on your reading or personal correspondence.
- Get to know your co-workers. Bring in a favorite cartoon or comic strip and share a laugh. Help organize staff functions and activities.
- Talk to your supervisor about taking on additional tasks or learning new skills. Offer to share some of your expertise and knowledge.

30 Integrate NAHUC with Your Goals

- Mission
- Code of Ethics
- Core Values
- Education
- Certification
- Committee Involvement
- Leadership Development

31 Your Proactive Plan

“Your present circumstances don't determine where you can go; they merely determine where you start.”
Nido Qubein

32 NAHUC Contact Information

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Web site: www.nahuc.org
NAHUC is on Facebook, too.**

33 Resources

- Encarta® World English Dictionary [North American Edition] © & (P)2009 Microsoft Corporation.
- Health Unit Coordinator: A 21st Century Professional, Delmar Cengage 2005
- 1* <http://www.alis.gov.ab.ca/ep/eps/tips/tips.html?EK=431>
- 2* http://www.cvtips.com/impress_employer_add_value.html
- 3* <http://www.extension.umn.edu/distribution/familydevelopment/components/07421b.html>
- <http://www.nahuc.org>
- NAHUC Information Booklet