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| **Present:** | Audrey Simpson Mgr., Peggy Plylar RN Program Coordinator, David Matthews, MD; Earnestine Nichols RN, Terry Frymire RN, JeriAnn Cline RN, Kris Williams RN and Connie Brown Bus.Support III. | | |
| **Agenda Items** | **Discussion** | **Action** | **Who Responsible** |
| **Reflection** | Audrey started the meeting with a prayer requesting guidance, solutions and blessings. | |  |
| **Dr.**  **Matthews** | At the last Charge RN meeting Dr. Matthews went over our goals, strengths and our needed areas of improvement. See Agenda handout. | We need to improve upon maintaining a quiet environment on 7th floor by keeping noise levels to a minimum and talking in low voices. We need to keep our area neat, clean and organized. We need to be accountable and responsible to our Patients, and our Unit to ensure the success of our floor. | Nursing Staff |
| **Topic Items** | In order to get feedback on ways to improve upon our three topic items of Pain, Responsiveness and Nurse Communication, Audrey asked each of the Charge RN’s to give her two ways to improve upon each topic item. | Each Charge RN voiced their ideas in a round table discussion. Ideas voiced related to **Pain** were: From **Terry Frymire** - To check and address the fact that there is an appropriate Pain medication order. To give patients their Pain meds when asked for and to let them know when they are due. **Kris Williams** - To enter Pain medication orders in a timely manner and to inform the primary RN that they are there. **Earnestine Nichols** - To offer patients Pain meds when you go into their room and not wait for them to ask for them. To re-assess Pain appropriately and as a Charge RN to help give out Pain meds especially if the patient has already asked for them. **JeriAnn Cline** – Be proactive about Pain management at shift change by asking the patient if they need Pain meds and by utilizing the patient white board for the next Pain med due. Ideas voiced related to **Responsiveness** were: From **Terry** **Frymire** – Answer call lights as soon as possible. **Kris** **Williams** – As a Charge RN help to answer call lights, pass meds and help other RN’s. **Earnestine Nichols**- Answer call lights as soon as possible, assess patient as soon as possible and to anticipate patient needs before they ask. **JeriAnn** **Cline** – Encourage other Staff to answer call lights even if they are not their patient and to ensure that all Staff wear their trackers. In response to **Nurse Communication**: from **Terry Frymire** – Communicate to patients before change of shift that when you are Charge RN you will be giving report from 0700 -0730 or 1900-1930 and ask them if there is anything that they need now. **From Kris** **Williams** – Communicate to the Staff that you are there for them. That we all need to work as a team. **Earnestine** **Nichols** – RN’s need to communicate with CNA’s, it makes things flow better. We need to communicate about our High Risk patients so that everyone is aware, and we need to communicate about the important issues, not everything on the shift report. **JeriAnn Cline**- For better communication provide trackers and phones for all Staff when feasible. Rose Ann Moore will address each of the remaining 7th floor Staff and ask them to give her three suggestive ways to improve upon each topic item. All of these suggestions will be looked at and will be placed in each individual associates file. | Charge RN’s  Nursing Staff  Rose Ann Moore |
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| **Shift Report** | In order to come up with a new 7th floor shift report Kris Williams and Audrey went over to CVU to look at their three day shift report. | The front page contains the patient’s pertinent information and the back page contains shift columns that information can be added to by each shift. This will be looked at and decided upon. At the beginning of each shift (during the first 5 minutes) the RN and CNA are to get report. The RN is then to do rounds and to go to each of their patients and introduce themselves. The CNA must receive report from their RN not just from another CNA.  Note: The RN must be careful as to what they delegate to the CNA. They must know that the CNA can perform the delegated task. (Ex: empty Hemovacs, empty Foley bags, etc.) | Nursing Staff |
| **Patient**  **White**  **Boards** | Audrey, Kris Williams, and Connie Brown looked at the 8th floor patient room white boards and liked their layout and appearance. | We would like to duplicate their look but need to decide on what specific scripting we would like on the boards pertinent to 7th floor needs. Kris Williams volunteered to come up with the board scripting to give to Connie, so that she could place the order. Peggy Plylar would like to take a picture of one of the completed scripted white boards so that it could be included in the Power Point patient education presentation. | Kris Williams  Connie Brown  Peggy Plylar |
| **Pain** | Peggy Plylar RN Support Coordinator, informed the Charge RN’s that the TJC Pain book is being updated and that she was working on getting laminated Pain sheets for the patient rooms. | The laminated Pain sheets for the patient rooms will inform the patient that they will not be Pain free. The Power Point patient education presentation will be scripted to include this same information. Peggy sent an e-mail to the Staff informing them of a Lovenox presentation that included a free dinner at 1700 at the Warehouse. (See e-mail for date) She requested an e-mail response as to whether they could attend or not. | Nursing Staff |
| **Teamwork** | The Staff feedback to the posted Teamwork topics of Support From The Charge RN, Communication Skill Development, and Expectations of Staff With One Another-A Social Contract that was due by July 26, 2011 was discussed. Staff was given the opportunity to write down their ideas of what was needed to affect change. | The idea of the board was not to be just a complaint board but to get back accountable suggestions of ways to improve each topic area to improve upon Teamwork as a whole to achieve an 8-10 goal level. It was felt that there was no accountability associated with any of the ideas/suggestions so that Leadership Staff will now need to develop and set standards. | Nursing Staff |
| **Nurses**  **Station** | Ideas were discussed as how to effectively give the Physicians an area to work at. | The idea of them using Audrey’s office was not feasible as it was deemed too small. Only one Physician at a time could use the office area. It was suggested that 7th floor be set up like 4th floor as it would give the Physicians and area, Audrey a workable office space and a public bathroom on the South end.  Note: Do not hang around the Nurses station as we need to keep the Nurses station as clear as possible. | Nursing Staff |
| **Rehab** | It was stated that the Physicians were not happy with the Physical Therapy/Rehab process. We want to have Physicians want their patients on 7th floor. | Medicare has 13 requirements/categories that Rehab facilities must adhere to. In order to stay within the guidelines Rehab facilities are discreet about who they will take and not take. It seems to take a while at times to get patients moved to the 8th floor Rehab so Physicians will write an order for a patient to go to Health South Rehab. When this is done we are losing money. Dr. Matthews will meet with the 7th floor Case Manager and Social worker to welcome the new Case Manager, discuss expectations/needs on 7th floor. | Dr. Matthews  Case Manager  Social Worker  Physical Therapy/  Rehab |
| **Expectations** | At the next Charge RN meeting we will go over the Expectations. They will then be given to the RN’s to look at and then will be presented to everyone at a Staff meeting. | All Staff will be expected to sign the Expectations sheet as part of their next PDF evaluation. | Nursing Staff |
| **Telemetry** | Telemetry patient issues were discussed. You must apply Tele on your patient as soon as it is ordered. When Telemetry calls on your patient you must answer your phone as soon as possible. | The RN must go over the Tele box # with the Tele Tech and call Telemetry every 2hrs to check on the patient. Ask what the patient is doing and document that you called. Make sure that it is the right patient, right Tele box, etc. The Charge RN’s must read and have a full understanding of the Telemetry policy which will be discussed at the next Staff meeting in more detail. | Nursing Staff |
| **Education** | Peggy Plylar handed out a Neuro Science Nurses educational information sheet for September 23&242011. | She will post the flyer. | Peggy Plylar |