**EP33-3 PH Telemetry Task Force February 14, 2012**

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| **Present** | Yvette Grijalva RN 5th  Kris Oliver RN 7th  Theresa Frymire RN 7th  Phyllis Burton RN Mgr. CVU  Eric Temmert MT/CNA | Rose Ann Moore RN Dir. Patient Care Serv.  Evelyn Angeles RN CVU  Jean Blake US 4th  Jennifer Robertson RN Mgr. CCU/BBU  Sherry McNabb MT/US CVU  Kristin Varnes RN Dir. Peri-op Services | |
| **Call to order** | Meeting started at 0932.  Introductions. Jennifer Trahan will be the new OPS/PACU mgr. Reflection-Evelyn |  | Person to follow-up |
| **Purpose of Tele Task Force**  **Overview of telemetry** | Originally, a PSF tele task force was planned. Due to a RCA in SFMC, SFMC formed a group to address issues in the RCA. Here in PH, we have our share of incidence reports regarding non compliance to policy and communication problems between nurses and tele techs.  Tele stations have 8 screens with 16 slots for each=128 tele slots.9 slots are hardwired for BBU. 36 slots are allotted for CVU. Max tele boxes= 105, w/3-4 broken in biomed; max pulse ox=72 w/10-12 broken in biomed. It takes 1 month for repairs. On a full house day, each tele tech can monitor 56 teles &30 ox’s, a 3rd tele was added to help read and chart the strips on high census days w/c is not part of CVU staffing grid. |  | Rose Ann  Evelyn |
| **Changes/**  **Additions**  **to Telemetry**  **Policy with discussion**  **on barriers to safe practice and compliance** | * Nurses to bring a copy of order and a sheet of patient labels and verify 2 identifiers w/ techs during box pick-up. This process is being done in SFMC.   When there’s shortage of tele units, CN with Mgrs or supervisors will triage tele needs.  Each unit will send a phone list with each shift change to include 8 hr. shifts.  During mealtimes, staff will assure that patient’s pulse oximetry are not taken off.  If pt. refusing tele, RN will obtain order from MD to DC.  Before Eileen left, Tele trialed calling CNAs for issues such as loose leads, off tele, battery change. Need to clarify role of CNA . Feedback, is there’s more confusion. Nowhere in the policy states that CNA will be called.  To improve relationship between nurses and techs, will staff education help as suggested by the NPC, at least start with charge nurses and new grads in the ascent program (ie sit in tele for 1 hr., or 1 hr. class for rhythms/ nursing interventions)? | * Jennifer CCU brought up that CCU would only obtain tele when ordered by physician. They never request tele if not ordered. Additions to our current process add more task to CCU nurses who could not leave bedside. Jennifer is requesting to have a second look again on process of CCU RN picking up tele instead of tubing as before due to prior incident. * Jean fr. 4th thinks bringing the order is fine. * Sherry fr. tele : more papers are accumulated and sees no purpose. * Majority thinks that we can’t apply SFMC process here d/t PH has more tele pts. * Evelyn thinks this would come in handy if we have tele shortage, the ED orders that were admitted the night before could be looked at by each unit mgrs. and can be addressed with MD. * Process right now is CVU charge or Mgr. will call Kathy Creech to have pages out to all Clin. Mgrs. when there’s a waiting list. * Kristin fr. PACU agreed to send out OR schedule with list of patients w/OSA to tele at 0700 &1400. If tele’s full, or there’s a huge # of OSA pts. coming out fr. PACU tele tech will inform CVU Clin. Mgr/CN. * Teri fr. 7th explains difficulty of being in charge, with patients and answering phone calls fr. techs to check pt’s off tele and getting all calls because phone list were not faxed to tele unit. due to different things going on in the unit. She also expressed CNAs carry pulse ox since there’s only 2 for the unit and if tele calls the RNs, they have to find the CNAs to double check pulse oxes. Yvette also mentioned they have only 3 pulse ox on 5th. * Evelyn got feedback from tele techs that this is much improved since last month’s managers’ mtg. * Group came up that policy will specify only competent pts. refusing to wear tele units. Jennifer suggested to add use of AMA form for refusal of treatment bec. this can change pt’s mind when they are signing a form. * ETOH/ dementia pts. not wearing tele are excluded from this. It is a safety issue to keep them on tele if ordered. Teri expressed when pts. in posey bed will always be pulling tele off. * Group had decided that ultimately it’s the RNs responsibility with checking the pt. if tele calls them, so ONLY RNs will be called. * In line with communication, Kristin had volunteered and agreed to have RNs or CNAs from PACU carry phones( useful during transporting pts) * Opinions expressed, not helpful, if nurses sit with tele, will tele follow them too to understand nurses work flow? Tele/ Rhythm class will not help, Yvette mentioned that if you don’t use it, you lose it. * Yvette suggested laminated cheat sheet for quick reference by RNs on the floor. Rose Ann suggested solicit CNS help (Olinda, Lynn, Stephanie) to have a 15 min quick down and dirty review of rhythms and nursing interventions during staff mtg. and during ASCENT classes. | Rose Ann will bring Jennifer’s request to Patient Safety and Kate.  Kristin to follow-up  Reminded everyone that outgoing nurses need to be avail. to answer calls till 0730/1530/1930/2330.  Rose Ann reminded that patient safety is priority than finishing up report at all times. Rose Ann will work with mgrs. to help with this issue.  Evelyn will include this suggestion to policy and Rose Ann & Evelyn will bring this to Kate and IDPC group next Mon.  Suggested by Rose Ann to keep safety first if needing sitter instead of posey bed to keep pt. on tele. Use nrsg. judgement, or restrain when necessary.  Evelyn to talk w/ CNS. Everyone is in agreement that we need to treat each other with respect and courtesy at all times.  Rose Ann said that hospital is looking to remedy PH tele dead spots problem . |