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| NK9- 21 Task Force Minutes PH Telemetry Task ForceMarch 16,2012 0800-0900PH Volunteer Room |
| **Present** | Evelyn Angeles RN PH CVUPhyllis Burton RN, Manager PH CVUSherry McNabb MT/US PH CVURose Ann Moore Dir. Patient Care ServicesKris Oliver RN PH 7th Ortho | Yolanda Ramirez RN, Administrative ManagerEric Temmert MT/CNA PH CVUJennifer Trahan RN Manager PH PACUKristin Varnes RN Dir. Per-operative ServicesLynne Wahl RN Educator PH West Bed Units  |
| **Absent** | Jean Blake US PH 4 MedicalTheresa Frymire RN PH 7th Ortho | Jennifer Robertson Manager PH CCU, BBU |
| **Call to****Order** | Meeting started at 0802. Introductions.Reflection- Sherry |  |
| **Highlights/****Changes from last** **meeting** | * Added a 3rd tele tech
* New tele & tele ox ordered to max total 119
* Capital request for new telemetry system- Current system w/ GE not as efficient, server had been down a few times, unable to monitor like SFMC
* New laminated poster for all units. Lynne goes to unit staff mtg. for quick tele inservice with poster
* “When Tele Calls” presentation for ASCENT new grad program-Evelyn ; Patricia Spoerl for new hires, non ASCENT.
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| **Review of** **last mtg.****minutes** | * Nurses will bring a copy of order and a sheet of pt’s label to include CCU.
* When there’s shortage in tele the managers will be paged during day shift. On night, the CVU charge nurse will collaborate with nrsg supervisors in triaging and physicians will be called as needed.
* Lindsey from PACU has been calling Tele for projected OSA admissions in the afternoon
* Only RNs are to be called by MT. pulse ox equipment are more available on 7th to help do their job.
* Continue on improvement on leaving pulse ox on during meals and quick response from floor nurses. Cited an example: MT called when O2 sat of pt. went down to 82% during mealtime, when RN checked the pt, the pt. was choking. The RN called the MT back to thank her.
* Everybody was ok with changes on statement when pts are refusing tele.
* Education piece- as above.

Discuss all the additions to the new tele policy- No changes from group. Explained change in call times to 3 mins. for all and MT will hold the phone on life threatening rhythms and leads off until action is completed.Kristin recommends more updated references from AACN—Evelyn checked the current literature in AACN, whatever was listed was current. |
| **Final changes to tele policy** |
| **Discussion of issues/****Barriers** | Some units have not given a response to Lynne’s invite- Rose Ann will follow-upCan CNA change batteries, fix leads- RN will be the only one called by MT. Since the RN knows her patients, it is her responsibility to know which task to delegate but ultimately will be responsible.OPS/ PACU requesting laminated posters- will ask Olinda and Kathy CreechNothing much was discussed in this area since it was covered in the previous meeting and discussion of policy. |
| **Update on****Equipment** | Already discussed above. |
| **Getting the policy out** | Discussions on whether to ask everyone to read and sign attestation like in KOIN update or have managers present in unit meetings.* Recommended that managers present policy during the unit meeting to staff, ask staff to read and sign an attestation that they’ve read and understand the policy. Give a week or 2 for mandating everyone to complete attestation.
* Since policy will be coming out at the end of month, it is recommended by the group to look at tele education for current staff either in the form of a LEARN module or a power point presentation similar to the ASCENTprogram in the next 2 months- Rose Ann & Evelyn will follow-up
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| **Follow-up****mtg** | In 2 months- let policy roll out and get feedback. Rose Ann will ask SFMC group to join.The group had noted improvement in the way nurses respond to tele calls. Positive feedback gathered regarding effectiveness of having different staff brainstorm and present recommendations to issues.  |