|  |  |
| --- | --- |
| Pillars-masthead-H_0107 | **Agenda/Minutes – Centura Nursing Practice Council** Thursday, June 14, 9-11am, 2012720-528-0408 or 866-382-0408 Access Code 5280567#Or In Person, Regional Float Pool Conference Room109 Inverness Drive East, Suite B |

Attendees: Tiffany Meister RN, Noreen Bernard RN, Traci Lella RN, Deb Nussdorfer RN, Chris Tavenner RN, Louise Wilson RN, Cherie Bilyeu RN, Karen Wilson RN, Kryssy Kimminau RN, Bobbi Hall RN, Carrie McDermott RN Absent : STM, SAH

| Content | Discussion  | Follow Up / Actions / Status | Responsible |
| --- | --- | --- | --- |
| **9:00-9:05** | Role call and Reflection | Traci Lella had the reflection. |  |
| **9:05-9:10** | Report of on progress of remote tele monitoring group assessment | Have had responses from some hospitals but not all. Direct email out to those not responding. Preliminary data shows that variation in practice is large between facilities. Appears that there will be ample opportunity to streamline. Will follow up with phone calls.  |  July agenda follow up.  |
| **9:10-9:15** | Flyer draft for privacy code rollout LEARN module -Noreen | Flyers being worked on. LEARN module almost done. Watch for more information to follow. No changes to proposed flyer. |  |
| **9:15-9:30** | Fall data for remaining hospitals (Jan, Feb, March data) | AAH: fall rate good first quarter; has spiked since. UBC is reviewing the data. Trend related to environmental—IV power cords tripping patients and walking in the halls. Patients were appropriate to be up and walking. PSF: working on a fall program. Lots of falls first quarter, one in May, monitoring June. Environmental issues—oxygen and IV tubing, patients getting up to void at night, and CIWA patients. Are doing bathroom prompts and bladder training programs. Considering a research project. SMC: will get data loadedSTM: no representationSAH: no representationSASMC: 5 falls January-MarchLAH, PAH, SAN reported out at May’s meeting.  | ALL: please enter your falls data into the share drive folder. Centura Nursing Practice Council; Centura Inpatient Falls Project |
| **9:30-10:00** | TPA data sharing from PICC line discussion – bring January, February, March data on TPA use doses issued, exclude use for neuro patients | SMC: Jan-March—29 doses issued to declot, 23 were PICC lines (use Heparin 5ml/100u)LAH: 54 doses, 717 central line days, $4644 (use 100u/ml 1.5ml per flush heparin)PAH: 158 doses Jan-April, $13,671.42 (heparin 5ml/100u)PKR: 36 doses Jan-March, 75% were from PICC lines (saline)SAN: 84 doses, $7286.16 (heparin, use 5ml/10u)AAH: 5 doses in the ICU for central lines, 16 times in m/s for PICC lines (use saline)PSF: no data available due to new attendees, will bring next meeting (use saline)SASMC: no utilization (unsure)STM and SAH: use salineAAH did a study and found that it was an administration technique finding not heparin versus saline that impacted TPA usage. Was a 12 month study, large N. Annette Tinker is the pharmacist who did this project.Infusion nurses’ society evidence has been looked at. They recommend use of heparin. Data between heparin and saline not strong enough to change practices; however, patient risks need to be looked at and consider that it may not be appropriate to standardize (ie, trauma patients).  | Infection control understands central line days. Focus on inpatient. Need total central line days added to data, please bring for next month.Next Steps: July agenda item.Figure out correlation between heparin, saline, and TPA usage, evaluate costs, nursing administration techniques, frequency of flushing, brand of suppliesJuly agenda item. |
| **10:00** | Hot Pack Policy Update | No progress yet.  | July agenda item.  |
| **10:10-10:20** | Communication with CNOs of CNPC activities/work | PAH: scheduled appt with CNO every month to discuss activities; discuss and coordinate efforts system wide; Sharon mentors and guides what to bring to CNPC and to the hospital practice council; very available via email and phoneSMC: meet with CNO every month, 30 minutesSASMC: meet with CNO post CNPC meetingsAAH: ongoing communication with CNO and UBCs, meet with CNO, meet with UBCs and keep action items on the agendasPSF: update at local NPC meetings; information goes to CNO via council leadership PKR: meet monthly with CNO and NPC to pass onto UBCsLAH: updates at NPC where the CNO attends, email minutes to CNOSAN: report out at NPC (CNO attends)Long term: CNPC should put a powerpoint together at the conclusion of the pilot projects on the outcomes and findings to share at local facilities.  | Kryssy will put a draft of a tip sheet together for the July meeting. Group will add to it; focus on who is your mentor.Kryssy will contact SAH—Lisa Strate, Mercy (Nancy Hoyt is CNO)Falls information meeting may need to be in person—September, Inverness, add some relational activities to the agenda  |
| **10:20-10:30** | ALL: what is needed to increase CNPC participation? | * Attend NPC meetings to recruit attendees, let CNOs know we need attendance; be sure to pick the right representative to attend; look for volunteers; highlight achievements of the group and current projects (Tiffany and Kryssy volunteered to attend NPCs at the local entities)
* Group discussion included the importance of the CNO having the expectation for attendance and participation in this meeting; Negotiate with CNO
* Read minutes
* Get night shift representation on this council

Support needed to be prepared for the meetings would include paid time to prepare for the meetings, understand medisolve (instructional class in a computer room); help with things like literature searches, mentoring at the local level to learn how to perform in this role of the CNPC member; access to CNO business support to help get data to bring to the meetings, CNO guidance on where to go locally to get the information needed for the CNPC meetings, orientation to who the local resources are; develop an orientation checklist to the council; council survivor guide (PAH model). Discuss rotating the meetings as a possibility? Group decided that conference calling with central location is still best.  |   |
| **10:30** | Round robin | PAH: please add Kathy Bradley to distribution list for policy workSAN: CPOE, new medical pavilion, lot of leadership change over so in a stage of building relationships and trustLAH: IV safety, new IV pumps that are being trialed; new shooting star program thru HR to retain staff—assign mentors to new associates; patient privacy code rolloutAAH: discussing formation of hospital wide NPC; scrub discussion, BP cuffs per room; identified 12 areas where education and standardization around policies exist—will be working on education of thesePSF: 2011 annual report just came out; applying for Magnet next month; Tim Porter O’Grady; new IV pumps; Vicky GeorgePKR: hired a magnet coordinator; going to South Dakota next month to look at a senate model of NPC; staring quarterly magnet nursing awardsSMC: finalized nursing symposium agenda, posted on MVW | Tiffany will tell Kathy Bradley to read CNPC minutes and agendas |