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| **Present:** Brenda Molencamp Mgr. RN BSN, Connie Brown Bus.Support III, Donna Brown US/CNA, Roger Crawford RN BSN, Tikki Cribb US/CNA, Katie Crosen RN BSN, Alysha DeLaurell US/CNA, Lynia McKethern US/CNA, Amber Johansen RN ADN, Karen Jordan RN BSN, Kari Knox RN BSN, Sally Koch RN BSN, Bobbi Lahey RN BSN, Tammi Lukken RN ADN, Millard McKee RN BSN, Meghan ODonnell RN BSN, Sarah Santos RN BSN, Beth Snook RN BSN, Kara Sparks RN BSN, Stacy Spengler RN ADN, Dawn Stelly RN ADN, Joy Turner RN BSN, Sandra Zeigler RN AND Highlighted Staff are present. |
| **Agenda Items** | **Discussion** | **Action** | **Who**  |
| Reflection | Brenda read a reflective article to the Staff  | Do you believe that there are no accidents in life? Every person we meet will have a purpose in our life. |  |
| Haloes for Heroes Award | Andy Barton, a development officer with the Fundraising Department at the Foundation presented the 10th floor Staff with a Halo for Heroes award. See Page 3 Highlighted Minutes demonstrating staff advocating for resources | A Halo for Heroes award is presented to a Unit when a patient who received exceptional care on that Unit, makes a donation. 10th floor RN’s and CNA’s received the nomination in November, 2012. Andy informed the Staff that the care was excellent and told the Staff “You are all the best, congratulations!” A Picture of the Staff was taken and it will be sent to the donor. |  |
|  Nurse Practice Council | Karen Jordan is the Units representative to the System Nursing Practice Council. Karen reported on the last meeting to the Staff. | We will be applying for Magnet in June/July, 2013 and want to promote and recognize professional Nursing practices, and good outcomes. We need to focus on Pain management, discharge information, and quietness at night. We will be working on Telemetry policies and will be looking at the business flows and ways to get reimbursement. CAUTI audits show that we need to empty Foley bags if they are above 400cc and also prior to a test. Be sure that there are no loops in Foley tubing. IV Stat Locks must be used on all of your patients who have an IV. **LOOK** which stands for **L**ocate to the bedside, **O**btain goals, **O**bserve patient and **K**eep it timely is a face to face open EMR bedside handoff report that oncoming and off going RN’s will use with the implementation of CPOE. Both RN’s will go to the bedside with the WOW and check the Physicians orders, upcoming labs, procedures/tests, vitals, etc. and will interact with the patient and the patient’s family whenever possible. It should take 5-6 minutes per patient for a total of 30 minutes. Watch for more information. It was suggested to check with Porter to see how they are doing this. Karen looked into what the Unit could do for a winter community project. She reported that the Salvation Army Soup kitchen and shelter are both in need. They could use gloves, hats, blankets, coats, etc. and packets of sealed snacks such as granola bars, crackers, etc. Karen will deliver the collected items a few days prior to Christmas. A box will be provided and it was noted that the Infusion Center would like to participate also. | Nursing Staff |
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| Unit Practice Council | Kari Knox reported to the Staff on the last Unit Practice Council meeting. | We will draw for Secret Santa today at the end of the Staff meeting. Gifts will be in the $5.00 to $10.00 range. Kari will send out an e-mail to find out the participants likes and dislikes. The Unit Practice Council meets the second Monday of each month, most times in the morning. We will post the meeting dates/times in the lounge. Notes from the meetings will be placed in your mailbox. If you have ideas or suggestions for the meetings please put them in Kari’s mailbox. A pulse ox is available that you can leave on the patient’s ear to check their O2. Kari will call Tracy Fyfe, our Chain supply rover to have these stocked on the Unit. They will be stored with the O2 cannulas.  | Nursing Staff |
| Magnet  | Sally Koch, Magnet Champion, reported on the last Magnet meeting to the Staff. | We have a board by Brenda’s office that we will update monthly on Nursing Practices and how they apply to Magnet. Know the information on the board. The deadline to submit paper work to Magnet is April1, 2013. If they are happy with the paperwork they should schedule a site visit for a few months later. The Magnet survey team will talk to Staff, not management. Everyone involved in patient care needs to understand what we are trying to strive for. Deb Nussdorfer, Magnet Coordinator would like you to e-mail to her short stories on teamwork. They need to only be a couple of paragraphs long. Deb Nussdorfer presented Magnet to General Leadership yesterday. She announced that we should expect Magnet to be here in June/July, 2013 to do their survey. | Nursing Staff |
| Skin | Sandy Zeigler is our Skin representative. A Skin Prevalence study was completed on November 15, 2012. | No pressure ulcers were reported during the last Skin Prevalence study. Be sure to document when you turn your patient and if your patient is on a specialty bed. An issue involving a patient who came in with an exposed wound that been on a Wound Vac at home was discussed. This type of wound must be covered and needs a wet to dry dressing on the wound. Document if the patient refuses to move to have a dressing put on. There were no Foleys on the day of the study so there was no CAUTI information to report. It was reported that patients like the new softer O2 tubing. The next Skin Prevalence study will be in February, 2013. | Nursing Staff |
| Medi-Tech | There was a three hour Medi-Tech Med-Surg kickoff meeting held yesterday.See Page 3 Highlighted Minutes demonstrating staff advocating for resources | There will be several more meetings prior to CPOE. Information was given on the admission process. Physicians will be able to reserve a room for a patient. We will go back to putting patients in a temp bed. This will eliminate having to do a transfer Med-Rec. RN’s will have to acknowledge orders and will have to know how to enter orders. This will include Medication orders which the Pharmacy now enters. On Medication orders that are entered the Pharmacy will verify/approve them (they will be in the EMR) and the RN will acknowledge them. It will go from unverified to acknowledge and then ok to give. When you acknowledge the med order you are not verifying if the med order is right or wrong, only that the Physician put the med order in. (In the future we will use/send clinical messaging instead of a Med Gram.) The Unit Secretary will monitor /audit the screen and will look for new orders coming up and will edit if needed. Physicians will put their consults in but we will still have to call on consults for non-physicians. Consent orders will stay on paper and there will still be a hard copy chart. The Physician will put in the discharge orders, the Unit Secretary will put them into the discharge pathway and the RN will acknowledge and teach them. Expect to be calling Physicians, especially initially to clarify orders. If you ever have any question regarding a patient or a patient’s order be sure to call the Physician. It will get easier as Physician’s and Staff do the process. There will be no more written orders. They will all be telephone, verbal, or Physician entered orders. On a telephone order you cannot hang up until you file the order. The Physician has the capability to enter orders from their home computer or another application. If the Physician is on the road driving he/she will need to call you. The goal for Physician entry is 85%.There is a scheduled Train the Trainer Super-user meeting in January, 2013. All Charge RN’s will be super-users. Watch for more information. You should practice now by entering as many of your own orders as you can and acknowledging them.  | Nursing Staff |
| CPOE | We will go live with CPOE on April 2, 2013.  | Super-users will be scheduled for each shift for the first couple of weeks to help Staff and Physicians. There will be a command center set up with people from other facilities to help out. They will be floating around and will be available by phone but will not be here on the Unit. | Nursing Staff |
| TJC | The Joint Commission surveys a Hospital every three years. | We will be due for a routine survey in May, 2013. | Nursing Staff |
| Communication Book | Brenda asked how the Communication book, located at the Nurse’s station, was working. | Everyone seemed happy with the concept and the information that it contained. It was announced that an IV access flyer will be put in the Communication book. | Nursing Staff |
| Influenza  | Pneumococcal and Influenza vaccinations are core measures that we track.  | Be sure to answer all questions in the Influenza Past History intervention. It will ask if the patient has had an Influenza vaccine. If you answer yes you need to put in the right date. Ex: it should have been given in Sept/ Oct 2012, not in 2011. If it is confusing be sure to ask about it. Read your Pneumo literature. A Pneumo vaccination should be given every 5-7 years. If the patient is concerned about the cost of the Influenza vaccine and thinks that they could get it cheaper at the grocery store, inform them that the cost is the same everywhere. If you hit no exclusion it generates a sheet that goes to Pharmacy and generates an order. Just put the date the patient received the vaccine. Sometimes there is a glitch in the system and there is a computer error. If this occurs or if the order doesn’t look right let Brenda know. We will be giving the influenza vaccines until April, 2013. | Nursing Staff |
| Scan rates | 10th floor has been doing a great job on Medication scan rates. Our goal is to have a 95% scan rate. We have been at 98% and are currently hovering around 96%. | We have had problems with computers being slow due to upgrades. If the Medication is not scanning for some reason you need to figure out why. You need to stop and check why it is not scanning. Make sure it is the correct medication. | Nursing Staff |
| Patient Channel Guide | Every patient should be given a patient Channel Guide and a “Welcome to 10th Floor” informative Unit flyer. |  | Nursing Staff |
| Transport Discharge | Brenda asked the Staff how the new Transport discharge process was going. Let Brenda know if you see any problems occurring with this process.Highlighted Minutes demonstrate staff advocating for resources | You can still take your patient out if Transport is busy. It was stated that because of the new discharge practice of taking patients by way of Finance on their way out, patients have benefited by being informed of other options on how to pay their bill. If Finance requests patients to stop on their way out there is a reason. They will not need to stop if they have met their deductible, etc.  | Nursing Staff |
| Education Calendar | A Centralized Education Calendar will be set up in My Virtual Workplace.  | Staff will be able to check to see what education is available at a glance. | Nursing Staff |
| Med-Rec | The ED has hired more LPN’s to complete Med-Recs. | LPN’s will be available for 7days /20hr coverage per week. It is still the RN’s responsibility to check the Med-Rec for completeness. Ex: last dose.  | Nursing Staff |
| LEARN | There are several LEARN modules due on Dec 30, 2012 & Dec 31, 2012.  | If these LEARN modules are not completed on time you will be suspended. | Nursing Staff |
| Telemetry Algorithm | The Telemetry Algorithm is changing.  | Certain scenarios/problems will keep you on the phone. You must get the Telemetry box on your patient within 30 minutes of being ordered. | Nursing Staff |
| Bladder Scanner | 4th Floor received a Bladder Scanner that was purchased from a grant by the Volunteer Association. It will be shared with 10–North and will be kept in the North Med Room on 4th Floor. There is a sign out/return log book that you will need to fill out whenever it is borrowed. | A Blanket warmer was purchased for 10-North from a Volunteer Association grant and will be coming soon. It will be kept next to the Pyxis. Room #1010-1 can no longer be a storage room. The O2 has been moved to a closet and Linen will be kept in the closet across from Room #1003.  | Nursing Staff |
| Bed alarms | In order to help prevent Falls we want our bed alarms to be set to “zero” delay.  | Brenda asked the Staff if they knew how to change a bed alarm to a “zero” delay setting. You will need to open up the battery box and take out the batteries. You can change the delay setting there.  | Nursing Staff |
| Monthly PFD Audits(Performance Feedback Development) | Brenda keeps track of PFD Goal performance on an audit sheet for each Staff member.  | She will meet with Staff starting February 1, 2013 to review PFD goals. Completion of your goal tasks and meeting PFD goals will determine how you will get a pay increase. We need to look at improving HCAHPS scores, responsiveness of Staff, Hourly Rounding, etc. You need to document accurately. Do not click/drag on Hourly Rounding documentation. We need to make sure that we are doing the 3 P’s of Potty, Pain, Position. We will look at your Share cards goal for teamwork, your Magnet goal –what you are doing to achieve Magnet.  | Nursing Staff |
| Tympanic Thermometers | A Tympanic thermometer will typically read low if the tip is dirty. | If you have an issue with a Tympanic thermometer reading low clean the tip of the thermometer by squeezing a few drops from an alcohol pad on to it and then wipe the tip clean with a tissue. Be sure not to leave any alcohol residue on the tip. | Nursing Staff |
| Equipment | Brenda asked the Staff if there was any equipment needs.  | The Staff responded that they would like more Suture removal kits available on the Unit. The par will be increased to three. The staff also asked if they could have a Thoracentisis kit and some sterile gloves. It was voiced that it would be nice to have wall mounted manual BP Cuffs in each of the patient rooms. Brenda reminded the Staff that initially they voted not to have them as they wanted use the manual BP robot cart. It was decided that Connie would price 12 wall BP units. Tracy Fyfe would need to count and keep a par of parts available for these BP wall units. | Nursing Staff |
| Question/Concerns | Brenda asked the Staff if they had any concerns or questions. | The Staff had no concerns or questions. | Nursing Staff |