Angeles, Evelyn G

Who are the members of your group? Megan Tullis Evelyn Angeles Meghan Vesely Miho Dicke Marcie Winslow Who did you talk to? Physicians: Cardiothoracic Surgery Group How was it presented? We established a meeting time with the physicians’ assistants (Scott and

11:37 PM

**TL5-3**

**CVU UPC: Nurse Physician Relationships**

**Date: January 2012**

**Present: CVU RNs:** Megan Tullis, Evelyn Angeles, Meghan Vesely, Miho Dicke, Marcie Winslow

**How can CVU and the Cardiology Physician Group improve or enhance our working relationship to help give our patient care the best care?**

CVU asked the cardiac group if there are any areas of improvement regarding communication after hours and if there are any specific problems they are seeing at patient follow up visits that we need to focus on.

Paging them close to after hours are no problem even if the on call is in OR. A group page is sent out and sometimes we might get more than one call back.

Shannon said she has been getting a lot of phone calls from patients regarding the groin incision from minimally invasive valve repairs. She asked us to reiterate during discharge to the patients what is and is not normal. The groin incision will typically develop a hard lump composed of scar tissue and products used to seal the incision in surgery. Therefore it is normal for the patient to feel a golf ball size lump a few weeks post op. It is not normal for the incision to develop extensive bruising, increased pain, or any s/s of infection. Also tell the patient to call the office if they are experiencing pain/numbness/tingling in their leg. Chest tube sutures from OH mediastinal tubes are ok to dc after 24 hrs of CT removal. Thoracotomy sutures can stay in till they see the patients for follow-up in the office.

The group was very complimentary of CVU staff. They feel our staff work well together and with the group and are competent and reliable. From their observation, we have a good patient to nurse ratio (4:1). This allows the opportunity for us to care and able to walk our open heart patients more to ensure good outcome.

They have a request to remind staff to bundle the calls especially on week-ends. They have no problem with night calls and since our Afib protocol was implemented, it helped tremendously with the calls on nights.

The last topic we discussed are the upcoming changes to the cardiac group. They informed us that a third PA, Michael Young, will be starting mid-May. He is from North Carolina and has 10 years of experience mainly in the operating room. We asked them to keep the communication open and update us with changes within their group so that we can keep our heart program running smoothly.

 Dr. Mehall added in a separate occasion that the new surgeons will probably not start till June. We might see 2 female surgeons (not confirmed for now), one thoracic and one heart surgeon, they both have experience, plus one that's straight out of school. He assured us, even with new people coming on board, our heart program and the way we do things will not change because it has been working well.

**Next Steps:** Nurses will schedule brief visits to cardiology offices to meet with staff to build relationships and improve communication.