

Staff Meeting Minutes
June/July 2013

Rounding Program

-Kurt attended the meeting to discuss administrative rounds -Kurt rounds on 3W on Monday and Friday and Hazel on 3E on those same days -Elizabeth rounds on Wednesday -Round on all patients who have been in for 1 or 2 days

-Feedback:

- Overall has been very positive
- Many comments regarding how much things have improved over the last 2 years Positive comments on outstanding teamwork Areas of focus:
- Response to the call lights
- Food-not liking what they received/cold
- Loud noise, especially at night

Open positions/staffing

-We were able to open some frozen positions so there is one FT D/E RN opening on both 3E and W - These will backfill the 2 news Charge Nurses
-3 new RN's starting over the next 4 weeks

Morehead

-Attached are the action plans that the teams came up with
-We will continue to work on these areas over the next several months and I welcome your continued feedback and suggestions

2013 Goals

-Per our discussions the areas of overall goals for 3E/W are included via attachment

Value of the Month

-Each month starting in June we will be focusing on a Value
-Make sure you are recognizing your fellow associates for their continued good work

- June: Commitment
- July: Action
- August: Respect
- September: Excellence
- October: Service

Phlebotomy Changes

-As of July 1st, 2013 the phlebotomists from the lab are only available for emergency situations when a lab draw is needed
-Please utilize the other individuals on the floor or other floors to assist you in getting the labs drawn

Lean Documentation

-Kate Youngs, Kathy Wethington, and Laurie McFetridge are the representatives from 3E/W on the committee looking at how to streamline our documentation and ensure that RN's and PCT's are able to be leaner with their documentation so they can be back at the bedside

- The rounding tab was taken off paper and back in the computer and specific areas are to be documented by the PCT
- Data will be coming around to determine the compliance with getting rounds documented q 1 hour during the day and q 2 hours at night

Admission Skin Assessment

-Beginning 7/15/13:

In an effort to get a more thorough skin assessment completed on admission and to ensure we do not miss any breakdown that a person comes into the hospital with we will be making some changes to our current process. Thank you to those who attended the staff meeting and discussed this process change.

- When a patient is admitted and the RN is going in to conduct the head-to-toe skin assessment a PCT (or fellow RN) will accompany the RN in and they will work together to thoroughly assess the skin together and ensure proper documentation of any breakdown.

This change is being made in response to the quarterly skin assessment that is done for NDNQI. Each quarter for the past 3 quarters Alice Mann has discovered breakdown on 3W. Although we suspect this was present on admission we cannot prove it unless the documentation supports it. This past quarter one patient had a stage II and after a careful review of the documentation and timeframe since admission we were able to determine this was present on admission.

Please let me know if you have any questions as we move to this new process. I will be gathering feedback at the next staff meeting and will be rolling this out to 3E in the coming months.

Hospitalists

- Discussion on transition occurred and feedback was gathered
- Ongoing recruitment is occurring for open positions

Daily RN/PCT Huddle

-Beginning on 7/22 @ 7am and 7pm

-This will be less than 5 minutes and will be a review of patient alerts that all staff on the floor need to know about

-A PCT from each shift will be identified as the "Spokesperson" and will be responsible for gathering the information and reporting it to all members of the team

-Bedside report will occur immediately follow the huddle

-Areas of focus for the huddle:

- High risk patients for falls/injury/etc.
- Patients w/
 - Foleys
 - Central lines
 - Ostomies
- Patients going to tests
- Potential discharges
- Sensitive patient information (do not give information to this family member, patient X has cancer and they are telling them today, etc.)

Open Items

- Not enough SCD pumps available
- Difficult to locate after hours as they are located in the PACU
- Elizabeth to meet with MM to see about getting more and SRS to change location of pumps