

Agenda

Nursing Practice Council OB Conference Room 7/17/13 9:30 AM

Present: (Bolded)

Adrian Hordon, Alice Brocklebank, Barbara Coleman, Bronwyn Ship, Cathy Crosby, Cathy Habberfield, Deborah Jones, Debra Bott, Diana Ellison, Elizabeth Alexander, Hazel Robertshaw, Kathleen Mancini, Kathy Roeland, Kathy Wethington, Laurie Erb, Linda Corbett, Lisa Maier, Nancy Moore, Paula Shoff, Ragan Stevens, Rebecca Dey, Sheryl O'Neill, Tammy Giamei, Teresa Trank, Virginia Henry, Wendy Schultze

Excused:

Hazel Robertshaw, Kathy Wethington, Lisa Maier, Ragan Stevens

Agenda Topics (Bolded items are Standing Agenda Items)

1. **Director/Manager discussion** 9:30am
2. **McKesson (Wendy Hurley-Schultze)** 10:00am
3. **Adrian Hordon** 10:30am
 - **Magnet Re-designation**
 - **Clinical Education updates**
4. Tube Feed Orders and Order form (Cathy Crosby) 11:00am
5. Stress Management & Self Care (Diana E. & Randy J.) 11:30am
6. **Value Analysis Team (Joanne Dreywood)** 1:00pm
7. **Infection Prevention (Gloria Karr)** 1:30pm
8. **Morehead action plan (Paul Sandroni)** 2:00pm
9. **Policy Manager** 2:30pm
10. Miscellaneous/Round Table discussion 3:00pm
 - Approve last month's minutes
 - Associate title badges
 - Color code for hospital staff DIG
 - PAS continued status for Cathy Crosby
11. **Director/Manager Discussion** 3:30pm

1. Director Discussion/Round Table/Miscellaneous

- Recliners ordered. Will be here soon.
- Nurses’ Week 2014 – have ceremony @ cafeteria instead of venue? More RN’s able to attend. Evening time or maybe a morning/breakfast ceremony? NPC members to get opinions from unit associates.
- Nurses’ Week gift – council offered possible suggestions for next year to include in budget (ex. Badge pulls, coffee vouchers)
- FLRA (Finger Lakes Research Alliance) – support research in Finger Lakes areas. (FFTH needs to be doing research in order to qualify for Magnet) Research project needs to be approved & in place in order to apply for FLRA.
- The Safe Patient/Resident Moving & Handling clinical practice policy was emailed to council members. Please read/review policy prior to August NPC meeting. Curt DeWeese will be joining the council in September to review & get suggestions from council.

Conclusions: Informational

Action items: As above

Person responsible:

Deadline:

2. McKesson (Wendy Hurley-Schultze)

- CCS team to start meeting next week – filter info to units
- Hospitalists have started CPOE & electronic progress notes
- Version 12 coming in September for Paragon – go live 12/4/13 (training will be done) – potential rid of yellow paper
- Hypoglycemia tab will be built next week
- Nephrology group starting 8/1 – starting hemodialysis patients (M-W-F, inpatient only)
 - Will be in the old APU
 - Contract group is being brought in for Nephrology, training on some McKesson to be done.
 - They have a main form they use that has been built & being put into Access
 - Estimate 50 patients/year FFTH has to transfer to another facility because FFTH does not have dialysis currently

Conclusions: As above

Action items: None at this time

Person responsible:

Deadline:

3. Adrian Hordon

Magnet re-designation:

- Magnet book has been released & will be here within a week

Clinical Education Updates:

- Best practice showcase – process improvement (this can be something units are currently working on that they want to showcase & get credit for)
 - OR thinking of SCIP

- 2W thinking of Press Ganey scores improvement
- DI thinking of Feeding Tubes
- Need to answer 1. Who we are 2. What is the problem 3. What is our process of how to improve 4. What is our outcome
- August – have council members units bring back ideas for their showcase

Conclusions: As above

Action items: None at this time

Person responsible:

Deadline:

4. Tube Feed Orders and Order form (Cathy Crosby)

There are 2 new tube feeding order forms that were created with the goal of providing quality care to our tube fed patients and to better communicate the care and maintenance of each type of feeding tube.

The form is found in the repository and will be initiated by the dietician upon their consulting with the patient. They will fill in their recommendations based on the patients nutritional/fluid needs. The dietician will place the form in the orders section of the chart. Once the physician has reviewed it & made any revisions, they will sign the form. The form “DOES NOT BECOME AN ORDER UNTIL SIGNED BY MEDICAL PROVIDER”.

The literature identifies improper flushing as the number one cause for clogged feeding tubes. Manually flushing the tubes with an adequate volume of warm tap water (sterile water if the patient is immunocompromised or the tap water quality is questionable) can help to maintain patency of the feeding tube. The dietician will recommend the 24 hour need for water and the doctor may modify the volume based on their medical history. Flushes will be ordered with a volume and a frequency. Nursing judgment is required in managing the volume of flushes given in between each medication and throughout the 24 hour period as well as documenting and maintaining an accurate I & O.

Many of our tube fed patients are unable to speak for themselves. As a healthcare team, we are their advocate and their voice. Let’s work together to minimize the clogging of their tubes by providing quality care in the maintenance and patency of their feeding tubes.

Conclusions: As above

Action items: None at this time

Person responsible:

Deadline:

5. Stress Management & Self Care (Diana E. & Randy J.)

- How do we fit in time to every day, every hour for self-care vs. when we may be able to fit it in?
- Associate Satisfaction survey – learned many associates have chronic medical issues
- Many are task oriented, there is little to no time to take care of themselves which have negative consequences.
- How do we make this better? Asking NPC how do we take care of ourselves & our associates? How do we improve self-care?

Conclusions: As above

Action items: None at this time

Person responsible:

Deadline:

Extension Sets and IV Ports:

Judy H. has heard complaints regarding the new extension sets in that they roll, or the line is breaking. This may not be a quality issue, but an education opportunity. Judy H. confirmed that she will not endorse a new item being trialed because of the cost. Our current item, which is on contract, is the power extension sets at \$1.49 each. The new item being trialed is \$2.60 each, which is not cost effective. Tom W. mentioned that VAT will not make Clinical decisions. What we do is research all products, bring samples to the table, and encourage staying with a lower cost if possible.

Comments provided by Nursing Practice Council members:

The saline lock where it attaches to the catheter disconnects and can contaminate the site. It is also hard to connect and secure and pinches the patient. The previous luer lok did not have this problem. However, it was the hub on the luer lok that was the real issue. It is too short to connect. The tubing is also very stiff. It was reaffirmed that high-flow tubing was requested to avoid blow-out.

It was noted that DI and CT did not experience any problems.

A comment was raised on the current IV Kits to remove the orange tourniquet as it frequently slips off the patient's arm. The preference is for the blue tourniquets. The 2 x 2 is not necessary as the quality is poor. The weave is too wide to absorb. The non-woven kind is preferred. The kit itself only needs to have the securement device, dressing, prep and tape.

Judy H. mentioned that white tourniquets are 14 cents each and the preferred blue (which are on contract) are 8 cents each. A sample of the blue tourniquet was passed around to members where it received positive comments.

Judy H. also brought to the meeting information on the PICC lines. Our current PICC lines are \$93.47 each. A new antimicrobial line (\$100.00) with a coated guide wire (\$36.00) would make this new kit \$136.00. This may lower the risk of clotting and decrease the risk of infection. Judy H. to contact representative Jim Burrell, to get two sizes to trial, as the cost is worth lowering the risk. This will be re-assessed at next meeting. She also noted, in October Arrow will have PICC lines that include the guide wire. Judy recommends that we wait to trial these products first.

Open Discussion:

Gloria K. commented that the current isolation gowns are not providing the best coverage. She would like to get rid of the "thumb hole" gowns. She suggested going back to Medline to review their products. Judy H. will look into PremierPro to obtain samples of new gowns. As of 8/13/13, Judy noted that we now have new gowns from PremierPro and the clinical areas should be seeing them soon.

Per the ICU, in 2014 the DOH will require any oral medications to be dispensed in an oral syringe. The Pharmacy only has preloaded oral syringes in 10 cc or 20 cc. Judy H. to schedule Cindy Matthews from Covidien to come in and discuss this issue to meet the new DOH Guidelines.

Conclusions: As above

Action items: None at this time.

Person responsible:

Deadline:

7. Infection Prevention (Gloria Karr)			
<ul style="list-style-type: none"> • 2 units had 100 days without infection • Colon & knee SSI last 100 days • Vent pneumonia – none • Critical care/hospital – no central line infections • More cleansing/care maintenance now (ex. Cleaning ICU patients daily w/ chlorhexidine) • Foley Cath/UTI – ICU had 1 • 3E pts with Central line infections – using new bath basins every day = help to decrease # of infections (3E – trail) 			
Conclusions: As above			
Action items:	None at this time.	Person responsible:	Deadline:
8. Morehead action plan (Paul Sandroni)			
<ul style="list-style-type: none"> • So far NPC believes the new hospitalist program has been wonderful to work with • Still looking for an additional MD extender (mid-level) • Goal – 3 MD’s, 2 mid-levels during the day <ul style="list-style-type: none"> ➤ Possibly having a staggered time mid-level to help cover some evening hours • Hospitalists say nursing has been supportive & communication is open • Still looking for Hospitalists medical director 			
Conclusions: As above			
Action items:	None at this time.	Person responsible:	Deadline:
9. Policy Manager			
CC.03.002 Therapeutic Phlebotomy (Infusion Center) CC.11.003.03 PICC Line Maintenance (DI) CC.11.002.01 Central Venous Access Devices, Guidelines for Insertion and Use of (DI) CC.11.004 Porta Cath, Implanted Venous Infusaport (DI) CC.13.002.06 Patient Controlled Analgesia, PCA (SCC) HR.06.002.19 Competency, Clinical, FFTH Nursing (Rebecca & Adrian)			
Conclusions: As above			
Action items:	None at this time.	Person responsible:	Deadline:
10. Miscellaneous/Round Table discussion			
<ul style="list-style-type: none"> • Chris Dailey – new Pharmacy Director • Trial of having a pharmacist on the floor (on week 3 now) going very well (clarification of dosages, put in orders/CPOE, education @ discharge with patient, go to rounds) hopefully will be on all units including ED. 			
Conclusions: As above			
Action items:	None at this time.	Person responsible:	Deadline:

