

Emergency Department Staff Meeting Joshua Kulp, Interim Director of Emergency Nursing	June 12th 2014
In Attendance	7AM: Brianna Lyke, Sherry O’Neill, John Weidenborner, Patti VanAuker, Rosie Gutierrez, Kelly Moore. Excused: Brian Moore
Congratulatory!	Dominique Dupont has completed orientation! Good work Dominique
New ED Assignments	Due to the high volume and improved productivity scores, we were able to add some hours to adjust the assignments and help with staffing. This will provide more nursing and tech coverage during the Tuesday-Thursday schedule. C-Pod will be scheduled to start at 0900 and remain open until 0100. There will be tech coverage for those times as well. The K shift will become a float position for those days. The K shift is being adjusted to 11:30-MN to help the evening portion of the shift. This will help with ED flow and provide extra staff to assist with the changes that will be starting over the next few months. In order to continue the additional staffing, we must keep our productivity balanced. This means that we must be vigilant and send people home when the census gets low. If we do not stay vigilant with staffing to our census, we will not be able to keep the increased hours.
Direct Bedding Procedure	There was a discussion of the Direct Bedding Procedure that will start 6/16 at 0800. This new process will be used to improve patient flow and provide another nurse in the back to help with patient care when there is no one to triage at the time. Attached is the policy on how this is to be implemented. To help with this process, the laptops in ED have been updated and can be brought into the patient rooms to complete the triage process.
Pyxis Upgrade	The Pyxis upgrade has just been completed. Let me know of any issues you are having so they can be addressed. ED RN’s are responsible for checking for and

	<p>resolve discrepancies every shift. The best practice is to look for a discrepancy when you enter the med room to get a medication. This will be indicated by an icon on the top center of the Pyxis screen. If you see a discrepancy occur when you are counting medications, you need to get someone to help you resolve it at that time. Discrepancies are easiest to track and resolve when they are first discovered. If you need help with this process, please contact me.</p> <p>All controlled substances need to be accounted for. If a controlled substance is removed for a patient, you need to document in the medical record the dose administered. If the dose administered is less than the dose dispensed, then the unused portion needs to be wasted and documented in Pyxis. All controlled substances need to be wasted at time dispensed unless it is an emergent situation. If the dose is not used, it must be returned to the Pyxis.</p>
DOH Visit	<p>Recently the NYSDOH came to the hospital for an unexpected visit in response to a complaint in the inpatient unit. During their investigation, they looked throughout the hospital. Their evaluation was very positive. The only issues they brought forward was that we were missing required EMTALA signage in the ED, OB, and ICU and that verbal orders were not being performed correctly.</p> <p>We have corrected the signage in the departments. Verbal orders are only to be used in emergent situations. If they are used, you need to make sure the ordering provider signs the order as soon as the emergent situation has resolved. Verbal orders cannot be used for any other situation.</p> <p>They were impressed with the care they witnessed here. Even when they were here during 3 very high census days for both the ED and inpatient units. This validates the excellent care that we provide our patients.</p>
Code Black Drill	<p>Week of 6/23.</p> <p>Please review the Code Black Policy that was sent around and become familiar with locations in the ED that would be good as escape routes, or for hiding.</p> <p>During the drill, evaluators may come around and</p>

	<p>ask how you would respond in a real situation. Please take the time to talk to them about this.</p> <p>This drill will only involve discussing actions for our department. We are not expected to stop patient care or act out our response during this drill.</p>
<p>Proper Disposal of Sharps</p>	<p>Over the last month we have had multiple episodes of sharps not being disposed of properly. The blue urine cups have a needle in them and cannot be thrown into the garbage. They need to be properly disposed of in the dirty utility room. If a needle is used, keep track of it and dispose of it in the sharps bin. Needles have been found under beds and under IV carts. You know when you use a needle. When you open a needle, you own that needle until it is disposed of properly. Account for it safely and dispose of it correctly.</p> <p>Also, fluids cannot be thrown out in the garbage. Fluids need to be disposed of in the hopper in the dirty utility room. No one wants an unknown liquid spilling on them when they are changing garbage, don't put ES in a situation where this could happen to them.</p>
<p>Rabies Vaccination</p>	<p>The highlights of the education sent by Ontario County Public Health was discussed and reviewed.</p> <p>All RNs are required to reply to the email sent earlier by Josh to indicate they have read and understand the policy.</p> <p>The Rabies HRIG does needs to be infiltrated into and around the wound. This is done by the MD/PA. If it is not possible to infiltrate the entire dose, the rest of the dose can be administered at a site distant from the vaccine.</p> <p>Rabies vaccine should never be given in the gluteal area.</p> <p>Rabies vaccine should never be administered in the same muscle as the HRIG. It can be given in the same limb as long as it is a different muscle (e.g. HRIG in a bite wound on the hand, vaccine in the deltoid muscle of that same arm)</p> <p>If you have any questions about this, contact me for clarification.</p>
<p>HIV Law Changes</p>	<p>Recently, NYS has changed the law regarding consenting for voluntary HIV testing. We need to ask all patients between 13 and 64 if they want the test performed. We no longer need written consent for this, do documentation in T-System is adequate. We</p>

	<p>need to document either a consent or declination.</p> <p>All patients within the age range need to be asked at least once. This information is recorded in McKesson under the alert button. If you do not see it there, you will be required to ask.</p> <p>This requirement will be audited for compliance.</p>
Misc:	<p>ED Stretchers:</p> <ul style="list-style-type: none"> • We have purchased 6 new ED Stretchers. They should arrive at the end of June or beginning of July <p>T-system Update:</p> <ul style="list-style-type: none"> • Go Live has been pushed back to early August, but everyone still needs to complete the required online training. Now is the time to do this. There will be classroom education as well and those times will be announced as soon as they are finalized. There is enough work to do on the project, don't make chasing you around to complete your education another task. <p>Comments in T-System:</p> <ul style="list-style-type: none"> • Please initial all comments in T-System so we know who is saying what. This will improve communication between us. <p>Vein Viewer:</p> <ul style="list-style-type: none"> • There is limited use of the vein viewer in the ED. It will be moving to the ICU where they have more of a need. If we need it for a particular patient, we can send someone to the ICU to get it as long as we bring it back when done. <p>NDNQI Survey:</p> <ul style="list-style-type: none"> • This is currently open. Take a few minutes to complete this.
Additional Discussion – Round Table	<p>DI:</p> <ul style="list-style-type: none"> • Leaving transfer sheets under the patients causes discomfort and decreased satisfaction. Josh will contact DI to see if we can work a plan to remove those sheets.

	<p>Transport:</p> <ul style="list-style-type: none">• Does the transport team need to use 2-3 transporters per patient when we are busy. It would improve flow if they each took a patient during the busy times.• Josh to follow up with the transport department. <p>ES:</p> <ul style="list-style-type: none">• There are times when urinals and urine cups are left in a room after the room has been cleaned. ES does not empty full fluid containers such as these. If you are discharging a patient, please take a moment to make sure commodes, urinals, emesis basins, UA samples, etc are emptied appropriately.• Josh will follow up with ES to ask they communicate with the POD staff if they clean a room and a sample is still in there. <p>Marking rooms at discharge:</p> <ul style="list-style-type: none">• Remember when you discharge a patient to mark the room as dirty if it has not yet been clean. Bringing patients back to a dirty room is awkward for the staff and can easily be avoided with good communication. <p>Stocking:</p> <ul style="list-style-type: none">• Items in the stock room that have a red dot, or do not have a barcode with them means they are a special order item that Sherry takes care of. If you notice one of these items getting low, please send an email to Sherry so she can follow up with this. If you are unsure if an item is special order or stock, send a message to Sherry and she will check. <p>GYN Lights:</p> <ul style="list-style-type: none">• Wendy Miller is looking into the procedure and how many GYN Lights we have to get some working ones here. If needed, we will purchase more.
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Josh