

Agenda

Nursing Practice Council
OB Conference Room
9/18/13
9:30 AM

Present: (Bolded)

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

Kyla Popielarczyk, **Christine Lyon**, **Mary Kate Corey**

Excused:

Cathy Habberfield, Rebecca Dey

Agenda Topics (Bolded items are Standing Agenda Items)

1. **Director/Manager discussion** **9:30am**
 - Entrapment Policy (Sarah Boscoe)
2. **McKesson (Wendy Hurley-Schultze)** **10:15am**
3. **Adrian Hordon** **10:45am**
 - **Magnet Re-designation**
 - **Clinical Education updates**
 - MEC standards/Competencies for each month of 2014 (Deb Rasmussen)
4. Diana Ellison (fall data, hourly rounding, white boards) 11:30am
5. **Value Analysis Team** **1:00pm**
6. **Infection Prevention (Gloria Karr)** **1:30pm**
7. Guest - Curt DeWeese (pt. moving & handling policy) 2:00pm
8. **Policy Manager (Guest – Chris Dailey)** **2:30pm**
9. Miscellaneous/Round Table discussion 3:00pm
 - Approve last month's minutes
 - Associate Title badges
 - Nurses' Week Gifts – cost to add to budget
10. **Director/Manager Discussion** 3:30pm

1. Director Discussion/Round Table/Miscellaneous

RN Celebration/Recognition – every month, different day each month, theme each month

- September – pizza party
- October – cider/donut party
- November – M&M’s/chocolate
- December – Christmas cookies

Nurse of the Year event – during the day? At the hospital? Council to discuss

PAS

- Lack of RN’s advancing to Level III & IV – doing exemplar not received well
- Possible alignment with Highland process (ASPEN) – a different process, not easier, but takes away exemplar.
- Would more apply if there was a % increase in base pay vs. a set amount given over 2 years in paycheck?
- What does council want to see in expert nurses & how do we want to recognize?
- Hazel wants decisions by end of the year

Lippincott

- Do we want to keep Lippincott? Progress to convert with Policy Manager has taken longer than originally thought
- If we lock FFTH into a contract, council needs to work out how to migrate Lippincott into Policy Manager (all policies)
- Bronwyn Ship to be invited to help council start process

Evaluations

- Evaluations align with Model of Professional Practice (Synergy = matching patients’ needs with ability of nurse)
- Council, by end of year, to change peer evaluation for RN evaluations to model Synergy.

Entrapment

- Policy in place to prevent patient body/parts trapped in bed areas
- High risk – DDSO patients
- Sarah Clayson – send to council power point of policy is asking for help/suggestions

New Associates

- Every other month, bring new RN’s to council for ½ hour to discuss what NPC does, who we are, “hello”, offer answers to questions, etc.
- Start in October, December, etc.

Conclusions: Informational

Action items: As above	Person responsible:	Deadline:
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2. McKesson (Wendy Hurley-Schultze)

McKesson Downtime

- Sunday, October 6th 10am-8pm
- McKesson remote hosting downtime

McKesson Version 12

- Go live December 4th – down time for 12 hours
- Training month of November (additional training on items we use now & new items coming)
- Any items that may need additional training/attention during this time, send an email to Wendy Schultze

Conclusions: As above

Action items: None at this time	Person responsible:	Deadline:
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3. Adrian Hordon

Magnet re-designation:

EP1 – Clinical Nurses involved in Synergy – provide description

- Implement Synergy with evaluations
- Provide example of an improvement of Clinical RN’s implementing Synergy into new PAS
 - Decrease length in stay

EP11EO – Clinical RN participate in recruitment or retention activities & impact on turnover rates of new associates (graph with data)

- Inviting new RN’s every other month to NPC
- Show how many FFTH associates that go to get RN & stay @ FFTH with new RN position

SE2EO – Organization supports RN in professional local/regional/national organizations & show 2 improvements being used @ FFTH

- Malignant Hypothermia – code ICE?

Clinical Education Updates:

2014 MEC’s – possibility to categorize into groups of requirements

- Pain, death/dying, organ donation
- Team communication/collaboration and Rapid Response/SBAR- recognizing & responding to a change in condition; how to report adverse events; recognizing impaired providers; how families can address a concern over a change in patient condition
- Restraints and Falls
- Transfusion, anticoagulation and Blood borne Pathogens
- Central Lines, Piccs, port, surgical infections, CAUTI’s
- Divide up the rest of the months into population specific items that are high risk/low volume; using data from PI projects, infection control reviews, risk management, new technology. Definitely include peds and psych in sufficient detail that can be measured and verified so the question can be answered “how do you know they are competent?”

JCAHO suggestions:

- Need a pediatric competency that is hands-on
- Scenario based simulations are great!
- High risk, low volume education

Code 60 – Sepsis (Core Measure)

- Code 60 for October instead of Falls for Nursing Skills Session
- Everyone needs training in October – power point/Nursing Skills Session
- 2 drills by end of year
- Entails looking at sepsis spectrum
- Dr. Sharma to come and credential all hospitalists & ED doctors on central lines

Conclusions: As above

Action items: None at this time

Person responsible:

Deadline:

4. Diana Ellison (fall data, hourly rounding, white boards)

White Boards – changes being made

- Add a clock face to white board to “X” on the hour that the patient was rounded on.
- Under “Your plan for today” will be “activity” & “pain management” (common things to write on boards), so that nurse can fill in the black after each
- Move “special needs/precautions” to the your plan today box & change to “needs/precautions”

Falls

- Based on patient days vs. # of falls – our tend line (fall index)
- Remains same within the past year (7/2012 - 7/2013)
- Hendrick vs. Morse – NPC has decided to use Morse model to tract our fall index (more specificity) instead of Hendrick

NDNQI

- Coming 10/7 – 10/27
- Encourage peers to fill out survey! Departments with 100% participation will receive award perQs.

Conclusions: As above

Action items: None at this time

Person responsible:

Deadline:

5. Value Analysis Team

Cancelled

Conclusions: As above

Action items: None at this time

Person responsible:

Deadline:

6. Infection Prevention (Gloria Karr)

August numbers

- 5 C-diff (Healthcare Associated) 2 (2W), 1 (3E), 1 (3W), 1 (ICU)
- 1 MRSA (2W – Healthcare Associated)
- 0 CAUTI's
- 0 CLABSI's

Central Lines

- Approval by Med-Exec for Chlorohexadine bathing for ICU pts w/ Vent/Central line & Med-Surg pts w/ Central line
- Med/Surg units – surgeons to give specific orders if they want their post-op pts bathed w/ Chlorodexadine wipes.

NVI (neutral valve)

- ICU & 3E trialing
- Negative pressure valves put patient at risk for infection
- Positive results regarding NVI (flushed good, etc.)

Hand Hygiene Month

- October – going to make a film of hand hygiene & submit to National Infection convention
- Liaison training day – 11/15/13
- Check with manager first & send Gloria Karr name if interested in being a Liaison.

Isolation Precaution Policy (CC.005.01)

- Routine for contact precautions: any non-urgent exams to wait until patient is not on isolation anymore (after tests). If patient has urgent exam, everything needs to be cleaned – bed, sheets, patient gown, etc. before transport.3

Rapid Flu Tests – available for patients for use on each unit (Influenza collection kit)

Flu Vaccine

- As of now Associate Health has the flu vaccine
- Open flu vaccine day is 10/9
- Once you receive the vaccine you will get a yellow tag to attach to you name badge to signify you have received the vaccine. Otherwise associates will have to wear masks during shifts

Conclusions: As above

Action items: None at this time.

Person responsible:

Deadline:

7. Curt DeWeese (pt. moving & handling policy)			
Safe Patient Moving & Handling Policy			
<ul style="list-style-type: none"> • Competency based training – is it feasible to take to the floors? • Training on total lift & sit/stand lift <ul style="list-style-type: none"> ➢ ? identify PCT/Aides to become super-users ➢ Probably a good idea to have transport as super-users also • Curt would be available to do training • Education calendar – every Tuesday during NAB (training available) Walter’s Conference Room 11:00 – 11:40am <ul style="list-style-type: none"> ➢ Class broken into segments – bed mobility, total lift, sit/stand lift (encouraging staff to attend to learn how to safely move a patient) • Curt would like to do a competency with a group of 6-8 people if he creates a separate session to train/credential associates – about a 4 hour session • Council is thinking of determining one representative from each shift to learn the safe patient moving & handling • How is it communicated from associate to associate what moving equipment is needed for each patient? <ul style="list-style-type: none"> ➢ Information is on white board – limitations of patient, but not type of equipment patient needs to move ➢ ADL tab on McKesson does have places to mark equipment needed, but how do we get that info to white boards? 			
Conclusions: As above			
Action items: None at this time.	Person responsible:	Deadline:	
8. Policy Manager			
Chris Dailey			
<ul style="list-style-type: none"> • Big initiative is to get pharmacists on the floors which has had a positive return for patients & floor associates <ul style="list-style-type: none"> ➢ Warfarin education ➢ Verify home med list ➢ Patient rounding 			
No new policies to review at this point			
Conclusions: As above			
Action items: None at this time.	Person responsible:	Deadline:	
9. Miscellaneous/Round Table Discussion			
Paul Sandroni – will be brought to council on an as needed basis now			
Gloria Karr – will be brought to council on an as needed basis, Gloria can still email council Infection Prevention stats			
VAT – council to let Nursing Practice Council know in advance, if possible, if they need to cancel or do not need to meet with council.			
Hospitalists will start to plan a lead provider for codes, per day (in the past there was uncertainty on which doctor was responding & leading a code)			
Conclusions: As above			
Action items: None at this time.	Person responsible:	Deadline:	