TUALLY HOSPITAL PNCC (Professional Nursing Care Committee) MINUTES

Date:    July 31, 2013                Time spent: 120 minutes
Present:   Pam Bearce, RN-FBC (Chair); Susan Yeager, RN-GI Lab;
           Terri Kaiser, RN-PACU; Cindy Kistler, RN-ICU
ONA liaison:   Tara Gregory, RN, FNP-BC (ONA Nursing Practice Consultant)

Old business reviewed and accepted.

**OR/PACU/DSU:** On busy days, staffing continues to be a concern. A full time RN position has not been filled as yet. Call is still every 4 days for OR staff.

**CATH LAB:** Tresa Cavanaugh, ONA representative, met with the staff. There are no stated limits on amount of call per their job descriptions, but an agreement has been reached regarding short notice incentive call pay. Three more staff members have been hired, but 2 more are leaving, so staffing may continue to be an issue.

**BIRTH CENTER:** Bedside reporting is now being done in the birth center, and it seems to be going well.

Relief Nurse Managers and Clinical Nurse Managers are continuing to be scheduled to work on the same days, and staff nurses are being sent home when the census is low. Even if Relief Nurse Managers are performing staff nurse duties, they are being exempt from the low census rotation. Management has again assured the staff that the scheduling will change.

Admitting clerks are entering patient data in the computer in a more timely manner, so the charting/medication scanning/pyxis situation is improving.

**GI LAB:** GI lab continues to try new solutions for safe staffing on very busy days. For example, the night before a particularly busy day, nurses in the GI lab reviewed the patient schedule and became concerned about adequate staffing and lunch breaks. Part of the concern was there was a 1230 case scheduled by Dr. Ross on a busy day. Len Hamilton, Director of Surgery, happened to be in the department, so Susan and another nurse approached him and Cathie Sydenstricker, Clinical Nurse Manager, about the schedule to see what could be done. Nurses were reassigned and some meetings were postponed so Cathie could be available for lunch relief. No SRDF form was filed since the issues were resolved before staffing became a problem. Susan called one of the nurses that was affected by the schedule change the night before to notify her of the changes. The next day seemed to go smoothly with no problems.

On another very busy day, Cathie and Len were able to procure two additional rooms from 4E. The recovery room was expanded, and three nurses were assigned to work in there instead of the usual two. The patient waiting room was moved and another admitting room was added, in addition to another admit nurse. The day went very smoothly, and the GI lab will probably use this same method in the future, providing the hospital inpatient census on 4E allows them the extra rooms.

**ICU/PCU:** Bedside reporting is continuing, and will be a condition of medicare reimbursement next year. CNMs are auditing to make sure everyone is compliant with bedside reporting. Family members are also included in bedside reporting, but there are some privacy/HIPAA issues that need to be addressed as three of the ICU rooms have no doors, only curtains.
In the ICU, if only 2 RNs are on staff, the nursing supervisor will come relieve for breaks as well as lunch, but they need to be notified in advance.

I&O documentation has been an issue when patients are received from the OR. Often only one bag of IV fluid is recorded in the OR on the electronic medical record (EMR), but another bag has been hung and no documentation has been done in the EMR—ICU nurses are reluctant to scan bags IV of fluid that they did not hang. It is unclear exactly what time the extra bags are hung and also unclear who has “taken credit” for that intake—and consequently is confusing to chart and keep track of an accurate I&O on the patient. Also, it does not appear that antibiotics get entered into the I&O from the MAR when they are given in OR. Terri stated that when she gets patients from the OR in PACU that she often has to make extra effort to chart in the EMR to reflect an accurate I&O. Birth center RNs have noticed some discrepancies in the I&O when patients come from the OR as well. Part of the issue may be that OR/anesthesia does not use a medication scanner when beginning IV fluids or antibiotics—and it’s unclear whether antibiotics get entered into the I&O calculations when they are entered manually in the MAR. It has been decided to present these issues to Brian from pharmacy to see if we can get some clarification on how this process works and what we can do to get a more accurate I&O when scanners are not being used.