OLD BUSINESS reviewed and accepted.

NEW BUSINESS:

OR/PACU/DSU: Staffing: position is open for full time RN in the OR and two scrub techs—as it stands right now call time for OR staff is every 4 days—by comparison, Kaiser call is once every 11 days, Adventist has 3 teams of call RNs that rotate. Tara Gregory brought in AORN safe work/on call practice documents that included national guidelines on mandatory overtime, voluntary call, etc. that also mention optimal rest time between shifts is 16 hours (based on 12 hour work days). Copies of the documents were distributed among PNCC members, extras were given to Teri for OR staff.

Low census: continues to be a concern, however now that most RNs have changed to a float level one, the process seems to be working and LC is more fairly distributed.

Medication administration/scanning: Cerner representatives visited surgical staff to review and address problems with the scanning process.

Birth Center: Medication administration/scanning: medication administration numbers have improved significantly to over 90 percent as scanning problems are starting to be addressed. The director of the birth center appears willing to do whatever it takes to improve the situation—three scanners have been mounted on the walls, MDs are getting more proficient at entering orders correctly.

Staffing: 2 positions have been posted for relief nurse managers. One is 48 hours and one is 72 hours per pay period. There has been some questions and concerns about the job description: can they be low censused? Do they need to function as managers for greater than 50 percent of their hours? What is the difference between relief nurse manager and relief clinical nurse manager? Is relief nurse manager considered a relief charge nurse? If so, they are still members of the bargaining unit and can be low censused. It has been decided that clarification with Eunice and/or Kathy Ratcliffe needs to be obtained, perhaps through Tresa Cavanaugh from ONA.

GE Lab: Inpatient transport: Susan is drafting a new GE lab policy to address/clarify issues with hospital inpatient transports to GE lab. Tara gave Susan the information she found on standards of care regarding these issues, and copies will be distributed along with the new draft of the policy at an upcoming GE lab staff meeting.

Safety concerns: Teri mentioned that several PACU RNs who had recently floated to work in the GE recovery room were hesitant to float back to GE lab, expressing concerns about patient safety due to the pace of the work and large volume of patients coming into the recovery room.
at one time. They felt that the patients were rushed to get up out of bed after moderate sedation, and there just was not enough space to recover so many patients let alone not enough staff to safely monitor them all. Susan agreed this has been a concern on busy days, and it seems to be more of a problem when Dr. Ross is working. He schedules many patients in a short amount of time (every half hour) and several GE RNs have brought this to our manager’s attention. One of the solutions we have used is to have 3 nurses work with him in the procedure room, but that only speeds up the pace in which they go to recovery. We have also had 3 nurses in the recovery room when it is very busy—but that is a rare occurrence as we often don’t the staff to spare for 3 nurses in recovery. There are space issues as well—and so far the only thing we can do is slow down the procedure rooms when recovery is full, and we must be persistent when the pace becomes a safety issue. Cathie (GE CNM) is consulting with the newly hired director of surgery for ideas.

Next meeting: June 12, 2013