TUALITY COMMUNITY HOSPITAL PNCC (Professional Nursing Care Committee) MINUTES

Date: June 12, 2013
Time spent: 120 minutes
Present: Pam Bearce, RN-FBC (Chair); Susan Yeager, RN-GE Lab; Teri Kaiser, RN-PACU; Cindy Kistler, RN-ICU

OLD BUSINESS reviewed and accepted.

OR/PACU/DSU: Staffing continues to be a concern on busy days. Many unsafe staffing reports (SRDFs) have been filed by OR staff and RNs in OR are still taking call every 4 days—but a travel RN has been hired, and 2 scrub techs. So far another full time RN has not been hired for OR.

CATH LAB: Staffing is a concern in this area as well—one staff member is on light duty and another is gone—so staff are taking 20 days per month of call. There is a question of exhaustion/safety—all surgical department call policies should be reviewed—Teri agreed to look into this. One of the previous Directors of Surgery surmised that 11 days of call per month was the maximum an RN could take in the GE lab, and restrictions were put in place, but it was not written into any surgical services policy. Tara’s literature on OR/on call practices will be reviewed to look into standards of care for on-call practices in surgical services units. Perhaps there should be a set limit on number of call days per month in surgical services units if there is a standard of care issue.

ICU: Nurses are not getting their allotted break times for 12 hour shifts: 30 minute lunch plus three 15 minute breaks. The house nursing supervisor has been used to provide relief for breaks, but only for the 30 minute lunches. Medication scanning percentages are in the 80 percent range for PCU and ICU—the goal to meet JACHO standards is 90 percent. Tracking which medications aren’t scanning properly so pharmacy can enter them into the system will hopefully bring the percentages up. ICU and PCU are now doing bedside reporting in the patients’ rooms, part of a patient-centered collaboration of care initiative. New dry erase communication boards have been put up in each patient room. So far it seems that there is a positive response from patients; that they like being involved in this process.

BIRTH CENTER: Relief nurse managers and Clinical Nurse Managers are being scheduled on the same days to work—all perform patient care and none are in the bargaining unit—thus staff nurses are getting low census days. If they are functioning as staff RNs, they should be put in the rotation for low census days (ICU includes them in the rotation). This has been discussed with the director and she has stated that they will not be scheduled to work on the same days from now on. Medication scanning glitches are still being worked on—if patients are admitted from ER the information takes 30 minutes to get into the computer, and birth center staff are getting reprimanded for giving emergent care and drugs without entering it immediately into the EMR. If the information doesn’t get processed correctly and in a timely manner from ER, the drugs don’t enter into the pyxis system—this has been going on for three weeks. This has been reported to pharmacy and MIS. Regardless, the birth center medication scanning percentages are good—91 percent.

GE LAB: Susan completed the inpatient transport policy for the GE lab and is awaiting final approval from clinical nurse managers before the policy can be set into practice. Cathie, the GE lab CNM, met with Len Hamilton, the new director of surgical services, about safe staffing practices for the recovery room on busy days. More RNs and procuring more space for patient recovery were discussed and will be put into practice on days that have busy schedules.

Next meeting: July 31, 2013