PIP Committee Meeting Minutes October 01, 2019

September PI Results:

* + Total of 12 PIs for the month of September
		- August: 15
		- July: 17
	+ Seeing a down trend overall! Some units saw a slight increase. In those units we also saw an increase in their falls and staffing challenges.
	+ Update on Trauma:
		- They have now had 2 consecutive months with no PIs on their monthly survives!!!
		- Shannon will be at our next meeting to discussion their action plan, share wins, and what’s upcoming.

Ideas for Other Ways to Reflect Cosign Compliance:

* + Consistently sitting at around 50-60% compliance every week.
	+ Does the committee want to look at alternative means to meet state compliance?
		- * Chart audits (like our current transport audits) completed by manager, csl, or designated person
			* Data pull from Epic PI reports
		- Committee agreed to keep our current practice for now, continue to educate, and talk about PIs and cosigns with staff at all opportunities.
		- Will follow up with Health IT to see if there is a way to count normal cosign (ie…typed comment in box).
	+ What are the units doing that are hitting 100% compliance every week?
		- 8South: Their SLs are talking about PIs when they get shift updates from staff. “Does your new admit have a PI? Yes, did you have a skin champion look at it? Did you start an LDA? Did you request a cosign in Epic? Has that cosign request been fulfilled?”
		- 9North: Manger is doing individual coaching with nurses that are not completing requesting the cosign as well as the nurses that are not fulling the cosign request.
		- 10T3: Utilizing VMB to showcase unit data and who is creating LDAs and not requesting a cosign and who has outstanding cosign requests. Using shift huddle to announce who the skin champion is and to please get them if a new PI is found.

Risk Factors for ICU Patients:

* We have no specific Braden score for ICU patients, but would be beneficial to that population
* Currently working on a new scale for OR patients
* 10T3 started using the MEWS Score to help reduce the number of falls they were having but would also be a good resource for ICU patients.

Graduation/Transition Plan-Turn Audits:

* We need to revisit a transition plan from turn audits.
* We also have multiple units that have been very successful with their turn audits and pressure injury prevention.
* Current transition proposal going to Nursing Leadership Meeting on Thursday October 03:
	+ Units can graduate/transition off turn audits when: That unit has zero sacrum, coccyx, ischium pressure injuries for three consecutive months and greater than 90% compliance turn compliance for six consecutive weeks.
	+ Units that do not fall into this category will transition to KCards.

Follow-up:

* With Health IT to see if there is a way to count normal cosign (ie…typed comment in box Cosign
* Skin Champion class
	+ Increased class size
	+ Larger locations to accommodate larger classes
	+ Improved search abilities within Learning Exchange
* Graduation/Transition Plan post Nursing Leadership Meeting