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|  **INVITEES/ATTENDEES**  |  |  |
| **Co-Chairs: ???** | **Quality Support: Lauren White** |  |  |
|  **Invited: Next meeting: 11/6/18, 3:00p – 4:00p, 9T3 Conference Room** |  |  |
|  | Blake, Megan |  | Godby, Shannon |  | McNeil, Veronica |  | Swor, Britney |  |  |  |
|  | Buehring, Kyndall | P | Haggard, Candi | P | Moore, Kimberly | P | Thompson, Bonnie |  |  |  |
| P | Bunch, Devin |  | Hargrove, Marilyn | R | Moore, Sonya | P | Vorholt, Elizabeth |  |  |  |
| P | Champaneria, Trushar |  | Herold, Laurie |  | Morlan, Karen |  | Werenczuk, Emily |  |  |  |
| P | Chitwood, Miranda | P | Hirsch, Aaron | P | Mueller, Jocelyn |  | Westberry, Megan |  |  |  |
|  | Clark, Eric | P | Hobt-Bingham, Teresa | P | Polk, Brittany | P | White, Lauren |  |  |  |
| P | Clifford, Kristen | R | Jones, Mary | P | Raymond, Paul |  |  |  |  |  |
| P | Collins, Sam |  | King, Elizabeth | P | Reuscher, Christine |  |  |  |  |  |
| P | Cox, Randy |  | Kuntz, Audrey |  | Robinson, Laurena |  |  |  |  |  |
|  | Currie, Kevin |  | Land, Edward | P | Russell, Jensine |  |  |  |  |  |
| P | Davidson, Martha | P | Lee, Sheree | P | Stanfield, Summer |  |  |  |  |  |
|  | Eastburn, Chris |  | Matthews, Julia | P | Stephens, Jennifer |  |  |  |  |  |

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| **AGENDA** |
| Time | Agenda Item | Purpose (Inform, decision, input, etc.) | Desired Outcomes | Notes/ Comments  |
| 5 min. | Current FY19 Pressure Injury Data – Tableau **Lauren White** | Inform |  |  |
| 30 min. | ICU Action Plans: Report Out on status, wins, barriers and challenges**CVICU, SICU, MICU, Trauma, Burn** | Inform |  | See below |
| 15 min. | WOCN Plan for weekly education/prevention rounding**WOCNs** | Inform, input |  | See below |
| 5 min.  | HAPI Review Tool: ownership/clarifications **Lauren White** | Inform, input |  | See below |
| 5 min. | Call for Co-Chairs – ideally one WOCN, one Operational Nursing Leader (CSL or Manager) | Input |  |  |

**10-16-18 Minutes**

**ICU Action Plan: Report Out**

**CVICU (5N):**

* Created an audit and rounding tool with help of MICU
	+ Assessing patient on admission, auditing turns, floated heels, mepliex documentation and Lift Team utilization
	+ Goal is to audit each shift, 7 days a week
* 2 champions identified on day shift, 2 on night shift
	+ Focusing on education, prevention, and helping to audit
* Britney Swor (WOCN) and Brittany Polk (Interim CNS) validating and staging all PIs
* Barriers:
	+ Mepitel out of stock
	+ Wedges are not stocked without TAPS sheet
	+ Shortage of pillows to float heels

**SICU (9T3):**

* -
* Heel PI pilot started August 1st
	+ Braden score < 14 = boot, 15-16 = heel Mepilex
	+ Auditors: Summer Stanfield, WOCNs, CP, educator
	+ Results showed overcompliance with Mepilex, under compliance with heel floating
	+ Auditing 4-7 times per week
	+ ICU side more compliant than SD side
* Implemented text page on Mobile Heartbeat phones to remind q2 turns
* Developed Play Book to share project with other units (still in final stages of development)
	+ Basic education provided
* Themed months of auditing i.e. “Sacral September” “Other October” (DHT, ETT)
* Lunch and Learns with WOCNs – used “Wheel of Wounds”
* Found that some nurses would state that their pts did not want interventions, but after pt education, pts accepted interventions!

**MICU (8T3):**

* K-cards with 9 points of assessment, takes about 5 minutes to complete
	+ Mini PIPS at end of K-card audit on each patient – skin assessment
	+ Targeting 5-10 patients on QIA days
	+ Targeting education for 2-6pm when nurses are less busy
* Working on sustatining project
	+ Next steps are to get CSL buy in to perform audits
* Using Performance Board
	+ “Areas of Improvement”
	+ “Things we did well”
	+ “Quality Kudos”
* Martha (WOCN) is helping with audits on weekly Prevention Rounding days
* Working on a standardized way to document audits that other CSLs or WOCN perform to identify trends
* Barrier: patients think pillows are more comfortable than wedges

**Trauma (10N):**

* Plan for audits:
	+ Text page q2 to remind to turn
	+ Auditing patients with a low Braden
	+ Working to improve assessment of wounds on admission
	+ Determining bruise vs. DTI
* Audits will be performed by Kevin Currie (Unit Champion) and CSLs
* Improved device-related PIs by padding pressure points

**Burn (11S):**

* Mostly sacral injuries
* Focued education with nurses
* Barriers: patients are wrapped because of burn wounds
* \*Plan for auditing will be discussed at next PIP Committee meeting

**Plan for weekly WOCN Prevention Rounding on 5 ICUs with Action Plans:**

* Modeled after SICU project
* First identify needs, barriers, areas of greatest impact
* Rounds will be specific to unit needs
* Began week of 10/15

**HAPI Review Tool:**

* Necessary to be filled out on all HAPI Stage 2+ identified on PIP survey each month
	+ Due one week after survey date
* Ideally filled out on ALL HAPI Stage 2+ identified on every unit
* Unit Champions (could be staff nurses, CSLs, educators, whoever is identified) are responsible for ensuring that the tool is filled out and faxed in
	+ Include all stakeholders that took care of the patient – nurses that were assigned to patient 12-24 hours before development of PI, patients, families
* Agenda item on next PIP Committee meeting (11/6) for further discussion

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