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|  **INVITEES/ATTENDEES**  |  |  |
| **Co-Chairs: Summer Stanfield, Christine Reuscher, Candi Haggard** | **Quality Support: Lauren White** |  |  |
|  **Invited: Next meeting: 11/20/18, 3:00p – 4:00p, 9T3 Conference Room** |  |  |
|  | Blake, Megan (8N) |  | Godby, Shannon (10N) |  | McNeil, Veronica (8N) | P | Stephens, Jennifer (5N) |  |  |  |
| P | Buehring, Kyndall (10N) | P | Haggard, Candi (WOCN) |  | Moore, Kimberly (5N) |  | Swor, Britney (WOCN) |  |  |  |
| P | Bunch, Devin (8T3) |  | Hargrove, Marilyn (WOCN) | R | Moore, Sonya (APMI) |  | Thompson, Bonnie (WOCN) |  |  |  |
|  | Champaneria, Trushar (APMI) |  | Herold, Laurie (9T3) | P | Morlan, Karen (Supply) | P | Vorholt, Elizabeth (11S) |  |  |  |
|  | Chitwood, Miranda (WOCN) |  | Hirsch, Aaron (9T3/9N/9S) |  | Mueller, Dorothee (ICU MD) |  | Werenczuk, Emily (9T3) |  |  |  |
| P | Clark, Eric (5N) | R | Hobt-Bingham, Teresa (AD) | P | Mueller, Jocelyn (11S) |  | Westberry, Megan (5N) |  |  |  |
|  | Clifford, Kristen (8T3) |  | Jones, Mary (Data) | P | Polk, Brittany (5N) | P | White, Lauren (APMI) |  |  |  |
|  | Collins, Sam (5N) |  | King, Elizabeth (9T3) |  | Raymond, Paul (5RW/3RW) |  |  |  |  |  |
|  | Cox, Randy (APMI) | P | Kuntz, Audrey (7RW/4RW) | P | Reuscher, Christine (WOCN) |  |  |  |  |  |
|  | Currie, Kevin (10N) |  | Land, Edward (3RW) |  | Robinson, Laurena (5N) |  |  |  |  |  |
| P | Davidson, Martha (WOCN) | P | Lee, Sheree (WOCN) |  | Russell, Jensine (8N) |  |  |  |  |  |
|  | Eastburn, Chris (APMI) |  | Matthews, Julia (Data) | P | Stanfield, Summer (9T3) |  |  |  |  |  |

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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 |  |  |
| 25 min. | ICU Action Plans: Report Out on status, wins, barriers and challenges**CVICU, SICU, MICU, Trauma, Burn** | Inform |  |  |
| 25 min.  | HAPI Review Tool: revisions**Candi Haggard, Christine Reuscher, Lauren White** | Inform, input |  |  |
| 5 min. | Pressure Injury Prevention Day and Quarterly Survey – Nov. 13th **Lauren White** | Inform |  |  |

**11/6/2018 Minutes:**

Lauren White – review of FY19 year to date pressure injury data in Tableau

CVICU – Eric Clark and Jennifer Stephens:

* Using weekly audit tool
* Assessing patients with Braden’s < 13-14, q2 turns, preventative tools, moisture interventions, device-related, nutrition, bed surface settings
* 5-6 surface settings not set last week, only 1 this week!
* Barriers: turnover rate, hard to continually educate
	+ Braden scores change within hours – taught to only chart once per week
* Stryker coming next week to CVICU to update beds

CVICU – Brittany Polk:

* No notification if circuit is tripped and surface settings are turned off

SICU – Summer Stanfield:

* 37.6% of patients are being turned q2 (sample size: 200 patients)
* Less compliant on SD versus ICU
* Heel compliance: 70%
* Re-teaching care partners to initiate turning q2
* Stickers on computers: “Intubated? IntuBOOTED”
* Continuing audits

Burn – Jocelyn Mueller and Elizabeth Vorholt:

* Audits started last week
* Found 4 beds that haven’t been serviced since 2016
* New project “Hip Hip Heels Raised”
	+ Developed during meeting with PT, WOCN, nurses to determine best practice for Burn patients

MICU – Devin Bunch

* Continuing K-card audits, including names of nurses that receive green cards on VMB
* Hard time getting beds serviced
* Claire (Stryker) had plan in place to educate on ICU mattresses, but haven’t seen since 3rd week of October
	+ Beds reset every time bed is unplugged
* Ideas to build accountability to turn q2: leadership meetings, 1:1 with staff
* 14 audits in the past week
* Informed Karen Morlan (Supply Chain), present at meeting, that we cannot get wedges without a TAP sheet
* Education committee – plan for 1 hour pressure injury education including staging, incontinence tools, led by WOCNs

\*Group asked for an update on Stryker software update and who owns bed maintenance – plan to address at next meeting

Trauma – Kyndall Buehring

* Audits started last week
* Incorporating care partners into work
* Negative feedback from staff around q2 turn broadcasts on mobile heartbeat phones
* Tried overhead paging a few years ago – negative feedback from providers
* Interested in MICU’s K-card idea
* Utilizing sacral mepilex, but using heel mepilex consistently
* Nurses consistently use 1 podis boot and 1 Sage boot on each foot, and alternate q2 with turns

Lauren White-

* Polled units for how many are visualizing data on VMB at this point and set expectation that it will be part of the weekly Action Plan scorecard going forward
	+ 2/5 units currently visualizing audit data on VMBs

Martha Davidson and Sheree Lee –

* Pointed out that the units are not always aware that the WOCNs came to do education and prevention rounds
* Sheree sends the number of units rounded on by the WOCNs to Lauren White each week
* Asked if that question could be taken off of the weekly PI Action Plan update tool
	+ Approved by group

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