

**PNSO Clinical Practice Committee**  
**Suzanne Fuhrmeister RN-BC, ACNS-BC, Chair**  
**AGENDA May 27, 2014**

**Time: 1300-1500 Location: Leonard Sandridge Auditorium, McKim Hall**

<b>Topic Pre-work (if any) Presenter: Time</b>	<b>Purpose/Goals</b>	<b>Discussion</b>	<b>Follow up &amp; responsible person</b>
<b>Opening Business</b>	<i>PNSO Shared Agenda topic for May: Recognition</i>	<p>Thanks for flexibility with our late-breaking room change! Hope you enjoyed the EBP Symposium in April, in lieu of our April CPC Meeting; and we have follow-up implementation ideas from the Symposium.</p> <p>*Recognition is PNSO theme of the month: what is meaningful recognition for staff. Hope you also enjoyed Week of the Nurse and felt recognized in the Awards Ceremony. Some RNs were selected for the org-wide Outstanding Contributor Award too. And thanks for your service on this busy &amp; very crucial committee that has great impact on nursing practice/patient outcomes. The group discussed other local unit-based recognition &amp; employee work/life balance efforts. 4C "WIT" Award, Whatever It Takes, staff &amp; patient-based nominations.</p>	
<b>Standards for iPhones</b> <b>1:00-1:10</b> <i>Katie McDermott</i>	<i>Opportunity for nursing input on iPhone standards</i>	<p>Katie McDermott is the 2014 Administrative Fellow working with the senior leadership team. She has been coordinating the smartphone rollout (as funded by the CNO based on Malinda Whitlow's project). The rollout started January, phones should now be in all Adult Acute Care units.</p> <p>Katie is looking for CPC's input on development of more in-depth Smartphone Usage Standards. Staff already must sign a User Agreement, as a basic understanding of usage parameters. 4W &amp; ED nurses gave input to Katie based on their use. Katie has a draft of ED policy and Residents Ipad policy as well as anecdotal user feedback, as starting point for developing nursing standards for using the smartphones. Needs both a policy &amp; procedure component.</p> <ul style="list-style-type: none"> <li>• "Loss or failure" is whose responsibility? ED's model is to bill employee \$250 if lost. Let management know ASAP if missing.</li> <li>• Should patients be able to use these devices, if no long distance/land line immediately available to e.g. contact family? Preferably no, if you can possibly get around it. Scripting would be helpful to help staff phrase this as nicely as possible – these phones contain restricted information, etc. Also if someone responds, they'll call/text the provider, who may no longer be near the original patient. Intelos cellphones don't have long distance codes.</li> <li>• Security of information – how much info is acceptable to transmit, and to whom?</li> <li>• Strong rulesets on photography – these phones' cameras are disabled, but for those using personal devices, again relying on policy compliance.</li> <li>• Phones must be cleanable; these are, and have covers on screens.</li> <li>• There should be a "pecking order" for contacts – dial smartphone directly, or HUC Desk to smartphone? HUC signs out phones and assigns numbers in Epic;</li> </ul>	<p>Katie will develop a merged draft of Standard, post on Collab for review &amp; input.</p>

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		<p>should transfer only internal calls – use text message to notify if family member calls, to help RN to prioritize calls appropriately.</p>	
<p><b>Nurse-Driven Vaccines</b>  <b>1:10-1:30</b>  <i>Martha Holman</i></p>	<p><i>Decision point on nursing practice</i></p>	<p>Follow up from previous meetings, to finalize launch decisionmaking for Vaccination Nurse-Driven Protocol initiatives for Influenza and Pneumococcal vaccines. Working to go live Oct 1<sup>st</sup>, as first day we’re measuring Flu vaccination.</p> <p>Drafts on Collab show current Influenza documentation, and proposed options for revised Influenza &amp; Pneumococcal, once we implement Nurse-Driven Protocols to administer these vaccines.</p> <p>Pneumovax will be for patients aged 18yrs &amp; older – if under 18 and they qualify, will be referred to LIPs for consideration (so, not completely Nurse-Driven Protocol in that case).</p> <p>CPC’s input on best place to prompt/document? Could be a mix of these.  Option 1 – Keep in Admission Navigator, or move to Daily Head To Toe Assessment, which allows BPA to fire until assessed &amp; goes to MAR. Once you assess it, the BPA won’t fire again.</p> <ul style="list-style-type: none"> <li>• Currently on Admission Navigator, which some staff feel is too busy – <b>VOTE</b> but <b>CPC is unanimously saying they prefer it there</b>. Prefer to only revisit the issue daily if not yet addressed. <ul style="list-style-type: none"> <li>○ If “within 24 hrs” is a standard originating at UVA, can that time frame be changed? E.g. ICU pts may not be able to answer about immunization history within 24hrs, even longer; prompt should just stay red until addressed, but not penalize artificially if skipped.</li> </ul> </li> <li>• Have had a hard-stop in Discharge Navigator to address outstanding orders. But if not ordered yet, it’d be nice to have a Discharge prompt – would be helpful to know earlier, part of Discharge Planning but not on the list to do day-of-discharge.</li> <li>• Could BPA be generated in the MAR? No.</li> </ul> <p>Use Historical Admin long spreadsheet to document vaccines obtained externally.  <b>VOTE</b> Yes – will need education, plan is via CBL.</p> <p>Ordering of Vaccine: “prior to discharge”, should it be “now” and nurse can reschedule to a different time? LIPs in some populations will want to weigh in on that. Vaccines will be in Pyxis, so should eliminate delays based on supply. Could BPA fire with “Prepare Patient for Discharge”? <b>VOTE</b> Yes; do both that and Discharge.</p>	
<p><b>EPIC documentation updates</b>  <b>1:30-1:40</b>  <i>Laurie Brock</i></p>	<p><i>Vote on revisions to EPIC nursing documentation</i></p>	<p>CPC 2014 goal &amp; Nursing Strategic Plan “enhance nursing documentation functionality”</p> <p>Last autumn the Doc’n group started reviewing the current Inpatient Nursing Standards for Documentation. Now proposing a revised draft, incorporating the changes made in Epic. This document will have similar versions that spin off into other settings’ iterations of Epic (e.g. Stork for L&amp;D; Ambulatory; etc.).</p>	<p>Lots of changes, too much to discuss per line item in meeting. Post discussion thread on Collab for two weeks, have vote in June.</p>

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		<p>Phrasing should be "Standards" not "Guidelines" – these describe the basic requirements, no ambiguity/not optional.</p>	
<p><b>R3 Committee EBP Proposal:</b></p> <p><b>Stop rotating adult PIVs</b></p> <p><b>1:40-1:50</b></p> <p><i>David Strider</i></p>	<p><i>Decision point on rotating PIVs</i></p>	<p>First R3 submission! R3 is short for "PNSO Research Review &amp; Recommendation Committee" formed in 2013 – per Bylaws, "accountable to the Cabinet for implementing evidence-based practice by incorporating nursing research into daily interventions." Duties:</p> <ul style="list-style-type: none"> <li>• Collaborate with PNSO Practice Committees to incorporate the Evidence-Based Practice template into decision making processes.</li> <li>• Foster understanding of Levels of Evidence.</li> <li>• Support efforts to increase research utilization.</li> <li>• Receive updates/reports from PNSO Nursing Research Mentor Program.</li> <li>• Contribute to Evidence-Based Practice Symposium planning.</li> </ul> <p>An example of their great work earlier this year was the BSN STAR posters presented on day 1 of the EBP Symposium; they collected 22 clinical questions from nurses in a wide variety of Medical Center practice areas, and checked the literature to see what current best practice is (see these at the bottom of the <a href="#">Virtual Gallery</a>). Their next proposals for nursing practice changes will be based on these BSN STAR literature projects.</p> <p>Today, they are bringing their first proposal to CPC for broad practice change! Based on strong evidence, proposing that nurses no longer automatically change adult PIV sites every 96hrs, as long as still functional/patent and no site problems (e.g. phlebitis). Rationale includes infection prevention; economic savings; staff time savings; reduces patient sticks/discomfort. This is only a change for Adult procedure; it's already Peds practice.</p> <ul style="list-style-type: none"> <li>• Are nurses still trained to check every shift for phlebitis, and that PIV is still functional? Nurses still need to check this.</li> <li>• Would need to change Epic, change to "rotate IV / explain why it was changed" (currently is "why it wasn't changed").</li> </ul> <p><b>VOTE</b> approved; include in procedures &amp; Practice News.</p>	
<p><b>Improving supply chain process</b></p> <p><b>1:50-2:00</b></p> <p><i>Donna Randall</i></p>	<p><i>Feedback on proposed standardized communication</i></p>	<p>&lt;Deferred, presenters unable to attend&gt;</p> <p>Brief summary: this is one of the improvement initiatives that grew out of feedback from AONE Support Services Survey (in this case, concerns about Supply Chain). It will propose a revised communication process for obtaining supplies.</p>	
<p><b>Medication Safety:</b></p> <p><b>2:00-2:10</b></p> <p><i>Emily Prabhu</i></p> <p><b>Multidose vial issues</b></p> <p><b>Titrateable infusions</b></p>	<p><i>Decisions on changing labels</i></p>	<p>This topic supports CPC 2014 goal: Enabling safe medication practices</p> <p>Vials must be labeled with REVISED expiration date once opened (28 days after first use).</p> <p>Proposing an easy write-in yellow label with visible prompts (Periop has these &amp; find them very useful.)</p> <p><b>Strongest CPC preference: Can pharmacy pre-sticker vials?</b> If not, can supply of stickers be put in Pyxis for ease of pickup/application? Med Prep area?</p>	<p><i>Emily Prabhu will explore pre-stickering &amp; other options. Will implement "titrateable" label change.</i></p>

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		<p>Pharmacy has asked Manufacturer to change packaging to match TJC requirement (which would solve the pre-labeling/fill-in-the-prompt issue for everyone), but that hasn't met with a response yet.</p> <hr/> <p>Quality Reports/Be Safe Event data reveal errors with titrating infusions. Proposing to change the label on the bag to say "titratable, refer to MAR" for starting dose and titration parameters, as a single source to avoid problems in misinterpreting label information. <b>VOTE</b> Approved.</p>	
<p><b>Central line removal</b>  <b>2:10-2:20</b>  <i>Katelyn Overstreet</i></p>	<p><i>Decision on whether nursing can remove infected central lines</i></p>	<p>Last year's Critical Care Practice Alert allowing the parameters for nurses to remove central lines, did not address PICC lines. It had previously been thought that IR discouraged it, but recently discussed with IR stakeholders, and they're fine with competent nurse removal of PICCs – so now want to add this. Specifics of PICC removal in Lippincott too: need to fix infected lines phrasing (currently reads like nurses shouldn't pull infected lines).</p> <p><b>VOTE</b> Change in Crit Care &amp; Lippincott approved. Include June Practice News.</p>	<p>send detailed corrections to Deb Curtis for posting.</p>
<p><b>Implementing Best Practice from EBPD: Vote on practices to implement house-wide</b>  <b>2:20-2:45</b>  <i>Suzanne Fuhrmeister</i></p>	<p><i>Decision on which EBP Symposium projects to implement</i></p>	<p>Nursing Strategic Plan: "enhance nursing standardized practice &amp; nursing decision support" and CPC goal to "implement evidence-based practice: identify &amp; test improvements to current care delivery model"</p> <p>See PPT on Collab, summarizes statistics from Symposium and followup from this important work.</p> <ul style="list-style-type: none"> <li>• Six EBP Symposium projects already being implemented, whether through CPC or other groups: smartphones, IDEAL, CHG baths, progressive mobility ICUs, family presence resuscitation, mock codes ambulatory setting.             <ul style="list-style-type: none"> <li>◦ Darla Topley DNP is pursuing this for Adult ICUs. Consider exploring this for Adult Acute Care as well. Already in place for Peds.</li> </ul> </li> <li>• Gum Chewing Post Op is an example of CPC implemented before EBPS.</li> </ul> <p><b>VOTE</b> We have 3 further proposed projects for implementation based on CPC input after symposium:</p> <ul style="list-style-type: none"> <li>• Zero Hero Rounds; align with PCT Program.</li> <li>• HAPU factors in ICU; "unavoidable HAPU" is starting to be recognized nationally as a category. WOC Team is exploring further.</li> <li>• Vital Signs/Early Warning System. Align with PCT Program (underway). Training staff in the moment while on unit for MET call; encouraging MET to develop a more comprehensive education plan.</li> </ul>	
<p><b>Announcements Approve March minutes</b>  <b>2:45-2:55</b>  <i>Suzanne Fuhrmeister</i></p>	<p><i>Vote to approve March minutes</i></p>	<p>Announcements:          *IDEAL Handoff of Care audits underway again</p> <ul style="list-style-type: none"> <li>• Wrapping up a 2wk checkpoint audit.</li> <li>• Epic HOC Report tool adjusted per input; maybe June 10<sup>th</sup> rollout with Bundle. Reinforce documenting the A &amp; L sections for later reference.</li> <li>• Change-of-Shift HOC workgroup forming, prep for launch in Fall. <u>Volunteers welcome</u>. 5<sup>th</sup> floor pilot wants to still be involved with this.</li> </ul>	

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		<p>*Quarterly educational bundles to control flow of practice changes</p> <ul style="list-style-type: none"> <li>• Nursing Education Services coordinating this; centralized Skills Days are one aspect of this too.</li> <li>• Management Committee also brokering new initiative proposals, which periodically also drive new education.</li> </ul> <p><b>VOTE</b> Approved March minutes.</p>	
<p><b>Meeting Take Away Points</b>  <b>2:55-3:00</b>   <i>Suzanne Fuhrmeister</i></p>	<p><i>Suzanne</i></p> <p><i>What points do we need to take back to our subcommittees and local shared governance committees?</i></p>	<p>Re-emphasize CPC members' role in sharing these messages, garnering feedback on how these initiatives will impact your unit, bring back issues to CPC.</p> <ol style="list-style-type: none"> <li>1. Feedback on Iphone standards – especially need input</li> <li>2. Immunization workflow</li> <li>3. Documentation Standards updating</li> <li>4. Multidose vial safety</li> <li>5. Central line removal</li> </ol>	<p><b>All committee members:</b> <i>share these with your Communication Tree designees.</i></p>

<p><b>Summarize Outcomes Achieved at this meeting:</b></p> <ul style="list-style-type: none"> <li>• Decided on documentation design/workflow aspects of Nurse-Driven Vaccine Protocols.</li> <li>• Approved EBP recommendation to stop automatically rotating the site of Adult PIVs every 96hrs; now no fixed interval, if no complications.</li> <li>• Approved labeling changes for titratable infusions, to refer to MAR for titration parameters.</li> <li>• Approved PICC line inclusion in procedures governing central line removal by nurses.</li> <li>• Approved 3 further EBP Symposium projects for broader implementation: Zero Hero Rounds, HAPU Factors in ICUs, and Vital Signs/Early Warning System.</li> </ul>
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**Committee Attendance Roster (each month that attendee was present should contain a Checkmark)**

Guests: Martha Holman, J. Grady Johnston, Carol Deverell, Katie McDermott (Admin. Fellow), Emily Prabhu (Pharm)

Member Name/ credentials	Department	Jan	Feb	Mar	EBPD	May	Jun	Jul	Aug	Sep	Oct	Nov
Nancy Addison, Pediatrics rep	Cn4, PICU	y	y	y		y						
Ken Allmon, Management Committee	Nurse Manager, SSU	y	y	y		y						
Carmen Borges, Acute rep	5 West	y		Exc.								
Karen Braden, CPC Vice-Chair	ED	Exc.	Exc.			y						
Lanna Buehler, ED rep	ED	y	y									
Carol Burrage, Psychiatry rep	Cn4, 5 East	Exc.	Exc.	Exc.	y							
Sarah Craig, Acute/IMU rep	APN1-CNS, 4W/TIMU		y		y							
Kitty Deane, Ambulatory Practice Chair		y	Banavage	Banavage	y	Banavage						
Suzanne Fuhrmeister, CPC Chair	APN1-CNS, 4C/VIMU	y	y		y	y						
Sue Galloway, Nursing Education rep	Director, NES	y	y	y		y						
Kimberly Hahn, Women's Place rep	Cn3, 8TWP	y										
Stephene Hertwig, ICU Rep	Cn2, MICU	y	y									
Holly Hintz, Director, Nursing Governance	Dir., Nsg Governance	y	y		y	y						

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Member Name/ credentials	Department	Jan	Feb	Mar	EBPD	May	Jun	Jul	Aug	Sep	Oct	Nov
Terry Knick, TCH rep	TCH											
Michelle Longley, PNSO President elect	Heart & Vascular	Y	y	y	y	y						
Cameron Mawyer, Nursing Supvrs	Nursing Supervisor	Exc.										
Cheryl May, Children's Procedure Chair	7 Acute	Exc.	y	y		y						
Lori Mays, Per Diem/MET rep	Wage RN, SRO	y	y	Y		y						
Cynthia McCaskill, Procedure Proc Chair		y	y	y	y	y						
Katelyn Overstreet, Crit Proc chair		y	Johnston	Y		y						
Alison Poeppel, Informatics Chair	Informaticist, Epic	y		Y		y						
Graham Ruckman, Periop rep	OR	y	y			y						
David Strider, Research Util. Chair	UB Wage RN, PICU					y						
Cynthia Taylor: Infection Preventionist	Infection Preventionist		y			y						
Ashley Viars, Acute Procedure Chair		Seth	y	Y		y						
<b>Ad Hoc Members, attend as needed:</b>												
Laurie Brock, Informatics Chair	Informaticist, Epic	y	y	Y	y	y						
Linda Eastham (alternating months)	School of Nursing	Exc.		Y								
Jennifer "JT" Hall, Magnet	Magnet Coordinator											
Barb Maling (alternating months)	School of Nursing											
Richard Schneider, WOC rep	WOC	y	y	y								
<b>PENDING</b> , Quality/Pt. Safety/Risk rep	Quality/Pt Safety/Risk											
<b>PENDING</b> , Patient Education rep	Patient Education											
<b>PENDING</b> , Night Shift rep												