Clinical Practice Committee Meeting
Sarah Craig, Chair
AGENDA & MINUTES - 08/27/2013
Time: 1300-1500   Location: Medical Center Boardroom

Topic *Pre-work (if any) Presenter: Time	Purpose/Goals	Discussion	Follow up & responsible person
Announcements 1300-13:05	July Minutes Poll Agenda adoption	Reminder: Cast your vote on July Minutes on Collab by 8/30/13. Agenda adopted with deferral of Rebecca McMullen's section (out today), and swap of PN & JBI discussion timeslots to connect to JBI.	
September *Practice News* Suzanne Fuhrmeister 13:05-13:15	CPC rounding sign-up.	Discussed Practice News and general dissemination of practice change information/soliciting input.	
JBI Introduction Glenn McAlpine, Ovid/JBI rep 13:15-13:35	Joanna Briggs Institute Evidence Based Practice Database	Glenn McAlpine, our vendor representative from Ovid/JBI, presented a special overview on how to use our new subscription to the Joanna Briggs Institute's EBP Database, available to all staff through the Library's website. Two other training classes were held today; overall, 43 nurses were trained today in using JBI! • It defaults to the "Basic Search" function, which is ideal for searching JBI; use simple words, to search broadly; it will automatically search many synonyms. "Systematic Reviews" is one type of results returned that nurses might find especially valuable: they include both dozens-of-pages in depth material, and an Exec Summary on pp1-2. Or, for quick reference in the moment, you can use the Limit filter to find one of the briefer publication types, e.g. Best Practice Information Sheet. You can also Limit by year – if you're only interested in e.g. publications in the last two years, instead of the entire results set. • The "EBP Tools" tab has 10 tools, which requires a Personal Account (setting one up is easy & instant to do, and part of our subscription). Each tool has a built in instructional manual in the "About" tab. Highlights include: o "Rapid" which asks a quick series of questions: is this study supported by the evidence? A Checklist for critical reading of an article you've found. o "Journal Club" has a similar evaluative approach, and could be a virtual tool to invite others to look at your conclusions and share the info. o "Manual builder" could be used to craft step-by-step recommended practices (we could then use that to copy/paste from JBI/EBP to Lippincott). o "PACES, POOL & COOL" are related. PACES helps you construct outcomes audit tools to input the audit data; POOL & COOL are the data analysis tools. • We could even consider having staff get trained to do the systematic reviews and be contributing authors for JBI!	Team: demo JBI in your local Practice & Research committees, show them how easy it is to incorporate the latest evidence at the bedside.

*Procedures & Practice Updates **CRRT Procedure** Stephene Hertwig **New Chair Alarms Update** Michelle Longley **EPIC Optimization** Sarah Craig/Laurie Brock 13:35-1400	*Procedure and Practice Updates discussed as a group*	Stephene Hertwig, Critical Care Procedure Chair, presented a proposal for a CRRT interdisciplinary Practice Guideline (or Protocol, if possible – much preferred) for ICU patients. Nurses noted a need for evidence-based guidance on how to titrate continuous calcium infusions safely, reflecting the large difference in approach to titrating Calcium Chloride vs Calcium Gluconate solutions; many staff were unaware of that. ICU Pharmacy, Nephrology, & Critical Care Collaborative have all approved the draft – next step is Pharmacy & Therapeutics committee. • Laurie Brock offered to integrate the titration tables into the Order Set tables in Epic, to reinforce improved safety measures even further. • Make sure these documents clearly differentiate Ca Chloride vs Gluconate. **VOTE**: Approved from CPC's perspective, to move forward with next steps. This will be a huge gain for patient safety and consistency of practice! Once P&T approves, launch this with an article in Practice News to highlight the issue & changes. Michelle Longley, Fall Prevention lead, announced that 88 new Chair Alarms have been deployed, upgrading (and increasing) from previous alarms. Staff are very excited about the new device, lots of positive feedback. Mary Jane Willis is one of our nursing educational coordinators who is helping the Restraint Committee, recently re-formed with new leadership. In October they will offer the first updated Restraint Trainer session; completely reformatted classes will be held monthly, with prework including a CBL with pre/post-test, and attendees should come prepared to demonstrate competency at the training event. Email invitations to sign up are coming soon. Laurie Brock continued Epic Optimization followup from previous CPC meeting – there are several opportunities to get involved, recruiting nurses' input from CPC, Local liaisons, NECs, Epic; specifically on these topics for now: - Review of Documentation Standards; including updating the Inpatient Standards launched last year, and adding expectations for other locations. Especially want to include Legal standpoint, VaBON, other regulatory perspectives. - Improving Workflow at the bedside for documentation.	Stephene Hertwig will present CRRT Protocol proposal to P&T, and will report back on status. Team: Actively get input, interest from your local constituents; send to Laurie Brock.
Hand off of Care Policy Update Michelle Longley & Laurie Brock 14:00-14:30	*Nursing Practice Liaisons Survey Results, core content for nursing HOC; template for IDEAL format. Work on tool as small groups. Vote on final tool.* *Needed procedure updates.* *Implementation.*	Michelle Longley's been working with lots of committees to review the adjusted HOC template, based on the results from the input survey/proposed HOC core content sent to the Local Practice Leads. CNSs suggested that the tool match the prompts in Epic Flowsheets, to facilitate workflow. On www.epic.com, anyone can log into the User web, see how other institutions do things. There are a few starting points that we could adapt or build around – especially Snapshot which has some user-friendly color coding and the ability to add Sticky Notes for contingency planning. There also is a Shift Report feature that already exists, very underutilized. • Will want to add a Documentation of HOC field: a reminder – when did I give Shift Change HOC, and to whom? "Reports" are different than "Flowsheets". Sticky Notes aren't part of the permanent record, so would	

		want a different option that's more easily viewable.	
		• As an aside, different from IDEAL for routine handoff: for escalation of care needs, SBAR goes into a documentation session in Ambulatory; maybe something to include for Inpatient as well. • Like the very visible flagging of Restraints & Overdue Meds. CPC split up into workgroups to discuss a handout of proposed tool. Also a chance to do a real-time test: how time-intensive is it to do the HOC that we're asking? Overall impressions of the tool: - Reminder that these are the *basics* expected housewide; your population may have some specific core features to add as well, e.g. postpartums. - Who's in charge of the Treatment Team: pic #. - The Giver of report may have a printout; the Receiver of report should be working on the WOW (maybe they both refer to the WOW). - Add general "Implants" and remove specific "ICD/pacer". - Realize that, since the report is pulling from existing orders, in some cases the report would be fairly blank [e.g. a routine Ambulatory Cardiology checkup has to be emergently admitted, and the Amb nurse gives verbal handoff for as many aspects as possible]. - Anything we build should be a quick summary/fact with optional link to the detail. Like the visibility of the colored-heading model. - Under GI, expand "NPO" to include "current Diet and tolerance" - Neuro/Musculoskeletal to get at gait, stability, mobility; don't need separate "confusion/agitation" since we've got "significant abnormalities" - Derm: when last repositioned/turned. - Glucose - Last set of vitals **VOTE**: Approved to move forward with these changes. There will be more rounds of discussion & prep for implementation! • IDEAL & SBAR prompts will be coming as a hang-tag card for your badge! • A member commented: This should revolutionize our care! Staff often wonder "am I giving enough info? Too much? Is it the right info?" • How to overcome pushback where longstanding alternative HOC models are in place. • Help staff also understand that many of these same concepts factor into the Plan For The Day for the whiteboards, to partner with the patient. • Suzanne Fuhrmeister mentioned loving that Epic includes not just the last values, but also the Trended view. It's been frequently requested to have Accuchek values trended.	Michelle Longley, Laurie Brock, and Sarah Craig collaborating to finalize the HOC template and set up next steps for Implementation planning.
Emergency Response for Visitors and Staff John Gilday 14:30-14:45		John Gilday is a Resuscitation Coordinator for Emergency Management. Should there be Glucometer Cards in every area? What should our overall response be, if a Visitor or Colleague seems to be having a hypoglycemic event? Some have wondered about performing glucose checks, etc., but it really opens pandora's box, since it's not an official Patient with treatment options, documentation, etc. Better to deploy the appropriate in-house emergency response team, and let them proceed	Team: raise colleague awareness of the appropriate measures.

		with care as needed. He has combed through state Nurse Practice Act, it doesn't provide a specific mandate. - Banish the fear of punishment! - Follow ANA's "Assess Diagnose Plan Implement Escalate". - Follow MC Policy 0187. - Call 4-2012 and deploy the correct in-house response teams if warranted. They have a glucometer card handy. It's more appropriate – and gives them faster triage than going/taking down to ER. The average in-house response time has been 5 minutes or less, for the past two years! (Every quarter the ERT statistics are shared; ther are at least a couple hundred of visitor/staff calls per year).	
Procedure Checklist Rebecca Selgrade McMullen 14:45-15:00		*Reschedule to a future meeting – presenter unable to attend today.*	
Meeting Take Away Points	*Determine the points that members will share with designated staff members.*	Try using JBI, and encourage others in using it! Use the new chair alarms to improve Fall Prevention safety! Epic workgroup: ask colleagues for input, participation interest. Reinforce "Call 4-2012" for visitor/colleague emergencies too. Watch for implementation details on HOC / IDEAL, and thanks for local input!	***All committee members:*** *share these with your Communication Tree designees.*

Summarize Outcomes Achieved at this meeting:
Taught CPC members the basics of using the Joanna Briggs Institute's EBP Database.
Approved the nursing aspects of a proposed interprofessional CRRT Protocol for safely titrating Calcium Chloride/Gluconate continuous infusions.
Revised the latest draft of proposed core content for templated IDEAL Handoff Of Care Between Settings.

Committee Attendance Roster (each month that attendee was present should contain a Checkmark)

Guests: Glenn McAlpine (external), Mary Ann Buckley, Jenny Dixon, Nancy Eksterowicz, John Gilday, Jessica Kim, Cindy McMillan, Anna Parrish

Member Name/ credentials	Department	Jan	Feb	Mar	EBPD	May	Jun	Jul	Aug	Sep	Oct	Nov
Nancy Addison, Children's Procedure Chair	Cn4, PICU	Y	Exc.	Y	Y	Y	Y		Y			
Ken Allmon, Management Committee	Nurse Manager, SSU	Exc.	Y	Y		Y		Y	Y			
Laurie Brock, Informatics Chair	Informaticist, Epic	Y	Y	Y		Y	Exc.	Y	Y			
Carol Burrage, Psychiatry rep	Cn4, 5 East	Y	Y	Y	Y	Y	Y	Y				
Sarah Craig, CPC Chair	APN1-CNS, 4W/TIMU	Y	Y	Y	Y	Y	Y	Y	Y			
Hester Fletcher, Procedure Area rep	NEC2, OR			Y				N.Pierce				
Suzanne Fuhrmeister, CPC Vice-Chair	APN1-CNS, 4C/VIMU	Y	Y	Y		Y	Y	Y	Y			
Elizabeth Guydo, ED rep	Cn3, ED	Y			Y	Y	Y	Y	Y			
Kimberly Hahn, Women's Place rep	Cn3, 8TWP		Y	Y	Y	y	Y	Exc.	Y			
Stephene Hertwig, ICU Procedure Chair	Cn2, MICU	Y	Y	Y			Y	Y	Y			
Holly Hintz, Director, Nursing Governance	Dir., Nsg Governance	Exc.	Y	Y	Y	Y	Y	Y	Y			
Tina Knicely, PNSO President	Cn3, SAS	Y	Y	Y	Y	Y	Y	Y	Y			
Terry Knick, TCH rep	TCH	Exc.	Y			Y	Y	Y				
Michelle Longley, Acute Procedure Chair	APN1-NP, Acute Care	Y		Y	Y	Y	Y	Y	Y			
Cheryl May, Pediatrics rep	7 Acute		Y		Y	y						
Cherie Parks, Ambulatory Practice Chair	RNAC, Heart Center	Y	Y	Y		Y			Y			
Ellen Smith, Procedure Area Procedure Chair	Cn4, Endoscopy	Y	Y	Role change								
David Strider, Research Util. Chair	UB Wage RN, PICU	K.Fletcher	Exc.			Y						
Cynthia Taylor: Infection Preventionist	Infection Preventionist	Exc.	Y	Y			Y	Y				
Mary Jane Willis, Per Diem/MET rep	Wage RN, SRO	Y		Y		Y	Exc.	Y	Y			
Ad Hoc Members, attend as needed:												
Sue Galloway, Nursing Education rep	New Grad Programs	Y	Y			Y	Y					
Jennifer "JT" Hall, Magnet	Magnet Coordinator	Y	Y		Y	Y	Y		Y			
Jackie Loach, Quality/Pt. Safety/Risk rep	Pt Safety/Clin Mgt Coord											
Cindy Westley, Patient Education rep	Epic				Y							
Richard Schneider, Skin rep	WOC		K.Wilson						Y			
Susan Harkness-Shifflett, Night Shift rep	3W			Y			Y	Y	Y			