

| Meeting Name | Professional Practice & Development Council | | | | |
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| Location HOCH Center, Room 1 | | | Council/Meeting Minutes | Please check off all components and indicators that relate to each topic being discussed. | |
| Date 7/17/2019 | | | | | |
| Time | 1100-1300 | | Williates | | |
| Conducted By | Candice Johnson, BSN, RN (Co-Chair) Carolynn Young, MS, RN-BC (Facilitator) | | | | |
| Topic/ Facilitator | Discussion | Staff Input & Feedback | Action | Magnet Components | Strategic Plan Indicator |
| 1. Call to Order: A. Welcome B. Identification of Timekeeper and Recorder C. Introductions D. Review of previous meeting minutes | Meeting called to order @ 11:10 AM. Recorder/Timekeeper: Jen New Members/Welcome. June minutes distributed via email. Approval of June 2019 meeting minutes. | Minutes accepted. | Attendees Conference call-in number: 888-602-0202. Then press passcode: 9143663502#. | ☐ Transformational Leadership ☐ Structural Empowerment ☑ Exemplary Professional Practice ☐ New Knowledge, Innovations and Improvements | ☑ People ☐ Patient Experience ☑ Quality ☐ Financial Performance ☐ Operations |
| 2. Career Ladder | Nancy Fox, RN and Karen Barger, RN provided a draft of the revisions to the career ladder, describing nurses' "professional development" and "leadership behavior". They differentiated between precepting (education) and observation. Nancy added that we should think of this draft as "a fluid document" and a work in progress. Leadership activities were outlined. New graduate RN is considered a "beginner" on Benner's theoretical model "novice to expert". | Council members identified various types of precepting and eligibility on the career ladder: Orienting High school students and travel RNs does not qualify. Nancy explained that qualification really depends on the return on the investment and precepting of Phelps'nurses. Chris Moon, RN said he enjoys precepting the CAPSTONE students. | Checklists, logs for the chard, champion, preceptor etc. roles are the responsibility of the applicant, not the nurse manager. Alicia Mulvena, RN is the student affiliations coordinator. The goal is to have more students and nurses interested in mentoring a CAPSTONE | □ Transformational Leadership □ Structural Empowerment ☑ Exemplary Professional Practice □ New Knowledge, Innovations and Improvements | ☑ People ☐ Patient Experience ☑ Quality ☐ Financial Performance ☐ Operations |



| | Nancy added that regarding projects: new ideas should be brought to the New Knowledge and innovation council to ensure the project is valid and appropriate and will be supported. Nancy asked if the draft is workable and distributed the grid and packet. | Another comment was related to the confusion/blending of chair and cochair roles. Clarification is needed. Doreen Wall, RN offered to bring this to the nursing leadership council (NLC) meeting is next Wed. Council members appreciated the work of Karen and Nancy and agreed that this program supports professional growth and helping colleagues along the way, | student should contact Alicia. Council charters need to be reviewed. Council members to inform their colleagues that future projects need to be presented at New knowledge and innovation council. This draft will be presented to NLC next week. | | |
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| 3. SOC Committee Report Updates in Policies and Procedures | Carolynn Young, RN presented updates on SOC: Clinical Aromatherapy policy by Cheryl Burke, RN and others has been approved. 2019-New policy for IV scrub the hub of needless hub & catheter port will now be using chlorohexidine (CHG) swabs for peripheral AND central lines; the CDC says you can use either one. Ambulatory surgery unit is not using green caps (patients are short-stay and generally only one cap is used per visit) Hemodialysis (HD)Services- Ellen Parise, RN and Janice Breen, RN updated everything related to HD with the 2N/3N clinical nurses. | Single use caps & tips are alcohol should be available soon. If a port does not have a cap, you can place a new cap on it-wait 1 minute-and flush, OR, scrub with a CHG swab 5 seconds with 5 seconds air dry. Addresses concerns/questions of clinical nurses. Gives direction of "What medications to hold for dialysis?" Also answers JC question to other sites: "What do you do if the Renal nurse becomes incapacitated?" | Catheter policy will be ready to implement in August 2019. Thanks to Ellen and Janice! Poster attached to policy & posted on inpatient units. | ☑ Transformational Leadership ☐ Structural Empowerment ☑ Exemplary Professional Practice ☐ New Knowledge, Innovations and Improvements | ☑ People ☐ Patient Experience ☑ Quality ☐ Financial Performance ☐ Operations |



| | Suicide Precautions – plan of care was much more descriptive. | Doreen Wall, RN added that Joint commission may ask "what tool are you using to screen suicide patients?"→ Columbia screening tool is used, "how often do you screen for | | |
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| | Constant Observation is the monitoring sheet that has been updated (ENV stands for environment for safety)- need to check every 30 min | suicide→ on admission, stop if negative, ongoing if positively screened. All boxes need to be checked (even by tech); RNs must check every 2 hrs. | Bundle is called Constant Observation | |
| 4. Unit goals | Goals to increase BSN prepared nurses and certifications for those eligible continue. | All encouraged to mentor and encourage colleagues to obtain and then maintain their certification. | Kathy distributes unit dashboards on a regular basis to keep goals and status current. | |
| 5. Shared Governance video by Candice Johnson, RN played | | | Congratulations Candice for wonderful video on the work of the council. | |
| Adjournment Next Meeting | Meeting adjourned at 1250. August 21 at 1100-1300 in the Atrium | | Conference call-in number is: 888-602-0202. Then press passcode: 9143663502#. | |
| Respectfully Subm | nitted, | | <u> </u> | |
| Recorder/Credentials | | _ Date | | |
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