

## Council/Meeting Agenda

<b>Council / Meeting Name</b>	Pressure Injury Resource (PIR) Team			Please check off all components and indicators that relate to each topic being discussed.
<b>Location</b>	WWCR			
<b>Date</b>	1-12-21			
<b>Time</b>	16:00 – 17:00			
<b>Conducted By</b>	<b>Deborah Reynolds, BSN, RN, CWOCN</b>			
Topic	Time Allotted	Facilitator	Strategic Plan Indicator	
1. Call to Order a. Identification of timekeeper and recorder b. Check-in	5 min	<b>Deborah Reynolds, BSN, RN, CWOCN (Meeting taped)</b>		
2. Products a. Product of the month b. New beds c. Bed rentals d. Broken beds e. Cavilon Advance (clarify)	10 min	<b>Deborah Reynolds, BSN, RN, CWOCN</b>	<input checked="" type="checkbox"/> People <input checked="" type="checkbox"/> Patient Experience <input checked="" type="checkbox"/> Quality <input type="checkbox"/> Financial Performance <input type="checkbox"/> Operations	
3. Stage of the month – Stage 1	5 min	<b>Deborah Reynolds, BSN, RN, CWOCN</b>	<input type="checkbox"/> People <input checked="" type="checkbox"/> Patient Experience <input checked="" type="checkbox"/> Quality <input type="checkbox"/> Financial Performance <input type="checkbox"/> Operations	
4. Pressure Injury Data a. November Incidence b. November Prevalence c. December Incidence	15 min	<b>Deborah Reynolds, BSN, RN, CWOCN</b>	<input type="checkbox"/> People <input checked="" type="checkbox"/> Patient Experience <input checked="" type="checkbox"/> Quality <input type="checkbox"/> Financial Performance <input type="checkbox"/> Operations	
5. Education and projects a. Angela Sniffen 2/2021 b. Staff Pressure Injuries c. Co-chair d. Education project e. Competency f. Shining the Light g. Ostomy/VAC cart h. Wound Info Sheet	20 min	<b>Deborah Reynolds, BSN, RN, CWOCN</b>	<input checked="" type="checkbox"/> People <input checked="" type="checkbox"/> Patient Experience <input checked="" type="checkbox"/> Quality <input type="checkbox"/> Financial Performance <input checked="" type="checkbox"/> Operations	
6. Review of Action Items a. Who is responsible b. Expected dates of completion	5 min		<input type="checkbox"/> People <input type="checkbox"/> Patient Experience <input type="checkbox"/> Quality <input type="checkbox"/> Financial Performance <input type="checkbox"/> Operations	

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7. Adjournment Next meeting date, time, location			Next Meeting 2-9-21 WWCR	