

Meeting Name	Pressure Injury Resource (PIR) Team		Council/Meeting Minutes	Please check off all components and indicators that relate to each topic being discussed.	
Location	MSB 235				
Date	5-11-2021				
Time	16:00-17:00				
Conducted By	Benjelyn Sumague, BSN, RN, CWON Co-chair, Roxanna McKenna				
Topic/ Facilitator	Discussion	Staff Input & Feedback	Action	Magnet Components	Strategic Plan Indicator
Product Presentation: Amanda Dayton RN and Sandee Sy RN	1. Product Presentation: Silvadene 2. Needs prescription and is a topical antibiotic 3. Discussed usage and pricing 4. Contraindications and Side Effects 5. Education very important to patients 6. Important for provider to order Kidney function test for monitoring	Question: Is there a specific way of removing Silvadene? Carol Daley RN Patient used Alcohol and Silvadene, caused burning reaction to skin. Amanda Dayton RN Would the wound be better to cover with gauze or Telfa? Donna Aiken RN	Silvadene can be removed regularly Amanda Dayton RN  Patient requested change of treatment, MD prescribed plain Aquacel. Patient ok discharged. Benji  Telfa is ok to use to cover Amanda Dayton RN Silvadene needs to be wiped off before going to MRI. Adele Whyte RN	<input type="checkbox"/> Transformational Leadership <input type="checkbox"/> Structural Empowerment <input type="checkbox"/> Exemplary Professional Practice <input checked="" type="checkbox"/> New Knowledge, Innovations and Improvements	<input type="checkbox"/> People <input type="checkbox"/> Patient Experience <input checked="" type="checkbox"/> Quality <input type="checkbox"/> Financial Performance <input type="checkbox"/> Operations
Documentation Redesign: Carolynn Young, MS, RN, GERO-BC, ONC	Plan for skin integrity assessment. a) Working with redesign group b) Looking through med surge documentation, looking at each one by one. c) Body location, body site (alphabetically), and skin appearance (alphabetically) in documentation. d) Tested: occurrences are working when tested as documentation.	Question: Wound assessment would be found in wound not in skin integrity? Benji	Pressure ulcer, wound assessment and skin tear assessment has not been changed. Carolynn Young	<input type="checkbox"/> Transformational Leadership <input checked="" type="checkbox"/> Structural Empowerment <input type="checkbox"/> Exemplary Professional Practice <input type="checkbox"/> New Knowledge, Innovations and Improvements	<input checked="" type="checkbox"/> People <input type="checkbox"/> Patient Experience <input type="checkbox"/> Quality <input type="checkbox"/> Financial Performance <input type="checkbox"/> Operations

	<ul style="list-style-type: none"> <li>e) Port and tubes removed on skin integrity assessment, is on IV assessment.</li> <li>f) Goal of redesign is to reduce</li> <li>g) Everyone to look over sample and see if it works.</li> <li>h) Some goals were met so far</li> <li>i) Last week goal was to reduce interview documentation, presented to Mary McDermott, Helen Rank, Suzanne Mateo and Paula Keenan, able to reduce interview by 40%</li> <li>j) Still information to be collected for case management. Northwell also requires certain information</li> <li>k) Shift assessment reduced to 20%</li> </ul>	<p>For skin appearance, is that generalized appearance of skin? Amanda Dayton RN</p> <p>The whole body or specific area? Amanda Dayton RN</p>	<p>Yes, it's meant to describe generalized appearance. Carolynn Young</p> <p>You can add an occurrence for more specific body areas. Carolynn Young</p> <p>Med Surg documentation is more detailed. Donna Aiken RN</p> <p>Detailed skin assessment is on interview intervention. Carolynn Young RN</p>		
<p>Pressure Injury Data: Benjelyn Sumague, BSN, RN, CWON</p>	<p>Pressure Injury Data of April</p> <ul style="list-style-type: none"> <li>a) Only 1 HAPI for the month of April, COVID and expired. Pressure injury was not preventable</li> <li>b) 28 Community Acquired in April</li> <li>c) Positive feedback from patients</li> <li>d) Yesterday 2 new HAPI acquired, from very sick patients.</li> <li>e) We have to be vigilant with every patient in positioning and turning with score of 18 and below</li> </ul>			<ul style="list-style-type: none"> <li><input type="checkbox"/> Transformational Leadership</li> <li><input type="checkbox"/> Structural Empowerment</li> <li><input checked="" type="checkbox"/> Exemplary Professional Practice</li> <li><input type="checkbox"/> New Knowledge, Innovations and Improvements</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> People</li> <li><input type="checkbox"/> Patient Experience</li> <li><input checked="" type="checkbox"/> Quality</li> <li><input type="checkbox"/> Financial Performance</li> <li><input type="checkbox"/> Operations</li> </ul>

	f) Stage 1, non-blanching g) Stage 2, pink and painful h) Stage 3, show of subcutaneous tissue, brown, tan i) Example Buttock, 0.3 depth Ear .1 j) Example, can we downgrade if stage 3 got better with collagenase, no downgrade can be made. k) Stage 3 can see bones, document to Stage 4. Healing Stage 4, cannot be changed to another stage. l) Unstageable: wound visible more than 50% you can stage it, if not, becomes unstageable. MD debridement, pressure can be staged 3 or 4.  Next Meeting June 8 <sup>th</sup> . Edwina will be presenting Bactroban.	Turning and positioning very important, micro turn is counted and turning according to Debi. Carol Daley, RN  Shining the light Symposium, reimbursed through Chrome River. Carol Daley, RN			
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**Respectfully Submitted,**

**Roxanna McKenna**

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**Manager Signature**

**Date** \_\_\_\_\_

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**Director Signature**

**Date** \_\_\_\_\_