Phelps Hospital Northwell Health[•]

Meeting Name	Pressure Injury Resource (PIR) Team	n			
Location	MSB 235 6-8-2021 16:00-17:00			Please check off all components and indicators that relate to each topic being discussed.	
Date			Council/Meeting Minutes		
Time					
Conducted By	Deborah Reynolds, BSN, RN, CWOCN Co-chair, Roxanna McKenna				
Topic/ Facilitator	Discussion	Staff Input & Feedback	Action	Magnet Components	Strategic Plan Indicator
Product Presentation: Edwina Marc, RN and Monica Melo RN	 Product Presentation: Bactroban Discussed ingredient, cost, dose, type and usage Not OTC If by tenth day no improvement, other treatment used. 	Which is more expensive, cream or ointment? Deborah Reynolds RN	Different prices see, depending on insurance, ointment seems to be more expensive according to online research, Edwina Marc, RN Prescribed for BID or TID, nasal version was available, no longer in U.S. Deborah Reynolds, RN Hip surgery, tested for MRSA in nose, positive, treated for 5 days. Deborah Reynolds, RN Article, healthcare workers tested for staph, positive, bactroban will treat MRSA not Bacitracin (stops growth of bacteria). Deborah Reynolds, RN	 □ Transformational Leadership □ Structural Empowerment □ Exemplary Professional Practice ⊠ New Knowledge, Innovations and Improvements 	 □ People □ Patient Experience ☑ Quality □ Financial Performance □ Operations

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Amanda	Product Presentation: Bacitracin	Bactroban: made of			
McNiff, RN	a) Discussed usage, dosage, and	pseudomonas, not good		□ Transformational	
	price	against for pseudomonas		Leadership	
	b) Different from triple	infection. Other options.		Structural Empowerment	
	antibiotic ointment,	Deborah Reynolds, RN			
	ingredients are different			Professional Practice	
	c) Bacitracin vs. Bactroban: Bactroban contains			□ New Knowledge,	⊠ People
	mupirocin, kills larger variety			Innovations and Improvements	\square Patient
	of bacteria, alternative to			1	Experience
	bacitracin of allergic				□ Quality
	5				□ Financial
Deborah	1. Ostomy cart available, call				Performance
Reynolds	general service provides cart				□ Operations
	if needed.				
	2. Trialing Purewick, ICU and				
	2N trying. Evaluations to be				
	done afterwards forwarded to				
	WOC to approve product or not. We are 1 of 6 hospitals				
	trying new product				
Documentation	1. Skin integrity documentation:	Should moisture	Meeting on Thursday first and third		
Redesign:	2. Med surge shift assessment,	associated dermatitis and	Thursday, Open house for anyone to	☐ Transformational Leadership	
Carolyn Young,	big plan is to remove history	continent associated be	look. Decreased initial interview by	□ Structural	
RN	database admission. Will be using just shift assessment	removed? Deborah Reynolds, RN	64%. Shift assessment is 20% less. Carolyn Young, RN	Empowerment	
	initially. Will document	Reynolds, RN	Caloryn Toung, Kiv	⊠ Exemplary	□ People
	admission or regular shift	Suggestion to leave		Professional Practice	□ Patient
	assessment.	dermatitis alone, confusion		□ New Knowledge, Innovations and	Experience
	3. Modules will be same	can occur, Lauren		Improvements	🛛 Quality
	example cardio, pulmonary	Martinez, RN			Financial Performance
	etc. Skin will be general				\Box Operations
	assessment (temperature,				
	visual) No more additional information				
	4. Skin integrity assessment,				
	intact, no wound etc. Skin				
	maci, no wound cic. Skill			1	

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	 integrity is superficial description, wound is for opening of skin. 5. Mandatory pressure point evaluation, send messages to various people, plan to be added to assessment. 			
Deborah Reynolds, RN	 Conference: Shining the Light Dr. Hoisington, amputation of foot, different names, Story: Swabbed for COVID and negative, got a small bite on finger, spread to other fingers, red and painful, Dermatologist biopsy, results were COVID 			
Pressure Injury Data: Bengi, RN	 for May April 1 HAPI May 5 HAPIs: 3 from ICU 2 expired, 1 on 2N, 1 on 2C 1 patient in ICU order from MD to not turn, unavoidable, patient very sick. Patient discharged to 	1 patient in ICU, small opening on upper lip and gum, intubated for 6 days. Using soft holders when intubated optional. Deborah Reynolds, RN Anchor fast was changed for patient because soft holder used, kept slipping	Debi will contact Giovanna Conti from Purchasing to see what/if bite blocks are available in the Northwell IDC	
Stage 4 PI: Deborah Reynolds, RN	 Questions on different types of stages. Discussed partial and full thickness, Stage 2 is only 	Oral airways are not bite block, they are quick use for opening for airway, we		

7. Stage 4 have undermi	
and rolled edges	Martinez, RN
8. Difference of Stage 3	nd
Stage 4, bone, ligame	IS,
muscle on stage IV.	
9. Next meeting July 13	4-
5pm	

Respectfully Submitted,

Roxanna McKenna

Manager Signature

Date _____

Director Signature

Date _____