

DATE: August 26-27, 2014

LEADERS: ECLT

MEETING: Emergency Center Staff Meeting

RECORDER: Melodie Streich

Topic	Comments/Discussion	Recommendations/Actions
Call to Order	Mark called the morning meeting to order. Charlotta called the evening meeting to order.	
Mission / Vision / Goals	<p><u>Mission</u> We will provide the highest quality health care services to all of our patients efficiently, effectively and compassionately, regardless of where they live or their financial circumstances.</p> <p><u>Vision</u> The health care team at the Beaumont Health System, through innovations and daily improvement, will provide a patient experience that is a national model for exceptional outcomes, high consumer value and caring service, supported by progressive teaching and medical research.</p> <p><u>Goals</u> Quality & Safety • Service • Finance & Growth • Organizational Development</p>	
Welcome	The EC will see many new faces in the upcoming weeks.	<p>Please welcome the following to our team:</p> <ul style="list-style-type: none"> • Heather Hillewaere - EC Tech • Katie White – RN • Sundara Ganti – RN • Chequeta McCree – HUC • Paul Wolka – EC Tech • Milena Radjewksi – EC Tech
July WOW Nominees	<p>July nominees are:</p> <ul style="list-style-type: none"> • Al Keown • Eric Houchin • Jen Brown • Ryan Hickey • Svetlana R.T • Bruce Millar 	This is peer recognition at its finest – recognizing the hard work of our team members.

	<ul style="list-style-type: none"> • Lu Houchin • Latrella Bush • Anna Welch X2 • Matt Murphy • Brendan Franklin X2 • Sharon Grabowski • Tom D. • Michelle Gajecki x2 • Lauren Hammond • Joe Griffin • Courtney Wittfeldt • Dave Kowalski • Lana Schmoltz x2 • Ann Mcklinsky • Deanna Peshl • Michelle Yetter • Teri Kuhar • Ardit Kacorri X 2 • Adrian Gary • Kamal R. 	Evidence EP9-6, Staff Meeting Minutes, August 26 and 27, 2014 and Attendance Roster
July WOW Winner	The July WOW winner is: Anna Welch	
July WOW Pin Winner	July's WOW Pin Winners are: <ul style="list-style-type: none"> • Anna Welch • Natalie Munro • Ardit Kacorri 	Congratulations to Anna, Natalie and Ardit.
Employee of the Month Nominees	Employee of the month nominees for July are: <ul style="list-style-type: none"> • Adrian Gary • Matthew Walsh • Sharon Grabowski 	
Employee of the Month Winner	The employee of the month winner for July is: Matthew Walsh	Congratulations to Matt.
Melodie's Corner	In case you thought it was busy on Monday (August 25 th) – it was.	The EC saw 141 patients and are averaging 113 patients per day so far this month and 103 patients per day for the year.

Jennifer's Topics	<p>The exception log was reviewed.</p>	<p>Evidence EP9-6, Staff Meeting Minutes, August 26 and 27, 2014 and Attendance Roster.</p> <ul style="list-style-type: none"> • It is the responsibility of the employee to have entries in the exception log signed by the charge nurse. • Please make every effort to have the charge nurse sign at the same time that you sign the purple sheets. • If the charge nurse is unable to sign at the exact same time that you make your entry, please be aware to have entries signed before you leave for the day. • Entries must be signed on the day that they are entered. • Please only write one item per line. 																								
Staffing	<p>Based on the suggestions of the Clinical nurses, a review of the staffing changes lately and interviewing / hiring are taking place.</p>	<table border="1"> <thead> <tr> <th>Date Range</th><th>% Staff</th><th>Average Daily Census</th></tr> </thead> <tbody> <tr> <td>January</td><td>93%</td><td>95.3</td></tr> <tr> <td>February</td><td>91%</td><td>91.2</td></tr> <tr> <td>March</td><td>95%</td><td>98.6</td></tr> <tr> <td>April</td><td>97%</td><td>105.8</td></tr> <tr> <td>May</td><td>93%</td><td>105.1</td></tr> <tr> <td>June</td><td>91%</td><td>105.9</td></tr> <tr> <td>July</td><td>92%</td><td>111.6</td></tr> </tbody> </table>	Date Range	% Staff	Average Daily Census	January	93%	95.3	February	91%	91.2	March	95%	98.6	April	97%	105.8	May	93%	105.1	June	91%	105.9	July	92%	111.6
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Reggie's Words of Wisdom	<ul style="list-style-type: none"> • Please look for expired supplies. • Please keep your rooms tidy. 																									
EMS Medical Control	<p>When EMS calls, they are asking for one of 2 things;</p> <ul style="list-style-type: none"> • To give report on a patient they are bringing. • To request "Medical Control"= to get direction from a Physician on the care and/or treatment of a patient <ul style="list-style-type: none"> • As a hospital, we provide "Medical Control" to our EMS providers when they request it. • This is the protocol and it must be followed. • When EMS calls for "Medical Control", a Physician must be notified to provide medical decision making to EMS. 	<p>EMS is calling for a reason. Protocol must be followed.</p> <p>If they ask for a physician, a physician needs to be brought to the phone. Do not provide information without speaking first to the physician.</p>																								

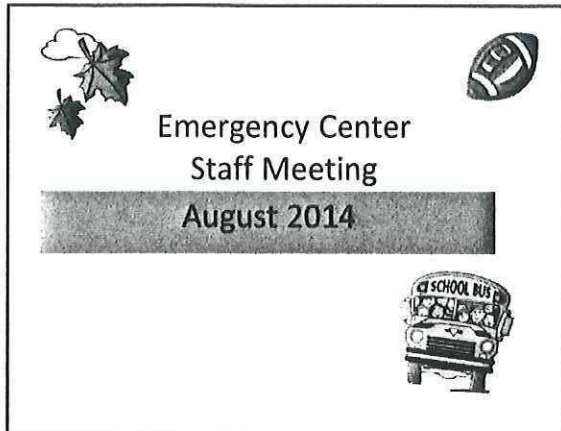
STEMI Alerts	The STEMI cases were reviewed. Great job – everyone.	Evidence EP9-6, Staff Meeting Minutes, August 26 and 27, 2014 and Attendance Roster See slides for details of the cases.
Hand Washing	Compliance rate is rate is at 87%. There is room for improvement. Foam In & Foam Out	Infection Prevention! <ul style="list-style-type: none"> • Hand-wash before and after every patient encounter • Soap & water at sink “or” <ul style="list-style-type: none"> • Waterless Hand Sanitizer • Be obvious that you are cleansing your hands
Culture of Safety	Speak up for patient safety. See it – Say it – Fix it The database was changed to be more realistic to what is actually happening in the EC.	For any concerns see or email a Charge Nurse, ANM or Mark. If it isn’t reported, it can’t be taken care of. Our scores were above the database.
Comments	Comments from the survey were shared with the group.	See slides for the actual comments.
Staffing	The graph displayed the actual average ratio of patients to RN hour by hour. The average ratio is 4:1.	Work is being done to improve staffing <ul style="list-style-type: none"> • Improved staffing model for patient demand. • 9A-9P, 1p-1A, 3P-3A shifts for better coverage during peak time/volumes. • Staff & Leadership rounding. • Adjusting staffing model for 2015 (projected volumes).
Press Ganey	The scores are starting to go up.	Areas that need attention area; <ul style="list-style-type: none"> • Nurses attention to your needs • Staff cared about you as a person • Courtesy shown to family/friends
Core Measures	Staff is doing a great job.	See slide for specifics.
Lab – Hemolysis Rates	Please use good techniques.	See slide for graph.
Blood Culture Volume	Blood Culture Volume Target Volume = < 8-10.0 ml Blood Culture Volume for April = 5.4 ml (decreased)	We are reaching the target.
Customer Service	Continue to do the following: <ul style="list-style-type: none"> • Leadership Rounding • Aidet • Update your patients • Medication Administration 	

	<ul style="list-style-type: none"> • Rooms Stocked • Team Work 	Evidence EP9-6, Staff Meeting Minutes, August 26 and 27, 2014 and Attendance Roster
Take Care Nancy	Nancy doesn't like to say good-bye but rather "see ya later". She has gone on to circulating nurse in the OR.	We wish her well.
Roundtable		
Fast Track	It was requested if Fast Track could be open longer in the evening. More and more Fast Track patients are coming later in the evening.	Mark will speak with Dr. Clark.
Tech Aide Request	It was requested if a second PT tech aide could be hired. Much time is spent in cleaning rooms and transporting patients.	Both Environmental and Transport services are experiencing challenges with staffing.
Visitors	Inpatient is directing visitors to the EC rather than the front of the hospital when they leave. These people stand at mini-reg waiting to be let out while patients are being registered.	Mark will address with Anne Stewart.
Sandwiches	It was requested that sandwiches be supplied for patients at night. It was also suggested that these sandwiches would be for patients who have been here 8 hours or more. It was noted that families along with patients are being fed which depletes the supply for nights. It was also suggested that the dietary supply deliveries be split into two times – one in the morning and one around 6 p.m.	Mark will address with dietary.
Janet Brown	Janet received kudos for always doing her job and never complaining. She just keeps on going doing her job.	
Supplies	It was noted that there is a shortage of supplies over the weekend due to the increase of patients. Could the par number be increased?	SPD can be called prior to 5 p.m. for extra stock.
Linen	By Sunday night there are no sheets. It is requested that 2 linen carts be supplied for Sundays.	Mark will follow up.
Communication	Keep up the good work and communicate more with each other and the patients.	

New Staff	Be patient with the new staff. Watch the negativity. Peer pressure often pulls one into the negative game.	Be positive – keep negative thoughts to yourself.
Volunteers	It was stated that a friend commented on the great job the volunteers are doing. She had a volunteer come in twice to check on things and provided coffee.	Great job, Alfonso, working with the volunteers.
Providing Wait Hours	It was stated that on Monday (August 25) a staff person came out and told those waiting that it would be at least a 4 wait before being seen. This caused several to be LWOBS. It was requested that whoever told the person to do this, be requested not to do this in the future.	At no time should an exact time be provided. One should apologize for the long wait to those waiting and explain it may be a bit longer until being seen.
Red Brick Update	The Summer Challenge is coming to an end. If you are registered and are covered by Beaumont insurance you can receive the Fit Bit for \$50. September 9, 2014 is the Smoothie Shuffle Walk.	For details see Laura O'Shell.
Red Tubes	Problems continue with the lack of Red Tubes.	Twenty were found in the OR. When low it was suggested to check there. More Red Tubes are slated to be ordered.
Peds Call Backs	Compliments are diminishing and complaints are rising with the peds call backs.	If a child comes in with a rash, try to find a private place for that child and family- suggestions included the back hallway on a stretcher or on a stretcher in the hazmat hallway. Check to see if a child is okay to wait otherwise try to bring children back. Bring charge nurse out to look at child if needed.
Wheelchairs	Due to the lack of space it is requested that Security not put every patient in a wheelchair. It is requested that the family be told to wait in the waiting room and the patient stay by the chairs.	
Timeliness of Meds	Medications are slow in getting up when you can't get them out of the PYXIS.	The 3-11 Pharmacist is a pilot program working with the Admissions Nurse to insure the Med Rec is complete. If this goes well, the program may be expanded.

Trauma	It was questioned whether or not a nurse should call a Trauma code. Nurses are being questioned by the physicians.	RNs should follow the ATGs and if a physician is concerned about a Trauma being called – let Charlotta, Mark or Dr. Clark know. ATGs have been approved by Dr. Clark and should be followed.
Protocol for Over 65	There was much discussion regarding healthy patients over 65 coming in with a laceration and having to be seen in the back and not Fast Track which adds to the backlog for back.	Sandy will get clarification from Kayela.
Next Meetings	<p>Tuesday, September 23, 2014 7 a.m. Private Dining Room</p> <p>Wednesday, September 25, 2014 7:00 p.m. CAFÉ CONFERENCE ROOM</p>	<p>The morning meetings are for the off-going night shift and anyone coming from home.</p> <p>The evening meetings are for the off-going day shift and anyone coming from home.</p>

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Emergency Center Staff Meeting August 2014

Mission

We will provide the highest quality health care services to all of our patients efficiently, effectively and compassionately, regardless of where they live or their financial circumstances.

Vision


The health care team at the Beaumont Health System, through innovations and daily improvement, will provide a patient experience that is a national model for exceptional outcomes, high consumer value and caring service, supported by progressive teaching and medical research.

Our Goals

Quality & Safety • Service • Finance & Growth • Organizational Development

Welcome !!!!

- Heather Hillewaere - EC Tech
 - Katie White - RN
 - Sundara Ganti - RN
- Chequeta McCree - HUC
 - Paul Wolka - EC Tech
- Milena Radjewski - EC Tech



July WOW Nominees

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July WOW Winner!!!

Anna Welch

July WOW Pin Winners!!!

- Anna Welch
- Natalie Munro
- Ardit Kacorri

Employee of the Month Nominees July 2014

Adrian Gary
Matthew Walsh
Sharon Grabowski

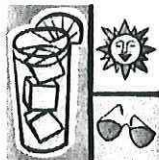
Employee of the Month Winner July 2014

Matthew Walsh



Melodie's Corner

ENJOY YOUR SUMMER!!



Jennifer's Topics

SIGNING THE EXCEPTION LOG

- It is the responsibility of the employee to have entries in the exception log signed by the charge nurse.
- Please make every effort to have the charge nurse sign at the same time that you sign the purple sheets.
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- Please only write one item per line.

Staffing: Where are we at?

Date Range	% Staff	Average Daily Census
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January	93%	95.3
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March	95%	98.6
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Reggie's Words of Wisdom

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- Please keep your



EMS Medical Control

- When EMS calls, they are asking for one of 2 things;
 - To give report on a patient they are bringing.
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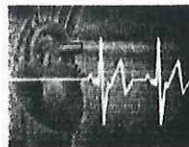


EMS Medical Control

- As a hospital, we provide "Medical Control" to our EMS providers when they request it.
- This is the protocol and it must be followed.
- When EMS calls for "Medical Control", a **Physician** must be notified to provide medical decision making to EMS.

STEMI Alert

MRN # 4128866
Date: 7/2/2014
EC Physician: Dr. Jelonek
EC Staff: Latrella, Sherry, Kelly & Joan
Cardiologist: Dr. Rodriguez
Cath Lab Team: Anne, Laura, Kristina, Nichole
Door to ECG: 0 minute
Door to Activation: 2 minutes
Cardiology Call Back: 2 minutes
Door to Cath Lab: 17 minutes
Door to Intervention: 57 minutes
ASA Given: Yes
Lesion: mLAD (100%) PTCA + STENT + Thrombectomy



STEMI Alert

MRN # 4342255
Date: 7/31/2014
EC Physician: Dr. Chesney
EC Staff: Matt, Natalie, Bev, Dominique, Kristen
Cardiologist: Dr. Dudar
Cath Lab Team: Anne, Laura, Kristina, Nichole, Mike, Brad, Chris
Door to ECG: 13 minutes* (presented with flu-like symptoms)
Door to Activation: 5 minutes
Cardiology Call Back: 1 minutes
Door to Cath Lab: 24 minutes
Door to Intervention: 43 minutes
ASA Given: Yes
Lesion: RCA (100%) PTCA + STENT + TVP



Hand-washing

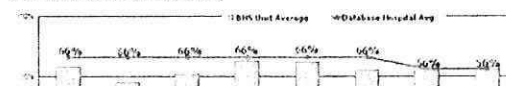


July	2014
Rate	87%



Culture of Safety

Overall Perceptions of Patient Safety



Culture of Safety

6/2014

Never staffed correctly - Not experienced enough staff - Care more about saving money than patient safety and employee safety. After concerns were brought up regarding issues of blood sugar (EMPLOYEES AND PATIENTS) were sent emails saying we were basically "incompetent". Patients are moved out of high acuity rooms and put in back of ED (N/A) too fast, for no reason, just to "clear the front rooms". Doctors will put patients in and notes without seeing patients have nurses do their work even when nurses do things doctors are supposed to do - when concerns are brought to management's attention we are talked down to or made to feel dumb.

With a 6 patient assignment in the ER it is difficult to keep track of what tests/procedures/etc have been done; patients are frequently moved before they receive their medications/ have their tests done, etc.

I feel that the management in the ER always makes patient safety a priority, but it has to be a team effort. EVERYONE needs to do their part, not management alone.

Culture of Safety

Nurse to patient ratio too high. Each nurse has 6 rooms and in addition gets hallway patients. Staff has requested to not have a float nurse and reduce room assignment, but management has told charge nurses they are not allowed to do that. We need more category one beds. Patients are moved out of category one beds too fast. Had a patient on a cardiac drip moved to back of ER, it went into unstable rhythm. Thankfully that admission nurse was in the room with it when this occurred so the code button could be pushed and the cardiac drip stopped immediately. The charge nurse made a comment that if the patient had gone up to their inpatient room we would not have had to deal with it in the ED. Doctors need to respond faster to category one beds.

n/a

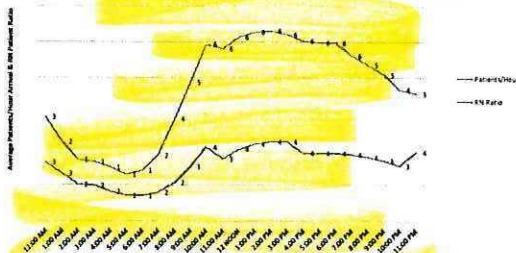
Nurses need to be more attentive to their patients at all stages of their stay in the emergency room.

n/a

The ER is doing everything to help us out and our patients. I know this because we are asked how can we help and be a part of the solution. Our bosses believe in us. My co-workers work very hard and I believe and know we have come a long way to. Sometimes we are tired of all of these run-arounds (asking them) (We now have better staffing) (Thank you Management!!) Thank you for listening to my comments.

Staffing

2013 Grosse Pointe Emergency Center

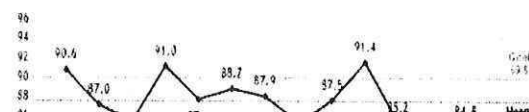


What we are doing?

- Improved staffing model for patient demand.
- 9A-9P, 1p-1A, 3P-3A shifts for better coverage during peak time/volumes.
- Staff & Leadership rounding.
- Adjusting staffing model for 2015 (projected volumes).

Press Ganey

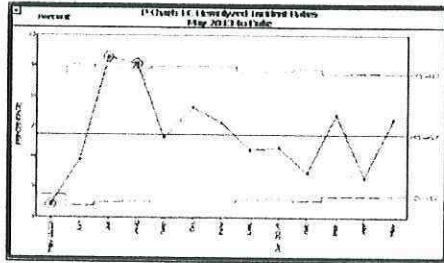
Emergency Department
Beaumont Hospital, Grosse Pointe



Core Measures March 14 - May 14

Core Measures	Target	Current	7/1/2014
ED Arrival to Departure (entire LOS for admitted patients)	284.6 min.	302 min.	284 min.
Admit Decision Time to Departure	92.4 min.	116 min.	100 min.
ED Arrival to Discharge (EC LOS)	112 min.		

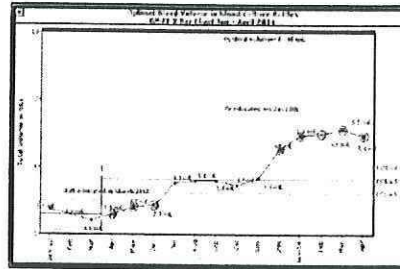
Lab – Hemolysis Rates



Our rate is 7.2%
Troy hemolysis rate is 2.6% and Royal Oak is 7.0%
Please use good techniques



Blood Culture Volume



Blood Culture Volume
Target Volume = < 8-10.0 ml
Blood Culture Volume for April = 5.4 ml (decreased)

Customer Service

- Leadership Rounding
- Aidet
- Update your patients
- Medication Administration
- Rooms Stocked
- Team Work

Round Table

- Please see meeting minutes

Take Care Nancy !!!



Our Journey Continues.....

