

Beaumont Hospitals®

Grosse Pointe

DATE: May 16, 2016**LEADER:** Dr. Marchese**MEETING:** CRITICAL CARE COMMITTEE**RECORDER:** Kelly Adams**PRESENT:** Dr. Marchese, Marie Reinman, Deb Briske, Melissa Charbonneau, Angela Falzarano, Kelly Adams**ABSENT:** William Hanna, Mary Kuznia (excused), Gael Rogers (excused), Alfonso O'Neill

| Topic | Findings/Conclusions | Recommends/Actions | Follow Up/Eval |
|-----------------------------|---|---|----------------|
| Minutes: | Review and approval of the minutes from 3-21-16 were deferred at this time. | Review and approval of the March and May meetings will take place on the next scheduled critical care meeting. | |
| Medical Exec Report: | Terminal weaning of the ventilator patient policy reviewed at last month's Medical Executive meeting. May meeting is scheduled for tomorrow. | | |
| HCAHPS | HCAHPS scorecards distributed for review. 'Communication with Doctors' domain scores continue to improve post the education provided to several physicians as well as a pilot program on 2S where physicians and nurses are rounding together to discuss patient care. | Continue attention to patient experience and weekly review of HCAHPS scores. | |
| INF CTRL | Power point slides distributed to group for review. No CAUTIs since July of 2015 and no CLABSIs since August 2015. | Melissa Charbonneau to follow up with Gael Rogers regarding the increase in ventilator associated conditions in Feb and March 2016. | |
| CPR Data/CODE STATS | Crash cart audit data, ACLS compliance data and resuscitation indicators data distributed for review. ACLS guidelines have discontinued the use of vasopressin as an alternate to the first or second dose of epinephrine. | Vasopressin ampules have been removed from the crash carts. | |
| SEPSIS DATA | The sepsis committee continues to review the compliance of repeat lactic acids as indicated. The sepsis committee is reviewing the flow of orders that are initiated in the ED for those patients who become IP. Sepsis BPA pilot continues on 3W, 2S and CCSU here at B-GP. The BPA has been found to be highly sensitive but less specific. | In order to increase compliance with obtaining the lactic acid as indicated for septic patients, the sepsis committee is investigating the possibility of having the lab report a critical value of >2 rather than > 3.9 (which is the current reportable value set in the lab). This call from lab may prompt the RN to draw the next lactic acid as needed. The sepsis committee is investigating the possibility of arranging for seamless transfer of orders placed for septic patients in the ED to flow over to the IP side. The committee to review this meets this week for further discussion. | |

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| Resp Therapy: Melissa | <p>No extubation data available for review at this time. Vent Patient Assessment policy distributed for review (see attached Omissions in green, suggested modifications in yellow)</p> <p>Initial Set-Up Mechanical Ventilation (Adult) policy distributed for review (see attached) Pertaining to the eventual opening of the SICU, when patients return from surgery, the suggestion at this time is to follow the orders provided by the surgeons for ventilator settings unless consultation of other physician specialist indicates otherwise.</p> | <p>Recommendation to modify E. page 4 to clarify that the Wean of FiO2 pertains to the initial set of ABGs. No other changes suggested. No changes suggested.</p> | |
| New Business: | <p>Continue to remind staff of the aim to reduce use of restraints in the CCU.</p> <p>Family centered rounds in the CCU is moving forward with a lot of positive feedback from staff and families.</p> <p>Introduction of the corporate wide initiative to support patient and family activated rapid response calls. The RRT leaders in Beaumont Health are examining the possibility of instituting a family activated rapid response. More information to follow as it becomes available.</p> | <p>Discuss with RNs during daily rounds in the CCU</p> | |
| Adjournment: | 0825 | | |