CULTURE OF SAFETY TOWN HALL

Summary of Visits to CCSU Inpatient Nursing Unit

UNIT: CCSU January 16, 2017	
WHAT WAS HEARD	**PLAN**
Staffing concern; "we had two of our nurses stay over last night to help and RN was put on-call for CCU and was called in at 2300. Why wasn't she allowed to come in and help us and not have our staff stay over?	Talked with the coordinator and the reason was that the RN was on-call for CCU and the concern was that CCU would get patients and the RN would have an assignment already on CCSU and that would be more disruptive. This was a coordinator decision at the time. Please call and ask questions when things like this happen.
It is really hard to look things up on the computer; we have to go so many places to find an answer.	Staff to provide Sue with examples so we can see what to do to help.
RL solutions; we write them but never hear back	We are working on a better process. It is important that you continue to fill them out but we need to do a better job circling back to you. We will bring this concern forward to our quality team as well as corporately.
We have no resources; we call the house officer and they tell us to call the attending. Examples given about a patient that should have been called to the attending.	Sue will work with Dr. Ghafari to provide guidance for the staff on what situations can be called to the H.O. and what needs to be called to the attending or cardiologist. Also, use the MLP's when appropriate.
"We move a lot of patients all night long"	• We need to enlist the coordinator and charge nurses with this early in the midnight shift. We should move patients in the late afternoon shift; it's important to be aware of empty beds and co-horting male/male or female/female earlier in the shift. We should move patients during the night only as an exception, not the rule. • Sue ran a report and there were three patients moved between midnight and 0700 in 30 days. Although we'd like that to be zero, 3 is probably not bad considering the high volumes we have experienced.
Ekahau badges don't work or give false alarms. Examples provided	We were not aware there was an issue. Problems need to be called in and communicated to leadership. They need to function for them to be protection for you. Sue will have them checked.
Struggle with who to call when we need help. The house officer or PCP on the weekend, the FM residents on the weekdays; it is confusing.	Sue will work with Dr. Ghafari to provide guidelines. The MLP's are also available.
There is limited testing on the weekends	Testing areas have limited hours on the weekends. As our volumes increase, this is being evaluated.
Staffing concerns; our nurse gets pulled and then we need to call our own staff. We are well staffed but the other units aren't so they take our staff. It is very frustrating.	We are working very hard with H.R. to get the positions filled. This volume has been very challenging for everyone but it is especially challenging for the unit with open positions. It would be ideal to have the positions filled so the IRT are used to fill the call-ins and LOA's but we aren't there yet. We brought the nurse recruiter to G.P. to allow the Manager and H.R. to interview the same day so the offers can go out quicker. In addition, we meet with H.R. every Monday and now again on Friday to get a report on the positions filled and the status on the open positions. Additionally, we are having a recruitment fair March 2; we had great results from the two we had in 2016.
Constant interruptions with care due to TMS	TMS is simply notifying us of a problem with our patient. Although it is a distraction, we need to attend to it. We are discussing other ways to decrease interruptions in your workflow, it is a legitimate concern.

UNIT: CCSU January 16, 2017 (Continued)	
WHAT WAS HEARD	**PLAN**
Continue to struggle with the computers; they are always broken, sometimes we need to send them down 6 times for the same computer.	• The new equipment manager for the corporation came the next day to speak with the staff on CCSU. • Plan to prioritize CCSU on refresh. Will assure the WOW's are working before they are returned to the unit. • Subra Supala, Sr. VP of IT at BH came to G.P. on January 24th and came to CCSU to talk with the staff. He will prioritize the WOW replacement at G.P.
SOFT printers take 35 minutes to print a label.	See above. Please take the broken equipment out of service and put a tag on it so it is not passed around. We are working on getting a hand held SOFT ID printer for CCSU but we could not order one because they were upgrading it. Will follow up on the status of the order.
Mid-Levels leave at 0300 and H.O. is not responsive; say "call the attending" or refuses to come up. Dr. D. "just hangs up on you." It is especially hard to get a critical pt transferred to ICU on nights.	This is not okay; Anne met with Dr. Marchese with these concerns. The house officers are here to help you care for your patients. If they are non-responsive, please notify the coordinator or manager and write an RL if necessary.
Medication reconciliation is not complete in the EC	We have pharmacy coverage for med reconciliation but it is not 24/7. EC does not complete the med rec.; if the admission nurse does the admission, she does it but it is not 100% of the time either.
MN charge taking a full load – 3-4 patients 80-90% of the time.	Sue to audit and review. This is not the intent of the charge role but with the volumes we are seeing, it is necessary. This should not be a daily thing, but the expectation is the charge nurse should take a couple of patients on those high census days.
Any chance of emergency/incentive pay?	CCSU has quite a few MN nurses on orientation right now. Corporately all incentives in IP nursing was reviewed and some structure/guidelines were put in place. To get incentive pay, there needs to be a 30% vacancy to be approved. At this time, we are not there. We watch & evaluate this on a regular basis.
Different people do things different ways. No consistency. Seemed to be directed at Administrative Supervisors (Nsg Coords).	Please bring concerns to leadership soon after this happens so we can address it.
Lack of resources on midnights – on the weekend they call the House Officer and they never call back. When they do, they say to call the attending. Also said they have no support on the off shifts.	Anne met with Dr. Marchese who is in charge of the House Officer. Asked for guidelines of what we should expect. Also, there are MLP's that are a resource. Will post guidelines.
Someone asked rhetorically, I assume, "How often do we move patients at 3:00 AM?"	Audit was done for the last 30 days. 3 patients were moved between 12 midnight and 0600 hours. The charge nurse and the PM Administrative Supervisor need to be proactive in moving patients before MN.
Lots of staff being pulled to CCU.	Noted how hard to hire critical care staff. This is a national issue. Kelly is working as hard as she can. In the past, CCSU used to be short all the time and people pulled to them. We have made great progress on hiring so this should slow down.
Very nice comments about security.	They are rounding regularly.
Question about visiting hours.	Anne reiterated the need for Patient and Family-Centered Care.
Question about on call.	This is approved for 2 areas (OB and CCU) due to the sudden fluctuations in volume and the need to quickly staff up. Most staff do not like to be on call. We had to do this in the past. This is not a Grosse Pointe specific rule. It is done corporately.