







MINUTES of Nursing Practice Council Team
March 26, 2024 0900-1500hrs
Virtual-MS Teams Meeting






Present:	Christy Seniuk Connie Gerardy Denise Darling Tracey Kokil	Kristal McKitrick-Bazin Liana Alton Maria Munoz Tamara Burnham Tara Roberts Jocelyn Therrien	Regrets:	Lorie Harder Loreley Fehr Katie Dupasquier Ben Wiebe Lorraine Cassan Madeline Gylywoychuk-Winkler Paula S. Enns – Meeting Conflict April Friesen Carla Olusola Christy Paetkau Dayna Jonasson K. Miller
			Guests:	

SUBJECT:	SUMMARY OF DISCUSSION	DECISION & NEXT STEPS
1. Call to Order	09:02	Tamara Burnham
2. Approval of Agenda	Approved as circulated Record of Meetings - DocLibMeetingDate	
3. Approval of Minutes of January 23, 2024	Approved as written Record of Meetings - DocLibMeetingDate	Upload to CWS and HPS content along with agenda


SUBJECT:	SUMMARY OF DISCUSSION	DECISION & NEXT STEPS
4. Sacred Moment:	Rocks, Pebbles and Sand: Prioritizing your Life	
5. Business Arising		
5.1. Bedside Report- Handover Transition	Plan for working group to meet this afternoon to work on.	Tamara Burnham
6. New Business		
6.1. Online Patient Safety Education	<p>Tara showed team where patient safety education located on HPS, one stop-shop for five voice over PowerPoint presentations that are available for staff to review 24/7.</p> <p>Patient Safety Education</p>  <p>HOME / PROGRAMS & SERVICES / PATIENT SAFETY</p> <h2>Education</h2> <p>Welcome to the Quality, Patient Safety & Accreditation Education page. Please see below Self Learning Resources available for all staff.</p> <ul style="list-style-type: none"> • Disclosure Process • Mandatory Reporting & Duty to Warn • Mandatory Reporting of Serious Drug Reactions and Medical Device Incidents for Hospitals • Patient Safety Critical Incidents Education • Safety Event Report Education <p>20-30-minute power point sessions. When you have completed the power point you will be asked to enter your name, employee number, etc..... to keep track and is saved as education.</p> <ul style="list-style-type: none"> • The only downfall at this time, is that you can only watch these on a southern health computer. When the new HPS site is up and running, you will be able to access this information from your personal devices. • Take information back to your colleagues to access. Take time to view. 	<p>Tara Roberts</p> <p>Invite Pam Gunn Matson to the next meeting.</p> <p>Connie-Add “RL7 Implementation in SH-SS” agenda item in Business arising section for June meeting.</p>




SUBJECT:	SUMMARY OF DISCUSSION	DECISION & NEXT STEPS
	<p>Data Reporting “RL7” on-line will replace the “Safety Event Reporting”. The “RL7” will capture complaints, safety events, critical events, etc.... WRHA have been using it for some time. Interlake and Northern Health Regions have started using.</p> <p>This is a better system as it is more efficient for entering information, pulling reports and very helpful going forward.</p>	
6.2. Share Your Story	<p>Opportunity to spotlight members. Have 2-3 people speak for a few minutes about why you were interested in joining the NPC, describe your current position and any challenges/successes that have come with the role, and if there is a particular issue/reason for joining. We’re thinking this will be a good way to get to know each other and support each other.</p> <p>Christy Seniuk</p> <ul style="list-style-type: none"> ● Joined this committee to have a voice. Was part of Nursing Practice Committee when we were South Eastman" and have been on similar committee at Children’s Hospital ● Enjoy helping find solutions in care ● Feel more connected to Southern Health by being a part of a committee ● In my current role as an NP in community, in a school clinic, can feel disconnect as my position is shared with SFM. ● Feel like I do not have a connection as I am isolated compared to other areas ● NP for 18 years, there were 70 NP in the province when I started. At the beginning working alongside nurses and other fellow colleagues and being questioned whether or not I could place orders such as ● Successes: Evolution of the NP role and scope of practice ● To have a voice to offer to others based on my experiences ● Not everyone knows the role of a NP ● NP positions have expanded more in rural area. We met with the minister of health and are hope is there will be an increase in the number of positions ● At this time there are approx 300 NPs in the province. Some are independent, private and there are NP also run clinics. NPs that also specialize in areas. 	All



SUBJECT:	SUMMARY OF DISCUSSION	DECISION & NEXT STEPS
	<ul style="list-style-type: none"> • NPs are able to prescribe any medication, including controlled substances/narcotics (obviously like any practice, medications prescribed must be appropriate to the practice). • Physician Assistants (PAs) don't have the ability to independently practice, or permission to place an order, PA still requires a signature from their "covering Physician" (buddy system with a physician). • NP role is 20%research/education and 80% clinical - CNS is the reverse 80% research/education and 20% clinical 	
6.3. Nursing Provincial Float Pool (PFP)	<p>Tamara shared/reviewed documents with group.</p> <div style="display: flex; justify-content: space-around; align-items: flex-start;"> <div style="text-align: center;">  Agency vs Provincial Float Pool Nurse.pdf </div> <div style="text-align: center;">  Provincial Float Pool - Agency v Float.pdf </div> </div> <ul style="list-style-type: none"> • Tamara is SH-SS PFP primary contact & Connie is lead Admin Assist. • Both PDGH & BTHC onboarded early February for current remaining vacant shifts and posting shift signups for March/April. • Casual nurses so far; all going well, more than expected signing up for PDGH. Also have full-time/part-time nurses that will be assigned shifts similar to nurses with relief positions/non-conforming rotations. • Plan to onboard other SH-SS acute care facilities next as PFP has capacity to do and to get all acute care sites on same schedule for posting/awarding vacant shifts. Expect to onboard PCH/transitional sites after that. • Agency Nurses haven't always maintained their certifications • For PFP, there is a memorandum of understanding regarding mileage and accommodations, as well as additional incentives. PFP nurses fall under the MNU contract. <div style="text-align: center; margin-top: 20px;">  Signed 2023-12-22 PFP MOA Float Pool.p </div> <ul style="list-style-type: none"> • Similar process for vacant shifts but a different time schedule. 	<p>Tamara to share request for recorded presentation with PFP Managers.</p>

SUBJECT:	SUMMARY OF DISCUSSION	DECISION & NEXT STEPS
	<ul style="list-style-type: none"> EFT positions follow a 12-week non-conforming rotation with vacant shifts provided by the regions that they are working in. It would be helpful for nurses if there was a recorded presentation explaining the PFP, including expectations for becoming a PFP nurse; what is expected to maintain a position. PFP is separate employer. Hours picked up do not add to vacation earned hours, wage/increments, seniority, etc. 	
<p>6.4. Computer-generated Medication Administration Record (C-MAR)</p>	<p>Tamara shared/reviewed documents with group. Regional plan is to start with BRHC in June. Awaiting provincial response if able to accommodate and provide support at that time.</p> <ul style="list-style-type: none"> Where to print pharmacy vs. clinical unit? Recommending Pharmacy. Since c-MARs print only on white paper (not colored), it will require dividers/tabs for MAR binders on units. Printing of c-MARs may occur for all patients on clinical unit at same time due to software design. This has workload considerations for nursing/unit clerks reconciling MARs. Awaiting provincial response to confirm implementation timeline. Proposed plan is to start with BRHC in June 2024 and then implement at other acute care sites in September 2024-Jan 2025. Expecting later implementation for TCU sites like Gladstone and Swan Lake because they are a different program and have different pharmacy processes. <div style="display: flex; justify-content: space-around; align-items: flex-end; margin-top: 10px;"> <div style="text-align: center;">  C-MAR ExecutiveSummary.pdf </div> <div style="text-align: center;">  24hr C-MAR.pdf </div> <div style="text-align: center;">  7 Day C-MAR.pdf </div> <div style="text-align: center;">  31 Day C-Mar.pdf </div> </div>	<p>Tamara</p>
<p>6.5. Decision Support Algorithm for Policy Review by NPC</p>	<p>Tamara shared document and collected feedback/input from group.</p> <div style="text-align: center; margin-top: 10px;">  NPC - Decision Support Algorithm-tb </div>	<p>Tamara will send feedback to Melissa Schmidt & request copy of final document for records.</p>

SUBJECT:	SUMMARY OF DISCUSSION	DECISION & NEXT STEPS
<p>6.6. Reserved Acts Update- Nurses Initiating Diagnostic Testing</p>	<p>Email from Denise shared with group about the current ordering of diagnostic tests from the triage desk at BTHC ED and discussion with colleagues about nursing scope of practice; seeking clarification about CRNM direction regarding RHPA Reserved Act 2. Some nurses were under the impression there would be a policy coming in March, essentially with standard diagnostic orders from triage. Also asking how this connects to SH-SS Reserved Acts that were "Additional Education work in progress".</p> <p>Tamara reviewed RHPA resources on HPS: Regulated Health Professions Act and RHPA Resources for Regulated Professions. The CRNM Scope of Practice for RNs indicates on page 6 that for Reserved Act 2: Order or receive screening or diagnostic tests, that "An RN may order or receive reports of screening or diagnostic tests for the purpose of assessing, diagnosing or resolving a health condition that is appropriate to the RN's practice if the RN practises in an approved practice setting and the RN does one of the following: uses a clinical decision tool in place at the approved practice setting <u>or</u> collaborates with one of the following who is legally permitted and competent to order and receive those reports: RN(NP), RN(AP), physician, physician assistant, clinical assistant, pharmacist.</p> <ul style="list-style-type: none"> Based on this, it seems the practice of nurses ordering tests based on awareness of prescriber preference for patient presentation category (i.e. abdominal pain) is a bit of a grey area. Group expressed concern regarding who is then responsible/liable to view lab result; risk that prescriber may not be aware of all tests ordered and that test results could be missed and that patient follow up may not occur; especially when a patient has left without being seen. Tamara aware that there is a Shared Health "Emergency/Urgent Care Laboratory Requisition Form" that is a clinical decision tool being used in WRHA and PMH with nurse-initiated presentation order sets. Document shared with group. It is expected to be implemented provincially and expecting that implementation includes communication to all staff that will be using and awareness of processes for reviewing results and patient follow up. Not aware of implementation date for SH-SS, but this may be what nurses at BTHC are referring to. Group shared excitement about this document and potential to improve patient flow, reduce ED wait times, and improve patient and staff satisfaction. 	<p>Denise/Tamara</p> <p>Emergency/Urgent Care Laboratory Requisition Form- Please share with Connie (Tamara added to minutes and also Teams channel)</p>

SUBJECT:	SUMMARY OF DISCUSSION	DECISION & NEXT STEPS
	 <p>EXT00154 Emergency Urgent Care Lab Req.</p> <p>The “additional education-work in progress” in the HPS document: Reserved Acts Requiring Additional Education in Southern Health refers to RN-AP scope of practice which is a different category of RN and CRNM direction: Scope of Practice for RN (Authorized Prescriber) .</p>	
7. Standing Items		
7.1 New Clinical Practice Issues	No new CPIs since last meeting.	Tamara
7.2 Review Clinical Practice Tracking Spreadsheet- Updates	<p>No.2 SH-SS-NPC-Clinical-Practice-Issue-Form-Safety for Home Visits Sep20 2023 Maria’s update: Escalated to Steven Gilbert, Workplace Safety & Health, and work occurring on a SH-SS policy in harmony with provincial direction. No need for further escalation at this time.</p> <p>No.3.PCH Program request to review practice re PICC– Sept-23 Liana/Krystal’s update: Staff Development revising regional education and collecting feedback; pretty much wrapped up. Available on Articulate, same as HCA education. Doing poster to go along with education. Expecting that education will only be accessed for staff when there are residents with CVADs, not general education for all PCH/TCC staff. Will be available for Staff Development Educators to share. Expected to have communication to PCH/TCC Leadership Team when done (Kristal has been providing updates). Expecting work to be completed by June.</p> <p>No.4. SH-SS-NPC-Clinical Practice Issue Form-Misdirected Reports-May 2023 Ben’s update: No update. Not in attendance</p> <p>No.6 SH-SS-NPC-Clinical-Practice-Issue-Form-PPE Eye Protection-May-2023 Paula’s update: No update. Not in attendance</p> <p>No.7. SH-SS-NPC-Clinical Practice Issue-Criteria for Seclusion Room-Sept 2023</p>	<p>All</p> <p>Tamara to follow up with Paula for update.</p>

SUBJECT:	SUMMARY OF DISCUSSION	DECISION & NEXT STEPS
	<p>Jocelyn's update: Met with manager, went through WRHA policy and started tentative SH-SS draft document. Meeting April 2 as working group to do further work. Discussion and suggestions collected from group. Regional Medicine program working on Restraint Policy, to connect with them to ensure work connected.</p> <p>No.8. SH-SS-NPC-Clinical Practice Issue-Nurse Managed Care-Anaphylaxis-</p> <p>Tamara's update: Shared/reviewed attached documents with group. SBAR presented at SH-SS ED Council March meeting. Group in agreement with recommendations and excited about using clinical decision tools in practice. Expected timeline will be at least a few months. Tamara part of working group doing work.</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  SBAR-Near Miss Anaphylaxis Event in </div> <div style="text-align: center;">  PMHMSO.238 ED Adult clinical decision </div> <div style="text-align: center;">  PMHMSO.237 ED Pediatric clinical decisi </div> </div> <p>No.9. SH-SS-NPC-Clinical -Practice-Issue-Form BBRAUN - Nov21, 2023</p> <p>Tamara's update:</p> <ul style="list-style-type: none"> • Ethical framework questions posed to provincial level. Responses below: <ul style="list-style-type: none"> ○ During IV pump selection process, what were the identified deficiencies with new generation of Colleague Baxter pumps? Was cost a restricting factor? Formal Request for Proposals (RFP) acquisition process followed for pump selection that outlined pump criteria requirements. New generation of Baxter pumps not in top 3; did not meet function, design, IPC standards as well as national benchmarking investigation. Cost was not a factor. ○ Is it possible to see the BBraun Infusomat pump provincial contract? Or is there some confidentiality to that information? How long is the contract? Contract is lengthy, comprehensive and confidential as part of routine business practice. Provincial supply and logistics have been closely referencing contract and consulting with Shared Health legal counsel. Vendor is being held accountable and meeting contract obligations. Contract includes opportunity for vendor response to concerns/issues. Worth noting that, prior to this pump recall and tubing alert, BBraun product record was pristine-no recalls/alerts. ○ Provincial government-Has the Minister of health and other government officials been informed? If not, should they be? Shared Health Senior Leadership Team, including Lanette Siragusa aware. Liaisons to MB Health aware and communicating with provincial government. 	

SUBJECT:	SUMMARY OF DISCUSSION	DECISION & NEXT STEPS
	<ul style="list-style-type: none"> ○ Professional Colleges-Has there been communication to CRNM, CLPNM, CRPNM, CPSM and other MB professional colleges? If not, should that occur? No formal communication on this matter since colleges advise on clinical practice standards/regulations, not clinical operations. Staff are able to contact colleges independently. ○ Public communication-Should there be a MB Government-Manitoba News Release to inform the general public with caution to not cause panic? The onus is on the vendor and Health Canada to do reporting and both have. There is the critical incident process that would also be followed. All health care providers are able to share information as needed as part of therapeutic relationship. ● SH-SS Dose Trac Raw Data analysis by Decision Support Team-Analysis of SH-SS pump data spanning from September 15, 2023, to November 30, 2023. Report attached below. Shows interesting results re: differences in B Braun vs SH-SS data analysis protocols. B Braun analysis very high level; does not meet recommended industry standards for data analysis best practice, appears to result in lower alarm reporting (vendor software used for Dose Trac analysis). Highest alarms were downstream occlusion (DO), keep vein open & air bubble. Interesting that DO was highest given that we had new pumps to replace those recalled due to faulty sensors. Report shared with Shared Health representatives. <ul style="list-style-type: none"> <li style="text-align: center;">  RETROSPECTIVE ANALYSIS OF INFUSIO ● Regional Clinical Update re: BBraun recalled tubing replacement: B.Braun Infusomat IV Sets-New Inventory on January 31, 2024. Pump & unaffected tubing testing at BTHC Feb 14 provided reassuring results (below document reviewed). No false air in line alarms; still downstream occlusion alarms for no apparent reason (most related to different temperature IV fluids), but all alarms easily resolved. Is the group noticing a difference? Group reporting some improvement; better but not perfect. <ul style="list-style-type: none"> <li style="text-align: center;">  BBraun Infusomat Pump-Tubing Testing 	

SUBJECT:	SUMMARY OF DISCUSSION	DECISION & NEXT STEPS
	<ul style="list-style-type: none"> Ongoing monitoring- Connie – Nothing new to report at this time. No new vendor complaint forms in Teams and nothing emailed to me. Tim sent out an email to managers asking staff to continue completing vendor complaints and submit. Reporting fatigue continues; staff unlikely to complete and submit forms. BRHC (Cancer Care, ACC, ED) experiencing increase in Upstream Occlusion alarms with IVIG, tubing 8250718SP, lot number: 22L24FB003. Site follow up occurring. 	
<p>7.3 Safety Event/Critical Incident Reporting Patient Safety Learning Advisory (PSLA)</p>	<p>Patient Safety Learning Advisory (PSLA) Tara reviewed No. PSLA-2324-046 Patient Requiring Resuscitation following a Code White with group.</p> <p>Maria – What did the staff did to deescalate the situation?</p> <ul style="list-style-type: none"> Without providing too much information, staff and visitors had to physically stop the patient from choking. Without staff and visitors intervening the outcome likely would have been worse. <p>Seclusion room policy being worked on by Jocelyn as part of Clinical Practice Issue No 7. A seclusion room is a form of restraint.</p> <p>Tara attends ED Council meeting. Planning to present this PSLA at next meeting. Will include that there is currently no SH-SS guideline/direction for seclusion rooms.</p> <p>SH-SS submits PSLA reporting to Manitoba Health, but not currently posted for public (occurred since pandemic due to limited and re-directed resources). Manitoba Health will be resuming public posting in the near future.</p>	<p>Tara Roberts Present this PSLA to the next ED council meeting on April 9 2024 explaining the need for Seclusion room direction.</p>
<p>7.4 Working Group Time</p>	<ul style="list-style-type: none"> Bedside report working group met from 1400-1500hrs. 	<p>Tamara/Maria</p>
<p>8. Time, Date & Location of next meeting</p>	<p>09:00-15:00hrs June 25, 2024, Carman next meeting Lunch has been Ordered – Carman Country Catering Ron Atkins ronatkins1960@hotmail.com Please let Connie know if you will be attending in person for catering numbers – thank you.</p>	
<p>9. Adjournment</p>	<p>Time: 13:45</p>	