



**MINUTES of Nursing Practice Council Team  
November 26, 2024 0900-1500hrs  
Teams Meeting**

<b>Present:</b>	Ben Wiebe Christy Paetkau Christy Seniuk Connie Gerardy Denise Darling Jocelyn Therrien Lauren Doell	Liana Alton Loreley Fehr Maria Munoz 9:00-12:00 Tamara Burnham Tara Roberts Kristal McKitrick-Bazin 9:00-1:00; part of afternoon	<b>Regrets:</b>	Madeline Gylywoychuk-Winkler Paula Enns
			<b>Guests:</b>	11:00-12:00 Shelley Emerson, Regional Manager, Health Information Services  13:00-14:00 - Roberta Thompson Director, Health Services – Bethesda Regional Health Centre

SUBJECT:	SUMMARY OF DISCUSSION	DECISION & NEXT STEPS
1. Call to Order	9:02 Lauren Doell- welcome to the group <i>Southern Health-Santé Sud acknowledges that the land on which it gathers is Treaty 1 and Treaty 3 territory and the homeland of the Métis Nation.</i>  <i>We respect the treaties that were made on these territories and acknowledge the harms and mistakes; we dedicate ourselves to move forward collaboratively in partnership with First Nations, Metis and Inuit peoples in the spirit of reconciliation.</i>	Tamara Burnham
2. Approval of Agenda	Approved as circulated <a href="#">Record of Meetings - DocLibMeetingDate</a>	
3. Approval of Minutes of September 24, 2024	Approved as written <a href="#">Record of Meetings - DocLibMeetingDate</a>	Friday November 29, 2024 deadline for changes. Upload to HPS NPC site.

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4. <b>Sacred Moment:</b>	<a href="#">The Power of Words   Taylor Bertolini   TEDxNSU</a> (Repeat-since unable to watch in Sept meeting)	
4.1 Share your Story - Why were you interested in joining the NPC? Maria Munoz	Immigrated to Canada in 2006 and have held several positions. It has always been a great frustration from my end when I am not able to move forward or go any further when trying to advocate for a change. I joined Nursing Practice Council hoping it will serve an avenue for me to connect with other nurses/colleagues and be able to acquire, enhance my knowledge with regard to procedures, policies, etc. I wanted to be a part of a group that can voice out and is free to advocate, drive initiatives, think analytically and critically to bring about change. I was hoping I will be able to collaborate, share insights and contribute to enhancements with current standard and practices. When more nurses are gathered, I believe there's strength and it's more empowering to forward inquiries, requests for clarification/insights, provide recommendations.	Volunteer: Ben Wiebe next meeting
5. <b>Business Arising</b>		
5.1. NPC Poster	Final review completed by NPC members via email. Saved on NPC page of HPS and sent out in Admin Update Nov 13, 2024: <a href="#">NPC Poster</a> Council members requested to promote in your work environment to create awareness of NPC.	Christy/Liana
5.2. Place for <a href="#">CLI.5110.PL.002 Nurse Managed Care in Regional Emergency Rooms</a>	Follow up to last meeting: <ul style="list-style-type: none"> <li>• Update Tamara: <ul style="list-style-type: none"> <li>○ Communicated concerns from BTHC nurses and NPC feedback to BTHC leadership and Lorraine Cassan.</li> <li>○ SH-SS revised policy and documents approved and posted on HPS Policy update <a href="#">October 9, 2024</a>. Plan to collect feedback and revise in 6 months.</li> <li>○ Denise and Tamara discussed further. Denise shared CRNM information; further discussion about nurse-initiated vs nurse managed care; feedback from BTHC nurses collected for future policy/document revision.</li> </ul> </li> </ul>	Denise Darling/Tamara  Tamara tracking document feedback for revision; will follow up with PMH regarding process for multiple providers using CDT; will follow up with Dane Johnson, Lab & Diagnostics.

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	<ul style="list-style-type: none"> <li>○ Staff Development collecting feedback from nurses at all sites during education roll out.</li> <li>○ Follow up with Shared Health Nurse Initiated Labs working group re: CRNM requirement to complete forms below. They followed up with CRNM and received response from CRNM Quality Practice Specialist that, <i>“The statements in the RN scope of practice regarding completion/submission of the “Shared Health Laboratory Information System (LIS) Provider Update Form” and the “RN Ordering DI Exam Request form” are intended to streamline operationalization for RNs to order diagnostics. However, if practice setting already allows the RN to order/receive diagnostic testing, this form doesn’t need to be completed. CRNM will adjust the scope of RN practice document to add clarity for this reserved act.”</i></li> <li>○ Shared Health Forms <ul style="list-style-type: none"> <li>▪ <a href="#">Registered Nurse - Ordering DI Exam Request Form</a></li> <li>▪ <a href="#">LIS Provider Update Form</a></li> </ul> </li> <li>○ MHIKnet literature search requested: nurse managed vs nurse-initiated care in hospital emergency departments. Review of literature does not include definitions but that “nurse managed” used with more autonomous/independent function (i.e. nurse managed clinic) versus “nurse initiated” used as part of care process started by nursing in interdisciplinary care area. Given this, seems “nurse initiated” likely better fit to adjust with policy adjustment.</li> <li>● Update Denise re: BTHC – <ul style="list-style-type: none"> <li>○ Started using documents mid-October after an education session. Documents had been circulating with staff prior. Staff are occasionally using; working through steps to improve process at site.</li> <li>○ LPNs are confused, some hurt feelings that they had to stop ordering labs and diagnostics. Site is reinforcing that this is CLPNM direction not SH-SS.</li> <li>○ Nurses are not ordering x-rays. Have received direction from Radiology: will only accept request with a doctor’s name attached.</li> </ul> </li> </ul>	

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	<ul style="list-style-type: none"> <li>○ Finding that triage nurse may activate Clinical Decision Tool (CDT) and then other nurses caring for patient in department are activating other orders under first nurse’s signature. How to manage this?</li> <li>○ Lab not accepting LIS Provider Update form to enter nurses in system.</li> <li>○ CAs and PAs not currently using CDTs; choosing to write orders.</li> </ul> <p>Council comments:</p> <ul style="list-style-type: none"> <li>○ Jocelyn-Different in Brandon ER with multiple nurse signatures because orders electronic in EDIS.</li> <li>○ Lab results showing up with nurses names, but wrong designation (i.e. MD).</li> <li>○ Any “add-ons” provider’s name auto populates with provider from previous entry.</li> <li>○ Lauren – <ul style="list-style-type: none"> <li>▪ PDGH staff are finding it helpful. So far, x-rays not being ordered.</li> <li>▪ For multiple nurse use, consider adding spaces for initial check boxes</li> </ul> </li> </ul>	
5.3. NPC Membership and Expression of Interest	<p>Admin Update: <a href="#">SH-SS Nursing Practice Council-EOI-Oct 2024</a>, with deadline Nov 15<sup>th</sup>. 5 applicants received.</p> <p><a href="#">Nursing Practice Council Expression of Interest Applicants.xlsx</a> -reviewed; agreement to accept all. Will adjust Terms of Reference (TOR) to include “alternate” flex positions that can be filled if interest exceeds position categories. To send out follow up Admin Update that some vacant positions remain with invitation for interested nurses to apply without deadline.</p>	Tamara to update TOR, notify applicants that they are accepted as Council members and send follow up Admin Update.
5.4. Lunches for meetings	<p>Boyne Lodge in Carman is available and has been booked for future in person meetings. Calendar invites have been updated and with an attached parking map. Ian Morrison facility has been contacted and space cancelled.</p> <p>Ordering food via email: Connie to send out an email 1-2 weeks prior to meeting with restaurant email address, food selection, contact information, etc. This new way of ordering will allow:</p>	<p>Connie &amp; Liana</p> <p>Connie to look into ordering lunch from Boyne Lodge Bistro.</p>

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	<ul style="list-style-type: none"> <li>• Accuracy with ordering. We will still have the ability to order the morning of a meeting.</li> <li>• Reduced cost</li> <li>• More variety</li> <li>• Hot food</li> </ul>	
6. New Business		
<p>6.1 11:00-12:00 Shelley Emerson, Regional Manager, Health Information Services: Present and discuss Shared Health revised Tissue Bank process and revision to <a href="#">CLI.4110.PL.014 Death in Facility.docx</a>  <a href="#">CLI.4110.PL.014 Standard Work Procedure - Notification of Death to Tissue Bank Manitoba SH Updated Final v.3.docx</a></p> <p><a href="#">Lab Information Manual</a></p>	<p>Shelley shared updated Shared Health SOP re: Tissue Bank Process and section of current SH-SS Death in Facility Policy to explain revision required. Discussion re: revising section of policy vs. having separate SOP/one pager document. Potential to shorten original version, include links to separate pieces and supporting documents/standard guidelines, so that we only need to grab what's needed. Council appreciated value of streamlined version but reported that current policy, although lengthy, is easy to use. Decision to only update Tissue Bank section and other minor revisions for now to minimize changes for clinical staff.</p> <p>Question for group: The Tissue Bank Manitoba: Sample Questions to Assess Donation Eligibility that is a supporting document and included in the death package is not used in other regions. The Director from TBM did not feel this form was necessary to use, just have chart available. Do SH-SS clinical staff use this form as a resource when notifying TBM? Council response was yes at multiple sites and that staff find useful, so will leave that unchanged.</p> <p>With update, consider adding comment and link to SH-SS Policy <a href="#">Reference CLI.4110.PL.006 Medical Assistance in Dying</a> for connection and awareness recognizing that there is no action for staff for these facility deaths.</p> <p>Shared Health Forms, should be updated and linked in the policy so that we always have an updated version.</p> <p>Meeting to format policy – Shelley to share policy information with Connie for formatting.</p>	<p>Shelley/Tamara</p> <p>Connie to follow up with Shelley for updating. Date: Wednesday November 27, 2024</p> <p>Tamara to make further revisions and oversee policy approval process.</p>


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<p>6.2 13:00-14:00 - Roberta Thompson - Director, Health Services – Bethesda Regional Health Centre CLI.4510.PL.029 Restraints in Acute Care Setting NPC for review</p>	<p>Review of new policy and supporting documents. Restraint and Seclusion/Safe Room policies to reference each other &amp; ensure consistency of language between policies. Recommend ER Council review these supporting documents and compare with EMHC supporting documents to determine efficient “checklist” style of monitoring &amp; documentation for Seclusion/Safe Room policy.</p> <p>Next steps:</p> <ul style="list-style-type: none"> <li>• Consider impact of policy direction for HCA role; being included in documentation.</li> <li>• Med Rehab team meets on Friday November 29, 2024 for final review.</li> <li>• CNO approval</li> <li>• Determine formal education plan (Staff Development) with policy roll out.</li> </ul>	<p>Roberta</p> <p>Tamara/Jocelyn to communicate follow up to ER Council.</p> <p>Tamara/Connie to add Seclusion/Safe Room policy number to policy statement and reference list.</p>
<p>6.3 “Clinical Practice Issues and additional notes”, would it be easier to work out of teams instead of the CWS? (Connie)</p>	<p><a href="#">ACTIVE Clinical Practice Issues</a></p> <p>Council agreed that would be easier to have active CPIs on Teams and that once the issue is closed, documentation can be saved on the CWS.</p> <p>Most Council members have access to Teams.</p>	<p>Connie to assist remaining and new council members with gaining access to Teams from home and non-SH-SS computers.</p>
<p>6.4 Lab &amp; Diagnostic Reports- Process to Document Received and Reviewed</p>	<p>Regional discussion re: clinical workflow process for receiving diagnostic imaging (DI) and lab reports on acute care inpatient clinical units. The existing process at many sites is that staff (sometimes Unit Clerk) will initial reports/results when received on unit and then Nursing/MD/PA/CA will initial that report has been viewed. HIS is advising that the long term goal is to not keep paper copies of these results as they are available on eChart digitally. The current process is a way to document that UC or any other staff has acknowledged the result (especially if critical) and/or physician notified. Considering that future documentation process could be UC and/or other staff documenting on IPN instead. What does NPC recommend?</p> <p>Council reporting that current process is effective and efficient. Clinical staff only documenting on IPN if additional details/significant follow up. Inpatient units rely on paper reports; not always access to electronic. Concerned with amount of time it would take to document all reviewed results in IPN and that it likely wouldn't happen. Definitely in favor of keeping current process.</p>	<p>Tamara</p> <p>Tamara to report Council feedback to Acute Care Leadership Team.</p>

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	Discussion that ERs have EDIS and paper copies. Different processes in different ERs. Sometimes leads to confusion and duplication or missed results with both paper and electronic. Tara R advised that ED council requested to review ER lab & diagnostic results process (2 X CI reported).	
6.5 Kangaroo OMNI Enteral Feeding Pump Conversion	SH-SS conversion scheduled for Dec 10, 2024 – <a href="#">Clinical Update Nov 20 2024</a> with memo and poster reviewed with group.	
<b>7. Standing Items</b>		
7.1 New Clinical Practice Issues	<p><a href="#">No. 11. SH-SS-NPC Clinical-Practice-Issue-Form-Wound Care Concerns Oct 30 2024</a></p> <p>SH-SS only has two My Health Team Advanced Wound Care Practitioner positions. The workload is very heavy. Doing consults for patients/residents in facility is not formally part of job description, but is included in SH-SS policies, is needed, and adds a tremendous workload.</p> <p>In comparison to WRHA and other regions, SH-SS has extremely limited Wound Care supports and resources.</p> <p>Seeking NPC endorsement/support to request additional wound care resources.</p> <p>Comments from council:</p> <ul style="list-style-type: none"> <li>• Although money invested by region to cover staff at Facility doing WRHA Wound Care courses and being trained as supports/Super Users in facility is beneficial, it does not feel nearly enough to address regional needs.</li> <li>• LMS course level 1 and 2 can become a wound care champion, which is great, but where SH-SS falls short, there is no mentorship program.</li> <li>• Wound care is very specialized expertise that requires special education and regular experience in wound care.</li> </ul>	<p>Lauren Doell</p> <p>Working group-Lauren, Liana and Tara to put together draft SBAR.</p> <p>Tamara-Inform Debbie Rigaux and Kelly Kaleta for awareness and invitation to participate.</p>

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	<ul style="list-style-type: none"> <li>Advanced Wound Care Practitioner certification takes approximately a year with practicum and is costly.</li> <li>At this time the 2 nurses are close to retirement; vacation, illness can become a factor. Who will take over? Anyone taking the position may not consult, because it is not indicated in the job description.</li> <li>Huge gap in experience between senior and junior staff. Many years of experience to get to the same level.</li> </ul> <p>Unanimous agreement with endorsing/supporting/advocating for additional wound care resources including additional Advanced Wound Care Practitioner position and more advanced wound care support structure similar to other regions. Liana, Lauren and Tara volunteering for WG to develop SBAR.</p>	
<p>7.2 Review <a href="#">Clinical Practice Tracking Spreadsheet</a>-Updates</p>	<p>Review <a href="#">Clinical Practice Tracking Spreadsheet</a>-Updates</p> <p><b>No.2 SH-SS-NPC-Clinical-Practice-Issue-Form-Safety for Home Visits Sep20 2023 <u>Maria/Tamara's update:</u></b> As decided in Sept meeting, since CPI has been ongoing over a year, Tamara assisted in email follow up with SH-SS HC Director, Kelly Kaleta and SH-SS Manager – Occupational Safety &amp; Health, Steven Gilbert. Received response that HC policy has been updated to include steps for the Case Coordinators to take prior to a home visit. Expecting policy to be approved prior to the end of November. Maria will follow up as hasn't heard anything further.</p> <p><b>No.6 SH-SS-NPC-Clinical-Practice-Issue-Form-PPE Eye Protection-May-2023 <u>Tamara's update:</u></b> Further communication with Debbie Rigaux. Clinical Update sent out regionally Oct 16: <a href="#">Eye Protection Personal Protective Equipment SH-SS</a> Suggestion to IPC Team, since information isn't able to be permanently posted, there may be value in distributing updated information every once in a while, especially going into peak flu/outbreak season.</p> <p><b>Motion (Tamara): Close this CPI since NPC has reviewed eye PPE available and SH-SS IPC has sent out regional communication and will monitor need for recurrent communication.</b></p> <p><b>Seconder - Kristal McKitrick-Bazin</b></p> <p><b>Hands in favor – 9- None opposed</b></p>	<p>ALL</p> <p>Maria to update CPI notes.</p> <p>Tamara to update CPI notes.</p> <p><b>No.6 can be</b> remove from agenda Upload documents to HPS content when updates are completed. Update spread sheet - done</p>



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	<p><b>Motion passed – YES</b></p> <p><b>No.7.</b> SH-SS-NPC-Clinical Practice Issue-Criteria for Seclusion Room-Sept 2023 <u>Jocelyn's update:</u> <a href="#">CLI.XXXX.SG.XX Use of Seclusion Policy-Draft-Needs Number.docx</a></p> <p>Jocelyn and her BRHC ER Manager Tricia developed draft policy from Eden policy with assistance from Director from Eden and BRHC ER Mental Health Liaison Nurse. Draft policy forwarded to SH-SS ER Council for input. ER Council recently reviewed and shared results with Tamara for group to review most current draft version today. Council reviewed draft policy; feedback noted. Jocelyn &amp; Denise will both review closer together and provide feedback for Tamara to add to electronic version. Expecting that Joel Nelson and Jacqueline Molina will continue with policy approval through ER Council. Will request for NPC to see final ER Council draft version prior to approval.</p> <p><b>No.8.</b> SH-SS-NPC-Clinical Practice Issue-Nurse Managed Care-Anaphylaxis-Tamara's update:  <a href="#">CLI.5110.PL.007 The Nurse Manage Care</a> -Archive Notice  <a href="#">CLI.5110.PL.007 Nurse Managed Care in the Emergency Department</a></p> <p><b>Motion (Tamara): Close this CPI since policy and documents providing direction to nurses as occurred; and staff education in progress.</b>  <b>Seconder- Ben Wiebe</b>  <b>Hands in favor– 11- None opposed</b>  <b>Motion passed- Yes</b></p> <p><b>No.9.</b> SH-SS-NPC-Clinical -Practice-Issue-Form BBRAUN - Nov21, 2023  <u>Tamara's update:</u>  <b>Clinical Update:</b></p> <ul style="list-style-type: none"> <li>HSC transition to B Braun Infusomat pumps the week of Nov 4, 2024. Challenges reported with tubing.</li> </ul>	<p>Jocelyn to update CPI notes.</p> <p>Tamara to update policy with NPC feedback and respond to SH-SS ER Council.</p> <p>Tamara to update CPI notes.</p> <p><b>No.8 can be</b> remove from agenda  Upload documents to HPS content when updates are completed.  Update spread sheet - Done</p> <p>Tamara to update CPI notes.</p>

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	<ul style="list-style-type: none"> <li>Oct 31, 2024-Tamara met with Provincial Patient Safety Consultant doing process review of the B Braun large volume infusion pump acquisition onward to the initial roll out, to identify any opportunities for system learning and improvement going forward. SH-SS feedback about experience, issues and concerns communicated emphatically. Expecting that report will be presented to Provincial Quality Team. Requested that this also be shared with SDOs so that information can be shared with clinical staff.</li> <li>Clinical Update October 02, 2024 <a href="#">Supply Chain Disruption Alert-B.Braun Straight Set (no port) IV Tubing</a></li> <li>B Braun Follow Up Notice-Backcheck Valves-Sept 23, 2024: SH-SS LSCM to provide update/confirmation when non-affected stock is reliably available so that clinical staff can be notified and return to regular clinical practice.</li> </ul> <div style="text-align: center;">         2024-09-23        Follow-up Notice - Ba     </div> <ul style="list-style-type: none"> <li>SH-SS Patient Safety reported that between April 1-Sept 30, 2024, there were no B Braun SERs.</li> </ul> <p>Vendor complaints since November 22, 2024(no changes) (14) - <b>0% occlusion, 50% air in line, 0% tubing, 50%, multiple issues</b> 0%misc        Vendor complaints total (86) - <b>6% occlusion, 63% air in line, 12% tubing, 13%, multiple issues</b> 6% misc</p> <p><a href="#">No. 10. SH-SS-NPC Clinical Practice Issue Form - Virtual Consults-Sept19, 2024</a> Tamara's update: Email follow up after Sept NPC meeting with submission nurse re: NPC recommendations. Submission nurse requesting opportunity for further discussion. Meeting scheduled for Dec 17, 2024.</p>	<p>Tamara to update CPI notes.</p>
7.3 Safety Event/Critical Incident Reporting	<a href="#">Patient Safety Learning Advisories (PSLA) » Southern Health-Santé Sud PSLA 2325-120 Ruptured Ectopic Pregnancy</a>	Tara Roberts
7.4 Working Group Time		ALL

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8. Time, Date & Location of next meeting	09:00-15:00hrs January 28, 2025- Boyne Lodge Carman next meeting Email will be sent regarding lunch order Happy Holidays	
9. Adjournment	Time: 14:53	