



MINUTES of Nursing Practice Council Team
September 24, 2024
0900-1500hrs
Carman Manitoba

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| Present: | Christy Seniuk - <i>Teams</i> Connie Gerardy Denise Darling Pamela Gunn – <i>Teams (part of morning)</i> Kristal McKitrick-Bazin - <i>Teams</i> Liana Alton Loreley Fehr - <i>Teams</i> Madeline Gylywoychuk-Winkler Maria Munoz - <i>Teams</i> Tamara Burnham Ben Wiebe | | Regrets: | Tara Roberts Jocelyn Therrien Lorraine Cassan Paula S. Enns Katie Dupasquier Christy Paetkau Tracey Kokil |
| | | | Guests: | 13:00 Faye Tardiff, Cultural Safety and Education Consultant-Indigenous Health Southern Health-Santé Sud |

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| 1. Call to Order | <i>09:07</i> <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</i> | Tamara Burnham |

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| | <i>in partnership with First Nations, Metis and Inuit peoples in the spirit of reconciliation.</i> | |
| 2. Approval of Agenda | Approved as circulated Record of Meetings - DocLibMeetingDate | |
| 3. Approval of Minutes of June 25, 2024 | Approved as written Record of Meetings - DocLibMeetingDate | Upload to the HPS on Friday |
| 4. Sacred Moment: | The Power of Words Taylor Bertolini TEDxNSU (youtube.com) Unable to view in meeting. Sent in minutes. | |
| 5. Business Arising | | |
| 5.1 Kristal McKitrick-Bazin: Share your Story - Why were you interested in joining the NPC? | <p>Ever since I was a little girl all I ever wanted was to become a Nurse. My Mom was a Nurse and wanted to follow in her footsteps.....</p> <p>I went directly into Nursing school after Grade 12 Graduation. I attended Health Science Centre School of Nursing (the same school my Mom went to, although when she graduated it was called the Winnipeg General Hospital School of Nursing). I graduated in June 1990 as a Registered Nurse.</p> <p>Upon graduating I worked at Health Sciences Centre for one year on H3 which was trauma and GI surgery. I was one of the few who was able to secure a full-time job. Jobs were scare at that time.</p> <p>In August 1991 I decided to move home and began working at Lorne Memorial Hospital in Swan Lake. (note: I came out to Swan Lake with a permanent .2EFT, there were no jobs then, a very different landscape than now)and I still am in Swan Lake ☺. One thing I learnt very early was that Rural Nursing was very different than working in a Tertiary Care Centre.</p> <p>In February of 1992 I took a term position as the “Head Nurse” in Swan Lake and this became permanent in February of 1993. When I think back gosh I was young.</p> <p>In 1992 I took the 1-year program from the Canadian Nursing Association which was by distance Education entitled Introduction to Health Care Management. It was a certificate program. I don’t think the program even exists any longer.</p> <p>Throughout my 34-year career I have had many additional roles and sites and at times managing more than one site or program. I have also had many</p> | <p>Tamara</p> <p>Next Volunteer Maria Munoz</p> |

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| | <p>different titles as with any restructuring came another title change. I have also participated in many Regional Committee's and teams. One thing that has always remained constant, though even with the many times we restructured, is I always maintained my role at Lorne Memorial Hospital.</p> <p>I have always had a passion for First Nation's Health and work closely with the First Nation Community in my area.</p> <p>Feel with my years of experience I would be able to contribute to the NPC.</p> | |
| 5.2 Bedside Report-Handover Transition | <p>Accreditation Canada follow up: There is not a specific requirement to do bedside report. The accreditation requirement is to include patients/families in care and to formally document that handover transitions occur. So, the Transfer of Accountability form, or something like it is required as evidence that shift handover has occurred, but the form can look different; doesn't need to have this design.</p> <p>Formal trial of bedside report handover is occurring in SH-SS Acute Community Hospitals. Many reports of not working well, so trying a more formal roll out with staff, patient and family feedback to help inform future decisions about bedside report handover in SH-SS. Trial to include tools developed by NPC.</p> <p>Comment-Bedside report seems repetitive when rounds are done regularly.</p> | Tamara |
| 5.3 Visibility of the NPC-NPC Poster Review | <p>Christy and Liana will NPC Poster - September 5, 2024.docx update on the team's page.</p> <p>Information you wish to add please email to Liana to update on the poster. Let Connie know when its completed and will share with team for final approval.</p> <p>Once approved upload to the HPS under Nursing Practice Council include in the Admin Update also include link to NPC CPI Form.</p> | Christy/Liana |
| 5.4 Terms of Reference | Document reviewed and updated by group. | <p>Tamara/All</p> <p>Connie-Post updated document on HPS</p> |
| 6. New Business | | |
| 6.1 13:00 -14:00 Guest Faye Tardiff | Presentation on "Two-Eyed Seeing" and "Land Acknowledgements" <i>"record"</i> | Connie to upload recording to HPS and NPC CWS. |

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| | Promoting Cultural Safety Lunch & Learn Series. September is Linda Daniels and David Daniels, Knowledge Holders presenting Seven Teachings of the Journey. | Faye will share power points and videos presented today. |
| 6.2 Nurses Caring for SCU Patients in ED-Ventilated Patients with RT Shortages | <p>Lorraine Cassan requesting NPC input on issue.</p> <p><u>Issue:</u> Operational planning occurring with physicians at PDGH. PDGH SCU has been closed for many months. Variety of reasons, including unfilled RT position; nursing vacancies/nursing turnover; many junior nurses, few senior nurses with SCU knowledge/experience. Physician current practice is to keep ventilated patients in ED rather than transfer out. This is challenging and not sustainable for site. Seeking feedback from NPC?</p> <p><u>Discussion:</u></p> <ul style="list-style-type: none"> • Nursing relies on RTs for ventilator and other support; concerning when there are long-term vacancies/shortages • RT role/scope of practice is wide, including intubating babies & Covid patients. BTHC RT working in an advance practice role. Difficult for RT new grads to meet role expectations. • Ventilator equipment, settings, supplies very complex • Some SH-SS EDs will use bag/mask for patients while in care and during transport, rather than using ventilator because very specialized • Ventilator care requires 1:1 nurse monitoring. • Ventilated patient in ED has huge impact on nursing workload/baseline staff required. • Many other nursing responsibilities in ED that impact workload • Nurses require education and experience to monitor/care for ventilated patients; safety concerns if junior/inexperienced staff. • SH-SS nurses need clear direction/expectations re: caring for ventilated patients • SH-SS EDs not currently set up for virtual RT support from WRHA (internet connection can be an issue) • Need to consider 24-hour RT support | Tamara to provide NPC response to Lorraine. |

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| | <ul style="list-style-type: none"> • <i>Why are they staying there? Are physicians not requesting transfers to Winnipeg ICUs? Is there a refusal on Winnipeg's end?</i> Response was combination of both. • <i>Do we have access to virtual RT support?</i> We do not have access to electronic devices for virtual support. We have to use our personal devices and we work in facilities with no internet service /connection. • <i>Is this being escalated to other tables?</i> Lorraine Cassan and SH-SS Senior Leadership Team aware and addressing/escalating as needed. Lorraine C sharing this with NPC for awareness and input. <p>In summary, NPC recommending that this practice not occur in SH-SS EDs, but in SH-SS SCUs when there is clear nursing direction/expectations, RT support and educated, experienced nurses.</p> | |
| 6.3 NPC Membership and Expression of Interest | <p>Changes in positions for membership and 4 recent resignations received: Carla Olusola, Dayna Jonasson, April Friesen, and Lorie Harder for variety of reasons. Membership list reviewed.</p> <p>Plan to do expression of interest. Recommend focusing on vacant positions to ensure stability; not have too much membership turnover at one time. Group in agreement. EOI document and poster reviewed. Tamara will adjust to be specific to vacancies.</p> | <p>Tamara/All</p> <p>Connie/Tamara-Upload EOI to the HPS Admin update</p> <p>Bring EOI applicants to November meeting for discussion/review.</p> |
| 6.4 Place for Nurse Managed are in Regional Emergency Rooms | <p>Given the current changes at BTHC there is a lot of concern from coworkers about the amount of work, decision making, and responsibility that has the potential to fall onto nurses above the current workload they carry which is almost not manageable.</p> <p>BTHC has a shortage of ER docs. Usually have 2 per shift. Expecting to only have 1 per shift for next few months.</p> <p>Docs are managing a large patient load. Especially for patients who do not have a primary care provider. For follow up and/or prescriptions, there is nowhere to send patients. Primary care piece is missing, patients are sicker and sicker because they do not have regular care.</p> | <p>Denise shared concern.</p> <p>Tamara to take concerns to Acute Care Leadership.</p> |

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| | <p>The amount of work being done by triage nurse at the front desk is becoming more and more.</p> <p>Practice has changed with nursing experience in ER. Nurses used to require 2 years of experience to work in ER. Now hire new grads directly into ER.</p> <p>Patients do not understand how an ER works and are lashing out at staff.</p> <p>Updated SH-SS “Nurse Managed Care in Emergency Department” policy (formerly “Suspension of Emergency Department Services-Nursing Care of Unscheduled Patients Who Present”) reviewed. Current SH-SS “Nurse Managed Care Policy” reviewed. Changes discussed.</p> <p>Concerns identified with policy changes:</p> <ul style="list-style-type: none"> • Original SH-SS Nurse Managed Care Policy was only for CTAS 5s • Adding to nursing workload, without increase to baseline staffing • Using “Nurse Managed Care” terminology implies that only nurses are providing care, not teamwork; recommend changing to “Nurse Initiated Care” • Some nurses don’t feel comfortable discharging patients on their own, recommending that “discharge” language be changed • ED physicians will only look after CTAS 1,2,3s and leave all CTAS 4/5s for nurses • Patient frustration with only seeing nurse when there is physician in ED • Lack of follow up with lab work & x-rays ordered by nurses • Patient safety risks <p>Request that approval and publishing of updated policy be put on hold and that concerns be taken to leadership.</p> <p>Discussion:</p> <ul style="list-style-type: none"> • Region is trying to come up with creative ways to keep Regional Centre ER open, including ER MDs from other SH-SS sites and NPs | |

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| | <ul style="list-style-type: none"> • Have heard that nursing baseline expected to be increased • Changes to policy done to incorporate new Clinical Decision Tools to support nursing work; in demand at Acute Community Hospital ERs • ER still expected to be a teamwork/interdisciplinary environment with nurses consulting MDs as needed; policy doesn't change that • Acute Community Hospitals do nurse managed care all the time; don't have ER open 24/7 and often have ER suspension of services • Only RNs, not LPNs able to order lab and diagnostics; this is different than roll out of Shared Health Nurse Initiated Lab Requisition • CRNM form to register RNs in RIS to order x-rays • Formal education being done by SH-SS Staff Development for Clinical Decision Tools and policy changes • Possible to continue revising policy to include staff feedback for improved clarity and direction <p>Council in agreement with bringing concerns forward to leadership and continuing to monitor/evaluate policy changes and associated risk.</p> | |
| 6.5 Lunches for meetings | Discussed options for in person meeting lunches with group. It's costly when meals pre-ordered and only small number of people attend. Suggestion to move in person meetings to Boyne Lodge for better catering options (and internet). Connie and Liana to discuss further and make arrangements. | Connie & Liana |
| 7. Standing Items | | |
| 7.1 New Clinical Practice Issues | <p>No.10 SH-SS-NPC Clinical Practice Issue Form - Virtual Consults -Sept 19, 2024.</p> <p>Request for SH-SS Skin & Wound Care Coordinators to do virtual wound consults, but don't feel currently have resources to do the work-people, policy or secure video/documentation.</p> <p>Council in agreement with offering this virtual service as long as resources available. Wondering about option of Telehealth for video and EMR for documentation. Request for additional staff would go through program leadership. Recommending this be taken to SH-SS Wound Care Team to develop policy and leadership to arrange the tools/resources required.</p> | Tamara to respond to Jo-Anne Durocher. |

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| <p>7.2 Review Clinical Practice Tracking Spreadsheet-Updates</p> | <p>Review Clinical Practice Tracking Spreadsheet-Updates</p> <p>No.2 SH-SS-NPC-Clinical-Practice-Issue-Form-Safety for Home Visits Sep20 2023</p> <p><u>Maria's update:</u>No new information available. Steven Gilbert and Kelly Kaleta indicated it is ongoing and it will take a while. Maria receptive to Tamara following up with Kelly & Steven for status update.</p> <p>No.3.PCH Program request to review practice re PICC– Sept-23</p> <p><u>Liana/Krystal's update:</u> Educators are aware and work is completed. Located on the HPS you will find "Online Learning" Central Venous Access in Long Term Care</p> <p>Motion (Liana): Education is complete and rolled out and would like to pass a motion to close this Clinical Practice Issue – Seconded by Denise. 9 hands in favor; none opposed. Motion passed.</p> <p>No.4. SH-SS-NPC-Clinical Practice Issue Form-Misdirected Reports-May 2023</p> <p><u>Ben's update:</u></p> <p>Motion (Ben): Individual responsibility to forward information to notify the sender and would like to pass a motion to close this Clinical Practice Issue – Seconded by Denise. 9 hands in favor, none opposed. Motion passed.</p> <p>No.6 SH-SS-NPC-Clinical-Practice-Issue-Form-PPE Eye Protection-May-2023</p> <p><u>Paula's update:</u> Paula not present. Tamara met with Debbie Rigaux who will be following up with Paula and team re: status of posting ordering information for staff and regional communication re: approved eye protection.</p> <p>No.7. SH-SS-NPC-Clinical Practice Issue-Criteria for Seclusion Room-Sept 2023</p> <p><u>Jocelyn's update:</u> Jocelyn not present; no further update.</p> <p>No.8. SH-SS-NPC-Clinical Practice Issue-Nurse Managed Care-Anaphylaxis-</p> <p><u>Tamara's update:</u> Policy, Clinical Decision Tools & revised documents sent to L. Cassan for final review and posting. Operational urgency to have documents available to use (Acute Community Hospital EDs). Mentioned that for Clinical Decision Tools, only RNs able to order labs/diagnostics at this time.</p> <p>No.9. SH-SS-NPC-Clinical -Practice-Issue-Form BBRAUN - Nov21, 2023</p> | <p>All</p> <p>No.3.PCH Program request to review practice re PICC- to be removed from agenda. Update information on the CWS- move to Completed 2024 Tab and documents to move to closed folder. Connie to ensure CPI paperwork completed by Liana and that completed CPI posted on HPS.</p> <p>No.4. SH-SS-NPC-Clinical Practice Issue Form-Misdirected Reports-May 2023 to be removed from agenda. Update information on the CWS- move to Completed 2024 Tab and documents to move to closed folder. Connie to ensure CPI paperwork completed by Ben and that completed CPI posted on HPS.</p> |

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| | <p><u>Tamara's update:</u> The following Clinical Updates have been sent as regional communication.</p> <p>Clinical Update: July 3, 2024 B.Braun Urgent Medical Device Correction- Backcheck Valve Malfunction</p> <p>Clinical Update: July 10, 2024 Updated Supply Chain Alert-B.Braun Infusomat Space Pump Tubing-June 26, 2024 and B.Braun Urgent Medical Device Correction-Backcheck Valve Malfunction-Part 2: Additional Resources</p> <p>Clinical Update: July 29, 2024 Acetylcysteine (NAC) Loading Dose Error in B Braun Pump Library » Southern Health-Santé Sud</p> <p>Clinical Update: August 7, 2024 B.Braun Infusomat – Large Volume Infusion Pump – Drug Library Update</p> <p>Vendor complaints since July 1 2024 (14) - 0% occlusion, 50% air in line, 0% tubing, 50%, multiple issues 0%misc</p> <p>Vendor complaints total (86) - 6% occlusion, 63% air in line, 12% tubing, 13%, multiple issues 6% misc</p> <p>New BBraun tubing supply shortage of IV set 363904 (portless sets for medication infusions). Recommending to use the sets with 2 or 3 ports in the interim with port caps/seals. SH-SS Supply & Logistics advising that have enough of the portless sets to last till December.</p> | |
| 7.3 Safety Event/Critical Incident Reporting | Patient Safety Learning Advisories (PSLA) » Southern Health-Santé Sud | Tara Roberts |
| 7.4 Working Group Time | | ALL |
| 7. Time, Date & Location of next meeting | 09:00-15:00 hours November 26, 2024- Teams next meeting | |
| 8. Adjournment | Time: 14:24 | |