Registered Staff Meeting Minutes July 29, 2010

Review of minutes of June 29, 2010 reviewed and changes made.

- 1. Welcome to new staff- Bini Joshy, RN and Rebecca Wright, RPN. Working on other RPN applicants and hope to have RPNs at full compliment soon. Need another RN
- 2. New full-time RPN evening shift- still some shifts not covered but it is proving a lot less stressful; RN feels more human- more time to represent the home with families; not near as rushed; much better
- 3. Falls prevention- need to be proactive in preventing falls. Have had success with increasing safety checks- this needs to be on care plan and PSW assignment sheet. Have ordered three more bed and chair alarms. These do work better as the alarm does not blend in with the call bell alarm. Alarm on Level 2 is not heard past Rm 215. This is also a concern on night shift. RPN should try to stay on Level 2 until PSW Float goes up to Level 2. Remember to update careplan re: alarms.
- 4. Pain management- need to be proactive in managing pain; do a pain assessment if resident is complaining of pain over several shifts or several days. Also refer to Lois.
- 5. Falls- need Head Injury Routine initiated if an unwitnessed fall or unless there is a Doctor's order to say only to do it if there is evidence of a head injury
 - do a Head to Toe Assessment
 - do a pain assessment if resident is complaining of pain These are things we do automatically but should be documented using PCC assessments.
- 6. Lift review sessions will be offered two sessions every month for PSWs and Registered staff. Good idea to review periodically so you can help staff if needed.
- 7. Change in resident's condition or an increase in confusion- check urine using dip test. If a resident is not acting their usual check bowels and urine.
- 8. Read Registered Staff communication book
- 9. Follow up on residents eg. J.I. having loose stools and is on both Lactulose and Senekot. Should be holding Senekot for a week to see if Lactulose is sufficient. Lactulose is the laxaticve of choice in the elderly.
 - **S.D.** pressure ulcers re-opening on feet. Should have am & pm rests; feet on pillow with heels off the mattress. Need to update careplan and PSW assignment sheet.
- 10. Transporting residents- only use a wheelchair. The seat of walker is meant for resident to have a rest if she/he tires.

- 11. Restraint- remember to do a restraint assessment; can't double restrain eg. seatbelt and tray table with belt. Decide which one would be best for the resident. Can consult with family or OT who does assessment.
- 12. 'MDS-RAI- some staff are making an effort; must take every opportunity to complete assignment. To clarify coding for ADLs, total dependence has to happen for the 7 days during the observation period.

 Assistance is assistance- even putting a fork in a resident's hand. Ask Janette for help if you are unsure. She will be pleased to help you.
- 13. An issue with fermented apple juice and orange juice this past week- please keep the container to give to management.
- 14. Charting progress notes- avoid use of abbreviations unless they are on the approved list. Do not use "+"- instead describe the behaviour or condition. Ask a co- worker if you need help with descriptive words.

Next meeting: August 31, 2010