

Registered Staff Meeting Minutes
March 25, 2014

Guest Speaker: Kate Scrimgoeur, Centric Health Respiratory Services, presented an in-service and demonstration on C-PAP machine cleaning. She showed those present how to take the mask apart and gave us written instructions on cleaning the mask and machine. Kate also had an information sheet on oxygen eligibility in the home. See attached.

Review of minutes of meeting February 25, 2014. No errors or omissions.

1. What's on Your Mind? - the following concerns and issues were brought forward and/or discussed:
 - Medical Pharmacy has supplied us with a list of the residents who have test strips and how many orders they have filled and have remaining for the year. Please use this list and cross off/change the number remaining as you order test strips.
 - Transfer packages from Woodstock Hospital re; the medications are not clear. M.P. had an error on the dosage, G.E. was very confusing, M.O., M.M. also. HUGO is a new medication system that Woodstock Hospital has started. Dr. Reddick spoke about it at our last PAT meeting. Please bring specific issues to Helen and she will follow up with the hospital. Ensure that your orders are clear and clarify with hospital staff until you are satisfied.
 - Minutes of meeting are not posted until approved at our next meeting.
 - Blue ware is not being cleaned on night shift. Can this be reviewed and a schedule made up?
 - Urine soaked chairs need to be cleaned with R2A or Virox. If the chair becomes too odorous it needs to be thrown out and maintenance can do this.
 - Dietary Issues- tablecloths at breakfast are dirty; dietary students set tables in the dark and do not notice when cups or cutlery are dirty. Reg staff spend a lot of time trying to exchange to please residents; Table changes made on the 21st still not on the dining room seating map on the 25th.; Special utensils are not being set on the table as needed.; the Nutritional Referrals are not being looked at in a timely manner.
 - The individual packaged fruit lax (versus the home made) is tolerated better by residents and some are enjoying it on their toast.
 - Paging should be kept to a minimum. Taking messages and passing them on promotes a quieter environment for residents.
 - Working short on nights- we are at minimum staffing on night and we will try to cover all shifts keeping overtime to a minimum. If shift cannot be covered then a 06:00 to 10:00 helps with am care. Level 1 and Level 2 could give up one of their staff to help with rounds in Section B and then go back. There may be different factors to consider each shift this happens e.g. resident acuity of illness, behaviours, etc. Staff should work together to ensure resident needs are met.
 - All Hands On Deck- Reg staff member was speaking to Dietitian when a PSW came up

to her and asked if she did not hear the bells. This is not appropriate if the PSW is right there to answer the bell. It is the job of the PSW but we can all help to answer call bells, investigate alarms, residents's calling out, etc. to ensure residents stay safe.

2. Today's Chuckle: After an overnight flight, a woman wearily arrived at her destination airport with her eight young children- all under the age of 11. Collecting her many suitcases, the nine of them entered the cramped customs area. A young customs official watched the entourage in disbelief, "Ma'am," he said, "do all these children and this luggage belong to you?" "Yes, sir," the woman said with a sigh, "they're all mine." The customs agent began his interrogation: "Ma'am, do you have any weapons, contraband or illegal drugs in your possession?" "Sir," she calmly answered, "if I'd had any of those items, I would have used them by now."
3. Good News Story- stories that were shared:
J.L., PSW re-arranged the dining room on level 2 to make it more accessible for staff and residents
During the evacuation, residents were asked to watch the doors and they really enjoyed doing this, especially **D.L.**, **R.C.** and **R.M.**
B.V. is helping residents to the dining room by pushing them in their wheelchairs.
M.V. s family brought in a multi-layered torte on her birthday to share with staff.
Daughter said she made these beautiful cakes with her mother for special occasions and even though her mother was not home to help she still wanted to do this. **M.V.** is a new resident and it was touching how her family have connected with staff.
3. PIECES education was cancelled as not enough interest. Montessori Training was held in Tillsonburg, March 10 and 11. We have had staff come forward now that wish to take.
4. Three staff have registered for the 3M Wound Care Workshop! These people have not heard back that their registration has been accepted. Helen will look into this.
5. Just another reminder that the 28th Annual Geriatric Medicine Refresher Day is April 30, 2014 in London.
6. Change in procedure regarding calling the Coroner on the 10th death or if there is a death during an outbreak. This is no longer necessary and was effective September 16, 2013. However, the Coroner must be called if it is a non-natural death e.g. fall- hip fracture-surgery-post operative heart attack. The underlying cause is the primary non-natural event. Other non-natural deaths would be a homicide, accidental or suicide deaths
Natural deaths with significant issues must also be reported e.g. a death that was not reasonably foreseeable; allegations that the death was preventable or the result of malpractice or negligence; communication and resource issues.
Section 10 of the Coroners Act still applies. The coroner or a police officer must be notified if a deceased person died, a) as a result of violence, misadventure, negligence,

misconduct or malpractice b) by unfair means d) suddenly and unexpectedly e) from disease or sickness for which he or she was not treated by a legally qualified medical practitioner f) from any cause other than disease; or g) under circumstances as may require investigation

7. As of April 8, 2014 Microsoft will no longer support Windows XP.. Andrew has sent instructions: end users put a check mark in the box that "says don't show this message again" and click "OK". You should not receive this message again. Andrew says it is very unlikely that this will affect the eMars, eTARS and POC terminals.
8. No word yet on when the new hydration policy is to be rolled out in this home.
9. Re-assigning staff to a different area of the home due to call-ins or staffing shortages. Complaint received from a PSW who was re-assigned 3 out of her 4 shifts. She felt this was unfair and asked if the d BF (6:00-2:00) could not take a turn too. This can certainly happen. Staff can take turns, it does not always need to be the same person. Change is harder or some than others.
10. If you suspect your resident is having a stroke, try to remember to ask what hospital the ambulance is taking our resident to. The ambulance drivers will decide on "stroke bypass protocol" if they feel the resident is conscious, aware and has a 1-sided deficit. They will bypass Woodstock Hospital and transfer directly to University Hospital, London or Stratford Hospital. It is important to know this information so that the family can be told. We can't just assume anymore.
11. Please ensure that you have the med keys on your person at all times. The med key cannot be left hanging in the Med Cart lock with the Med cart in the Med Room or in the hallway. This is an incident waiting to happen.
12. HUGO- new medication system at Woodstock Hospital causing some issues. Please be sure to do Medication Reconciliation very carefully. Several discrepancies found by Sandra F. with M.P.'s re-admission. Check dosages and is it the right drug?
13. Blood Sugar Incidents: two incidents in the past week. Ros recognized that H.D. may be having a hypoglycemic reaction this past Friday and advised RN to check blood sugar when asked for her opinion. Then on the weekend, M.P. sent to Emerg. Doctor advised that when she dies we call the Coroner as she had an unusually low blood sugar.
14. When starting treatments, please remember to add the date to assess daily for the first three days then weekly. This is very important.
15. Fire drill and Evacuation Exercise with the fire department simulating a night time event went well. Evacuation was completed in 6 minutes with 10 staff participating. Areas to improve: increase communication between staff evacuating- there should be more talk, this room is done, the fire is in Room 11- don't open that door, etc.; have staff member outside more visible- they should be waving arms, pointing, etc. to get firemen's attention

to come here; make sure door evacuation magnets are placed properly on the doors, so they do not fall back down. Several staff entered a room that was already evacuated

16. Other: Pixalere is having issues today. A treatment was entered twice and when trying to save it disappeared. There is a help line to follow up with on issues. Be sure to let them know.

There are conflicts with BSO Virtual Team meetings and ours. Initially, BSO meetings were monthly alternating on Tuesdays or Thursdays. Two months in a row the meeting was on the same day so we will try and stay away from the last Tuesday of the month. Next BSO meeting is April 24, 2014.

Next Meeting: April 22, 2014 at 1:30. Please plan to attend.