

**McLaren Port Huron  
Professional Nurse Council**

*Meeting Minutes*

**Meeting:** 3/2/21 @ 9:00 AM, The Charles Conf. Room

**Attendance:** Please see attached.

- Motion to Begin meeting at 9:02 by Alyssa Huffman
  - Role Call by Alyssa Huffman, introductions follow
- Welcome
  - Alyssa thanked Christie Sansom and Kathleen McKenna for their supporting roles
  - Thank you to Becky Kleeves for participating as acting secretary
- By Laws
  - Attendance: Please make sure if you cannot attend that your alternate from your area can attend. Notify the chair.
  - Voting
    - Voluntary or election
      - Term is for two years
      - One half of membership is voluntary or elected each year.
        - Make exceptions for first two years (2021 and 2022)
          - 1/2 members serving two years and ½ members three years. Revisit in future meeting.
  - Vice Chair
    - Backup for chairperson, 3-year term, take over Chair after term is complete
      - Ashley Callewaert volunteered for 3 years
  - Unit Practice Councils
    - Opinion that departments should have Unit Practice Council
      - Your responsibility from PNC is to share your information from PNC to the Unit Practice Council. The PNC Member is to bring items back to PNC meeting
      - It is the responsibility of the PNC member and manager of their areas to setup a Unit Practice Council if one does not exist.
        - Linda Harbron asked if scope of practice changes could go through this chain and up to PNC? Yes, per Kathleen and Christie Sansom.
- Ideas? Support area updates (Education, Clin IT etc) – open discussion
  - Infectious Disease suggested by Linda Harbron
    - In the year of the pandemic, dealing with isolation. Best way to isolate and how to properly bring patients out of isolation.
  - Pharmacy: 15 minutes as a Q & A session at start of the meeting
  - Clinical I.T./I.S.: 15-minute Q & A session at start of the meeting
  - Stroke and Diabetes bring into a meeting prior to recertification
  - Education: Just when something “new” is to be introduced such as equipment, policy, supplies etc.
    - Adrienne Bartee suggested email the PNC group on these topics so that the PNC member can take back and discuss in their Unit Practice Council and/huddle/newsletter etc.

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- Meaningful Recognition – open discussion
  - Chelsea Elliott mentioned that compliments during the shift are nice
  - (Ashley Callewaert) managers/supervisors rounding
  - (Ashley) one on one meeting with employees are important
    - It is important that the manager/supervisor is listening to the employee
  - Recognition in a departmental newsletter (Linda Harbron)
  - (Kathleen & Christie) We must reflect on what has happened in the past and how we can learn from it.
    - (Stacy Britz) Volunteering to help on a floor versus being forced
      - Maybe how the topic is approached and how it is presented to staff
    - (Jennifer DeGeer) Department has been moved 3 times and stability has been an issue. Employees are not sure if department is staying, or if they will have jobs. Reassurance is needed.
    - (Linda Harbron) Opportunities for float pool, cross training employees to give them confidence to work in other areas.
      - Floors also need to welcome others more, make them feel comfortable so they will come back.
      - If floors know that employees are cross trained, could be more welcoming
- Communication
  - (Stacy Britz) usually most of our communication comes from the manager
  - (Ashley Callewaert) Huddle is a large part of communication for her
    - 3 PNC members stated that they get a large amount of information from their huddles.
  - (Rebecca Stark) Newsletter
    - Discussion on best areas to place newsletters to be read by employees (bathrooms, staff lounges on tables, emails, etc.)
      - A specific board for newsletter
      - A specific board for huddle notes
    - Communication Issue: We are told things are changing but not told WHY.
      - Ashley commented that the lab printers on the WOWs are a great example.
- Nurse Aides
  - Review of data of open NA FTEs to NA applicants over last 12 months
  - Opened the hiring criteria
- Patient Primary Contact/Decision Maker
  - (Ashley) we usually get this information from Registration
  - (Jennifer) We should be asking for this information
  - Issue: we give out the Pin and the RNs are not asking for it
    - More RNs use the family listed in the Summary Tab under demographics
  - Need cards to write the pin number on per Jennifer
  - (Christie) Is there a way to show that the information was updated in the EMR? No per group, entries are not shown with an entry date.

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- Can be a sensitive topic with families and legal ramifications need to be avoided.
  - Per Christie, we can speak to some of our contacts about the legal side of this.
- TOPIC: (Jennifer) Code Status, can this be addressed in a future meeting
  - **Per Christie, please put on the agenda for the next meeting**
    - **Kathleen/Adrienne Bartee** to pull OR policy and other related policies and/or supporting documentation.
    - Going into surgery patients are a full code until they leave Phase 1.
    - Many grey areas that need to be cleared up for nurses.
- Onboarding New RN's (orientation process between hospital and floors)
  - Orientation timeline for RNs for hospital, and floor
  - Standardization needed
  - Matching preceptor with new RN
    - Learning style aptitude test
- Wellness
  - (Christie) Bring us some ideas
  - (Linda) in our department we have a Zend Den, foot massage, stationary bike that we use to unwind.
  - (Linda) suggestion of a peer to peer buddy system
    - In the past we had a mentoring system for new grads
      - **Kathleen** will talk to some that went through this and find out if it was helpful.
  - (Linda) Debriefing after traumatic events
    - Documenting who was there and what took place etc.
  - TOPIC: (Ashley) Patient Transfers from ER to Floors, Surgical to Floors etc.
    - Handoff: blood pressure, etc.
- Motion to Adjourn at 11:07 PM by Alyssa Huffman