Perinatal Practice Council Meeting  
October 20, 2011

Present: Sue Vos, Wendy Lajkowicz, Barbara Armstrong, Pam Pharis-Huntley, Johanah Morelos Carrera, Kay Yamasaki, Laura Gallego, Linda Stiles, Nancy Ryan, Nancy Hamilton, Florame Kadalim, Rebecca Hankins, Michele Cantwell, Laurie Turner, Susana Perez, Charlene Miranda-Wood, Georgie Torres, Christine Choi, Caroline See

Call to Order @ 0813

<table>
<thead>
<tr>
<th>Subject</th>
<th>Presenting Person</th>
<th>Discussion</th>
<th>Follow-up</th>
<th>Due Date</th>
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<tbody>
<tr>
<td>Review of October Agenda</td>
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<td>Review September Minutes and Action Items</td>
<td>Sue Vos</td>
<td>Barbara Armstrong confirmed that all Foley catheters should have urometers. Those that do not will be returned.</td>
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<td>Barbara Armstrong: Gayl Devaney will have policy rewritten to exclude newborns the use of the Emergency Drug Card.</td>
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<td>Johanah Morales Carrera: Perinatal Teaching Plan work sheet is currently at the Forms Committee.</td>
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<td>Barbara Armstrong: Corrections for construction of L&amp;D: 3 LDR’s to be completed first, not the OR and storage areas.</td>
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<td>Pam Pharis-Huntley: SCID passed October 7th and will be in law January 1st.</td>
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<td>Johanah Morales Carrera: Per Sherry Uy, the GBS disease algorithm for cultures of newborn will need to be completed within 2 hours of</td>
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<td>Follow-Up POD’s Communication</td>
<td>Wendy Lajkowicz</td>
<td>Linda Stiles wrote up information from the last council meeting but mentioned it was difficult to distribute to each staff member since we have three different areas. Linda will post a copy of her write up in the locker room in each area. Linda will continue to submit notes from council meetings to staff.</td>
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| Support Services - Lactation Consultant | Patty Carlton | Mean time to pumping
July 5.51 hours
August 14.10 hours
September 8.40 hours

Dashboard – we are doing well
Mean time to pumping initiation for 2 months 100%

Generally, these statistics are for <37 week infants. Most patients evaluated in one month is approximately eleven (11), usually we have between five (5) to fifteen (15) patients. Wendy Lajkowicz requested that Patty Carlton add the number of patients these percentages reflect. Charlene Miranda-Wood will work with Patty Carlton to incorporate this data onto her graphs.

Grant was approved – hopefully outpatient follow-up and prenatal information will be available for our patients. |
<p>| Policy and Procedures | Charlene Miranda-Wood and Johanah | Johanah Morelos Carrera: Currently reviewing our 100+ policies to see if Mosby can be referred to and used as a reference. | Charlene Miranda-Wood will email the policy |</p>
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<tr>
<th>PI Report</th>
<th>Handout: Policy &amp; Procedure guideline (green) to assist review of assigned Policy and Procedure.</th>
<th>Georgie Torres will contact night shift Peds RN's to see if they can be trained in venipuncture on newborns.</th>
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| Morelos Carrera | Policy & Procedure assignments  
Barbara Armstrong will take over review of policies that were assigned to Pam Pharis-Huntley  
Drug exposed newborn – Laurie Turner  
Minor changes needed in policy: Section A .a. change ‘Urine’ to ‘Rapid’, Section B. add ‘(*note not a urine drug screen) on the newborns first void, a minimum of 1 ml is needed for the rapid drug screen.’ Add, ‘A confirmation drug screen must be sent. Obtain a new order from the MD.’ Wish to add guidelines for urine specimen collections. Victor Barte, Supervisor Toxicology Laboratory was contacted.  
Access veins for venipuncture on newborns – Georgie Torres  
Will contact night shift Pediatric RN’s to see if they can be trained. |  
| Georgie Torres will find out where information is located on Sharepoint |
| PI Report | Dashboard will need to be posted  
DHS inspection for all California hospitals to see if they are compliant– one of the things they want to know is staff knows how to access the data. MRSA screening on all patients will also be addressed. MD’s are to follow-up  
Johanah Morelos Carrera: the feeding option in the Quest is in the discharge note. It is the same as adult, but need to indicate newborn discharge. | Barb Armstrong and Johanah Morelos Carrera  
Georgie Torres will educate the MD’s on how to input the feeding option |
| SOFT/Baby Friendly Hospital Initiative |  
Barbara Armstrong |  
Georgie Torres |  
Georgie Torres will find out where information is located on Sharepoint |
Baby Friendly application – currently being reviewed. Waiting for guideline and tools.

Baby Friendly Committee meets every 1st Wednesday/month 8am-10am in DH48 after MD rounds.

Baby Friendly Boot Camp class November 17th – EDC can be used. Flyer will be posted in the Lounge – 8:30am-noon or 1pm-4:30p; $50 for 3 contact hours. California Endowment 1000 Alameda Street, Los Angeles.

Johanah Morelos Carrera will make copies of the “Wee Gallery” by Abbot (black and white decorative cards) to put in our newborn cribs.

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<td>-Women’s &amp; Children Bereavement</td>
<td>Candlelight Ceremony this past Saturday attended by 75 people. Dr. Hameed did a welcome speech, others did a small talk. We are currently out of boxes, if anyone wants to make them, we welcome them. Caroline See’s relative recently had a loss and was very appreciative taking home a memory box. She will donate about 100 memory boxes to our unit. OC Walk to Remember raised $35,000. Mayra Careto, HUSC made a box for last night’s loss, since we were out of boxes, out of a Huggies box and decorated it very nicely.</td>
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| -Quality Measures | 3rd & 4th degree lacerations – training MD’s in proper terminology and to not code anything as a partial. Per Dr. Hameed, our statistics look better. | Barbara Armstrong will call Vince for the pouch to place on the left side of
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<th>Committee Reports -OB Advisory</th>
<th>Johanah Morelos Carrera</th>
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<td><strong>Cesarean section and infection rate</strong> – under 5% but the tracking hasn’t been 100%. Suggestion was to use Clorahexadine wipes – wiping our patient’s bellies with this wipe prior to cesarean sections. Patients with scheduled sections take Clorahexadine showers x2 at home.</td>
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<td>Laps and sponges will not be in the delivery packs since we need to scan them.</td>
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<td>CAUTI – most of our infections will not be seen in hospital but in clinics. One patient had a Foley during epidural and was taken out but patient got an infection. It is necessary to document when Foley was discontinued since if patient had a Foley less than 24 hours and patient gets an infection, it’s not blamed on the Foley.</td>
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<td>Management to contact Panda vendor to be contacted to correct the discrepancy baby weighing and coordinate with Laurie Turner to meet with the vendor. Barbara/Jane will notify staff of weighing using one scale.</td>
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Want to make sure we have an RN representative at this meeting for OB huddle.

Patient consent for procedures. Dr. Hameed wants the R1 to consent, but our policy indicates that a licensed practitioner has to be in the room. Gayl Devaney will take it to Nancy Ho.

Anesthesia wanted consensus when calling for an emergency procedure. Emergency/Crash means now; urgent means within 30 minutes vs. scheduled.

When an epidural is called, anesthesia is to speak to a resident, nursing needs to call OR to schedule. Check with anesthesia if they prefer pre-hydrating before epidural. Dr. Portnoy desires 500 ml during epidural placement not a
liter bolus prior to the procedure.

Anesthesia concerned with having NPO for all epidural patients. Anesthesia ok with ice chips, OB wants clear liquids.

Infant ok to stay with patient in OR with mom unless there is a complication.

Clarification needed of role of Baby RN in L&D – refer to algorithm. L&D Baby RN to put in SNP orders so that pharmacy can verify any medications for the infant. Length and weight need to be documented – when weighing the infant in the Panda warmers, you need to take everything out of the warmer, zero it and place baby in the center of the warmer for weight. There has been a discrepancy in weights from scale to scale. Until this discrepancy can be resolved, babies to be weighed using one scale – the NBN scale.

| Committee Reports - Nursing Standards | Now known as Nursing Practice Nursing Research Nothing to report |
| Committee Reports - Medication Safety | See Educator Report below |
| Infection Control | Kathleen Quan |
| | Quarterly data in Perinatal had no significant events |
| | One CAUTI case – cannot find postpartum nursing documentation when the Foley was discontinued. From the data gathered, it seemed the Foley was discontinued within 24 hours. Patient was positive for E. coli in her urine. |
Dependent looping need to be prevented since urine cannot flow into bag freely and have a source of bacterial growth. In cesarean sections we are using tape until post procedure then using STAT lock since it can get soiled during the surgical procedure.

No CLABSI to report

TDS screens applicable for PM shift to evaluate previous 24 hours for acuity- temp > 38, diastolic < 90, one or more central lines present – where is it located. Education supposed to go out to staff. Will eventually go to Quest.

Flu vaccination campaign – Starting in early November, will be receiving an email if you have not participated – getting flu shot or declining. Deadline is December 1st if not responded – staff may be called off schedule. If our unit gets a 95% vaccination participation our names will be on a list on the flu website.

Infection Control Week – have booths today from 11am-1pm. Drawings for $25 GC to Macy’s.

Our unit is high risk for MRSA since our patients have a potential to go to a surgical procedure (cesarean section).

Pertussis cases are still seen in the State. Tdap policy still in effect. Encourage patients to have other family members vaccinated.

Flu shots will now need an MD order. This will
| Educator Report - Safety Report | Charlene Miranda-Wood | Patient discharge documentation is missing – sometimes it does not get scanned. Open to suggestions.  
Controlled substances accountability  
- Returns in Pyxis – Epidural Fentanyl to be returned back into the Pyxis and not brought to pharmacy. Epidural Fentanyl bags will fit in the Pyxis return box.  
- Zolpidem found in another patient’s cassette  
Diagnosis Treatment Issues  
- Tests ordered on baby. Patient was upset things were not done before discharge. Mother was discharged but no pediatric radiologist to read scans on weekend.  
- Stroke team activated when patient came in with right-sided weakness. Educate patients to call 911 since small window to receive treatment for stroke.  
Dietary services  
- Pt received expired yogurt on her tray.  
Environmental Safety  
- Pt transported from ED to DH. CT scanner was hit by the door near the link elevator.  
Falls Injury other than Falls  
- Pt slipped on water in the bathroom while putting on shoes. Continue to reinforce with patients to use towels on floor.  
Hospital Operator Reports (OB Emergency) | Charlene Miranda-Wood will talk to Morgan Swank and Megan Stephenson regarding wearing face masks during deliveries  
Wendy Lajkowicz will follow-up with Quest labels to ensure all numbers are printed centered on the label  
DH48 needs to have NICU speed dial button on their phones  
Barbara Armstrong will contact the main ER to find out their policy wording regarding consents. Consents have been obtained by a resident without the signature of an attending. Will bring to Dr. Hameed and then... |
| Two situations concern:  
| 1. RN called the OB ER team to incorrect location.  
| 2. Patient passed out and another patient was delivering. Instructed to call OB ER team, assumed for delivery but was for patient who passed out – whole Emergency team went to the delivery. MD's want drills – pager drills. Will be done in two weeks.  
| Dr. Hatfield today found 2 patient's co-bedding with their infants asleep. Will be a great Clin III project.  
| Infection Control  
| - Person sprayed in the eye when cord was cut.  
| Lab Results x10  
| - Missing phlebotomist/numbers/incomplete medical record on label x9  
| - Laboratory Phlebotomist did not send blood via pneumatic tube system and found in their cart.  
| Medication related events  
| - SBAR for RN going on break. Breaker RN gave insulin despite order changed. No harm done to patient. Make sure you give report using Quest worksheet.  
| - Baby med not given until 24 hour later.  
| - Antibiotics delayed since pharmacy was verifying dosage.  
| - Codeine 30 mg vs. 60 mg – discrepancy. Pt was given 30mg and not the 60mg as ordered. X4 different patient/times.  
| be taken to the OB Advisory Division Meeting. |
- RN gave correct strength Vitamin K but didn't use standard order for newborn, overriding it with a high Vitamin K strength in the Pyxis.

BOA of 23 weeks gestation. Secretary called NICU & MD's since all other RN's were in the room with a very busy unit.

Recovered pt
- Patient told by MD to take their own medications at the bedside

OB Emergency team called

Visitor fell on her way to the hospital from El Torito.

Pt's bag may have been left behind at discharge.

Security Issues
- Epidural pump key missing.

Unprofessional Behavior
- Patient scheduled for a cesarean section. Attending was covering for someone else and upset that patient was not in the room. RN was following unit procedure.

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<tr>
<th>Educator Report</th>
<th>Charlene Miranda-Wood</th>
<th>November 21st - Advanced Fetal Monitoring Class December 6th - Hot Topics</th>
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<tbody>
<tr>
<td>Nurse Manager/Charge Nurse/Director Report</td>
<td>Kay Yamasaki</td>
<td>SIS training difficult as our staff is unable to log</td>
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on to the SIS training site. Paper and computer charting to be done once after initial training then can do only computer charting in the OR.

SIS Super Users:
Day Shift: Nancy Ryan, Sue Vos, Wendy Lajkowicz, Jade Francis
Night Shift: Kay Yamasaki, +5 more to be trained
Johanah Morelos and Charlene Miranda-Wood

Duration of labor – we need a good definition: 4 cm vs. ruptured – to be able to document consistently
Charlene will discuss with Dr. Hameed to obtain a definition of duration of labor

Congratulations to Pam Pharis-Huntley for a fine job she’s done and for the breakfast at this meeting. We will miss you!