

0:0:0.0 --> 0:0:0.400

Leffler, Michael

What?

0:0:0.880 --> 0:0:11.430

Leffler, Michael

So pursuant to the Advisory Council bylaws, Commons hours are a nonvoting meeting that are intended for open discussion on potential Council business.

0:0:11.440 --> 0:0:18.510

Leffler, Michael

Our current Council business, but there is no voting and there are no decisions made on these calls that uh so.

0:0:20.620 --> 0:0:31.450

Leffler, Michael

So with that said, you know a couple of ground rules, you know, as we move through topics of discussion and different please defer to the Council members to allow them to have their discussion first.

0:0:31.460 --> 0:0:40.190

Leffler, Michael

But certainly we encourage participation by all people on the call as ultimately all of us are part of the state trauma system and have a stake in the discussion.

0:0:45.950 --> 0:0:46.310

Rothenburg, Jami

OK.

0:0:40.700 --> 0:0:49.330

Leffler, Michael

So with that said, these calls are recorded for purposes of anybody that wants to come back and review the call.

0:0:49.340 --> 0:0:50.540

Leffler, Michael

So please make awareness of that.

0:0:51.820 --> 0:0:55.410

Leffler, Michael

I don't have the announcements at the time, so I'll go ahead and pass it over to you, Laura.

0:0:58.330 --> 0:0:59.800

Hamilton, Laura E.

Thank you very much.

0:1:0.130 --> 0:1:10.970

Hamilton, Laura E.

Let me share my screen with you guys and if you remember from last week, we are still on standard 5 wrapping that up.





































































































0:46:32.380 --> 0:46:32.580

Hamilton, Laura E.

OK.

0:46:37.80 --> 0:46:38.970

Hamilton, Laura E.

Fair enough, council.

0:46:38.980 --> 0:46:46.160

Hamilton, Laura E.

Just take a look at the differences in board certification for ICU and.

0:46:48.30 --> 0:46:52.520

Hamilton, Laura E.

Umm, the pediatric I see you as well and.

0:46:56.560 --> 0:47:1.360

Hamilton, Laura E.

Let's just make sure one last time that we have all of the right physicians in the right places.

0:47:2.510 --> 0:47:2.950

Hamilton, Laura E.

Let me know.

0:47:19.160 --> 0:47:20.230

Stotsenburg, Madonna

This is Madonna.

0:47:20.340 --> 0:47:22.180

Stotsenburg, Madonna

The IT looks good to me.

0:47:23.430 --> 0:47:23.950

Hamilton, Laura E.

Thank you.

0:47:28.30 --> 0:47:28.520

Dinova, Lisa

Hey, Laura.

0:47:28.530 --> 0:47:29.310

Dinova, Lisa

Sorry, this is Lisa.

0:47:29.320 --> 0:47:30.940

Dinova, Lisa

I was having to to read the catch up.

0:47:30.950 --> 0:47:35.40

Dinova, Lisa

I had to step out for a second, but reading what I see up on the screen that that looks good.

0:47:37.620 --> 0:47:38.820

Hamilton, Laura E.

Thank you, stakeholders.

0:47:47.290 --> 0:47:47.840

Susi Mitchell (Guest)

This is Susie.

0:47:47.850 --> 0:47:49.400

Susi Mitchell (Guest)

It looks good with Longwood.

0:47:49.50 --> 0:47:50.40

Hamilton, Laura E.

Thank you so much.

0:47:50.210 --> 0:47:53.260

Hamilton, Laura E.

Appreciate it and any public comments on this.

0:47:57.710 --> 0:47:58.280

Hamilton, Laura E.

OK.

0:47:58.290 --> 0:48:9.670

Hamilton, Laura E.

And I'll trauma centers, the trauma surgeon must retain responsibility for the trauma patient in the ICU up to the point where the trauma surgeon documents transfer of primary responsibility to another service.

0:48:10.880 --> 0:48:19.350

Hamilton, Laura E.

Umm probably should have thrown that up top, but we'll just leave that hanging and talk about physician requirements and all trauma centers.

0:48:19.360 --> 0:48:31.780

Hamilton, Laura E.

The ICU must be staffed with physicians, and that can include residents, fellows, or attendings that are continuously available within 15 minutes of request and whose primary responsibility is to the ICU.

0:48:39.470 --> 0:48:42.720

Hamilton, Laura E.

And we decided we wanted to move the tracking.



0:48:44.940 --> 0:48:45.480

Hamilton, Laura E.

Of.

0:48:48.420 --> 0:48:52.620

Hamilton, Laura E.

Oh yeah, for nonsurgical services over to the quality section.

0:48:54.230 --> 0:48:55.150

Hamilton, Laura E.

OK, so.

0:49:00.610 --> 0:49:09.680

Hamilton, Laura E.

Retaining responsibility and being staffed with physicians continuously available within 15 minutes of request.

0:49:10.130 --> 0:49:14.370

Hamilton, Laura E.

Council, do you have any issues with either of those?

0:49:19.120 --> 0:49:19.520

Dinova, Lisa

I'm good.

0:49:20.590 --> 0:49:21.870

Hamilton, Laura E.

Thank you, stakeholders.

0:49:25.60 --> 0:49:25.800

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Yeah, Mark's good.

0:49:26.630 --> 0:49:27.400

Hamilton, Laura E.

Thank you.

0:49:27.590 --> 0:49:28.420

Hamilton, Laura E.

Public comments.

0:49:31.990 --> 0:49:36.140

Hamilton, Laura E.

OK, moving to nurses, this is going to be moved to quality.

0:49:36.150 --> 0:49:49.320

Hamilton, Laura E.

The nursing requirements are that in all trauma centers, the patient to nurse ratio in the ICU must be 1 to one or two to one depending on patient acuity as defined by hospital policy for ICU.

0:49:54.280 --> 0:49:54.940

Hamilton, Laura E.

Nurse staffing.

0:49:58.270 --> 0:49:58.690

Hamilton, Laura E.

And.

0:50:1.800 --> 0:50:4.710

Hamilton, Laura E.

Nursing documentation in the ICU and.

0:50:6.30 --> 0:50:9.560

Hamilton, Laura E.

Pediatric ICU shall be on a patient flow sheet.

0:50:11.800 --> 0:50:13.710

Hamilton, Laura E.

Just curious about the flow sheet term.

0:50:17.180 --> 0:50:17.420

Leffler, Michael

Uh.

0:50:17.480 --> 0:50:21.550

Hamilton, Laura E.

They shall be immediate access to clinical laboratory services.

0:50:23.180 --> 0:50:24.790

Hamilton, Laura E.

I'm I'm not even sure if that's.

0:50:27.160 --> 0:50:35.340

Leffler, Michael

I think on the nursing documentation we could say something to the extent of nursing documentation I see and and pick you shall be.

0:50:37.430 --> 0:50:37.680

Leffler, Michael

Where?

0:50:37.690 --> 0:50:47.210

Leffler, Michael

How is it documented in in such documents documented in such a fashion that the patient's care is easily tracked?

0:50:49.160 --> 0:50:50.790

Leffler, Michael

Or we could just say process I mean.

0:50:49.880 --> 0:50:52.670

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Yeah, yeah, this is Mark.

0:50:52.680 --> 0:50:55.220

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You know, flow sheet implies paper.

0:50:55.230 --> 0:50:57.10

8232b553-e5a1-4ed8-a6d7-6cbf238d3e9b

I mean, we haven't seen paper in a little while now.

0:50:57.960 --> 0:51:1.250

8232b553-e5a1-4ed8-a6d7-6cbf238d3e9b

Uh, but you still need to be able to see it on the computer.

0:51:1.260 --> 0:51:4.110

8232b553-e5a1-4ed8-a6d7-6cbf238d3e9b

So you know the verbiage you use sounds about right.

0:51:7.500 --> 0:51:8.900

Dinova, Lisa

Laura, I didn't.

0:51:8.830 --> 0:51:9.30

Hamilton, Laura E.

Yes.

0:51:8.910 --> 0:51:11.960

Dinova, Lisa

We change the language for the ER and for the trauma flow sheet.

0:51:11.970 --> 0:51:13.540

Dinova, Lisa

Couldn't we use the same sort of language?

0:51:13.720 --> 0:51:14.140

Leffler, Michael

We could.

0:51:15.710 --> 0:51:15.860

Hamilton, Laura E.

Yeah.

0:51:15.180 --> 0:51:21.300

Stotsenburg, Madonna

That's what I thought I was trying to find it in the document that I have.

0:51:34.840 --> 0:51:37.20

Hamilton, Laura E.

You realize, oh, here we go. I'm.

0:51:43.730 --> 0:51:52.40

Hamilton, Laura E.

Shall have a process that documents initial patient care and interventions in the resuscitation area and then.

0:51:51.390 --> 0:51:56.960

Dinova, Lisa

So we could use the same language of have a process to document whatever it is in that section.

0:51:57.560 --> 0:51:58.10

Hamilton, Laura E.

OK.

0:51:58.20 --> 0:51:59.90

Hamilton, Laura E.

And then add a minimum.

0:51:58.470 --> 0:52:1.370

Dinova, Lisa

Ohh, Melanie got good words here.

0:52:1.380 --> 0:52:6.620

Dinova, Lisa

All nursing care for the critically injured patient must be documented in the patient's medical record and available 24 hours a day.

0:52:7.650 --> 0:52:9.280

Hamilton, Laura E.

Love that and that.

0:52:8.780 --> 0:52:10.280

Dinova, Lisa

Look at Melanie with the word smithing.

0:52:12.130 --> 0:52:12.770

Hamilton, Laura E.

Us.

0:52:20.860 --> 0:52:22.740

Hamilton, Laura E.

So let's do that and.

0:52:28.200 --> 0:52:28.970

Hamilton, Laura E.

One of the.

0:52:50.690 --> 0:52:51.80

Hamilton, Laura E.

Alright.

0:52:53.210 --> 0:52:54.850

Hamilton, Laura E.

Does that look good to everyone?

0:52:55.900 --> 0:53:1.870

Hamilton, Laura E.

All nursing care for the critically injured patient must be documented in the patient's medical record and available 24 hours per day.

0:53:8.660 --> 0:53:12.810

Hamilton, Laura E.

So I'm just looking, we've done 5-6 and seven.

0:53:13.80 --> 0:53:25.330

Hamilton, Laura E.

We only have standards 13141618 and 19 to do this too, and there's a few of those as well that I think will probably fly through.

0:53:25.630 --> 0:53:31.630

Hamilton, Laura E.

So with I I really thank all of you guys for being on the calls.

0:53:31.640 --> 0:53:39.250

Hamilton, Laura E.

This is making it so much more robust and and truly a consensus document.

0:53:41.480 --> 0:53:50.120

Hamilton, Laura E.

And I think that if we can continue this momentum, then we'll be done in just a couple weeks, maybe three weeks.

0:53:52.310 --> 0:53:52.730

Hamilton, Laura E.

Umm.

0:53:54.320 --> 0:53:57.830

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And then then we'll present it to the the full WhatsApp committee.

0:53:57.840 --> 0:53:58.920

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Then what's the next process?

0:54:0.660 --> 0:54:1.140

Hamilton, Laura E.

So I.

0:54:0.830 --> 0:54:1.810

Leffler, Michael

That's what I would.

0:54:1.980 --> 0:54:2.370

Leffler, Michael

I'm sorry.

0:54:2.380 --> 0:54:2.880

Leffler, Michael

Go ahead, Laura.

0:54:3.690 --> 0:54:4.160

Hamilton, Laura E.

No, go ahead.

0:54:4.960 --> 0:54:14.230

Leffler, Michael

I I mean, I think we probably once we get to a point where we're happy with the edits, we probably need to have a period to cool off on it before you know the the Council takes it up.

0:54:14.840 --> 0:54:23.210

Leffler, Michael

It gives everybody a chance to kind of go back and read it and and and and and find any kind of changes that need to be made.

0:54:23.220 --> 0:54:28.590

Leffler, Michael

We also have a number of new Council members have been appointed and gives them time to come up to speed on it.

0:54:28.980 --> 0:54:38.640

Leffler, Michael

So I I say once we get to a point that we're we're done with the edits and we we we let it cool for a little while.

0:54:38.650 --> 0:54:39.860

Leffler, Michael

Holy Council meeting.

0:54:40.510 --> 0:54:41.330

Leffler, Michael

Vote on it.

0:54:41.870 --> 0:54:44.680

Leffler, Michael

And I mean then it is what it is.

0:54:45.520 --> 0:54:46.650

Leffler, Michael

Uh, I'll tell you.

0:54:46.660 --> 0:54:51.950

Leffler, Michael

I think there's a couple of different things that I'm I'm not prepared to talk about today, but a couple different things.

0:54:51.960 --> 0:54:56.910

Leffler, Michael

We need to think about, you know, is is this gonna be a publication of the Advisory Council?

0:54:57.320 --> 0:54:59.370

Leffler, Michael

Is this gonna be a publication of the department?

0:55:0.160 --> 0:55:4.410

Leffler, Michael

There are a couple of different reasons to consider different, different reasons.

0:55:4.420 --> 0:55:10.360

Leffler, Michael

We put different names on this and we'll probably need to have that conversation as well, so.

0:55:12.520 --> 0:55:13.470

Leffler, Michael

But this is my thoughts.

0:55:23.380 --> 0:55:25.250

Stotsenburg, Madonna

I like that information, Michael.

0:55:25.770 --> 0:55:26.180

Stotsenburg, Madonna

Thank you.

0:55:31.40 --> 0:55:31.360

Leffler, Michael

Yeah.

0:55:31.370 --> 0:55:52.330

Leffler, Michael

And a lot of that is driven out of this idea that I think what we all would hope is that whatever we have moving forward is something that we can we can modify and review at least annually in a way that you

know, we keep our standards, you know, modern and and consistent with with national practice or exceeding national practice.

0:55:52.500 --> 0:56:1.650

Leffler, Michael

If we said choose but you know that's one of the and I when we get to that point, I'm prepared to talk about kind of our different options.

0:56:7.50 --> 0:56:7.700

Hamilton, Laura E.

That's awesome.

0:56:7.710 --> 0:56:8.340

Hamilton, Laura E.

Very exciting.

0:56:14.890 --> 0:56:15.980

Leffler, Michael

I I don't have anything else.

0:56:14.640 --> 0:56:24.430

Hamilton, Laura E.

Well, then my going to think I that's what I was just gonna say is I think it would be silly to start standard 13 now with four minutes left.

0:56:24.440 --> 0:56:36.930

Hamilton, Laura E.

So, umm, let me just check that we have something set up for next week and that it is on.

0:56:39.890 --> 0:56:48.540

Hamilton, Laura E.

The right day because I know we did have to move something around, but I thought that was that might have been for Valentine's Day on.

0:56:50.980 --> 0:56:53.440

Hamilton, Laura E.

Actually, I don't see anything booked for next week.

0:56:56.90 --> 0:56:57.550

Hamilton, Laura E.

Or maybe I just don't have it yet.

0:57:0.210 --> 0:57:2.40

Leffler, Michael

Let's check if the meeting's been noticed.

0:57:2.310 --> 0:57:4.410

Leffler, Michael

If there's been a meeting noticed, then we can follow up.



0:57:6.220 --> 0:57:15.580

Leffler, Michael

It may be a little bit of a change in the plans if it has not been noticed, because I gotta give seven days plus it takes some processing time, but I'll follow up with everybody on on what has been noticed today.

0:57:17.810 --> 0:57:18.300

Hamilton, Laura E.

OK, great.

0:57:19.350 --> 0:57:19.610

Leffler, Michael

Alright.

0:57:23.330 --> 0:57:25.500

Hamilton, Laura E.

Thank you all and have a great week.

0:57:26.360 --> 0:57:27.140

Leffler, Michael

Alright, thank you guys.

0:57:27.140 --> 0:57:27.980

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Thank you very much.

0:57:27.800 --> 0:57:28.450

Dinova, Lisa

Thank you everyone.

0:57:28.440 --> 0:57:29.530

8232b553-e5a1-4ed8-a6d7-6cbf238d3e9b

Have a good night. Thanks.

0:57:30.150 --> 0:57:30.650

Stotsenburg, Madonna

Thank you.