



MEETING MINUTES

Department /
Committee:

District 1

Date: **3/6/13**

Recorder: **Beth Cavanaugh**

1200-1400

Present: Tim Satrang, Nancy Nelson, Teri Kinghorn, Andi Mueller, Cori Johnson, Suzanne Campbell, Lois Ames, Angie Mills, Cathy Dill, Cathy Alan, Chris Murray,
: Desiree Brown, Deb Colson, Beth Cavanaugh

Absent: _____

Guests: _____

Topic	Findings / Conclusions	Recommendations / Actions	Responsible Person Date Report Due
Agenda Review	No Changes	Continue with Meeting	
Welcome New Members	Desiree Brown	Introductions around the table	
January Board Meeting Update	Few updates, primary discussions at the board meeting were regarding state meeting	None	Nancy Nelson
Job Descriptions/State Office	Nancy shared the positions of treasurer and president will be coming open	Print descriptions given to identified candidates	Nancy Nelson
State Goals	South Dakota Organization of Nurse Executives 2013 Goals 1. Education <ul style="list-style-type: none"> • Expand member knowledge of public policy issues • Participate in the annual 	Reviewed Cathy Dill proposed SDONE offer a membership at a minimal cost to students— Cathy and Nancy will take this	

	<p>Nurses Day at the Legislature</p> <ul style="list-style-type: none"> • Support educational scholarships - • Support SD Action Coalition in data collection of meeting IOM recommendations • Create a resource list of suggested topics of speakers that can be used at speak at District meetings <p>2. Membership</p> <ul style="list-style-type: none"> • Continued membership drives at the state and district levels • Reach out to Nurses pursuing advanced degrees in Nursing Administration, Nursing education and invite them to become members of SDOE. • Create, distribute and analyze data collected from Survey Monkeys needs assessment. • Identify and implement action plans for needs identified during needs assessment • Continue Renewal notices sent by Treasurer <p>3. Web Site Enhancement and Membership Communication</p> <ul style="list-style-type: none"> • Maintain currency of SDONE website • Include association highlights in the newsletter and on the website, including district minutes and Board information • Update / Enhance SDONE website in 2013 	<p>forward to the state meeting.</p> <p>Increased membership in the past year</p> <p>No significant information obtained from the survey</p> <p>Andi and Cory will obtain information regarding for updating site from local colleges to share at the state level</p>	
--	---	---	--

Upcoming AONE conference	4 District 1 members identified as attending	None	
Plans for District 1 meetings	2 more meetings required between now and September	<ol style="list-style-type: none"> 1. South Hills networking progressive supper 2. Education regarding Just Culture <p>Group enjoyed having the meeting at lunch.</p>	<ol style="list-style-type: none"> 1. Beth to start to organize 2. Lois Ames speaker
Education Offering	CIT—see below	Members able to contact Tim Satrang or Beth Cavanaugh if interested in CIT on their units	Beth Cavanaugh
Adjourned			

CIT

Care Innovations and Transformation

Cohort 3

RCRH Medical 8th floor

Let's Start with TCAB?

.Built from a quality improvement program initially developed by the Robert Wood Foundation and the Institute for Healthcare Improvement (IHI) in 2003 in collaboration with AONE

.Tried in 67 hospitals

.Goals of TCAB

.Increase the time nurses spend in direct care

.Engage frontline staff

.Improved quality of patient care

.More effective care teams

- .Improved staff satisfaction and retention
- .Greater efficiency

How is CIT Similar to TCAB?

- .Working with Medical / Surgical units
- .Rapid cycle tests of change using the PDSA methodology
- .Learning communities with face-to-face meetings
- .Required leadership and financial support from the CNO and CEO
- .Rigorous program of innovation and data collection
- .Ongoing sharing of successes and challenges among the participating hospitals

What is New?

- .Targeted training for nurse managers using AONE's vast array of resources for nurse leadership development and growth
- .Providing quality improvement tools to the nurse leader
- .Linking the work of quality improvement, leadership development, and innovation to the national health care reform agenda

What has been the Outcomes for CIT and TCAB?

- .Spread to 150 hospitals
- .One cohort tested 926 innovations in 2

years

- .Decreased the time of patient discharge
- .Implemented bedside report
- .Decreased falls and pressure ulcers
- .Decreased incremental overtime
- .Decreasing missing meds

What does CIT entail?

- .2 year cohorts
- .4 face-to-face meetings with an extra day of education for nursing leaders
- .Webinars
- .Conference calls
- .Submission of innovation logs
- .Confidential submission of unit quality data
- .Commitment to spread CIT

Steps We Took

- .Organizational Level
- .Obtained financial backing
- .Completed the application
- .Waited!

- .Unit Level
- .Identified team members
- .Made plans for travel
- .Worried about

what we didn't
know!

First CIT Meeting-What we
learned

.We all have the
same issues at
different levels

.Other hospitals
have been
successful using
CIT

.Change is difficult
.Stay true to the
process

CIT Process

.Identification of challenges
.Snorkeling for innovations
."How might we..."

.Measuring outcomes
.Rapid Cycle Testing
.Paperwork
.Communication

Innovations

.Be open minded
.The answer is not always to increase FTE
.The people doing the work have the
answers
.Adapt—Abandon—Adopt
.You don't need consensus to trial an
innovation

Launching CIT on your Unit

- .We are here to help!
- .Expect engagement
- .Go for a quick win
- .Communicate
- .Let the staff lead the initiatives
- .The process is staff driven
- .Be ready and sit on your hands!

Tips to Surviving CIT

- .If you think you are prepared to led an empowered staff...think some more
- .You can be most successful if the physicians are an active, engaged part of the team
- .Find the hidden leaders
- .CIT is not an initiative—it is a way of life
- .Communicate 24/7
- .Keep it simple
- .Hardwire to decrease variability
- .Monitor data

Gems

- .Nursing will lead the way through change
- .Why is engagement not required?
- .We can't be too busy to configure changes
- .Culture change happens one interaction at a time
- .Consensus is not necessary