

**Helen Ellis Memorial Hospital
Women's Center
Minutes
January 10, 2011**

Approval by:

Recorder of Minutes:
Erin E. Possert RN, BSN, ONC

Call to Order	Meeting was called to order by Dr. Watson at 1820.	
Approval of Minutes	Minutes from the 10-11-10 meeting approved.	
Statistics	Statistics over the last year reviewed.	Total deliveries have increased over the last few months (Sept. – Dec.). Volumes for the year have not actually increased for OB; in 2004 we were at 877 deliveries. Benchmarked for the nation we are at national average. Deliveries per provider are pretty well split up.
Old Business	<p>Opening Up the 2nd OR</p> <p>Adequate Staffing for Increased Volume</p>	<p>Theodora Chatfield has developed a list of the major equipment that we need. Currently we are pricing needed equipment based on AHS contracts.</p> <p>All Physicians continue to express desire to have the 2nd OR for emergencies when the other is occupied. VBACs discussion/criteria was initiated and will be discussed at a later date.</p> <p>OB has been approved to add 3 seasonal night positions and a travel contract for a night labor nurse. The traveler should be starting this week or next week, pending background screening clearance and there has been one applicant for a seasonal night position and an interview is being scheduled. HR is continuously advertising for experienced night labor nurses to fill the current vacancies. We are also trying to recruit night labor nurses from other hospitals. Concerns regarding the quality, knowledge, and skill level of the night nurses were voiced. Education of our current night nurses, starting with fetal monitoring, is being done while we are looking for qualified and experienced night labor nurses.</p>

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	Rhogam Injections	If a patient is here for a reason, we can give them rhogam but patients are not to be sent to HEMH at 28 weeks just for a rhogam injection.
New Business	<p>39 Week Initiative</p> <p>Open discussion regarding belly bands</p> <p>Open discussion regarding patient satisfaction</p> <p>Open discussion regarding anesthesia support</p> <p>Open discussion regarding day surgery turn around time</p>	<p>Meetings will be held to develop the 39 week initiative making sure that there are no elective inductions prior to 39 weeks unless a medical condition for induction is documented. Criteria will be established and a form developed to help guide the staff when scheduling inductions. Comments have been made that elective inductions are being put in without adequate staffing to cover. Need to have something set so we have that information on every patient and maybe an established time frame in the morning where those patients can be called if inductions canceled and reviewed daily so you don't have people coming in for their inductions. Dr. Watson to review the October and November charts that did not have an appropriate medical indication for elective inductions less than 39 weeks.</p> <p>Dr. Dinsmore introduced the use of belly bands Currently they are available through Cooper Surgical. Erin to follow up this week.</p> <p>Fourth quarter patient satisfaction was outstanding at 91%.</p> <p>Anesthesia support has always been stronger at night than during the day directly related to one CRNA being dedicated to the 8th floor at night. Overall, all OB Physicians are positive about the anesthesia support.</p> <p>Concerns voiced related to longer turn around time in the OR, even up to an hour.</p>

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	Open discussion regarding the on call schedule	Pros and Cons of current on call schedule discussed.
	The next scheduled committee meeting is April 11, 2011.	